



**Written Legislative Testimony on General Assistance
Date: 1/31/24**

Introduction

Honorable Chair, Vice Chair and representatives of this committee thank you so much for having me here today to talk about GA Modernization. My name is Paul Dragon, and I am the Executive Director of the Champlain Valley Office of Economic Opportunity (CVOEO). At CVOEO We operate 10 distinct yet interconnected programs that provide emergency services like shelter, housing, food, and warmth as well as services to help people gain economic independence like Head Start, Microbusiness Development, Personal Finance classes and Weatherization. We are a proud member of the Vermont Community Action Partnership, comprised of the five community action agencies that work together on anti-poverty efforts.

At CVOEO, in the last three years, in addition to the ongoing operations of a domestic violence shelter, we have taken on two new homeless shelters, opened a large Community Resource Center for people experiencing homelessness, created a homeless outreach team in two of our service regions, developed a statewide rapid rehousing program for 200 families experiencing homelessness, and we provide social services at the new Elmwood Emergency Shelter. In addition, we recently received a large philanthropic award to continue our work to solve child homelessness in Vermont over the next five years.

We have done this additional work because of the unprecedented levels of homelessness in Vermont. According to the Point in Time Counts, in 2016, Vermont had the 2nd lowest percentage of homelessness per capita in the country and today we have 2nd highest rate of unhoused people per capita in the country. Vermont has also experienced a 213 % increase in family homelessness between 2020 and 2023.

We know from research that housing is the foundation for healthcare including mental healthcare and what we are witnessing now is a healthcare crisis for people experiencing homelessness. At our Community Resource Center (CRC), we support on average 120 people a day many of whom are unsheltered, most unhoused and the rest are living on the margins. 247 people using the CRC report being unsheltered. Serving breakfast in the morning you will see guests lined up after a cold night out with some needing basic wound care, and some with chronic medical conditions including diabetes, hypertension, and cardiovascular disease. We have an aging population of unsheltered individuals with 14 % of the guests between the ages of 55 and 62 and 14 % of the guests over the age of 62. Fifty-three percent of the guests have a disability which is likely underreported. We have guests with substance use disorders and mental health diagnoses including post-traumatic stress disorder which is often co-occurring or exacerbated by homelessness. We call emergency services on average five times a week.

At CVOEO's Champlain Inn, an overnight emergency shelter in Burlington, we serve five guests with paranoid schizophrenia who need a higher level of care. At the overnight warming shelter in Burlington two weeks ago a woman showed up to a full shelter of single adults with a 6-month-old baby. On Thursday at our Samaritan House Shelter, I was working in the lobby when a guest came down and collapsed from a cardiovascular issue.

This is just the surface of what our staff experience at CVOEO and it also directly informs our request to focus on the following strategies: 1) Increase the availability to emergency shelter (especially non congregate shelter) and other temporary accommodations like hotels; 2) An all-government effort to end unsheltered homelessness; and 3) An increase in housing capacity using the Housing First model.

1) Increase the availability of emergency shelter and other temporary accommodations – short-term.

A Right to Shelter - Commit to sheltering every person experiencing homelessness – rewrite GA rules to create a more accessible program that rules people in instead of ruling them out, while we work towards increasing shelter capacity.

State- led, fast tracking, purchasing and/or renovating of eight hotels and/or state facilities - This is to shelter people in single occupancy or less congregate settings with community space using the Champlain Housing Trust model and strengthened statewide through state authority. This is meant to increase the availability of and access to low-barrier, and culturally appropriate shelter, especially non-congregate shelter. The hotels can be converted into permanent housing (single resident housing) as the need for emergency shelter diminishes over time.

Specialized Shelters for People with Severe Mental Health Conditions - Create at least four regional 30-bed emergency shelters (higher level of care) for people with mental health and substance use disorders administered and served, with funding, to the public entity. These can be turned into permanent residential homes (Group Homes) at any time. Group homes are an existing model that can be expanded.

Expand DMH's Shared Living Home Provider Program - These are individualized shared-living arrangements for adults, offered within a home providers home. Home providers are contracted workers and not considered staff of the their host agency. Match people to this program.

Develop regional, publicly funded residential homes and nursing homes leveraging Choices for Care – Expand Choices for Care which is a Medicaid- funded, long-term program that pays for care and support for older Vermonters and people with disabilities. We have been unsuccessful at placing people in privately owned community care homes and nursing homes despite public funding. Continue to explore, study, and report on maximizing opportunities within existing

community care homes and nursing homes to ensure people who are homeless are getting the access they need and that every bed is utilized.

Specialized Medical Shelters - Create regional higher level of care emergency shelters or options for people with chronic medical conditions who are experiencing homelessness including medical respite for people leaving the hospital. These are shelters to stabilize people and move them on to another shelter or permanent housing. Engage the medical community in this funding.

