

**Brenda Siegel Testimony  
House Human Services  
2/12/2025**

**H.91**

**An Act Relating to An Emergency Temporary Shelter Program**

**Top Recommendations:**

- 1. Follow the General Assistance Emergency Housing Task Force Recommendations.**
- 2. Most Importantly removing day and room limits that are not to eliminate un-sheltering people**
- 3. Recommendations: 1,7,8,9 & 10 are all extremely important**
- 4. Any move away from General Assistance Emergency Housing, must be a parallel action. Ensuring people remain stable and sheltered in the hotel program while building the next phase of shelter infrastructure.**
- 5. Two recommendations on disability. Continue the ADA's definition of disability and put the interpretive memo of the rule into statute with slight modification.**
- 6. Require lease agreements with hotels.**
- 7. Alternative Rental Voucher.**
- 8. Eliminate periods of ineligibility.**
- 9. Keep people sheltered throughout an appeal.**
- 10. Use the ADA definition of disability and keep the Disability Variance Form.**

**\*\*Detailed recommendations at the end\*\***

## **Brenda Siegel Testimony: House Human Services 2/12/2025**

Good Morning. For the record, I am Brenda Siegel, the Executive Director of End Homelessness Vermont. I also sat on the General Assistance Emergency Housing Task Force as a representative from Vermont Center For Independent Living and voted yes with the majority on all the recommendations put forth to this committee. I also want to name two other hats that I wear. I work with a national organization, heading up policy on the overdose crisis, and have been working across the state and country on this issue for many years now. Additionally I have experienced multi generational loss due to overdose. I also do consulting work on all things human services, most prominently housing/homelessness, family services, the overdose crisis and disability rights. In this work I focus mostly on research and rules, policies, laws, and systems, as well as program recommendations.. I mention this, because related issues will come up today and I want you to be aware of the multiple lenses that I bring to these issues.

Vermont urgently needs its General Assistance Emergency Shelter system to become a General Assistance Emergency Housing Program. A program that provides shelter to all Vermonters who are experiencing homelessness. I would agree with Ann Sosin, that we should begin to think of it as a path to permanent housing, not shelter that is temporary regardless if permanent housing has been found. Our fellow neighbors and community members do not need to be worthy in our own judgement of being sheltered or to safely have a place to lay their heads, that should be a basic dignity that we offer any of our neighbors. This shelter needs to be non-congregate, congregate shelter is chaotic, makes it harder for providers to work with clients and can be dangerous for multiple reasons. Last year when I sat before your committee, I said that non congregate shelter must be provided for as long as needed until a household can find permanent housing or appropriate placement. I said this then based on data, based on the limited number of people that had become unsheltered for long periods of time and at a time when an urgent complex need or disability did allow for a reasonable accommodation. I now sit before you and say that based on data, evidence and the experience of watching the majority of our clients run out of their 80 days and become unsheltered this past fall. Seeing catastrophic outcomes, including severe declines in health and loss of life. I say this now after our staff and providers across the state have experienced the moral injury of having to carry out an inhumane policy of un-sheltering. I say this now with the on the ground knowledge of just what happens when almost everyone becomes unsheltered.

The only requirement for accessing emergency housing should be current or imminent lack of shelter or unsafe and unhealthy living situations . Emergency housing should be available in all regions of the state, to allow people who become homeless to stay near their schools, medical providers, jobs, and support networks. The program should employ Housing First principles to ensure that, when a person or household is not a good fit in a hotel or shelter, they are supported with a new placement.. Partnerships between the Department and providers and advocates would make this work smoothly.

I will go into more detail about this, but, before I do, let me tell you a little bit about End Homelessness Vermont.

## **End Homelessness Vermont**

End Homelessness Vermont is a Lived Experience Expert led organization that works toward the goal of ending poverty and disability discrimination and homelessness in Vermont. We provide a data-driven safety net to the safety net that is trauma-informed and rooted in compassion, empathy and Housing First principles. We are effective in working closely with teams of providers, helping people remain sheltered when possible and have the support they need, as well as addressing systemic barriers to accessing or remaining sheltered and ultimately becoming housed. We work closely with providers, Economic Services (ESD), Department For Children and Families (DCF), hotel owners and most importantly those experiencing homelessness. Our point of contact is generally at the moment of an emergency or in trouble shooting a complex case. Our primary clients are people living with disabilities, health conditions or complex needs or in a complex situation. We also work in an ongoing capacity with over 400 households who need additional support due to their complex needs and help 158 people with renewing their vouchers due to the severity of their disability, health condition or trauma. I will go into what that looks like in a few minutes.

