

To: The House Human Services Committee
From: Alex Karambelas, Policy Advocate, ACLU of Vermont
Re: H. 91: *An act relating to the Emergency Temporary Shelter Program*,
Date: 2/24/25

Introduction

We all need a safe and secure place to live. But for over [3,400 of our neighbors](#), access to reliable shelter is out of reach—not for lack of trying. Fortunately, we have an opportunity to keep more of our neighbors safely housed through the committee's work to formalize the state's emergency housing program through [H. 91: *An act relating to the Emergency Temporary Shelter Program*](#), and ensuring everyone has access to housing they can afford over the next several years.

The failure to advance reforms that address Vermont's lack of housing stock and non-congregate shelter space has created a situation where affordable housing or accessible shelter is scarce and overburdened. [Research supports the conclusion](#) that housing supply and affordability- not mental illness, poverty, substance use disorder, or service availability- account for homelessness trends. While affordable housing scarcity affects all of us, older Vermonters, families, people with disabilities, and other vulnerable members of our communities are the most impacted. Unmanageable rents force more families into homelessness each year and limit the odds that those already without shelter can find a place to live. This in turn causes extreme suffering, distress, and a critical lack of safety or stability for impacted individuals and families.

The ongoing mass unsheltering in our state is deeply troubling to the ACLU of Vermont on several fronts—not only because it is a denial of the basic humanity and dignity of our unhoused neighbors, but also because we are an organization that advocates for evidence-based solutions to the root causes of harm in our communities, including homelessness and mass incarceration. Investments in short- and long-term solutions to homelessness are critical to preserving the health and safety of our communities—not criminalizing people who simply have nowhere else to go. We know that when people are unhoused, they are far more likely to become victims of crime. We also know that people who are unhoused disproportionately suffer from a disability of some kind, that needs support. All too often the symptoms of these disabilities lead to adverse outcomes, including hospitalization, being removed from shelter and sometimes even incarceration.

Tragically, because of the cap of 80 days on our GA emergency housing program this past fall, at least seven Vermonters have lost their lives and at least 82 people have died over the last four years while experiencing unsheltered homelessness. Their deaths were both predictable and preventable, and we must collectively create policies that value the lives of people experiencing extreme hardship. Importantly, we believe that eliminating unsheltered homelessness is an achievable policy goal that can be reached by sustained investments across all populations experiencing homelessness, and applaud H. 91 for stating this intent.

Recommendations

To begin, the ACLU of Vermont supports the calls from providers that there should be parallel action. The backstop of the GA Emergency Housing Program is critical. The state can not build up an adequate solution with the chaos of un-sheltering happening at the same time. That causes providers to be forced to focus on keeping people alive, not solutions for housing. There cannot be a tapering of GA until it has been matched with



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permanent housing and shelter that can meet need.

The ACLU of Vermont fully supports the recommendations of the GA task force. The state is unable to produce affordable housing at a fast enough pace to remove the need for emergency solutions right now. The following recommendations highlight key aspects of the task force recommendations and other solutions that should be incorporated in H. 91.

Ensure all Vermonters experiencing unsheltered homelessness have access to emergency shelter

Housing is a human right, and all individuals experiencing homelessness deserve access to support that preserves their dignity and humanity. Lawmakers should ensure that core services are designed to meet the needs of *all* individuals experiencing homelessness--not just those that fit perspectives of who is deserving. While this is particularly true during cold winter months when risk of death by exposure is imminent, threats to health and safety exist for all homeless populations year-round. We support H. 91's efforts to ensure that eligibility for the General Assistance Emergency Housing program is relaxed during cold weather months to ensure unsheltered Vermonters do not die from exposure, but recommend that language be more explicit.

