

For the record my name is Karim Chapman, Executive Director of Life Intervention Team (LIT), a non-profit based in Rutland County. Today, I stand before you not only as a representative of LIT but also as an advocate for effective solutions in addressing homelessness and the myriad challenges faced by our community members.

LIT was born out of necessity, as a response to the unique challenges posed by the COVID-19 pandemic. LIT was asked to step up and rise to the occasion. We have remained steadfast in our commitment to serving those in need. We provided 24-hour support, offering a lifeline to individuals facing homelessness during one of the most challenging times in recent history.

At LIT, our journey has been guided by the principles of compassion, collaboration, and innovation. For over two years, we have been on the front lines, providing support to individuals experiencing homelessness in hotels across the state and a number of challenges that have come before us as things change. However, the constant changing rules and landscapes have been extremely difficult to keep up with. A simplified GA system, guided by Housing First Principles could address many of the complexities we have seen in the last 3 plus years.. Our approach is through supporting the community to meet individuals *literally* where they are; addressing mental health, substance use disorder, housing, transportation, food security, life skills training, and medical coordination of care. We also coordinate with other organizations as we operate. We recognize the importance of meeting people where they are, both physically and emotionally, and we are committed to providing holistic care to each individual we serve.

Our organization operates in a multi faceted and mobile delivery system.

1. We are a grass-roots organization.

Grassroots organizations play a crucial role in relieving the stresses faced by larger organizations. By providing localized support and tailored solutions, LIT has been able to address the unique needs of our community members more effectively. Our organization is often agile and responsive, able to adapt quickly to changing circumstances and emerging needs, and we have seen that time and time again in the constantly changing world that the pandemic accelerated.

2. We have a Referral-Based Approach: Our referral-based approach ensures that individuals receive the support they need from the most appropriate provider. We additionally, often find ourselves bridging gaps in services, particularly when

other providers are reluctant to enter hotels due to perceived stigma. In these instances, we step in to provide direct support, ensuring that no one falls through the cracks.

3. Community Partnerships: Our approach operates on referrals or by meeting clients as we do our work in the hotels, but it's important to emphasize that our involvement doesn't end with a mere recommendation. We see ourselves as active advocates for the community, continuously engaged with the organizations to which we refer our clients. For this approach to yield meaningful results, robust relationships with our fellow community members engaged in this shared struggle are paramount. A prime example of the power of collaboration is our partnership with End Homelessness Vermont. In instances where we encounter individuals with complex needs, we rely on our collaboration with the End Homelessness Vermont community to provide additional support. There is cross referral as one of our organizations can offer a service that the other can not. We often work together to resolve vouchers, needed services and most importantly how to work through challenges that can be a barrier to shelter. These partnerships are fundamental in ensuring that everyone receives the care and attention they require and deserve.

4. Our Staff Approach. We have two primary support roles at LIT that provide dedicated focus.

- **Community liaisons:** Community Liaisons are responsible for being a critical link between our organization and the communities we serve. The Community Liaisons are responsible for developing and maintaining positive relationships with community leaders, organizations, and hold a case load to ensure that our organization's goals and initiatives align with the needs and priorities of the community. They are the face of LIT, providing judgment free, loving and committed support and resources to our clients.
- **Medical Coordinators:** Medical coordinators are highly skilled professionals who excel in both administrative and limited clinical duties. They work closely with physicians, providing essential support in a wide range of administrative tasks. This includes conducting initial triage, scheduling appointments, coordinating transportation for medical visits, assisting with health insurance and long-term housing applications, facilitating medication pick-up, and maintaining meticulous medical records in strict compliance with HIPAA regulations. Our dedicated medical staff is deeply committed to collaborating closely with physicians and patients to ensure accurate and up-to-date diagnoses. Additionally, they serve as

strong advocates for patients when needed, ensuring their voices are heard and their needs are met.

While our approach is simple, the road to maintain our program is far from that and comes with many challenges to continue our mission:

1. Funding. As a true non-profit organization, we operate solely on state funding, grants, and donations.
2. Changes to legislation regarding non-congregate housing

We need to maintain consistency in our actions, secure reliable funding sources, and be prepared to adapt if the state leans towards non-congregate shelters. Additionally, with individuals transitioning out of programs this year, we must be ready to offer support when they need it most. With these strategies in place, we're well-equipped to continue our journey towards ending homelessness and building a more inclusive community for all.

For over two years, LIT has had the unique position of operating a hotel as a provider. While it has been challenging, it also has allowed us to support people on site. Unfortunately the lease amount being charged by the hotel was too much and we had to walk away from that project. However, while there, End Homelessness Vermont, worked closely with us to reshelter individuals, sometimes to our hotel, who have a particularly hard time remaining sheltered and then continued to be a touch point with these clients, all of whom they had a strong relationship with already. Additionally, we had clients who needed additional support and we reached out to End Homelessness Vermont for support as well. We also were able to make cross referrals to connect people to services within the Rutland Community both from the Annex where we were sheltering people and across Rutland. When we did come across a challenge with a client, we would call their point person, work with End Homelessness Vermont and area providers. We did not need to exit anyone and this was working with some of the most challenging clients.