End Homelessness Vermont has two departments:

1. The Office Of Housing Advocate
2. The Office of Research and Advocacy

### **Office Of Housing Advocate:**

This is our direct service arm of the work that we do at EHVT. Within the office of Housing Advocate, we have two and a half staff, including me. We have four nurse volunteers that work with us on limited support of clients. Due to the complexity of our clients' needs we work closely with the care teams. This can include providers, hospitals, family and more. Hospitals that we have worked closely with have included University Of Vermont Medical Center, Rutland Regional Medical Center, Central Vermont Medical Center. We also have had the opportunity to work with the social workers at the Brattleboro Retreat and Washington County Mental health, as well as Rutland Mental Health. We have partnerships with homelessness service providers. We have had the opportunity to work closely and frequently with Good Samaritan Haven, BROCC, Southern Vermont Council On Aging, Capstone Community Action, Groundworks Collaborative at times, John Graham Shelter, Life Intervention Team and so many others. We also take ongoing referrals from Valley Vista so that people who are leaving a treatment setting are not discharged to the street. We also have received referrals from Police Chiefs and departments, fire departments, medical professionals and family members as well as service providers, to support people with complex needs across the state. Rarely, if ever do we work

with a client without connecting to their care team and taking a team approach to supporting them.

### **Office of Advocacy And Research:**

Within our office of Advocacy and Research we are in the middle of what was a three phase data gathering project, and will instead be four or five phases depending on what this body decides in terms of changes to the current program. We have completed phase 1 and 2. Phase 1 interviewed 76 individuals in June of 2023, who were scheduled to be exited from the hotels across 5 counties. In phase 2 we interviewed over 200 people across 9 towns in 5 counties from September of 2023 to February of 2024 (no overlapping interviews), most of whom were sheltered in hotels, some who were unsheltered. The report from phase 2 was supposed to be out last fall, but due to the severity of the crisis on the ground, we were unable to do that. The report is almost complete and is being reviewed by a public health researcher for accuracy, methodology and more before it will be released to the public, that will be very soon though. Phase 3 will begin in March of 2025 and go through June of 2025 and will be all new participants. The purpose of this is to get a broad understanding of how people become homeless, barriers to accessing housing and answer a lot of questions about needs, services and delivery of our support systems.

The data that we have found will be released in the next two weeks and we would be happy to return to go over any of that data.

### **End Homelessness Vermont provides:**

- Emergency support for people experiencing homelessness.
- Ongoing support for maintaining shelter for individuals with disabilities or who have other complex barriers.
- Representation of people in fair hearings (legal aid only does a small portion of these hearings).
- Additionally we conduct voluntary interviews for the purpose of data and better understanding of the challenges systematically and within the experience of homelessness.
- We support lived experience experts in self advocacy.
- We are putting together a comprehensive statewide guide.
- Additionally, we work on the systemic challenges with both shelter and housing.
- Support in looking for, transitioning to and sustaining permanent housing.
- Support households in preventing the loss of housing when they are at risk.

As it relates to GA Emergency Housing, I read and understand the 500 pages of rules and interpretations of those rules, as well as any emergency rules or changes as they come up. This allows us to support someone when they are wrongfully being denied access to shelter and help people understand the rules of the GA program, which are overly complex and not frequently articulated in a way that is digestible for people with complex needs.

As it pertains to permanent housing, we become familiar with the rules governing HUD, and each Housing Authority and low income housing so that we can support people in navigating these systems and through an appeal process when necessary. Also, support people in accessing the right services according to their needs.

