

Testimony for the House Human Services Committee  
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My name is Julie Bond, I am the Executive Director of Good Samaritan Haven, a shelter network serving those experiencing homelessness in Washington county and the broader central Vermont region.

Thank you for inviting me to provide feedback on H.594 in an effort to envision a set of solutions to the housing/shelter crisis and the broader complex social and economic factors that play their part in the crisis.

I observe there to be two key concepts proposed in H.594 –

1. Adding a ‘continuum of care’ classification and eligibility system and additional oversight on top of the shelter and supportive housing systems that already exist; and
2. The intention to reduce and do away with the motel shelter system currently administered by ESD

I would like to propose a third element to the draft - the investment in a specifically funded plan to create the units needed for a 1:1 replacement of the reduction of motel beds mentioned in the draft bill. I propose that this solution is the element that receives the most focus in H.594.

From a provider perspective on the ground, it is most beneficial and impactful if state entities such as ESD retain their collaborative role for providers, as an administrative oversight partner, triaging agency and specifically on the emergency housing side, a clearing house for eligibility,

benefit provision and referrals to locations and environments that would most suit an individual or family. The current public oversight of sheltering and supportive housing programs through the Office of Economic Opportunity and Housing Opportunities Program works well with no need to disrupt the current system.

From what I can discern from the draft bill, further centralization of shelter classification, eligibility, programming and an intent to add an external case management system is being proposed. In our experience, local, embedded case managers, staff and clinicians in shelter and supportive housing Orgs work diligently to know the unique needs of the guests or tenants of a housing community. They are best equipped to build trusted relationships, identify barriers, and spot stress points and red flags to help stave off a crisis.

Vermont communities are varied, with unique conditions and sometimes specific gaps in services. Centralization further distances people in need from those who know them and who understand local conditions. It is most effective and efficient to fully fund case management teams within existing shelter and housing organizations, which are currently under-staffed. In Washington county and Good Samaritan Haven specifically, our HOP request for more robust case management went \$215K unfunded this last year. The community is feeling it.

To truly shift the tide of homelessness in Vermont, providers, community developers, municipalities and other community partners can have the most impact if there is direct and flexible state investment in specific

supportive housing projects and developments, not additional systems. The 2025 Vermont January PIT count reported 3,386 people experiencing homelessness, while that following June of 2025, the Coordinated Entry data count noted 4,588 unhoused Vermonters. With 600+ shelter beds in the state, roughly 4,000 of the state's most vulnerable individuals and families experiencing homelessness will need a new model of emergency shelter or supportive housing. *This is distinct from traditional affordable housing investments also needed* - what this bill must address is a type of permanent supportive housing that cares for the specific long-term needs of a highly vulnerable and complex population that traditional housing models may not serve successfully.

Most counties/regions and providers in Vermont know what they need and how many people they typically serve. In Washington county that is currently between 500-600 people annually. There are only about 100-110 shelter beds in the county and thus there is a need for roughly 450 more supportive housing opportunities for the population served, or roughly 10% of the state need.

How do we provide a broad variety of complex-care housing options for this population? The solutions are distinct from overhauling a state response & triage system. It requires the mobilization of integrated social/economic and housing programs. Each county and region in Vermont has its own way of doing this and its own understanding of what is needed. These needs are unique and we welcome sharing our needs and plans.

In Washington county, the types of complex care housing options needed are:

- more home care providers and mental health group homes - not less. At a moment when Medicaid eligibility is forcing this model of care to dry up, this will force more of the most vulnerable individuals with mental illness or developmental disabilities back in the shelter system or on the street.
- Long-term, structured recovery homes and recovery neighborhoods are needed for those ready to build a life of recovery from substance use.
- Skilled nursing homes and residences that do not discriminate against those who smoke or who may have a history with the justice system are deeply needed.
- Supportive housing communities, complexes, neighborhoods and buildings are needed that are staffed and managed to prevent isolation & loneliness and support the executive functioning/life skills required to be successful in independent living.
- Single Room Occupancy units are also needed for many individuals.
- Within the above structures, specific family housing, youth, elder housing and DV housing options are key demographics.

A combination of solutions are needed that include economic, healthcare, social and housing opportunities as the four legs to the stability bench. Housing alone will not solve this problem in a sustainable fashion if the other core social barriers are not also addressed.

Rural homelessness is vastly different from suburban/urban homelessness. Resources, space and real estate, transportation and job opportunities will all play a role in how a county fashions their own solutions to their needs. As an offering for inclusion in the draft H.594 bill, I propose we build a multi-constituent, multi-partner model and solution over the next 3-6 years across the state that takes into account the unique needs of each region. In Washington county, for example, there are opportunities to develop 50+ units of supportive housing and complex care shelter capacity immediately, if the projects were fully resourced right now.

To address the four legs of stability noted above, I offer the idea that the state invest in a Resiliency Village model - akin to the Recovery Village model innovated and adopted by Jenna's Promise and Johnson Village in Caledonia county to support individuals in recovery from substance use.

That innovative and successful model espouses a holistic combination of economic, downtown, rural revitalization principles, combined with life skills training, social connection, rather than isolation, and the creation of recovery-specific housing. A *Resiliency Village* could do the same in communities with high rates of complex homelessness.

What community doesn't want to be resilient, healthy, and economically robust? A bold and creative solution could include the state issuing an RFP to allocate a phased level of annual investment in Resiliency Village projects or needs-specific housing over a six year period. The goal would be to develop the 4,000 supportive solutions needed across the state, with commensurate reductions in GA motel program spending as the new

supportive units come online. It would require infill, relaxation of local and state zoning regulations, and it would allow for the revitalization of vacant infrastructure and new & existing business owners to employ those with complex support needs. Eventually a rent model could be integrated past the voucher model. Then a homelessness to homeownership model for some. For those who need permanent, supportive community living, it would always be available for them.

In short, any of the sheltering and supportive living options mentioned above could be linked to the type of economic/workforce/life skills training that has been lifted up by Jenna's Promise and the Town of Johnson's Recovery Village model. There is great potential for the state, municipalities and business owners to weave a social infrastructure with housing that supports our most vulnerable folks holistically and sustainably.

In closing, by fully funding the HOP program and ongoing GA programming for 2027, and phasing in the investment of Resiliency Villages as well as complex care and needs-specific housing over several years, motel programming could be steadily phased out as units came online. Please consider allocating a third budget line for investment in new development.

By engaging in the knowledge on the ground and the unique needs of each community, the local partner agency ecosystem will remain healthy, balanced and will have the capacity to build the new alternatives to the motels, region by region.

By fully resourcing the existing organizations that have their own case management teams, we will remain efficient, personal and effective.

By engaging providers directly and becoming discerning investors in future projects that are already in pre-development, together we can create the 1:1 replacements for the reduction of motel rooms over time. We look forward to partnering with you in this creative and vital work! Thank you.