February 16, 2023

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The Senate Committee on Economic Development, Housing, and General Affairs and the House Committee on General and Housing

Thank you for holding this public hearing and for gathering feedback on the state of housing in Vermont. I want focus my comments on the need for coordinated, predictable and adequate funding for permanent supportive housing communities. Permanent supportive housing is designed to provide a home and comprehensive support to residents who have experienced chronic homelessness. While services are voluntary, they are offered onsite in order to provide support to residents right at their doorstep. Services may include support around issued related to substance use disorder or mental health needs. It may include helping residents navigate a complex physical health issues that has been on back-burner for years. It may also include community building activities like hosting dinner in a shared kitchen or coordinating an outdoor activity, or making art together. The approach of meeting individual needs while also building community has been proven effective at promoting greater health and wellness while reducing social isolation and loneliness. The COVID 19 pandemic exposed both a more accurate accounting of Vermont's homelessness numbers, but also the gaps in the system that is designed to eradicate it. The size of the challenge before us was recently affirmed in an article in the Guardian which reported that per capita, Vermont's rate of homelessness is second only to that of California's and that Vermont's percentage increase in homelessness is the highest in the nation. We may well be a small state, but we have a growing challenge that requires a sea change in the way we are approaching it. My message tonight is that we need a better funding model that is strategic, consistent and adequate. Funding for permanent supportive housing models are often described as a three-legged stool that rely on three key funding pools: 1) subsidies to support the construction of permanent supportive housing; 2) vouchers to help residents pay rent they can afford and 3) funds to pay for the staff to provide on site support to the residents. The current problem is two-fold. First, while some version of all of this funding exists, it is not always available at the same time or even at a predictable time, making it very

difficult for housing providers to plan and implement new housing communities that address homelessness. The risk that comes with ambiguous funding effectively slows down progress toward providing every Vermonter with a home. The second issue is that there is no clear source of funding for service providers to hire professionals with the training and skills needed to meet the needs of residents. Chronic homelessness is not going to be solved simply by providing 4 walls and roof. Persistent and complex mental health issues are often present and they can be compounded by historic trauma, addiction and years of instability. On site licensed clinical social workers are often the key to meeting the needs of residents, but much of the available funding is simply not high enough to cover the cost of this level of professional training. In addition, some funding sources are for very specific segments of the population who sometimes do not meet the requirements of available vouchers. Our current funding model is a piecemeal system that can be confusing especially when trying to layer various funding sources that are available at different times, sometime in conflict with one another and at levels that don't allow for the right level of professional support. The proverbial threelegged stool is pretty shaky. It's inspiring what Vermont accomplished during the pandemic by providing a home to so many people experiencing homelessness. As we look ahead to the next big solution, building a system of coordinated, predictable and adequate funding will be an important component to our success and to our ability to provide every Vermonter with a stable, safe, supportive home.

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