We have run a hotline since 2021 and the amount of calls that we get has fluctuated in the last three years directly related to what the rules or law are at any given time for GA Hotel Housing. Since June we have taken over 2000 calls and the amount we receive each week varies, from 10 calls to over 200 calls on our most unforgiving weeks. With an extremely high call volume at any time that 211 is not effectively working. In January alone our team made over 646 client related calls. Our hotline received an additional 157 incoming calls. In addition we supported over 80 renewals with clients. Just a note, the incoming calls pale in comparison to the number of incoming calls we received each month after people were unsheltered last fall.

**There are several ways that people access support through End Homelessness Vermont:**

- They may call or email the hotline on their own.
- A provider may reach out to us for help. This path has become more and more common and is now the most prominent way that people reach out for support, which allows a collaborative effort to find shelter options for those most likely to have challenges finding and remaining sheltered.
- A hotel staff or owner may reach out to us for help with a client with complex needs.
- Additionally, we have met many of our clients on our visits to the hotels. We have visited the majority of the hotels participating in GA in the state.

**When we get a call on our hotline we will work in one of many ways to support them:**

- Walk them through the ESD process.
- Attend the interview in the Economic Services office with them.
- Support them in gathering the information they need for verification.
- Walk them through a Vermont Legal Aid Intake.
- Reach out to Vermont Legal Aid on Their Behalf
- Connect them to a provider.
- Provide support working on their voucher for them when needed.
- Provide ongoing support in recertification and verification.
- Provide ongoing support in other ways.
- Provide Housing Case management when there is a gap.
- Provide permanent housing support once the client is in housing.
- ETC.

I will take the case on my own if it is either extremely complicated or will require representation at a fair hearing or require someone who knows the rules. Additionally, if the individual has disabilities that will require an ongoing reasonable accommodation or other complex barriers to remaining sheltered, we work on their voucher at each renewal date as well as connecting them to necessary services. Another situation in which we provide ongoing support is when a client with complex needs is employed, which is challenging in and of itself, and they will lose their job if they do recertification at each pay date, because they would have to miss work to do so. We generally refer people to a local provider following the initial interaction; however we will take on a similar role if there is no provider we can help the client connect to and whenever necessary we connect them to services and become part of their circle of support. There are over 100 clients for whom I provide ongoing assistance in maintaining their voucher and another 400 who we provide ongoing support in another way for. We don't turn anyone away, so if someone calls we do everything in our power to offer some kind of support for them. Our direct voucher support however, is limited to complex needs, people living with disabilities or experiencing severe trauma

**Some examples of individuals needs that we are working with includes:**

- A large portion of aging Vermonters, and of those
- A significant portion number of individuals with some form of dementia
- We have 5 clients with autism at varying degrees
- 7 with schizophrenia
- 8 people in wheelchairs and more with severe mobility challenges
- 4 on oxygen
- 2 with cancer
- 1 with recent heart surgery
- Many escaping domestic violence
- Several families and pregnant or new mother
- Many live with debilitating but invisible mental health challenges.

Everyone on my ongoing list has a significant disability, many are single or don't have children and some do not have ssi or ssdi. My list only grows, it does not shrink.

**What happened in the fall of 2024:**

The exits last fall after people ran out of their 80 days came in waves. Our team, along with volunteers, were on the ground, handing out tents and doing what we called "exit interviews" for those who were willing so we could support them when outside. This was not a service to just our clients, but, anyone who was exited in places we were stationed.

Leading up to September 19th, Shelby Lebaron, who you will hear from tomorrow and I, reached out to every client to explain what was happening, talk them through the "prioritization" categories and explain that while we don't believe that they are within the law, we want to make sure that they have the information that they need.

I want to take you through September 19th: This was the first wave.

We purchased \$4000 in tents (for that day, \$8000 total) and sleeping bags and had 3 left at the end of the day. I personally was stationed at the Cortina in Rutland,, but we had staff and volunteers stationed in 5 counties..

As I was putting out the tents and sleeping bags alone in the room where soon people would file in, I was crying in despair. I was about to carry out a policy that I fundamentally disagreed with and it was deeply challenging to me. You see, it is impossible not to experience moral injury when you are in that position and I know that is what providers felt across the state.

One by one people would come in, people sometimes who I had helped for years, to gather a tent, a sleeping bag, a flashlight, and a bug net if they wanted. They would then ask us where they could camp. In Rutland, the town and city and decided that they couldn't, so, we were handing them a tent and sleeping bag with no where they were allowed to go. Think for a moment about that value message that is being sent to people for whom there is no home, nowhere to go and nowhere that they are allowed to even sleep on the ground.

