

Brenda Siegel's Response To Commissioner Winters Letter to the Senate Health & Welfare Committee re :H.879:

Commissioner Winters provided the Senate Health & Welfare Committee the following letter asking for clarification to H.879 on several Issues. Please see my notes in red below addressing several of these concerns. At End Homelessness Vermont, we agree with a few of the concerns, however, most we find to be unnecessary or can be addressed in the Task Force. It seems that they are asking that the committee address clarifications that the task force is charged with. Also, many of these questions can be easily answered. Feel free to ask any questions.

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Honorable Chair Lyons and Senators,

April 16, 2024

We appreciate and recognize the commitment of the House Committee on Human Services to gather information and input from key stakeholders to address homelessness in Vermont. We also greatly appreciate the opportunity to work on this bill with the Senate Health and Welfare Committee. Addressing homelessness is a shared goal, and we look forward to continuing to partner with you in developing solutions.

In reviewing the proposed Emergency Temporary Shelter Program language, the Agency of Human Services believes that without significant changes to spur the creation of housing units in Vermont this proposal does not significantly change the trajectory for Vermonters experiencing homelessness. That said, we have three other major areas of concern:

1. The budgetary and staffing implications are significant, not yet fully assessed, not in the Governor's SFY25 proposed budget, and not addressed in this language. The Governor's recommended SFY '25 budget contains \$8.3M of base funding, \$7.5M for emergency housing and \$839K for security. The estimated cost of this bill for SFY26 is \$54.2M depending on clarification of intent. The full budget impact cannot be identified without further clarity on the intended SFY '25 eligibility as well as the intended process to transition from current to new eligibility.
This includes estimates that have never been in the GA Budget before. This is a simpler NOT more complex program. Yes there will be a transition, but, there have been a lot of transitions, it should not be any more costly to implement this transition.
2. The issues and priorities raised in the proposed program could be addressed by the Task Force within the context of the General Assistance Emergency Housing Program. We recommend that the Definitions, Household Eligibility, Maximum Days of Eligibility, Applications, Notices,

Appeals, Participant Requirements (Coordinated Entry Assessment, etc.) and Annual Report be shifted to items for the Task Force to act on as part of their body of work with more time and the opportunity for greater input. The Agency looks forward to being on and collaborating with the Task Force. **This is not necessary, these things can all already be looked at in the task force as it will not be implemented until FY26.**

3. As drafted, the Department for Children and Families (DCF) would not be able to implement this law given the need for extensive additional clarification of terminology and intent. Below is a list of some identified specific concerns: **This is no harder to implement than any transition previously. This is an important and needed simplification of the program.**

- “interim shelter” - The Agency recommends “emergency shelter.” **I don’t have an opinion either way.**
- “disruptions in housing stability be eliminated” - The Agency recommends “disruptions in shelter stability.” **make sure this includes “be eliminated” otherwise the agency is recommending disruptions in shelter stability.**
- “Housing First” - The Agency is seeking additional guidance on how the Committee is using this term. Is the intent to prioritize efforts to connect people to permanent housing instead of shelter? Is the intent to ensure that permanent housing projects for people exiting homelessness would incorporate Housing First principles? Is this instead meant to indicate low-barrier practices at emergency shelters? **I included a full explanation of Housing First Principles in my testimony and will also send that explanation to the DCF Commissioner, I am also attaching it at the end of this document.**
- “Vermont increase the supply of shelter that is geographically and physically accessible to individuals with a disability and that addresses the range of needs among individuals with a disability.” The Agency would like clarity on who is responsible for increasing the supply of shelter. Additionally, is the intent for shelter supply to be increased only for individuals with a disability? **I think there is a move to increase this particular supply. I imagine that clarity would be available by House Human Services.**
- Advisory Committee – The Agency values the perspectives of people with lived experience. Providing the adequate level of support for this committee requires significant staff time and will therefore reduce staff time available for other key functions involved with administering this and related programs – serving participants, monitoring, training, and technical assistance, and communicating with key stakeholders. **I don’t know what they are saying here. However, we think it is really important to keep the Lived Experience Advisory Group as is written.**
- Advisory Committee – compensation. An estimated \$14,400 would be required to pay for the 12 people with lived experience. **See above.**
- Census Bureau Quarterly Data – Please provide a link to the data to ensure that the Agency is referencing the accurate data point. Also, this data is published with a margin of error, should that be incorporated in determining the percentage? The Census Bureau data will show vacancy rates from the previous quarter which might not accurately represent the vacancy rates at the time of application.
- "include community -based shelter provided by housing and shelter operators, including

