

Testimony Remarks

My name is Sarah Russell and I am the Special Assistant to End Homelessness for the City of Burlington and the Co-chair of the Chittenden County Homeless Alliance. I would like to thank the House Committee on Human Services and the Senate Committee on Health and Welfare for inviting me to testify today on emergency housing program transition. Today, I intend to share updates, successes and challenges, and recommendations representing both the City of Burlington and the Chittenden County.

Background Chittenden County Homeless Alliance

The Chittenden County Homeless Alliance, comprised of nearly 30 representatives is our local Continuum of Care and local decision-making body for allocation of HUD funding, policy development, and systems-level work. In addition to the Steering Committee which meets once per month, we have a number of sub-committees that focus on and tackle specific strategies including Coordinated Entry, Strategic Planning, NOFO and Ranking (which reviews the annual HUD release of funding opportunities, prepares and ranks collaborative application on behalf of the Continuum), Outreach and Membership, and Data Quality sub-committees. All committee and sub-committee meetings are open to the public and we especially encourage people with lived experience of homelessness or housing insecurity to participate and provide feedback on systems improvement.

Background City of Burlington Initiatives

The City of Burlington has long supported initiatives to address Vermont's housing crisis and support unsheltered homelessness. In December 2021, Mayor Weinberger announced a 10-point Action Plan to Fulfill Housing as Human Right. Among those initiatives was the creation of my position, Special Assistant to End Homelessness – to be accountable for the City's policies and programs that address homelessness. Since 2021, the Administration has made progress on all 10 initiatives which include a goal to double the rate of housing development, strategies to increase housing availability including upzoning, investments to strengthen Coordinated Entry, \$5 million of directed ARPA funds, the creation of new low-barrier with a public health approach, and increased funding to our Housing Trust Fund for the creation of permanently affordable units – which is now up 400%.

Response to the Hotel Program Winddown

In June, the Chittenden County Homeless Alliance submitted, with the City's collaboration, a letter of interest and advocacy to extend motel stay for vulnerable households including families with children, elderly, people with home health and or hospice services, and pregnant people – and proposed the CCHA through our Coordinated Entry System would prioritize all of these vulnerable households for housing placement at an anticipated rate of 25 households per month. In coordination, the City of Burlington submitted an LOI proposing two new shelters in a State-owned building. Although the City's LOI was initially rejected, H.171 in essence adopts the CCHA proposal and we have since committed our collective resources to prioritizing these households.

Impacts of Winddown – Unsheltered Homelessness

Due to the emergency housing program closures in May and June last year, the CCHA formed an ad-hoc sub-committee, comprised of shelter and service leaders, to develop a strategy to address and respond to unsheltered homelessness. Since these motel program closures, unsheltered homelessness has increased from 100 self-reports in March to a high of 227 self-reports in July. We suspect these numbers are low as they only reflect people who are willing to share their living situation when they present at the Community Resource Center. For comparison, last summer, we estimated there were an all-time high 80 people living unsheltered. The number of people living unsheltered right now is more than we have ever witnessed in Chittenden County. This group identified five strategies to focus on over the coming months including:

- Increase emergency shelter capacity for adults, and safe sleeping options as expanded shelter comes online
- Expand access to field-based healthcare for people experiencing unsheltered homelessness
- Rethink, expand, and redeploy street outreach teams
- Expand medical respite capacity (both medical and mental health)
- Continue to expand access to permanent supportive housing for people experiencing chronic homelessness, and advocate for additional specialized long term care options for older Vermonters who are homeless

In addition to these strategies, the workgroup identified two areas that, while are outside the scope of the Alliance, have much overlap and are critical to our work:

- Advocate that local and State plans and funding include development of overdose prevention centers
- Advocate for increased length of stay for substance use disorder (previously 28-days, now 10-days) and stable settings (housing, program, etc.) for discharge

However, one does not need data to tell this story. Anyone who has spent time in Burlington over the last summer months has no doubt witnessed the level of suffering on our streets, in our parks, parking garages, benches, and doorways. The heartbreak of homelessness is vivid in our community right now. For this reason, the City of Burlington will be moving forward with opening a seasonal overnight shelter. As of last Friday, we have obtained a funding award from AHS and are rapidly implementing this critical project to open by December 15th.

Update on Implementation of H. 171 – Coordinated Entry

On July 30, 2023, Chittenden County motels housed 256 households- which became known as the June cohort. Approximately 90 of these households were not enrolled in Coordinated Entry at that time. Outreach teams from Community Health Centers, Champlain Valley Office of Economic Opportunity, Committee on Temporary Shelter, and Burlington Police Department worked in close collaboration to enroll nearly 70 of these households into our Coordinated Entry system over the last two months. The households they were unable to connect with or who refused to enroll in Coordinated Entry had at minimum three attempted engagements. This was a huge lift on an already overtaxed system. Currently, there are 177 households enrolled the June cohort.

Between January and August 2023, the Chittenden County Coordinated Entry system has assisted 176 households with identifying permanent housing placement. In Chittenden County, two new housing developments will open next month and therefore, we have 56 pending referrals to permanent units, with rental subsidy and long-term services when needed, and 9 pending referrals to rapid re-housing or permanent supportive housing programs.

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Therefore, we expect to be on pace with our projected rate of housing placement for this cohort as of the end of October.

Beginning next week, case consultation will take place for June cohort households to ensure they are progressing toward permanent housing. These weekly case conference sessions, facilitated by the AHS Panel Managers for Chittenden County, will work toward establishing shared care plans for households. Currently, 82 households have shared care plans and we anticipate this to substantially grow once the case conferencing sessions begin.

Ongoing Challenges with Implementation

Our social service agencies continue to be exhausted by the level of need they respond to in the community and lack capacity, staffing, and ability to expand and/or grow new programs at this time. One symptom of the staffing challenges is the extraordinary wait times for households to be connected to case management services; the wait time is currently 6 weeks between CE enrollment to initial meeting with a housing case manager.

Our ability to obtain data from Economic Services Division remains difficult. For the Coordinated Entry system to be effective -- precise sub-population-level data for the June cohort is essential. While this information is compiled and reported on a statewide level, we have been unable to obtain it for our county. This is problematic as it forces us to build new reports, create workarounds, and quite literally compare spreadsheets line-by-line. We need to rely on a data partnership and collaboration with the State.

Another challenge identified from the field has been the wait-times for re-certification. Households within the June cohort must recertify on 14- or 30-day intervals. Case managers report spending up to seven hours waiting on hold to recertify just one household. Most households utilize prepaid cell phones and are unable to accommodate these extended wait times. It is unknown how many households in Chittenden County (or statewide) were exited from the motels due to not being able to recertify. It would be most helpful for the recertification process (and overall communication between ESD and motel households) to be user-friendly- and to reflect the preferred means of communication by people who use this, such as apps, texts, and other means of virtual communication.

Conclusion

In order to effectively address these challenges, we must work in expanded partnership with AHS. We must have access to data. Our clients must be able to have direct communication with ESD. Local communities including people with lived experience need to be consulted prior to eligibility and program changes. Our providers who are implementing these policies need to be part of decision-making and not simply responding to the fall-out. And we need the State to take leadership in the creation of new shelter capacity to address the historic and unacceptable levels of unsheltered homelessness happening now.

We all must hold shared-accountability, in not just identifying the problem but in solving homelessness.