

## Homeless Prevention Center Testimony on H.594 | House Human Services | January 27, 2026

Good afternoon. For the record, I'm Angus Chaney, Executive Director of the Homeless Prevention Center. Our organization provides emergency shelter and supportive services to people in Rutland County. A little about where we fit into the homeless Continuum of Care...

- HPC conducts Outreach to people who are unsheltered or in motels.
- As lead agency for Coordinated Entry, we provided 332 household assessments last year and technical assistance to the county's 18 Coordinated Entry partners.
- We operate programs tailored to families, individuals, youth, and people struggling with mental illness. Currently we're providing case management to 243 people in 117 households: (147 adults and 96 children).
- Note: 70% of these households we're currently working with have been involved with the State's G.A. program in some way. Some are sheltering in a motel now as we work together to secure permanent housing. Others were in a motel when we began working with them and are now re-housed and receiving HPC retention services. Other families were in motels but have moved into one of our 9 emergency apartments. (*Capacity: 17 bedrooms; 25 beds plus 3 toddler beds and 2 cribs*).
- HPC provides Supportive Housing for families and individuals through partnerships with local landlords.
- We chair the local Rutland County Continuum of Care group and staff a Landlord Liaison who works with local owners and coordinates with the agency administering VHIP.
- Last year, we provided over \$422,000 in targeted financial and rental assistance to rehouse 110 homeless households and prevent homelessness for another 116 households who met HUD's definition of at-risk.
- All of these activities—and more that there isn't space for here—are aligned under two simple objectives:
  - prevent homelessness among people at-risk, and;
  - re-house people already experiencing homelessness.
- This year we served over 900 Vermonters who were homeless or at risk and I want to thank the Legislature and our many partners for making that possible.

Thank you also for taking the time to hear from HHAV and directors around the state today. Each county brings an important perspective on what's working locally, and where any gaps are. Those local realities naturally inform our perspectives on legislation like H.594.

At this month's local Continuum of Care meeting in Rutland, we were exploring trends in data from last year and noted the uptick in the number of people who exited homelessness to housing as G.A. limits took effect. The summer of 2025 was a stressful time for providers, communities, advocates and anyone in motels, but it should be noted that while some people exited motels to unsheltered homelessness, many who had been in motels for two, three or four years, secured housing as that deadline loomed. This illustrates a fundamental tension with the General Assistance motel program: Namely, that no single policy works for everyone. It's cold and there are hundreds of Vermonters who absolutely need that room stay extended while

a housing plan is fitted together. There is also a smaller but not insignificant number who've become accustomed to life in Vermont's G.A. motels and struggle to engage in the uphill work of transitioning back toward housing. Some portion of this group we work with would appear to benefit from a more therapeutic, and better-staffed setting where they could receive clinical support around acute addiction, mental health crises, or serious and complex health needs. Motels and community-based shelters are essential resources in our Continuum of Care but were not intended to replace skilled nursing facilities, group homes, or residential treatment. (To be clear, the number needing these types of therapeutic support are a small fraction of the population in motels, but they can overwhelm a fragile system and are not being well served.)

In Rutland we struggle to reconcile our strong re-housing and prevention outcomes with the dispiriting data on how many of the county's motel rooms are still serving as long-term shelter. Analysis shows that while our county has robust programs tailored to the needs of the people we serve, many who end up in a Rutland shelter or motel did not become homeless here. This is not to blame other counties or states for homelessness in Rutland; nor to suggest we should serve one group and neglect another; only to express this provider's frustration that we can't reach people with our effective prevention programs when the eviction or other crisis takes place outside our service territory.

We get to see amazing successes in this work--growth that inspires, people getting second chances, families reuniting, people leaving shelter to move into their own apartments--yet homelessness on the scale we have in Vermont is an indicator something isn't working. I appreciate that H.594 recognizes the imperative to improve on the General Assistance program so that it works for more people and more Vermont communities.

Clearly, a major driver of Vermont's high rate of homelessness is a national shortage of the right sort of rental housing and the subsidies that make it affordable, but it also hints at gaps in other systems of care (either in capacity, treatment modalities, or access policies). And, as H.594 alludes to, some portion of the issue may be linked to G.A. eligibility and a small state's challenge in moving away from the maximal eligibility embraced in the early weeks of a global pandemic.

H.594 does speak to a number of the challenges we see with G.A. in parts of Vermont. Where the legislation would need additional input is around understanding Vermont's existing homeless services landscape beyond General Assistance, and anticipating how some of the aspirational legislation could actually be implemented. For example, we know that participants who engage with case management tend to have better housing outcomes than those who do not, but providers of these services will acknowledge that case management loses much of its nourishment when it is force-fed. Success often requires adapting our approach to meet people in crisis, people experiencing trauma. Case management is so important, but implementing the requirement seems problematic and likely to encounter resistance.

Much of what H.594 promises under accountability is already happening in Vermont's Continuum of Care, so it is unclear whether the legislation is speaking to assurances in new

activities funded with G.A. sources, or guaranteeing that these things would continue in existing programs under H.594. We must be clear on what isn't working with G.A., while acknowledging the successes of other programs in the broader homeless continuum of care.

H.594 seems clear about the first two years, less so after that. There may be logic in making sure certain criteria are met before transitioning to a phase II, but Vermonters will be understandably curious or concerned around what phase II looks like and where accountability would rest.

H.594's promotion of high-barrier shelter as the primary portal into care is a departure from the push of the last 15 years. It seems important to address who might be left out by this approach.

### **Some Additional Suggestions:**

G.A. uses a mix of population-based and situation-based eligibility criteria. It can be complicated to forecast who might be eligible, when, and for how long. And, as we have seen, being found eligible does not always translate to getting a room that night. It is difficult to legislate the real-time chaos out of emergency programs, particularly when rationing an essential benefit. Whatever shape new legislation takes, the Legislature and Administration may want to engage the Human Service Board proactively to see if there are areas of agreement such that the number of hearings might be reduced, and participants, state administrators, advocates and HSB members have the clearest understanding possible about what warrants an appeal.

Few things are as controversial as discussing residency requirements for programs, but I encourage the Legislature and Administration to explore this area to see if there aren't solutions that would be fair and humane to people in crisis without Vermont becoming a regional response to homelessness for the Northeast. This might start with the state agreeing to gather better data on where people entering G.A. motels became homeless, and not tying that to eligibility. If this isn't better understood and addressed at some point, I do not see how additional state investment in housing could significantly reduce demand for Vermont's emergency shelter programs.

What H.594 gets right is that the G.A. motel system is unpopular and we should stop avoiding the hard work required to reform it. Before embarking on a comprehensive overhaul of a program which serves as a critical safety net for so many, it would seem appropriate for legislators to strive for consensus on a few framing questions:

- What would success look like in a new approach to emergency shelter?
- What would progress toward that look like?
- How will H.594, or similar proposed legislation, reduce the high rate of homelessness in Vermont (both sheltered and unsheltered)?
- And beyond General Assistance, beyond our homeless Continuum of Care, beyond more housing or more housing studies, what adjacent systems of care must be reformed for Vermont to realize the reduction in homelessness we all want to see?