Community- based shelters for designated populations” - A suggestion for alternative language is “leverage existing emergency shelter provided by the network of emergency shelters throughout Vermont.” Most shelters do not exist for only designated populations and not all shelters in Vermont are funded by DCF. **The idea is to expand shelter, so, I don't think this language change makes sense.**

- “receipt of a disability check” – Would short term disability and worker’s compensation be included in this category? **This can be decided in the Task Force and rule making.**
- “intake staff-recorded observation of a disability that...” - Most people apply for housing assistance over the phone. Also, “observing of a disability” is inequitable as not all disabilities are visible, and not all medical challenges cause disability. This language will create inconsistency for eligibility determination and result in an increased number of fair hearings. **We agree that this can be an issue but there are disabilities that can be seen by observation and that makes sense that 45 days would be allotted. I would suggest allowing people to self attest to a disability for a period of 14 days until they have the opportunity to get an Emergency Housing Disability Variance Form filled out by a medical provider.**
- “other documentation approved by either the Department or the U.S. Department of Housing and Urban Development” Other documentation leaves room for inconsistency. **We agree and recommend using the already approved “Emergency Housing Disability Variance Request Form”**
- “is experiencing a serious short-term medical condition or has been discharged from a health care facility where the individual was being treated for a serious short-term medical condition within the last 30 days; ESD suggests removing the “is experiencing a serious short-term medical condition” as this causes inconsistency. ESD seeks definition on health care facility and duration. Does this include a drug treatment facility. If someone is in a hospital for 24 hrs would they still qualify? **This definitely should not be eliminated, the language instead should be strengthened. I included this recommendation in my testimony. Several short term medical conditions can be severe while discharge from a hospital was longer than 30 days prior.** We have had several clients whom have recent heart attacks, strokes, surgery or more. We believe that the severity of the medical condition and recovery needs should be determined by a provider. I recommend that this instead be defined by use of the Emergency Housing Disability Variance form approved by this body.
- “ has experienced the death of a spouse or domestic partner within the last 30 days” – This language is very restrictive. **This was already addressed in the bill passed out of committee.**
- “has experienced a natural disaster, such as a flood, fire, or hurricane within the last 30 days” – This language (and others that follow with 30 day limits) is very restrictive, given that households can often find temporary accommodation but may still find themselves homeless after 30 days. **This was already addressed in the bill passed out of committee.**
- “Maximum Days of Eligibility” – The Agency is seeking additional clarity on how to manage the two different periods of eligibility. Households do not use all their nights at one time. If a household is first assessed at a time when they are eligible for 90 days, exits the program, and reenters when the eligibility is changed to 45, how should eligibility be determined? **We recommend using the time of entrance into the program in that calendar year to determine need because that would determine the vacancy rate at the time the household became homeless.**
- “The maximum number of days that a household receives shelter in a hotel or motel under this section, per 12-month period, shall be determined by the statewide vacancy rate. If the statewide vacancy rate is” Vacancy rates are posted quarterly, this means the State would be using a previous quarter’s data to assign the length of eligibility in the current quarter. What would happen if the 4th

quarter data from 2023 indicated 45-day eligibility for everyone who applied in January, February and March 2024, but when the 1st quarter data is posted for 2024 it would indicate that the vacancy rate was lower, and eligibility should have been at 90 days? I agree that there are questions on this particular section.