Short-term Emergency Shelter Sites for Assessment and Referral – As shelters and housing come online, turn the hotel program and any overnight shelters into a network of short-term assessment and referral hubs where people get quickly stabilized and then move on to longer term shelter or housing decreasing the reliance on hotels.

HOME Family Vouchers - Support 50 additional HOME rapid rehousing vouchers for families experiencing homelessness to help solve family homelessness – We have housed close to 100 families since February last year and have 100 vouchers remaining. We think we can increase this with the addition of our Whole Family Approach funding for services.

Long- Term Substance Use Recovery - Support funding for at least one long term (six-months) substance use recovery center focusing on people experiencing homelessness.

Municipal Overnight Shelters – Encourage and fund municipal funding and administration of overnight winter shelters.

Specialized Outreach Services - Create a statewide outreach program for people experiencing homelessness with mental health and co-occurring substance use disorders modeled on the federal PATH (Projects for Assistance in Transition from Homelessness) program. This would expand and augment the current PATH program.

Community in Reach - Support a variety of Community Resource Centers for people experiencing homelessness in areas with a high concentration of people experiencing homelessness. These can be places for food, warmth, housing advocacy and wrap around services like the Community Resource Center in Burlington (120 people a day) or smaller enhancements to existing locations where people can do laundry, make a phone call, and get supplies. Our Samaritan House Shelters saw 50 people last month by opening its lobby for all to include laundry services and access to hygiene and other supplies.

Safe Camping and Parking sites - Support the creation of safe camping and parking locations across Vermont, in identified state owned properties with supported amenities (toilets, water, etc.). Encourage municipalities and religious institutions to do the same.

2) A focused, all- government effort to end unsheltered homelessness – medium term

State Agency of Human Services Integration to Better Support Integrated Services - Support the integration of mental health, and medical care in all emergency shelters from state funded nonprofits and other entities and support the interdepartmental cooperation within AHS to foster more service integration.

State Agency Coordination - Develop a new Roadmap to End Homelessness which includes the Agency of Education that describes the state's longer-term plan to continue to shelter people as it also continues to move toward the Housing First model. These two cannot be in conflict as we need to take care of emergency needs.

State of the Art Call Center - Develop a state managed state of the art call center to replace the current GA system so people have quicker access to shelter, housing and benefits. This cannot be localized, or community based to ensure a statewide approach regardless of geography, to ensure equity for a vulnerable population across the State, to ensure efficiency with one call center and to keep the responsibility for a vulnerable population at the highest level of government.

Support H.132 – Recognize and protect the rights of unhoused Vermonters.

Create a hub or training center - for recruiting and training shelter and services staff. Consult with UVM's Office of Engagement.

3) Create more Affordable Housing, Utilize Housing First, Ensure Housing Stability – long-term

Affordable Housing Capacity - Continued investments of state and federal funding for new perpetually affordable housing and to preserve affordable rental housing and homeownership units – Support the Housing and Homeless Alliance of Vermont's requested funding for VHCB, VHIP, VHFA and programs and services for manufactured home residents.

Housing First – Concurrently maintain the philosophy and practice of Housing First as we bring on housing capacity with a commitment to providing supportive, holistic services to keep people in their homes. CVOEO is launching the Whole Family Approach Program which will house 280 families with children over five years while providing intensive holistic services with low caseloads (12-15 families).

Strengthen and Expand Mobile Home Parks as Affordable Housing - Create four regional mobile home parks with 150 energy efficient mobile homes. Mobile homes would be run at least initially by local housing authorities with two resident organizers in each park that will transition to cooperatives. Parks should be built near transportation and services.

Improve Housing Stability - Increase statewide funding for stability/retention services to improve housing sustainability. **Eviction Protections** - Establish “just cause” eviction protections to ensure greater housing stability and prevent arbitrary and harmful terminations of tenancy. And support VSHA’s Eviction Diversion/Rent Arrears program

Rent Regulation - Establish a rent increase cap of not more than the average increase in the Consumer Price Index, or five percent above the most recent rent, unless the landlord can demonstrate that a greater increase is necessary due to additional costs for repairs or other exigent circumstances beyond normal maintenance or improvement. **Renters Protection** - Require housing providers receiving state funding through the Vermont Housing Improvement Program (VHIP) and other incentive programs to receive landlord-tenant and fair housing law education.

Conclusion

Homelessness is systemic and we need to work at all levels of government and within all levels of the community. The prevalence of violence victimization in the homeless population has been estimated to range from 14% to 21%. According to the National Homeless Mortality Review -the estimate of 5,800- 46,500 deaths among people experiencing homelessness per year highlights the scale of homeless deaths and the underreporting because these deaths are mostly not tracked.

Communities are ecosystems and intimately connected whether we realize this or not. What happens to one, in some way happens to us all. Children realize this when they see a person who is homeless. That sadness and even shock says it all. We should keep seeing our communities through their eyes.

Paul Dragon
CVOEO
pdragon@cvoeo.org