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Testimony to House Human Services Committee

RE: H.594

January 22, 2026

Today, we would like to highlight some core features of H. 594 that we fundamentally do not support as stated in Sec. 1. Purpose. We believe that it is critical to address the Purpose of the Bill before we make further suggestions about language. As always, the five Community Action Agencies are ready and willing to work with your committee to ensure the best outcomes for everyone who lives in Vermont, including and especially people at risk of or experiencing homelessness.

We would like to walk through the Purpose statements currently in H.594 and provide comments. We are happy to work with others and provide specific suggestions for Purpose language next week.

(1) ensure that narrowly tailored, temporary emergency housing assistance is available to only the most vulnerable Vermonters in crisis through fiscal year 2028 in a manner that encourages efficient and accountable use of taxpayer funds;

We respectfully disagree with this approach. We believe all people deserve shelter.

A narrowly defined eligibility framework is neither inclusive nor equitable and fails to reflect the realities of homelessness. When access to shelter is restricted to tightly defined categories of “most vulnerable,” many people in genuine crisis are excluded. Many of those with the fewest resources to navigate complex systems. This approach reinforces inequities rather than addressing them.

Limiting access to shelter does not inherently promote efficiency or accountability of public funds. In practice, it often shifts costs elsewhere - to emergency rooms, law enforcement, child welfare, and crisis systems - all the while prolonging homelessness and increasing long-term public expense and impact on our communities. True fiscal responsibility is achieved by providing timely, low-barrier access to shelter that stabilizes people quickly and reduces the need for more costly interventions.

Emergency housing assistance should be guided by a human-centered, equity-driven framework that recognizes homelessness as a crisis requiring immediate response. Accountability is best achieved through clear outcomes, coordination with community providers, and transparent use of funds, integrating service systems and not by narrowing access in ways that leave vulnerable Vermonters without life-saving support.

(2) establish clear eligibility criteria, accountability measures, and case management requirements;

We disagree with the statement to “establish clear eligibility criteria, accountability measures, and case management requirements” as it is presented. Eligibility for emergency housing assistance is already clear: individuals and families are literally homeless.

Adding additional eligibility criteria beyond literal homelessness risks excluding people in crisis and creates unnecessary barriers to life-saving shelter. Please note that our staff and the staff at other providers are already very skilled at engaging people in case management, housing plans, benefit navigation and accessing additional services.



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The call for greater accountability is also unclear. Accountability to whom, and for what purpose? Housing Opportunity Program (HOP) providers already operate with significant oversight including monitoring of financial and service provisions as well as habitability visits and checks on all our shelters. Providers collect and submit detailed data, develop and manage approved budgets, and regularly report outcomes to the state. These accountability structures are already in place and functioning; no new deficiencies have been identified to justify additional requirements.

Finally, the proposal introduces “case management requirements” without defining what case management entails or how it would be implemented. Case management should be an available support, not a condition of accessing shelter. Requiring participation undermines a trauma-informed, person-centered approach and may discourage people from seeking help at all.

Emergency housing must remain low-barrier, voluntary, and responsive to individual needs, recognizing that stability and trust are often prerequisites to engagement and not the result of mandates. We already use proven techniques for client engagement including meeting people where they are, motivational interviewing, community building, housing and financial education, and intensive service support.

(3) transition from reliance on hotels and motels toward sustainable, permanent housing solutions, including recovery housing, transitional housing, and the Vermont Housing Investment Program (VHIP):

We agree with the goal of transitioning away from reliance on hotels and motels toward sustainable, permanent housing solutions, including recovery housing, transitional housing, and the Vermont Housing Investment Program (VHIP). However, this transition must be accompanied by a one-to-one replacement of hotel and motel capacity with community-based shelter beds.

Any shift in strategy should be grounded in a data-driven assessment of current need, regional capacity, and system impacts to ensure that people experiencing homelessness are not displaced or left without access to safe shelter. Without sufficient replacement capacity, reducing hotel and motel use risks increasing unsheltered homelessness and undermining the very outcomes these long-term housing investments seek to achieve. A responsible transition prioritizes continuity of care, geographic equity, and adequate shelter capacity while permanent housing solutions are developed and brought online.

(4) establish a tiered continuum of care;

We disagree with the idea of “establishing a tiered continuum of care” if it implies a linear or prescriptive system. Tiered systems often attempt to fit people into predefined levels of service, rather than meeting individuals where they are. This approach can unintentionally force people into interventions that do not align with their needs, preferences, or readiness.

A best practice case management system builds trusting relationships grounded in dignity and recognizes that people experiencing homelessness are the experts in their own lives. They should have meaningful voice and choice in determining the type and level of support they engage with. Rather than moving people through tiers, we should focus on a flexible, person-centered approach that offers a range of voluntary supports and interventions, allowing individuals to access what works best for them, when they are ready.

Further, people may need a longer time to stay in shelters while they work through various issues. Shelters cannot be time-limited if we want to move people into successful and stable permanent housing.



(5) expand the use of alternative emergency housing models in partnership with municipalities, nonprofit community-based providers, and private landlords;

Expanding the use of alternative emergency housing models in partnership with municipalities, nonprofit community-based providers, and private landlords is a promising approach in theory. However, for these models to be effective and sustainable, a clear governance and coordination structure is essential. Without a designated and adequately funded lead agency, efforts risk becoming fragmented, duplicative, or misaligned with community needs.

A lead entity, such as a Local Housing Coalition or Community Action Agency, should be formally charged and resourced to oversee community-level planning, coordination, and implementation of new initiatives. This includes aligning partners, managing landlord engagement, ensuring consistency with local and state policy, tracking outcomes, and centering participant voice and choice. Effective collaboration does not happen organically; it requires intentional leadership, accountability, and investment to translate good ideas into meaningful impact.

