Health and Human Services & Housing, Military and General Affairs Joint Committee Meeting

Testimony10/18/21 Joshua Davis Groundworks Collaborative

Thank you for inviting me to speak this morning. I'm Josh Davis, Executive Director of Groundworks Collaborative in Brattleboro and I'm also a member of the GA Emergency Housing working group. At Groundworks, we work with people and systems creating solutions to end hunger and homelessness for all people in our region. We do that through the many programs we offer:

- Our Shelter programs include both a high barrier and a low barrier emergency shelter with a total of 64 beds between them, and a daytime shelter. ... where people without housing have a place to go during the day to access case management, take a shower, do laundry, prepare a meal, use the phone and receive their mail.
- Our Food Shelf Program—Foodworks—is the most heavily utilized food shelf in our region, regularly serving nearly 1000 people each month—providing each household with a two-week supply of grocery items
- Additionally, We provide a wide range of case management and supportive services—from street outreach, working with people in motels or shelter, to supporting people to remain stable in housing after a period of homelessness. We are also the primary service provider for two permanent supportive housing sites—in partnership with Windham & Windsor Housing Trust—providing service-enriched permanent housing for 49 households who previously experienced homelessness.

During the pandemic, we moved the base of our operations into Brattleboro's primary GA Emergency Housing motel. Operating in a site that had 95 rooms and were responsive to other motels in Brattleboro that, at the height of the pandemic, were home to over 200 people.

What have we learned in the motel program?

-The GA Emergency Motel Program is not the long-term fix to ending homelessness. However, it has been very effective at keeping everyone safe from Covid -keeping the spread to an absolute minimum.

-Locating everyone together in the motel has allowed us to maximize resources. In the face of workforce shortages and the impact of doing challenging work, we've been able to keep programs staffed and people supported throughout the pandemic

-Having staff and resources on site lowered overdose deaths and increased connection to medical and mental health systems through our embedded healthcare provider program.

-Motel owners and operators are willing partners in this work in our region and are more than willing to continue providing rooms to the GA Emergency motel program.

Since the motel eligibility requirements have been reintroduced, we have seen:

-an increase in people couchsurfing and a direct connection to increased COVID cases among the people we serve. I would like to underscore that not only is this potentially deadly for the individuals that test positive, but our low barrier shelter is a congregate site. The amount of work it takes to quarantine 30+ individuals is enormous. Placing additional stress on incredible staff that are stretched beyond capacity forced to manage logistics for placement, transport, care plans as well as organizing additional testing to monitor the extent of outbreaks.

-There is simply nowhere to put people - our shelters are full. Prior to the extension on the 84-day deadline, we were estimating over 50 people would be exited from motels in the Brattleboro district into an emergency housing system that is already fully saturated and into a system of service providers that are beyond capacity. All of our 64 beds are currently full and this is not a unique situation statewide.

As a member of the GA Emergency Housing working group, I—along with fellow service providers—submitted ideas to DCF Commissioner Sean Brown to be considered as part of the short-, medium- and long-term action items the Governor requested. We have not had a chance to review the plan submitted to the Governor. However, there was unanimous agreement that the motel program should be extended as a first step to mitigating the ongoing crisis that will otherwise worsen. We've invested millions in housing production in Vermont, but the real impact of building additional housing units will take time to be realized. I propose tying the motel program extension to the production of places for people to go. At the very least, I would advocate for a substantial program continuation that breaks the cycle of 30-day extensions. The ongoing stress to people in the program caused by short-term extensions and long-term uncertainty is substantial and unnecessary. As a service provider, I can attest that we cannot focus on long-term or even medium-term planning if we're constantly advocating for another modest extension. I would ask that the program be extended for as long as possible while we work on implementation of other housing strategies.

Shifting to the people in the program -Admittedly, I have gotten used to the temperature of the water, so to speak. But taking a step back, I don't think people can appreciate the complexity and intensity of what is being asked of our shelter providers statewide. Rather, I want to underscore the incredible vulnerability and devastating impact of people harmed by systems of care that weren't designed to work for them.

It is not uncommon to hear that other parts of our system are grappling with having to apply more of a 'social work frame' to their work - police, fire and rescue, motel owners and operators. This is not because we are dealing with something unique in Vermont - rather the public health crisis that has pulled back the veneer on the scale and acuity of need that exists for hundreds of vermonters and thousands of Americans - we're experiencing the real impact of economic, medical and mental health system that aren't working for everyone.

As we're using this opportunity to not just get through the pandemic, but to transform our housing system, our system of services and supports needs an equally transformational investment. We have spent years advocating for substantive changes in our community mental health system and medical system to better serve people on the fringes. Our efforts have been focused on improving access to our care system. We see people facing mental health emergencies are regularly boarded in the emergency department for days on end to the detriment of their long-term health and at a great stress and financial cost to the health care system. At the same time, Brattleboro's rental housing vacancy rate, not unlike the rest of the state is consistently under 2%. The people most impacted by these parallel crises are the community's most vulnerable residents—people living without a permanent place to call home, in distress from unmet medical, mental health, or addiction care needs, and unable to access critical care and supports that could potentially shift their trajectory, improve their health and well-being, and—quite literally—save their lives.

Building on a strong partnership between—Brattleboro Memorial Hospital (BMH), Brattleboro Retreat, Groundworks Collaborative, and Health Care & Rehabilitative Services (HCRS)— we've designed a pilot program for healthcare delivery to people experiencing homelessness. This pilot project, Healthworks ACT, will build on a successful initiative in order to reach more people with a significantly more robust, trauma-responsive model for an integrated medical home.

I'll follow up with more info about this approach and would say that we're cautiously optimistic about the funding plan to begin to pilot this program next year. Continuing to expect our systems of care to meet the need as is —despite outcomes that clearly illustrate that it's not working—will perpetuate wide gaps and inequity. Rather, we need to invest in alternatives and expand what works.

In the meantime, I want to acknowledge the incredible work that staff at Groundworks and our sister organizations throughout Vermont do on a daily basis.. We are not alone at Groundworks as we experience a staffing and workforce shortage that is heavily stacked against the kind of difficult work the emergency housing system demands of our staff. Because we're here to meet people's basic needs, we ask so much of people when they join the staff at Groundworks: be flexible, don't give up on people, sit with suffering, do the paperwork, connect, hold boundaries,

laugh, administer Narcan, advocate, call 911, be a last safety net, mourn, give a ride, stay late, quarantine, cover a shift, deliver food, smile, make a safety plan,, be compassionate, try again. We ask these things because this is the work. This is the work that moves us toward ending homelessness and ensuring everyone has food—person by person, day by day, year by year. As we're prioritizing funding for services its incumbent that at we fund progams to help pay people for the level of work that they are actually doing. We need support in being able to offer livable wages to people on the frontlines of our housing crisis.

I would also advocate for viewing our emergency housing system as part of the housing system itself. Ideally, emergency housing—while it will always be needed in some form to support people in the gaps between precarious and permanent housing—should be a short-term springboard to the overarching goal: available permanent and affordable housing for all Vermonters.

Vermonters in highly vulnerable situations who are sheltering in motels need to be able to stay there for as long as needed until housing is available to end this crisis.

Thank you