An additional needed component will ensure that an adequate number of emergency shelter operations are developed, specifically serving individuals excluded from GA emergency housing year-round. There is no other current plan in place for individuals who do not meet the eligibility criteria of H. 91. Accordingly, shelter expansion for excluded populations should complement GA program refinement in the bill. Sustainable funding for community-based programs should be designed to ensure geographic and population equity. Examining this issue from a system-wide lens can provide needed resources to support historically underfunded shelter providers and other supportive services. This includes independent advocacy from statewide organizations for individuals accessing shelter or housing and living with complex needs, as we have heard, this constitutes a vital part of our system that is currently being executed but not yet a funded component of our system.

Shelter expansion should support and prioritize models that follow Housing First principles that have data-driven evidence of long-term success, and limit the expansion of seasonal or short-term systems that are unable to house individuals and families for the length of time it takes to find permanent housing

Authorization periods should be tied to long-term housing availability

We oppose bill language that limits GA emergency housing access up to 90-day windows year-round. To support the capacity of community shelters and ensure that policy investments solve homelessness, qualifying beneficiaries should be granted shelter until homelessness is resolved- or at least have authorization periods tied to reasonable data-driven estimates for how long it actually takes to find housing. If individuals are forced out of shelter prematurely, connections to services and long-term housing opportunities dissipate. Without resolving homelessness, individuals exited from programs are more likely to face catastrophic outcomes and length of homelessness and thus reliance on shelter support is likely to extend for a much longer time frame. This cycle works against policy goals of decreasing demand for emergency shelter. Once authorization periods are set, those participating in the program should not have to periodically reapply for the services they are already receiving, be moved from location to location, or be removed from the program due to arbitrary capacity limits.



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While many of these challenges are addressed by H. 91, we recommend using a different metric in lieu of H. 91's 90 and 45-day limits that correspond to vacancy rates. Specifically, we support the GA task force recommendation to utilize Measure 1 from the HUD System Performance Measures to identify authorization periods:

Measure 1 – Length of Time Clients Experience Homelessness:

- Metric 1a uses actual time in Emergency Shelter and Safe Haven (and includes Transitional Housing in part of the metric) to determine the median and average length of stay for clients served during the reporting year.
- Metric 1b builds on Metric 1a but adds the “Approximate date homelessness started” response to the beginning of each client’s stays before calculating the average and median.

Additionally, the Adverse Weather Conditions period should be expanded to align with VT State Parks closure (October 15 – April 15), mirroring the period of time Vermonters have deemed appropriate to exposure.

Enhance Statewide Planning

The state should establish data-driven statewide benchmarks and habitability standards for new emergency shelter beds can connect aspirations to clear and achievable goals. States such as [Oregon](#) have spearheaded bold strategic planning that identifies a specific number of new shelter beds to be developed each year, and can serve as a roadmap for Vermont-specific solutions.

Streamlining existing data sources across state and community systems can support planning efforts. All relevant departments and contractors operating within the Agency of Human Services (AHS) should be directed by H.91 to engage in both HMIS and CE, working to reduce CE waitlists and utilizing AHS staff to provide provisional case management. State planning elements such as benchmarks and funding should be integrated within the CE system.

Monthly reporting can enhance planning and transparency within this system. Reporting requirements described in § 2207 of H. 91 should be expanded to include additional criteria outlined in the GA emergency housing task force recommendations:

- Households eligible but not able to serve due to room capacity
- The number of all motel rooms available and being utilized
- To the extent possible, number of households exited for reasons in the following categories:
 - Ineligible, based on criteria
 - Behavior-based
 - Obtained permanent housing
 - Obtained community-based shelter bed
 - Other

Prioritize non-congregate shelter solutions

Having access to privacy within a shelter setting is critical, as it can allow residents to feel safer while they sleep, provide a space to securely store personal belongings, prevent the spread of illness, and help prevent further trauma or violence among shelter residents



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in crowded, congregate spaces. Specifically, we recommend that all references in H. 91 to community-based shelter be changed to “non-congregate community-based shelter.”