- “Period of Ineligibility” – The Agency is concerned with the complete removal of the period of ineligibility. If there are no consequences for violent, life-threatening behavior it puts other guests at risk and motels will not participate in the program. I addressed this in my testimony as well. The house took tremendous amounts of testimony to come to this conclusion. Periods of Ineligibility most greatly impact people with disabilities and our organization has been able to rehouse people with these challenges in appropriate placements without subsequent similar challenges.
- “Appeal Process” – The Agency has concerns as sometimes the fair hearing process goes beyond 45 days and other programs administered by the Agency do not allow for continued benefits during a period of appeal. The rules actually require retroactive benefits. So, we would argue that this is the only way to ensure that people receive a benefit in the event that they are wrongly denied and also to keep people sleeping on the street while they are appealing a decision marginalizes him.
- “participate in the coordinated entry and case management processes if temporary emergency shelter in excess of 14 days is required, including cooperating with the Department and service providers on screening and care planning” – The Agency suggests clarifying language as this conflates the Coordinated Entry. This can be addressed in the task force. There does however need to be reasonable accommodations as outlined by the ADA for people with disabilities. Not all people can complete coordinated entry and that definition has to use the ADA’s entirely. Entry Assessment and housing case management. If the intent is to require a household to complete the Coordinated Entry Assessment that should be specified. If the intent is to ensure households are participating in housing case management that language should be used. Additional clarification is needed regarding the expectation for “screening and care planning,” is this an additional requirement, please provide a definition. These requirements have implications for Economic Services and community providers that need to have the resources to appropriately support the expectation and assess compliance. In addition, does the 14 days requirement mean that it becomes a requirement at the point when a household is in a motel for 14 days? Or is there supposed to be some sort of assessment conducted at application to determine that they require more than 14 days of shelter?
- “Reporting by eligibility category” – The Agency would need additional clarification. Household composition is not static. Households are often eligible for multiple categories and can change throughout the year. This is clear and the department can use the eligibility category that they are listed under or multiple categories.
- “alternative housing” - Please define.
- “targeting number of placements for the period” - Please define.
- “screening” - Please define. If this screening is referencing Comcare, it is no longer a system that DCF uses to screen individuals experiencing homelessness. If the intent is to start using Comcare again, it would require additional funding.
- “the number of beds available for emergency housing in each Agency of Human Services district in the State, with separate reporting on the number of beds available....” - The Agency requests that the Committee provide additional details, clarification, and definition on each type of number of beds described in this section. The Agency is not clear on some of the data being requested in this section.

- “low-barrier shelters” - The Agency requests guidance on how the Committee is defining “low-barrier.” **The shelter providers have a clear definition of low and no barrier shelters.**
- “types” - The Agency requests clarification on how the Committee is defining “types” of shelter beds.
- “the outlook for transitioning additional households...” There are multiple variables impacting this data and the Agency does not believe it could accurately predict this. This would also require an incredibly intense level of case management and tracking to know at the state level when households are preparing to move into housing. This would require significant staff/agency time. **This can be based on previous data indicators. That is how predictors are made.**
- “the total amount of funds expended during the most recent quarter on housing placements and supportive services for households transitional from the Program established in this chapter.” - The Agency requests additional detail on what is meant by “funds expended” and “housing placements and supportive services” to assess if this data is available. The agency interprets that this could be incredibly difficult and labor intensive to track.
- “Shelter in a hotel or motel provided pursuant to this section shall not count toward the maximum days of eligibility per 12-month period provided in subsection 2204 of this chapter.” This will create a large group of people exiting the hotels on July 14th, 90 days after the end of Adverse Weather. Pre-Covid policy counted Adverse Weather toward the maximum days of eligibility, which allowed for a more even distribution of the timing of people exit the program. It is estimated that approximately 11001350 people would lose eligibility on the same day under this policy. **There is no circumstance under which all people will not either all be exited at the same time. This is a deeply flawed argument and a big stretch. The alternative would be a large number exited on April 15th. Instead, this allows for a sheltering period beyond the cold months and lots of testimony was taken to make this decision. That testimony can be found in the House.**
- The Agency recommends a representative from each HUD-recognized Continuum of Care as Task Force members as the Continua would be the entities to ultimately make decisions regarding Coordinated Entry. **HHAV is in contact with these folks.**
- “consistent lead agency” - The Agency would recommend clarity on this or suggest an alternative term to “lead agency,” there are currently Coordinated Entry Lead Agencies in each local Continuum of Care.
- “the identification of any State rules and local regulations...”- The Task Force is charged with addressing a wide range of programmatic and legal issues in a short time. The Agency recommends restructuring the committee or limiting priorities to ensure the scope is adequately addressed. **House Human Services took lots of testimony to decide the scope of the Task Force. The task force is full of people who are experts in their field and are able to accomplish the goals set out.**
- Sunset of the GA rules – the GA rules govern several benefits other than emergency housing (rental assistance, personal needs, emergency medical needs, etc.). The rules governing these benefits should not be repealed. Only sections 2652.2, 2652.3, 2652.4 and all references to those sections should be repealed. In addition, section 2852.2 of the Emergency Assistance rules governs a TANF-funded emergency housing benefit that is identical to catastrophic emergency housing under section 2652.2 of the GA Rules. Section 2852.2 should also be repealed. **Agreed.**

