



**End Homelessness Vermont**  
[www.endhomelessnessvt.org](http://www.endhomelessnessvt.org)

**Memo on dr req 26 - 0766 - draft 2.1**

Together with EHVT staff with lived experience, we have the following concerns and recommendations. The EHVT team all appreciates this direction and creating one system. Our three most significant concerns are:

1. Definition of disability: We are working with VCIL and DRVT to offer an alternative definition, today during Disability Awareness Day.
2. Required Services: The data is fairly clear that this is a less successful model. However, if services are to be required, we recommend assuring that the individual or household have agency in choosing who their lead case manager is. All of our staff with lived experience changed their lead case manager in order to find support that best fit them and they were most comfortable with. That is also true with all of our clients.
3. We are hoping for more clarity that funds not be allocated in such a way that limits shelter options before there are alternatives.
4. We are wanting to ensure that school age children are included in the “children in your household” category. For the purposes of family shelters and other benefits, counting a school age child as an adult can disrupt critical supports for them. For data it makes sense to use the age of majority, but for access to services it does not.

This is a first pass. EHVT staff will take a more thorough look and pass this evening.

Page 3:

Line 2: The data says that services are best engaged with when voluntary. We will have some language suggestions below that may offer a compromise.

Line 8: If this is for providers and the state, it should be clear. I have concerns about how this could be construed.

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Line 7:

We are encouraging using the definition of disability under the ADA and Vermont Statute, which can include a temporary disability. We have asked Sarah Launderville at VCIL for language that includes “temporary”. We will be with both VCIL and Disability Rights for Disability Awareness day and will get clarity on that definition with both EDs.

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Line 9: I am concerned about people who can not fully engage until trust is built, this definition does not seem to leave room for that type of trauma, disability or other barriers.

Page 6

Line 5: The definition of Permanent Supportive Housing is: A long term, community based housing option that includes non time limited rental assistance and voluntary individualized support services. Often for families and individuals living with disabilities. It can be in single site complexes and scattered sites, where individuals rent in the private market and receive support.

That is not a clean definition, but we wanted to make sure that it is clear that permanent supportive housing is not only in single site, multi unit housing, but also can and should be available to those using the private rental market. Both Pathways and End Homelessness Vermont use this model in the private market.

Line 21: We have concerns about isolating people with disabilities and ensuring that if these are shelters that are run like facilities, that they are not the only consistently sheltered option for people with disabilities as that essentially forces them into an institution style shelter model. We recommend instead a model that creates mixed shelter.

Page 9

Line 5: Prevention and Diversion Services. We are concerned that this entry point could be prohibitive if the entry is not somewhere that people are comfortable with or feel safe. We would recommend that instead there be no wrong door, so wherever someone enters, this assessment can be done.



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Page 9 and 10

Line 18 Emergency Housing Services. We recommend the following:

- a. 1 and 2 be combined or that there be a 4. That the temperature be below 20 degrees. Once we are in the teens it becomes very dangerous.
- b. That either number 2 or 3 depending on how you handle the above be seasonal shelter.
- c. That both emergency cold weather and seasonal shelter have access to the long term sheltering entry point, so that it might capture folks that are falling through the cracks.
- d. That there be some option for both families and people with disabilities on these nights. Both of whom often can not utilize emergency cold weather shelters.
- e. Under Winter use of Hotels and motels, that this not be by appropriation, as this would not have a day cap anyways.
- f. We have concerns with the phrasing “assignment of a lead case manager”. While we don’t support mandated services, if they are mandated, people need to have agency on who they choose to work with. They also should be able to change lead case managers if the one that they are working with is not working for any reason. We recommend that people be given options and that they get to choose, as you would choose a medical provider. If the person is unable to find someone in perhaps a particular time frame, or would prefer to be immediately assigned then that is an option instead. Agency is extremely important in success in services.

Page 11

Line 4: Specialized Shelter Services: There was language in h91 that ensured that people with disabilities would not be segregated involuntarily. We recommend that language come in.

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Line 2: Could these agreements be established using master leases or blocks by community providers rather than reliance on the Department to create these agreements?

Under this section and perhaps as its own section, there should be clear reasonable accommodation language.



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Line 12: We do not support required services and the data shows us that this does not have the best outcomes. However, if there are going to be required services, the individual or family should have agency in who they work with, not just assigned one. As outlined above people should be able to choose an entity or case manager that they are most comfortable with, provided that this provider has room on their case load. Perhaps the initial step is referrals to some providers to choose from with the option to be assigned someone. We do not think that it would be a successful model to just assign someone. Also, people should have the agency to change Lead Case Managers if they are not comfortable. We worry that there is little dignity in people not having choice in a required service as to whom they work with. Just recently our clients were told that their housing case management does not count because it is with EHVT, and that is just one example of how this can go wrong. Our staff are people who changed their lead case manager and that led to successful housing. We work with many people who we were told were “refusing” services until they found us. And just yesterday, we had a client choose to switch to a different provider from EHVT. People need to have that choice in order to be successful. Not only forcing engagement, but also forcing who the engagement is with is not a recipe for success.

Page 14

Line 1: We would like to be clear that these rules would use the maximum flexibility.

Page 15

Line 1: We have no problem with participation in housing coalitions, however for any statewide organization, participating in all the local housing coalitions can be extremely difficult. We wonder if there is an option that would work under this section for statewide organizations.