Some examples of people who came in were: A single mom came in with her 3 children. 2 children with severe disabilities, one with autism. 2 with breathing machines.

More than one person came in with a wheelchair.

A mom of a two year old, who this committee heard from last year came in.

So many moms and children came in. that day.

Half way through the day, two service providers and a hotel staff came into the room where I was and shut the door. They said, Brenda, you have to take a break. How could I slow down when people were being left with nothing, at least I had a home to go back to. I saw the most horrible things that Vermont has to offer that day and the many days of exits that followed.

The statistics from our exit interviews that day told us that out of 56 people interviewed, only 4 had somewhere to go. Both were temporary, and we know that 2 of those were extremely temporary and they ultimately ended up outside. 1 we had found housing for in the nick of time. And 1 remains with family, an option that had failed in the past, but, does seem to be working now.

Just two days earlier on September 17th, I had sent the first of several lists of people with extreme disabilities, for whom I thought sleeping outside would have particularly catastrophic outcomes. I sent a couple more of these lists of people with particularly catastrophic illnesses and disabilities. I was asking for a Reasonable accommodation to keep those people sheltered. Those reasonable accommodations were denied.

The administration had taken the position that Act 113, the fy25 budget which created this change did not allow for reasonable accommodations. That is of course not true, Reasonable Accommodations are not something that the state can take away, as it is governed by federal law. It is governed by the Americans With Disabilities Act. The administration always CAN make reasonable accommodations. They were choosing not to.

### **Cost Of Un-sheltering:**

Un-sheltering people is extremely expensive, only the cost burden falls on providers and municipalities who are much less resourced and less able to shoulder that burden. It costs an average of \$35,000/year per person experiencing unsheltered homelessness according to a study done in 2017, adjusted for inflation that number would be much higher. That means that the 1425 households, which equals roughly 2280 people currently sheltered in GA, would cost a total of \$79,800,000. And that is using the conservative estimate of 35k per person. Again, it actually is much higher after inflation.

We experienced that this fall. Our own organization, which has a tiny budget, with no wiggle room and not enough staff, spent \$30,000 in a three month period. We spent it on tents, sleeping bags and funding some hotel stays for an extremely limited number of people. We also worked on a crisis team with Good Samaritan Haven, who spent enormous amounts of money trying to keep people with complex needs alive in Washington County. And that does not account for the staff time, and monies diverted from working on service support and housing navigation for clients. Every ounce of energy was spent on keeping people alive.

That meant we went from housing roughly 10 of our clients per month in permanent housing, to just 2 total in 3 months.

Imagine the human cost and the cost to our state of diverting all the resources to keep people alive. We must use the most economically sound and proven solutions to keep people sheltered.

### **And what were the overall outcomes of this mass exit?**

Among our 400 plus clients. And specifically among the 124 that we help with their voucher and whom ran out of their 80 days:

- We saw at least 7 of our clients hospitalized for hypothermia
- At least 1 of our clients was targeted, pushed out of his wheelchair multiple times and had his phone smashed with the attacker saying “that is so you can’t call for help”.
- At least 1 client brutally raped and hospitalized.
- 1 client who had someone who called them a member of the “hobo hunters” poured maple syrup on them while they slept.
- 1 client on oxygen whose oxygen fell to 45 before he was finally sheltered. He has heart, lung and liver failure.



- 1 client who got an infection in his legs from sleeping rough due to not having access to his insulin and oxygen. That infection spread throughout his entire body and into his heart and ultimately he had open heart surgery and he lost all of his teeth to get the infection out.
- And then in one terrible week, 7 of our clients died. Every client who died absolutely could have been housed, but now they will never have that opportunity.

There are a few stories of what those outcomes looked like that I want to share with you.