(6) integrate supportive services to assist households to achieve permanent housing stability;

While this goal is well intentioned, it does not adequately account for the current realities on the ground. Supportive services are not evenly available across regions; rural and underserved areas face significant gaps in mental health care, substance use treatment, employment supports, childcare, and transportation. Even where services exist, provider capacity is limited due to workforce shortages, high caseloads, and burnout.

Additionally, there is insufficient, sustained funding dedicated to supportive services. Housing and shelter programs are frequently expected to compensate for gaps in the broader social service system without the resources necessary to do so. Integrating services without investing in workforce development, operational funding, and regional infrastructure risks creating unfunded mandates and unrealistic expectations for providers and participants alike.

Permanent housing stability also cannot be achieved in the absence of sufficient permanent housing options. The lack of affordable and available units remains the primary barrier to stability; supportive services cannot substitute for housing that does not exist. Expecting services to resolve housing instability without addressing supply constraints misplaces responsibility and undermines outcomes.

Finally, participation in supportive services must be voluntary and done through engagement, not coercion. Households experiencing homelessness or housing instability should retain the right to choose whether, when, and how they engage in services. Housing stability is best supported through trust, autonomy, and self-determination, and not through required service participation that may not align with an individual or family's needs, readiness, or goals.

(7) establish transparent accountability measures, reporting requirements, and oversight mechanisms;

We strongly disagree with this framing as written. Accountability should not be conflated with limits on program participation or the removal of shelter as a consequence of noncompliance. Exiting people from shelter into homelessness is not an accountability measure. It is a failure of the system and directly undermines safety, dignity, and housing stability.

Compliance-based practices do not produce better outcomes for people experiencing homelessness. Rules, sanctions, and time-limited participation may create the appearance of accountability, but they do not result in sustained behavior



change or long-term housing stability. In fact, punitive approaches often increase trauma, disengagement, and returns to homelessness.

Meaningful accountability is rooted in relationships, not rule enforcement. Behavior change occurs through sustained, caring, and trusting relationships with staff and community partners who are adequately resourced and supported. Restorative practices, conflict resolution, and community connections promote personal responsibility while preserving dignity and safety, and they lead to more compassionate, pro-social choices.

True accountability should focus on system-level responsibility: ensuring programs are adequately funded, systems and services are integrated, staff are trained and supported, outcomes are measured holistically, and communities have sufficient housing and services to meet demand. Accountability must prioritize keeping people housed and sheltered and not enforcing compliance through the threat of homelessness.

(8) support self-sufficiency among Program participants by requiring personal responsibility and active participation in housing searches;

This is already standard practice among housing and shelter providers. As housing providers, we consistently support self-sufficiency by meeting participants where they are in their lives and partnering with them to take meaningful steps toward stability and independence. Personal responsibility is not imposed through requirements; it is cultivated through trust, encouragement, and individualized support.

Our staff are deeply sensitive to the unique cognitive, emotional, and physical challenges that participants may experience. Supports are tailored, not standardized, recognizing that readiness, capacity, and barriers vary widely from person to person. We scaffold the path to independent living through skill-building and coaching in tenancy readiness, financial empowerment, employment retention, social integration, and access to health care.

Throughout this process, participants are active agents in their own progress by setting goals that are meaningful to them and that foster pride, confidence, and a sense of accomplishment. This strengths-based approach promotes lasting self-sufficiency more effectively than compliance-driven mandates and reflects best practices in trauma-informed, person-centered housing services.

(9) empower local communities to administer emergency housing programs with maximum flexibility;

We do not see how this goal can be achieved when the budget centralizes all funding authority within the “Department” at the State of Vermont. True local empowerment requires that resources, decision-making authority, and accountability mechanisms be placed at the community level rather than retained solely at the state level.

Local communities and providers have the most direct understanding of regional needs, housing markets, service gaps, and participant barriers. However, when funding flows exclusively through the “Department”, flexibility is inherently constrained by uniform program models that do not reflect local conditions. This approach limits innovation and slows timely responses to emerging needs.

If the intent is to empower local communities with maximum flexibility, the budget must include mechanisms such as:

- Dedicated funding streams allocated directly to regional or local entities;
- Clear authority for communities to design and adapt program models based on local data;
- Predictable, multi-year funding that supports planning and workforce stability; and
- Shared accountability structures that evaluate outcomes rather than enforce prescriptive program rules.



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Absent these changes, the language of local empowerment is aspirational rather than actionable. Centralized control of funding at the state level undermines the flexibility and responsiveness that effective emergency housing programs require.

(10) create a diversified system of emergency housing options, such as shelters, transitional housing, recovery residences, shared housing arrangements, host-home models, master-leased units, and rapid rehousing placements, that provide cost-effective, sustainable, and supportive outcomes to Program participants.

We agree with this list of strategies and recognize the value of a diversified set of emergency housing options. Shelters, transitional housing, recovery residences, shared housing, host-home models, master-leased units, and rapid rehousing placements all play important roles in responding to the varied needs of people experiencing homelessness.

However, these strategies alone do not constitute a comprehensive plan to end homelessness in Vermont. A diversified housing inventory must be paired with a broader, human-centered framework that prioritizes dignity, choice, and long-term stability. Without sufficient permanent affordable housing, regional service capacity, and sustained funding, even well-designed emergency interventions will remain stopgap measures rather than pathways out of homelessness.

In conclusion, we would welcome continued and future discussions to offer recommendations for a continuum of interventions that places people at the center of the system and accounts for regional differences in housing markets, service availability, workforce capacity, and community resources. Effective solutions must be adaptable, locally informed, funded, and designed in partnership with providers and people with lived experience to achieve lasting outcomes.