



**End Homelessness Vermont**  
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**UPDATES: Memo on dr req 26 - 0766 - draft 2.1**

**Definition Of Disability:** This came from Vermont Center For Independent Living and Disability Rights Vermont: It is the ADA definition, with reference also to Vermont Disability Law, in the event that something changes federally.

Disability means, with respect to an individual:

A)(i) A physical or mental impairment that substantially limits one or more of the major life activities of such individual;

(ii) A record of such an impairment; or

(iii) Being regarded as having such an impairment.

B) The definition of "disability" shall be construed broadly in favor of expansive coverage, to the maximum extent permitted by the terms of the ADA and Vermont Fair Housing and Public Accommodations Act.

C) An impairment that is episodic or in remission is a disability if it would substantially limit a major life activity when active.

**Reasonable Accommodation Language:**

"Consistent with the Americans with Disabilities Act and its implementing regulations, and with the Vermont Public Accommodations Act, the Department shall ensure that people with disabilities have equitable access to shelter and services. Where reasonable modifications to program rules or procedures are necessary to ensure equitable access, they shall be liberally granted. Reasonable modifications may include, but are not limited to: Paying more than \$80 per night for an accessible room, extending the limit on the number of nights of assistance provided in recognition of the challenges people with disabilities may face to secure housing, extending the authorized length of stay (e.g., requiring renewal once every 90 days, other than in case of a change in circumstances), and so forth."

**Rights:**

We recommend adding a rights section.



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**Required Services:**

As the committee is aware, we do not support required services, as the data and our experience inform that people are more likely to meaningfully engage and have better outcomes, with robustly available, but, not required services.

That said, we understand that this bill will have some requirement of services. We read that very clearly in the bill. We suggest that the language ensure that people have choice in their provider, if they can already identify a lead case manager and that lead case manager is available, than a household shall be assigned the case manager of preference. If they do not, but, as they begin to engage in services, choose to switch they can. In the same light, a provider that needs to refer the lead services to another provider, can do so provided that the said provider is available. We understand the need to have a lead case manager immediately, but, we have had many experiences where a client is not able to be successful with a current provider and switched to us and thrived, and visa versa. There needs to be flexibility and choice in this requirement or for the people who fall through the cracks, they will just keep falling. We believe at minimum choice and agency is required to any successful model.

We also would suggest clear reasonable accommodation language, if immediate engagement in CE or traditional case management is not possible due to the persons disability.

**Permanent Supportive Housing: (the non medicaid kind)**

The definition of Permanent Supportive Housing is: EHVT Uses this definition: 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.

**Pathways this definition:**

“Permanent Supportive Housing is an evidence-based program that supports individuals to maintain independent housing and lead meaningful lives in their community. The program immediately ends homelessness by supporting individuals and families to locate independent apartments in the community. Permanent Supportive Housing clients are provided voluntary long-term, multidisciplinary community supports



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**ORIGINAL 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



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recommend that instead there be no wrong door, so wherever someone enters, this assessment can be done.

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.

Page 13

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?



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

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.