We have a client, George Flannery, who is ok with me telling you his story. I hope that he will submit his own written testimony as well. If he does, I urge you to read it. He has multiple organ failure, relies on 100% oxygen to survive, needs a liver transplant and can only walk 15 feet without rest. He was exited from the program on September 28th after exhausting his 80 days. In the two and a half months that he was forced outside, his health rapidly declined. He was hospitalized several times. We fielded several calls from Rutland Regional Medical Center afraid that he would lose his life. We explained multiple times to multiple people that the Administration was refusing to make any reasonable accommodations. Finally, when December 1st came, we could not find a room that met his need for an accommodation. We requested a reasonable accommodation to place him in a hotel that was on the “no new households” list, but was being used for a reasonable accommodation for other clients. This accommodation was again denied. We had to go through a preliminary fair hearing. The decision from that preliminary hearing stated that:

*“Although the Department’s rules require the Department to attempt to house petitioner in a room within the district reasonably accommodating his disability, there is no evidence that it has attempted to do so. In this respect, the Department’s decision to deny Mr. Flannery the opportunity to be placed at the Extol Inn appears to be inconsistent with the applicable rules. Because the evidentiary record establishes that no other rooms within the district are available to accommodate Mr. Flannery’s disability, specifically a ground floor room with a kitchen, other than at the Extol Inn, and given that there is no evidence that the Department’s decision to discontinue working with the hotel (with certain exceptions) was based on safety issues or habitability concerns, the Department must house petitioner at the Extol Inn, as required by its rules.”*

George’s oxygen continuously dipped below 65 and on the day that we finally got him inside, it dipped to 45. There is no way he would have survived any longer. Unfortunately, that hotel is now under renovation, and once again, his request for a reasonable accommodation is being denied and we are having to go through yet another fair hearing.

I could tell you many more stories similar to those above, each just as horrifying, each just as preventable. These can only be prevented by supporting a data driven people centered program that treats housing as a primary need.

**Success Stories:**

Here is the thing: this is all solvable. Homelessness is not an unsolvable problem. It is a housing problem. It is a problem of not using Housing First in shelter and housing with fidelity to the model and we will get into that in a moment. I want to share with you a couple of success stories.

We have a client, Darron Phillips, he has significant mobility challenges. Last spring, he had been kicked out of many hotels because we could not get the care he needed into his room. He was hospitalized and discharged in a power chair, with almost no mobility, to the street. While he was outside, we called every hotel across the state to try to find him a placement. He was denied access to every nursing home and assisted living facility that we tried. We ultimately found placement for him in Rutland. It took 11 days, but we were able to get care into his room 7 days a week and get him through the application process for Section 8. He at first was denied and then his 80 days ran out. We found a donor that would pay week to week to help him stay sheltered. In that time that he was able to remain sheltered we appealed and got him accepted for Section 8, and got his housing choice voucher moved up. We worked with a landlord to retrofit an apartment. And Darron, someone for whom his preference for housing and even a nursing home seemed like an impossibility, will be housed with the supports he needs. But, it took a strong dedicated team listening to him, allowing him to direct us, and most importantly, it took keeping him sheltered. Had he lost shelter on September 28th, if he survived, every ounce of progress would have been lost.

We have a client who only has a 10% field of vision. She was in the hospital delivering a baby on the day that her 80 days ran out. Again, we were able to find a donor. She was at risk of being placed outside blind and with a newborn baby. We were able to work with Good Samaritan Haven to keep her sheltered in the hotel. In the time that she remained sheltered, we worked on and she was approved for a family reunification voucher. We are now working with landlords. Only because she was able to remain sheltered, we have finally made significant progress toward permanent housing. Without that progress, she would be unsheltered.

I also want to highlight Shelby Lebaron, on staff at End Homelessness Vermont, and used to be a client. She is someone that remained sheltered only because she was allowed a reasonable accommodation, something that is no longer allowed. Now she and her family are permanently housed and working to help people just like her. Just a year ago, she had a premature baby and was fearing being unsheltered and now she is housed with a career. That would not have happened had she become unsheltered.

Similarly, Tamara Hodge, a former client of ours and now she and her three children are housed. She is working for End Homelessness Vermont and helping people get out of the same situation she was in just this past September. Tamara only has one working lung and would have been at high risk outside. She now has resolved her homelessness, this was only possible due to a Reasonable Accommodation and strong support system and the luck of finding an apartment just days before her 80 days ran out.