There are options to make shelter tenable, we strongly support lease and sales agreements with hotels and providers that will support ongoing shelter for all people experiencing homelessness. There is no one experiencing homelessness who does not deserve to be sheltered. These individuals are not being disingenuous or not doing enough for their own housing journey. The state and others often talk about these individuals who need more access to support and they need to drive the support. But most importantly, they need more access to housing. There is no housing, and when we

support them, they most often are able to be successful and we were even able to house many clients.

Any successful GA Modernization should include:

1. Eliminate catastrophic and vulnerable eligibility criteria and distinctions, and their corresponding time limits.
2. Simplify and modernize the application and recertification process.
3. Expand the definition of disability to meet all ADA requirements.
4. Center any and all policies in evidence-based Housing First Principles.
5. Eliminate the possibility of a period of ineligibility. It is a cruel and inhumane punishment and risks real people's lives.
6. Avoid use of congregate shelter. Use non congregate shelter.
7. Eliminate Income Contribution & Change Income Verification: This is a barrier to success.

As an operator of a hotel and provider, I have seen many failures of this system. It often requires the expertise of End Homelessness Vermont or Vermont Legal Aid and an entire team to successfully make it through the system, especially when our clients have complex mental health or physical health needs.

At LIT, we have been able to get people into Nursing Care facilities. One example of this was a client who has given permission to share her name and story, this was Rebecca Langdon, Rebecca was a neurosurgeon in Rutland for many years. Rebecca was a provider, and gave immensely to her community after ending up in the experience of homelessness, she was connected to services, but no one was checking on her. She was struggling and had infections when our team was referred to her as a result. We worked with her and ultimately we were able to support her in moving to a nursing care facility where she is successful. Prior to us getting there, there was a massive gap in services. We also are currently working with a man who has dementia. This person is a shared client with End Homelessness Vermont. Both of us have known and worked with this client for some time now. We both began to notice that this client was beginning to forget things and people around him. End Homelessness Vermont had taken him on as a client to get him successfully returned to the cohort and provides ongoing voucher assistance, then Brenda reached out to us to help support care for a diagnosis in dementia. We are still in that process now.

We also have been successful for clients who needed mental health support and have been denied over and over again, into treatment. One example of this is a client that we

have that has autism and is experiencing challenges in remaining sheltered. Again, this is a shared client with End Homelessness Vermont. This person was asked to leave a hotel and struggles to be successful. End Homelessness Vermont reached out to us with the challenges and asked us to take this client. There have been ongoing issues, but, we are working with the family, this is a 19 year old, living with his mom, to try to find treatment. The LIT medical Team was able to help him get connected with a PCP, health insurance, and individual counseling .We are very worried about this client as we are no longer permanently in that building. We know that End Homelessness Vermont took him multiple times to the hospital and they would not keep him, even though he was agreeing to stay. We have worked to find him a bed, but, one has not been readily available when he is ready and this would be to get his medication correct and delineate what support he needs.

We have met clients with substance use disorder where they are at, in whatever level of recovery or harm reduction when they are struggling with active use. This story is hard and does not end well, and I think you may have heard some testimony on this already. We tried to get this client in to Valley Vista and they would not take her due to her mental illness. Then the mental health treatment would not take her due to her substance use disorder. She also was fleeing domestic violence and the DV agency would not support her due to her mental illness and SUD. The DV agency reached out to us for support and End Homelessness Vermont to help with the voucher. Unfortunately, two weeks ago, this client died of an overdose. This client wanted help, she asked for help, she worked with us to get help and she died of an overdose, because she was denied the help she was seeking. No one was prepared to keep her safe or treat her dual diagnosis. We hope that we offered her support and dignity in the end of her life at least, but, this person should not have died, she should have gotten the help she was seeking.

Overall, we have been able to support our clients with their basic needs, which has allowed some to successfully find housing and we have been able to help clients access both diagnosis and supports that have been out of reach in the past. We have a client, again shared, that has needed and finally gotten an Autism Diagnosis and now we are working on SSDI or SSI. We float and exist in the space where there are gaps in services. We are collaborative and work extremely hard to stay in constant connection with supports and services.

It is not that those experiencing homelessness are impossible to house, in fact, most can be successfully housed. It is that we need to begin with dignity and letting them lead the way, not assuming we know what is best for everyone. I know it is possible to be successful in this model because both within our own management of a hotel and

within our mobile work we have been. I know that it is possible when our orgs are well funded and supported and all our clients must remain sheltered until they are permanently and successfully housed. We need to keep our partnerships strong, ensure continued funding, and rally community support to keep our mission alive. It's through this collective effort that we can truly make Vermont a place where everyone, regardless of their background, feels supported.

Thank you.