

Thank you for inviting me to speak with you all today in connection with Disability Awareness Day and the work of this committee. My name is Maryellen Griffin, and I am a Staff Attorney in the St. Johnsbury office of Vermont Legal Aid. I have worked on housing issues for over twenty years now.

To begin, I would just point out that a disproportionate number of people who are homeless are disabled. According to DCF's January report

- 37% of adults in emergency shelter have a mental health disorder,
- 22% have a substance use disorder, and
- 34% have some other disability

We need policies to ensure that people with disabilities experiencing homelessness are successfully transitioned to permanently affordable housing that meets their disability-related needs.

To do this, we can use the familiar three legged stool metaphor – what is needed are units, subsidies, and services.

First units. People who have disabilities need housing that is accessible to them. Universal design and strategies to address mobility limitations are important. But so are things like good soundproofing, separate entrances, and the right location. Many of my clients with mental illness are really harmed by the noise transferring between their apartment and their neighbors'. Soundproofing can go a long way toward good neighbor relations and housing stability, and it is an accessibility issue.

Location of units also matters, which is why enforcement of fair housing law is also part of the solution. I'm remembering a beloved client who is blind, and we had to fight to get him a reasonable accommodation to transfer to a unit within walking distance of his kids' school so he could walk to their games and be a part of other community events. The right location matters. Discrimination against people with disabilities needs to be addressed to be sure everyone has fair access to housing that meets their needs.

The second leg of the stool is subsidies. We know that people with disabilities are more likely to be low income, and so we need more affordable housing, and more rental subsidies.

And last but not least, the third leg of the stool is services.

For years, report after report has identified a lack of adequate community mental health, supportive housing, and housing support services as a barrier to preventing and ending homelessness. This has also been our experience at Vermont Legal Aid – that the lack of community mental health and housing support services leads to eviction and homelessness. Homelessness itself is traumatizing, often creating or aggravating mental health problems, and it increases pressures on the institutional components of our mental health system. In our experience, the lack of reliable housing support services makes landlords - even our mission driven subsidized landlords – sometimes reluctant to accept or keep as tenants people with disabilities, especially mental health and developmental disabilities.

However, there is hope on the horizon. One thing I am particularly excited about is the State's recent approval to use Medicaid funds for Supportive Housing Services. This is part of the Global Commitment Waiver, and to quote the cover letter "The Supportive Housing Assistance Pilot will provide individuals with services to successfully transition into and maintain residency in close coordination and collaboration with agencies that provide rental assistance. Eligible individuals will have access to pre-tenancy supports, tenancy sustaining services, and community transition services for enrollees moving to supportive housing from any setting."

Right now, there are a lot of different programs trying to provide supportive housing services. But they're too small and too fragmented. Each program is funded only to provide a limited number of services to a limited group of people, and a lot of people fall through the cracks. I have had a few clients in a row have had both a developmental disability and a mental illness, but they were not getting any supportive housing services and were, as a result, facing eviction and homelessness. While to me it looked like they should qualify for 2 or 3 different types of support services, they were getting none and sometimes each program was pointing to the other one saying, no that other program should be supporting this person. Meanwhile, the person has been cycling through emergency rooms, hospitalization, homelessness and sometimes incarceration, for years, and sometimes decades.

I hope and believe that the Medicaid Supportive Services program can help knit these different programs together and fill in some of the gaps so that more people can stay safely and stably housed.

I think this committee has an important role to play in helping the Medicaid Supportive Services program develop as quickly and effectively as it can. I know that the consultants that AHS is going to hire will be looking for input from stakeholders, and the perspective and input of legislators, as stakeholders and representatives of stakeholders, would be really helpful for program design. I also think that having legislators tracking on the progress of program development might help expedite the start up of the program.

Finally, I would ask this Committee to find ways to support and encourage landlords, particularly subsidized landlords, to work with Medicaid and other supportive housing service providers and their clients. When I have talked with the people at AHS who are building out the Medicaid Supportive Services program, they are super knowledgeable about Medicaid. But they are not as familiar with the housing and subsidy world, and they are cognizant of the fact that they can only use Medicaid to provide services, not units. So I would ask this Committee to look for ways to support and encourage landlords, especially subsidized landlords, to work with supportive service providers in partnership to make sure that everyone has access to safe, stable, and fair housing.

Thank you again for your time.