Without non-congregate shelter, not a single person above would have made progress. It is housing and shelter first and then a strong team that gets us out of this, it is parallel action. Any bill that un-shelters people will derail progress, prolong the crisis of homelessness in our state and have the opposite of the desired effect of reducing the need for General Assistance Emergency Housing.

**In conclusion:**

No one thinks of the hotel/motel program for a permanent strategy, however, right now it is the most fiscally responsible thing to do to ensure that most people are sheltered in non-congregate shelters until they are housed. A natural decline of need for the GA Hotels will occur if we have a parallel action to build up creative alternatives to the hotel/motel program.

End Homelessness Vermont partners closely with several orgs around the state and providers simply can not be asked to do more with the resources that we have. The best thing that the legislature can do is better fund support services, and keep people sheltered until there is permanent housing. Housing using a Housing First program and shelter using Housing First Principles. Our organization would be able to deliver support to people, utilizing our successful team approach, serving people with complex needs and disabilities much efficiently and robustly if our Office of Housing Advocate was funded to do so. What is important to name is that it is not just us. There are providers all across the state that would do more in the hotels, we are NOT afraid to go into the hotels, that is a myth, we all do it, we just need more staff and support to do it. It is also a myth that people in hotels don't get services or that hotels won't allow providers in, there is absolutely service support to the capacity funded in the hotels.

Non Congregate shelter programs are wonderful when done correctly. To my understanding there were more projects proposed than could be funded. The family shelters that the administration put up were good for some people and not for others, just like every model. However, they were enormously expensive, 3.2 million for 5 months and served only 17 families. I did a little math about this and to maintain that would cost \$37,647.05 per family per month. For the 1425 households on average in the hotels, that would cost our state, 53,647,046/ month. It simply is not a fiscally responsible way, or a sustainable way to deliver support. For those it was successful for that was good. Comparatively, sheltering that same average of 1425 households in hotels per month is \$3,534,000. Another way to look at it, is that to shelter the same 17 households in hotels for the same 5 months would have cost the state \$210,800. The rest of that money could have been used to keep other people sheltered last fall and to deliver more robust services to more people. While it was a good solution for some families, our state is spending at least 2.9 million dollars more than it would have costed to shelter those same families in hotels.

## **Detailed Recommendations**

## **Recommendations For GA Emergency Housing, Emergency Shelter and Transition to Permanent Housing.**

### **MOST IMPORTANT TASK FORCE RECOMMENDATIONS**

1. household eligibility; maximum days of eligibility; application, notice, and appeals processes; participant requirements; and annual reporting requirements;
7. potential adjustments to emergency housing policy during cold weather months;
8. a process to enable participating households to place a percentage of the household's gross income into savings, which shall be returned to the household for permanent housing expenses when the household exits the General Assistance Emergency Housing;
9. a mechanism for addressing potential conduct challenges posed by a member of a participating household served in a motel, hotel, or shelter;
10. the identification of any State rules and local regulations and ordinances that are impeding the timely development of safe, decent, affordable housing in Vermont communities in order to:

I wanted to present and lift up some recommendations that either were not voted on or that we paired down in the interest of time.

### **ADDITIONAL IMPORTANT RECOMMENDATIONS**

#### **Disability Recommendations:**

Amy Johnson (VCP), Brenda Siegel (VCIL, EHVT) & Shelby Lebaron (Lived Experience)

Please consider the following recommendations for the people living with disabilities that the following members presented, but the committee did not give full consideration.

There is a significant lack of support as well as high barriers for people living with disabilities at the intersection of homelessness. Additionally some of the administrative rules create discriminatory practices that we are concerned both marginalize those in this population, as well as violate aspects of the American With Disabilities Act.

#### **General Disability Recommendation:**

The department should always have the ability to make reasonable accommodations and/or exceptions that may include but not limited to adjustments to shelter policy and day limits and this should be clearly stated in statute.

No rule or policy should be made that deprioritizes people living with disabilities regardless of Age.

There should be access to emergency shelter for people living with disabilities as defined by the ADA as well as those with significant health conditions, if there is no other emergency shelter that meets the needs of the individual or household in the district in which the households presents they should always have access to GA as an alternative means.