Housing First Overview

I know that you had a little bit of a background on Housing First the other day, I want to just frame some of the data as we begin to talk about what we can do about the systemic failures that I outlined above.

Housing First means providing housing—and in absence of housing, shelter—as a primary need and without conditions. It means that services should be robustly available but not required as a condition for getting or staying housed or sheltered. Housing First also recognizes that people have varied housing needs and works with them to find, and if necessary, change housing to meet their needs. Housing First means eliminating the many barriers and requirements that put housing out of reach for many people, particularly those struggling with substance use, mental illness, or other challenges.

Here is what Housing First does not mean. Housing First does not mean housing only, or only housing some people. It does not mean that people struggling with mental illness or substance abuse can be excluded from housing, isolated to institutions or specialized shelters, or evicted to the street.

Housing First means making our policy decisions based on decades of research, not on stigma and prejudices.

Study after study has shown that Housing First works to solve homelessness.¹ The Denver Supportive Impact Bond offers one of many examples of what is possible using a Housing First approach. As many other studies have shown, people that received housing stayed housed after the three years of the trial. Study participants also had dramatically fewer police interactions, jail and prison stays, and use of detoxification facilities and emergency room visits.² Use of basic healthcare services increased.³

We know that too many people are losing housing or shelter for reasons related to their disability.

How End Homelessness Vermont Applies Housing First:

¹ Jacob, Veruguese, Sajal K. Chattopadhyay, Sharon Attipoe-Dorcoo, Yinan Peng, Robert A. Hahn, Ramona Finnie, Jamaica Cobb, Alison E. Cuellar, Karen M. Emmons, and Patrick L. Remington. “Permanent Supportive Housing With Housing First: Findings From a Community Guide Systematic Economic Review.” *American Journal of Preventive Medicine* 62, no. 3 (March 2022): e188–201. <https://doi.org/10.1016/j.amepre.2021.08.009>.

² Urban Institute 2023, “Denver Supportive Housing Social Impact Bond Initiative: What We Learned from the Evaluation,” <https://www.urban.org/policy-centers/metropolitan-housing-and-communities-policy-center/projects/denver-supportive-housing-social-impact-bond-initiative/what-we-learned-evaluation> [What We Learned from the Evaluation | Urban Institute](https://www.urban.org/policy-centers/metropolitan-housing-and-communities-policy-center/projects/denver-supportive-housing-social-impact-bond-initiative/what-we-learned-evaluation).

³ “‘Housing First’ Increased Psychiatric Care Office Visits And Prescriptions While Reducing Emergency Visits.” Accessed February 2, 2024. <https://doi.org/10.1377/hlthaff.2023.01041>.

Right now End Homelessness Vermont uses Housing First Principles in our process and we would suggest that the statewide emergency shelter rules and laws adopt these principles. Meaning that we don't turn anyone away regardless of how challenging their disability may be or what disruptions there have been in their housing or shelter before. This has actually helped us to learn so much about how these challenges occur. We work closely with hotel owners, to ask them to reach out to us, instead of exiting people, and allow us to work on finding a better hotel situation for that particular individual. Unfortunately the current rules don't allow us to move someone until the end of their voucher and this is a barrier, but we work hard to ensure success, even with this barrier. As result in all of our clients, we have only had one client who has received periods of ineligibility that were not reversed. We work with some of the most challenging and complicated situations across the state and we have successfully been able to use Housing First principles for our clients and they have remained sheltered.