



MEMORANDUM

To: House Committee on Human Services and House Committee on General, Housing and Military Affairs

**From: Paul Dragon, Champlain Valley Office of Economic Opportunity,
Executive Director
802-585-9188
pdragon@cvoeo.org**

Subject: Homeless and Housing Services

Date: 10/18/2021

Dear Chair Pugh, Chair Stevens and Members of the Committees,

The Champlain Valley Office of Economic Opportunity's Mission is to promote social, economic, racial and environmental justice. We have 10 programs providing emergency assistance like food, shelter and fuel assistance as well as longer term solutions to poverty like Head Start, Weatherization and Microbusiness.

We have housing advocates in all four of the counties we serve working with people who are homeless and we have three statewide housing programs that work to promote fair housing. We recently ran the state's largest emergency housing program at the Holiday Inn in South Burlington that housed up to 155 people on any given night and we operated a Daytime Warming Shelter for the city of Burlington last year that welcomed 600 people over a 4 – month period.

In July we established a three person street outreach team that provides emergency assistance and resources to people experiencing homelessness in Chittenden County. We are purchasing a van with two computer stations, Wi-Fi, phone charging stations and a microwave to heat up food. I mention the Holiday Inn, the Warming Center and Street Outreach because they are important components of housing services moving forward and are included in the categories I would like to briefly touch on below.

Emergency Housing / Shelter System

In the short and if needed longer term we need improved emergency housing options until we get more housing infrastructure. The current shelter system is antiquated and in some cases inhumane. People should not be expected to live in crowded rooms and asked to leave during

the day only to come back in the evening, line up and hope for a bed. We need single residency occupancy shelters where everyone gets their own room in trauma informed spaces with housing and healthcare resources on site. These should be low-barrier shelters based on behavior. People should not be screened or have to take breathalyzer tests to enter. This model is better in terms of public health as we should do everything possible to limit infectious disease whether it is COVID, tuberculosis or the flu. Better emergency housing will also provide more dignity, safety and personal space that will help people to stabilize and move more quickly into permanent housing with a better chance of success.

Shelter System needs to be fully supported

The shelter system not only needs physical upgrades the staff also need higher pay and excellent benefits. Shelter employees across the State are working with the most vulnerable Vermonters and are often filling in for medical staff. At the Holiday Inn we had several medically comprised people including two elderly Vermonters who often soiled themselves and needed to be cleaned and an amputee whose leg needed constant care and often bled. Why is the healthcare system so well-funded with procedures costing thousands of dollars and administrators getting exorbitant salaries while some shelter staff are paid less than 15 dollars per hour and get no benefits? After all it is these organizations and individuals who keep people safe, fed, cared for and out of the hospital.

Additional Shelter Capacity in the Short- term

Until the current shelter system is enhanced and expanded and until there is more permanent housing in place we need to develop regional single residency occupancy buildings operated by a service provider with integrated supports from the nonprofit community. These could be dorms or converted buildings. The state has property. BGS could make these arrangements as they did during COVID. After all, Homelessness is its own kind of pandemic. We could also relieve the pressure on hotels and the roller coaster ride we put residents through as the date of their exit goes up then down. These could be developed in areas with the highest rates of homelessness.

We need to deploy our full system of care

Medical - Many of the unhoused are medically compromised and have chronic health conditions. We need to better use the community care beds all around the State many of which are not fully utilized. This includes nursing homes. We also need more resources and financial support from the medical care system because housing service providers' focus on the social determinants of health along with the day to day healthcare of their guests and this saves both the taxpayer and the medical system in terms of very high chronic and emergency care costs.

Mental Health - The designated agency system is well funded state wide compared to the shelter system yet it is difficult to get mental health services on site at a shelter or in the street for people who are homeless. The mental health agencies in some areas do not do housing case management and are not part of the Coordinated Entry System so people with mental health needs who are homeless are not referred to them through Coordinated Entry. Coordinate Entry is the avenue to get people housed in this State. This should change and the designated agencies should be fully mobilized to do housing case management and this should be a condition of their funding.

In addition, the designated agencies need to do street outreach to people who are homeless. At the Sears Lane encampment in Burlington for example we are the only service provider serving the residents at the Sear's Lane site. Yet people decry the mental health and substance use disorders they say are evident there. We need to have the mental health agencies either direct their street outreach teams or create street outreach teams to work with people in encampments or living alone on the street.

Older Vermonters Experiencing Homelessness - We had several people over the age of 70 at the Holiday Inn and we were told that the statewide agencies working with older Vermonters do not do housing services. They are also not a part of the Continuum of Care in terms of referring people for housing case management. This should change and their case management should include housing case management.

General Assistance

Vermont Legal Aid will be speaking to the need to extend the General Assistance Deadline at least until June 30th and longer if needed until sufficient permanent housing and adequate emergency housing is developed. CVOEO fully endorses this extension and endorses the testimony you will hear from Legal Aid so I will not linger on this topic.

Longer term solutions

The long term solutions are well documented in the States Road Map to End Homelessness. It includes building more housing and in particular housing with supportive services. It should also include greater service coordination. Ending homelessness cannot be done without an “*all in*” community and systems wide approach.

Opportunities Moving Forward:

- Overhaul the emergency housing/shelter system to improve living standards and optimize success of the residents.
- Increase the wages and benefits of shelter providers to promote excellence and stability
- Build regional emergency housing options for the next two to three years until more permanent housing comes online and then convert them to permanent housing in the future.
- Ensure the full health, mental health and social service system is engaged in ending homelessness.
- Create year around community housing resource centers (like the daytime warming center we ran in Burlington) in high population areas to assist people with emergency needs and to provide resources to move them out of poverty.
- Create street outreach teams and innovate the approach through mobile services to help people with emergency needs and to assist with longer term solutions.
- Revisit the Roadmap to End Homelessness and update it as needed.

Homelessness is a community problem and we need a whole community solution