For health, safety and reasonable accommodation, hotels taken offline by the state for non health violation related reasons should still be accessible to people who have complex needs in which such a hotel is the only option available at that time that meets the needs of an individual or household when that hotel is accepting vouchers.

While we don't recommend any day limits, any day limits should allow for a clear power to make a reasonable accommodation for people living with disabilities and complex needs to remain sheltered.

**Reasonable Accommodations for Shelter Access:**

Most of the following rule exists in an interpretive memo in the 800 rules, but are currently not implemented, we recommend that they exist in statute:

For temporary housing recipients requiring accessible housing or another reasonable housing accommodation, as defined by the Americans with Disabilities Act of 1990, as amended and the Vermont Public Accommodations requirement found at 9 V.S.A. 4502 the Department will authorize payment for temporary housing at accessible motel rooms, or motel rooms otherwise accommodating a disability, as follows:

1. The Department will first attempt to house the recipient in an accessible room, or room otherwise reasonably accommodating a disability, located in a motel on the Department's list of least expensive motels within the district.
2. If no room is available for the recipient at a motel on the above list, the Department will authorize payment for an accessible room, or room otherwise reasonably accommodating the disability, at a motel within the district at the least expensive rate available.
3. If no room is available within the district, the Department will authorize payment for an accessible room, or room otherwise reasonably accommodating the disability, at a motel nearest to the district, at the least expensive rate available, if that is a solution that is possible for the individual or household without disrupting their medical care or service needs. The Department will pay for accessible transportation to the motel at the least expensive mode and rate available.

4. To maintain housing for recipients requiring accessible housing or another reasonable housing accommodation, the Department will book the motel for the entire time of the recipient's potential eligibility or as long as is required for their disability or medical condition. During this time, the recipient must maintain all eligibility requirements. The recipient is required to give 24-hour notice of a change of eligibility status. Should eligibility change, the Department will cancel the motel booking.

"Accessible motel room" means a room that complies with ADA standards for accessible design and Vermont's Accessibility Standards for Public Buildings. These are the architectural requirements a building must comply with to be accessible for individuals with a wide variety of physical disabilities (e.g. people who are blind, deaf, or have limited mobility).

Individuals with disabilities may also require reasonable accommodations that are not addressed by accessible design. For example, an individual with a respiratory disability triggered by secondhand smoke may request to be housed in a smoke-free motel. As required, the Department will make

The Department will not authorize payment for temporary housing if appropriate, accessible shelter space is available. Clients requesting a reasonable accommodation to be housed in a motel rather than a shelter must submit a completed Form 218M or submit a letter from a medical professional which effectively answers the questions on the form.

### **Case Management and Coordinated Entry**

We want to make a note that we do agree with the recommendation made on this and voted in the affirmative. However, we have this additional recommendation that is necessary for people living with disabilities.

We recommend allowance for non traditional/ non categorical case management alternatives. We also recommend instead of ESD workers who do not have a working knowledge of each individual "tasking" individuals with ways to work on their housing barriers that may not be appropriate for them as individuals or households, it is rather addressed in the care team, with a client centered and client buy in approach so that people are given the right supports. A necessary addition of allowed case management is disability centered programs as an alternative to state funded housing partners.

### **Other recommendations:**

### **CHINS**

If the state opens a CHINS case for a particular household, they should not exit that household from emergency shelter. That child is now considered in the custody or household of the state. That means that exiting these families is putting children under the state's custody in unsafe and unsheltered situations. This also better leans toward the goal of DCF in an open CHINS case,

keeping children with their parents or kinship caregivers where possible. This commitment to our children must include shelter.

The following recommendations were originally submitted by Christopher Luras (VLCT Rep), Shelby Lebaron (Lived Experience Member) and Brenda Siegel (VCIL Rep).

### **Habitability Standards:**

All participating hotels should be entered into an agreement that requires habitability standards, lays out payment timelines for invoices and gives opportunities for hotels to cure problems. This should include different levels of habitability issues and length of time that will be given for each violation before that room is shut down. Only where required for safety, should a hotel be subject to “no new households” before being given the opportunity to cure.