The pandemic provided natural study conditions to better understand the impacts of non-congregate shelter, given the distancing requirements across communities during covid. Studies facilitated on this topic found [increased individual stability](#), a [reduced need for emergency health services](#), [positive health and social outcomes](#); and [better housing and general well-being outcomes](#) for non-congregate shelter operations.

The GA task force recommendation supporting the conversion of motels into permanent non-congregate shelter should be explored as a policy opportunity. There is precedence for this within other states such as [California](#) and [Oregon](#), who have made single investments that provide pathways to both emergency and permanent housing.



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Provide comprehensive case management

Anyone receiving emergency housing should have an opportunity to engage in trauma-informed case management. Services should be robustly available, but not required. This includes support in finding long-term housing and addressing underlying barriers to stability such as childcare, transportation, medical care, employment, education, and treatment for mental health challenges or substance use disorders. These services should be voluntary, individually tailored, and available both onsite and in the community and should not be tied to their shelter or housing. Services should omit practices not grounded in evidence, such as forced treatment for individuals with mental health challenges or substance use disorders. More detail should be added to case management as referenced in § 2205 of H. 91, outlining the core provisions and minimum quality standards of case management in the definitions section of the bill that ensures a client-centered approach.

Allow participants to save their resources

Required contributions, like income-based payments, prevent people who use the emergency housing program from saving the resources they need to secure housing once it is available. Allowing individuals the choice, not requirement, to instead save their money for security deposits, move-in costs, furniture, kitchen supplies, and other basic needs is critical to ensuring that individuals can move out of homelessness when opportunities become available. H. 91 can be strengthened by explicitly prohibiting resource tests or income contributions from participants.

Ensure Reasonable Accommodations can be made

People with disabilities are protected from discrimination and exclusion of housing, publicly available accommodations, and state programming through both federal and state law. This includes individuals with psychiatric disabilities and substance use disorders. Additionally, the law requires that reasonable accommodations must be made for any rule, policy, practice or service that may be necessary for a person with a disability to have an equal opportunity to use and enjoy a dwelling. Equal access for individuals with disabilities cannot be circumvented by program implementation. Future iterations of GA emergency housing must ensure compliance with these critical laws.

GA program requirements centered around accepting alternative shelter and housing must ensure that such placements are accessible to individuals with disabilities, do not mirror the harmful legacy of institutionalization, and comply with the Olmstead decision. To that end, any plan to build up shelter beds for specific populations should focus on particular beds for those accommodations, not separate facilities. We support and will lift

up the three disability recommendations made by Shelby Lebaron, Vermont Center For Independent Living and End Homelessness Vermont as well as the task force recommendations.

Limit Capacity for Rulemaking

Rulemaking facilitated by the Department for Children and Families concerning the GA program has placed funding consideration over the health and wellbeing of Vermonters by requiring income contributions and instituting population prioritization categories not authorized or contemplated by the legislature. To ensure that we do not see this happen again, rulemaking authority should be as explicit as possible, including prohibitions on rules that limit program accessibility. This should include the prioritization of sub-populations, limited windows to call for services, denial letters and appeals processes that are not defined or placed in writing to participants, and rights related to Reasonable Accommodations.



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Adopt a Housing First model

Vermont should adopt a Housing First model for all new and existing emergency shelter programs. Housing First provides immediate and unconditional access to permanent housing and support services for individuals and families who are experiencing homelessness. Housing First is both a practical model and an ideological principle that acknowledges housing as fundamental to all other aspects of life. This approach has been supported by decades of research showing widespread success for the model, particularly for those with substance use disorders, mental health challenges, those with disabilities, and individuals with a high level of criminal justice system involvement. We recommend that the state continue to develop a system of permanent supportive housing using housing first principles.

[Learn more about housing first](#)

Closing Remarks

The ACLU of Vermont applauds the House Human Services committee for its efforts to ensure GA emergency housing is shifted from a benefit negotiated each year through the state budget to a program with defined expectations. We stand behind the large community of people with lived experience of homelessness, service providers, and other advocates asking for bold transformational change and the adoption of housing first principles throughout our states policies.