

Alison Harte, Housing Consultant

Regarding an Act Relating to the Emergency Temporary Shelter Program

House Committee on Human Services

February 19, 2025

## **Testimony**

I would like to thank Chairwoman Wood and Vice Chairwoman Garofano for having me here today to offer testimony on H. 91, An act relating to the Emergency Temporary Shelter Program. I would also like to thank the Committee for their hard work over many years to establish a meaningful and effective emergency housing initiative for the most vulnerable Vermonters.

## **Introduction**

My name is Alison Harte and I work as an independent supportive and affordable housing consultant. I have spent my career, over 25 years, working on behalf of vulnerable families: first in the child welfare system and for the last 17 years, in supportive housing. The two fields of child welfare and housing merged for me in 2007 when I came across a job posting from the Corporation for Supportive Housing (CSH), a national non-profit organization focused on creating supportive and affordable housing. CSH was seeking a project manager to oversee a pilot program to study the impact of supportive housing on families struggling with both child welfare involvement and homelessness. I ended up leading the pilot, called Keeping Families Together, a small study of 29 families in New York City. The evaluation found that the program was successful and ultimately became the basis for a national, multi-site demonstration

Alison Harte, H.91

project funded by the United States Department of Health and Human Services and led by CSH. The national project was studied over six years and the findings were consistent with our small pilot - that supportive housing effectively stabilized a family's housing, decreased child welfare involvement, and improved their well-being. It housed nearly 500 families and became the basis for other projects in other states, such as Vermont's Family Supportive Housing.

After working at CSH, I worked briefly for the Agency of Human Services as the Director of Policy and Program Integration. Among other things, in this position, I was responsible for leading the agency's internal task force on housing and the Statewide Council on Homelessness. Because my tenure at AHS was largely during the Covid 19 pandemic my position was focused primarily on supporting the state emergency housing response, helping to develop and implement Isolation and Quarantine sites, standing up a Covid recovery site at Goddard College, and collaborating with homeless services and affordable housing partners to create a housing recovery plan.

As a consultant, I provide assistance and support to both national and local organizations, including FSH providers and other supportive housing programs. I currently have a contract pending with Upper Valley Haven to provide training and technical assistance to the state-funded Family Supportive Housing network.

## **Strengthening the Proposed Emergency Temporary Shelter Program**

Because of my background, I have spent a lot of time collecting information from communities, organizations, and individuals with experience in the homeless service system about what works and what does not. I have also spent a lot of time researching best practices for service providers, and evidence-based systemic approaches for public entities. In fact, while at CSH, I conducted this very type of work across Vermont to help develop Vermont's Roadmap to End Homelessness in 2017. Among the recommendations in that report was that Vermont continue to implement the Coordinated Entry System (CES) and expand Family Supportive Housing. It also recommended developing new affordable and supportive housing units and to the extent possible, decreasing dependence on the emergency motel program. Times have changed, and I don't think we could have predicted the surge in homelessness that has required our State and the nation to increase the availability of emergency shelter to the extent we have in recent years. However, the bifurcated system that we saw in Vermont in 2017 still exists today. There is one set of eligibility criteria, timeframes, and services in emergency shelters that are part of Vermont's homeless service system, and another set of eligibility criteria, timelines, and supports in emergency housing offered by GA.

In a nutshell, most leading national organizations like the United States Interagency Council on Homelessness, the National Alliance to End Homelessness, CSH, and Community Solutions, recommend to effectively address homelessness, communities implement a coordinated system that provides sufficient emergency shelter,

housing-focused case management support, and most importantly, access to affordable, sustainable housing. Homeless services coordination across the country takes place through the Continuums of Care (CoCs). Though they are far from perfect, research has found them to be a vast improvement over the fragmented, ad-hoc system that preceded it<sup>1</sup>. There are never enough resources to meet the demand in communities but CoCs and the Coordinated Entry System (CES) are the best strategies we have for ensuring a consistent integrated approach to housing the most vulnerable members of our community. The framework relies on Housing First and includes best practice approaches to prevention, diversion, emergency shelter, and housing case management. The Homeless Management Information System (HMIS) and nationally established performance measures allow CoCs to continually use their data to improve outreach, operations, targeting, and support services. The coordination and integration at the community level via the CoC also promotes the efficient use of resources and decreases unnecessary barriers for Vermonters seeking housing and services.

## **Conclusion**

I think that the motel program could benefit greatly from integrating or more effectively collaborating with Vermont's existing homeless system. This will improve coordination, accountability, and transparency and most importantly, will ensure that Vermonters seeking shelter are getting the services and support they need from a nationally supported collaborative system with timely access to on-site case management.

---

<sup>1</sup> Burt MR, Pollack D, Sosland A, Mikelson KS, Drapa E, Greenwalt K, & Sharkey P (2002). Evaluation of continuums of care for homeless people: Final report. Washington, DC: The Urban Institute.

I am happy to see that this committee has developed a plan for the motel system to end unsheltered homelessness. However, the plan continues the current separate and unequal system where individuals and families who stay in a GA motel are largely isolated without the support available in emergency shelters. I would like to see this bill merge GA emergency housing more fully into the fold of homeless services, the CoC, and the Coordinated Entry System to ensure equal access to shelter and housing-focused supportive services. This will likely decrease the amount of time Vermonters spend in temporary shelters and is a more efficient and effective use of resources.

One last note, the rise in unsheltered homelessness has required us to spend an inordinate amount of our time, attention, and resources on crisis and interim housing solutions. While this is understandable, I urge this Committee to remain focused on the end goal which is permanent housing. We cannot take the pressure off government agencies, private funders, and developers to create more permanent housing that is safe, affordable, and accessible to the most vulnerable—this is still the only sustainable way of solving homelessness.