### **Funding proportionality and innovation:**

We recommend that funding be proportional to the need in each district. This should represent an increase in overall funding, not a reduction in funding in any district. For example, if one district has 25% of people in the GA program and Overall Homelessness Numbers in CE (assuming that the state is also participating in coordinated entry), then the funding distribution should match that. We also recommend that there be a part of the funding that is individualized, in that it follows the individual or household.

Innovation, new/small non profits and programs, non categorical case management, and statewide programs should all have significant funding opportunities. We recognize this as a gap in the current funding model. There must be opportunities for creativity in addressing this crisis.

There should be some funding sources that are not HUD specific so that non categorical case management and new service models can help address unique and current needs.

### **Provider Supports**

Service providers need significant additional funding to carry out increased engagement with households and provide robust wrap around services. There needs to be increased investment in the service sector so that providers can recruit and retain support staff.

Additionally, each household care team should be able to identify that they are meeting regularly to address hurdles and barriers to housing and service support. Regularly this care team should identify when it is necessary to bring additional providers or state agencies on board to troubleshoot barriers to access.

A housing first model should be implemented to ensure that services are robustly available, but not required in order to create a client centered and client directed model

of care. When necessary, non-traditional case management should be implemented to address barriers.

At any point of emergency, or significant loss of emergency shelter, area agencies should have an emergency plan in place with the purpose of troubleshooting high risk households.

### **People Centered District Guidelines:**

Individuals experiencing homelessness should be given agency and treated with value. The current program disregards that agency and takes choice away from individuals.

We recommend that people have the opportunity to remain sheltered in the district where their services, families and resources are without being given a false choice to be relocated or not, especially to a district who has been disproportionately burdened by the homelessness and housing crisis.

There should be a strategic plan that keeps people sheltered in non congregate settings in their home district, without leaving households and individuals with periods of being unsheltered. The Agency Of Human Services should develop habitability standards to support opportunities for hotels to cure habitability issues in a set time frame prior to such hotels becoming “no new household hotels”. This will prevent the loss of rooms in districts that often leads to district transitions.

We recommend that those who are in search of housing and have been relocated through the GA program to a non preferred district or one that they don't consider home, be given preference and consistent opportunity to return to their home district if they choose. Currently people who have housing choice vouchers in a particular district with a local housing agency, rather than VSHA, can't easily take opportunities to return to preferred districts through permanent housing options due to portability restrictions.

In any move from one district to another, households should not be disconnected from their current services and supports, before they can be connected to services and support in the new or returning district. If a household is changing districts they shall be connected to a provider who can weave the transition of services between districts. This will make district transition more successful for households, providers and communities. All service connections should be made in a trauma informed and client centered way.



## **Alternative Rental voucher:**

### **Permanent Housing Alternative Voucher Proposal:**

End Homelessness Vermont has the opportunity to move 20 to 40 of our clients with complex needs into permanent housing if only we had an alternative rental subsidy. The cost of this is  $\frac{1}{3}$  to  $\frac{1}{2}$  of the cost of GA and would get people into permanent housing.

Alternative rental subsidy: We recommend an alternative state funded rental subsidy for households and individuals that either don't qualify for section 8 or are on the waiting list and need a gap subsidy. For some this would be ongoing and for some this would be only until they move to the top of the section 8 list.

Ability to port a GA Voucher: Additionally, if a household can find an apartment that meets VSHA or Rent Reasonableness standards for price of rent, but a household is unable to obtain a voucher at that time or they are being delayed or restricted by portability guidelines, in that district or does not qualify currently than, GA monies should be used to supplement section 8 and other housing voucher options.

### **Alternative Housing Options:**

Alternative Housing Options:

- Dormitories.
- Tiny Homes with zoning changes that allow for them.  
Individual or campus with community space model. Mixed or low income.
- ADU Grants that are accessible to middle and low income families which adds a prevention aspect
- Single room occupancies
- Habitat for humanity condos in multi unit apartment buildings

Systemic Changes:

- Alternative rental voucher
- Increase support for disability supports and services
- Increase access for people with complex needs
- Homeshare liaison to increase that option

Regulation:

- Address shelter regulations that prevent shelter
- Adjust regulatory hurdles for tiny homes, single room occupancies, dormitories, etc
- Create an air bnb regulation similar to the model used by Burlington Cit

