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SPRINGFIELD

To: Senator Jane Kitchel, Chair, and members of Senate Appropriations Committee, and Representative Diane Lanpher, Chair, and members of House Appropriations Committee

From: Rebecca Plummer, Vermont Legal Aid, Inc.

Re: Testimony at Joint Hearing on Appropriations

Date: February 21, 2023

Good afternoon, my name is Rebecca Plummer. I'm an attorney at Vermont Legal Aid, and the director of our Medical-Legal Partnership Project. I'm here to ask you to fully fund emergency housing. One of our partnerships has been with clinics providing medication assisted treatment, like methadone and suboxone, to people with addiction. Because of their addiction, these people have often lost family, friends, custody of their children, jobs, and their health. They are trying desperately to stay in treatment and turn their lives around. They need, more than ever, a stable place to live, but instead they are often precariously housed or unsheltered.

When a person in treatment has no safe, reliable place to stay, they also cannot stay connected with health care providers to attend to other serious health needs. And living on the street itself creates and exacerbates health crises.

One of our clients last fall had a heart condition that caused her to pass out frequently. She was living in a tent in a wooded public space and was concerned about her safety and her ability to call for help if her phone died and she had no way to recharge it. Another client had significant fluid in her legs that made walking extremely painful, and walking made the condition itself worse. But she was unsheltered and had to walk a lot - to the clinic for treatment, to the Economic Services office to apply for emergency housing, to Social Security to check on the status of her lost SSI check. She was losing ground on hard-fought gains in her sobriety and her health. Because of their homelessness, when these people finally receive medical care, it is long past prevention or even treatment. It's a life-threatening emergency.

Homelessness – through interruption of care and through its own damage to the human body and mind – has significant health harms, and the externalized costs of this are passed on to our Medicaid program. Indeed, it likely costs the state a lot more to not adequately fund emergency housing than to fund it.

The reality is that it is not possible to add enough shelter capacity (physical space plus staffing) or permanent units for people to exit homelessness in a year. The people we work with who are struggling to maintain treatment for addiction are the most likely to end up (or stay) unsheltered if we fail to adequately fund emergency housing, and they are generally not covered by current proposals for housing voucher programs or by the extension of GA this spring under the current Senate plan in the Budget Adjustment Act.

Vermont currently has a 1% vacancy rate – there is simply nowhere for people who are homeless or being evicted to go. And even when there is a vacancy, it is not affordable. According to VHFA, the average rent cost in Vermont has gone from \$945 in 2017 to \$1400 today – a 48% increase. At the same time, wage data from the DOL indicates that wages have only risen 7.4% over the course of the pandemic, widening the gap even for those working full-time.

People with substance use disorder who are experiencing homelessness have been hit by two crises not of their own making – the opioid crisis and the housing crisis. No one is un-deserving of housing. We as a state must continue working to solve the housing crisis through a variety of approaches. But in the meantime, I urge you to adequately fund emergency housing to protect our most vulnerable neighbors.

Thank you very much for your time and your work for Vermonters.