

Testimony for the House Human Services Committee
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For the record, 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 address Good Samaritan Haven's work and impact in the community and to provide any specific feedback about potential solutions to the housing/shelter crisis.

For context, Good Samaritan Haven operates four shelter facilities with a capacity of 82 emergency beds, serving adult individuals, 18-80+ years old. An intentional and very important feature of our program is that it functions as a continuum of shelter care and services for the unhoused. Our shelters provide a range of access from a very low barrier seasonal congregate shelter in Montpelier to a low barrier semi-congregate shelter in Barre to semi-private rooms in our shelter in Berlin, to semi-private rooms in a Recovery Oriented Shelter in the Town of Barre. This is a hybrid shelter/recovery home model for those in recovery from substance use disorder.

Our staff provides housing navigation and support services in the motels. We also operate a seasonal warming space/day program in Montpelier for unsheltered individuals. Our street outreach team engages with the 75-100+ unsheltered people in Washington county by providing life-supporting supplies, services and connection. Finally, our Housing Navigation and Case Management Team helps our guests obtain what they need whether it be ID's, health care referrals, training and education, transportation, employment or affordable

housing when available. Altogether, Good Sam employs 55 people in this challenging and complex work.

In our experience, one size does not fit all in assisting the unhoused. Our guest population is incredibly diverse. We serve an adult population with a deep complexity of needs. Close to half our guests are impacted by mental health conditions - most often moderately but sometimes profoundly. 86% of our guests report some form of disability - physical/medical/mental health/developmental. Older individuals (55+) who are seeking shelter for the first time, now account for at least 50% of our shelter occupancy (a demographic shift that suggests a looming increase in older folks who will experience homelessness, which is anticipated to peak by 2030).

Nearly half of our guests struggle with Substance Use Disorder; there are also many who are in recovery or do not use substances at all. Many have impacts related to involvement with the correctional system. Most have very limited or no income at all. Overarching all is an extremely tight housing market with few low cost options.

This fall, when the impacts of the changes to the motel program resulted in ultra vulnerable adults and children being put to the street after their 80 days of motel stays had run out, shelter providers fell into deep crisis alongside those losing their motel stays. This destabilization of the system threatened the lives of many, prevented and distracted shelters from serving people in their normal way, and resulted in deep strain and moral injury placed upon vulnerable Vermonters and Vermont's emergency shelter providers. Good Sam mobilized with End Homelessness Vermont and several local churches in Montpelier and Barre to take action by raising funds from individuals and foundations to extend motel stays and shelter to 76 individuals, including 14 families with 19 children, from September 19, 2024 through December 1, 2024.

Examples of those assisted through this motel bridging effort include:

- Blind woman with a newborn avoiding sleeping in a tent
- Grandmother with sole custody of an autistic grandchild
- Gentleman with a traumatic brain injury relying on oxygen
- Wheelchair-bound individual with multiple serious health conditions
- Older woman suffering from chronic, debilitating back pain

Despite these herculean efforts, several people still died. The decision making process to triage how to extend motel stays for individuals with these levels of complex conditions fell on the shoulders of - often times, just me - and this nearly killed me. That is a level of moral injury that one person should not have to bear alone. Were it not for our already established partnership with End Homelessness Vermont and community partners, many more people would have died in our community. And let me be clear - this was not a solution that we should have even had to entertain. We were responding to a policy-made crisis and it was the only ethical solution we felt existed. This must never happen again. As such, I implore you to ensure that there is no cap on the number of days people have in the motel program and no cap on the number of rooms. It will destroy the state's shelter infrastructure staff as well those feeling the shun of having nowhere to go but outside.

The following are suggestions for how to wage sustainable and beneficial change in the state's shelter system and emergency housing programs:

Engage in parallel change: please do not shutter one program without having another waiting in the wings, completely ready to begin, or in fact having already begun. Do not create another cliff for us to perish upon.

Please ask shelter providers for their ideas, feedback and plans: Many shelter providers submitted \$30M in proposals last July 2024 requesting shelter

expansion funds for projects that they already have in development. I repeat - our organizations have our own strategic development priorities - we know what is needed in our communities, and we simply need the funds and flexibility to expend the funds across budget cycles to make them happen. Good Sam alone submitted \$9M in requests for shelter expansion projects which were not funded - including our plans for a complex care shelter and a year round shelter in Montpelier. If either of these projects had been funded in July, we would be very close to having 60-70 additional shelter beds in the region by now. Please take into consideration what is already in the development pipeline by shelter providers vs. untested solutions.

General Assistance Emergency Shelter must be a back stop: Until there is capacity for our state's service providers to handle the need, and in order to ensure that our state does not see a crisis of unsheltering again, GA emergency shelter must continue. We support the General Assistance Emergency Housing Taskforce recommendations for this part of the sheltering program. This with parallel action to expand our shelter and housing infrastructure can work to lower the level of crisis and begin to move our state forward.

Creating large, congregate shelters is not the answer. They are incredibly difficult to manage, it is not humane for anyone, let alone people with deep complexities, and it should not be considered as a long-term solution. This type of sheltering is only meant for 3-7 days situations, like our recent string of floods and operated by Red Cross partners. Large congregate shelters are not appropriate for what inevitably ends up being 9 months to 2+ years of shelter living while waiting for permanent housing.

Please take into consideration that local shelter providers want to help: we want to expand capacity, but we must be able to do so in sustainable ways. We

can only expand and staff programs safely and appropriately if we have BOTH the operational funds AND the administrative support to make it happen. No organization can expand precipitously without administrative support to ground its operations. HOP funds, which fund shelter operations, do not fund shelter administration. This is not sustainable and must be reconsidered if we want local shelter providers to be part of the long-term solution vs. out of state contractors. There must also be flexibility in spending funds for the purposes of expanding shelter capacity that is not hemmed in by rigid budget cycles.

Please communicate with local shelter providers: if very short term weather related shelters are being considered to be put up in the area, be in touch with local shelter operators so we could potentially be part of the solution, or simply in the know that a resource is being mobilized. We are all in this together.

Consider shelters and other models of care for specific populations: It can be helpful to focus on the creation of shelters for specific needs, such as complex health needs, families with children, recovery oriented shelters. However, please do not lose sight of the fact that more group homes for those with mental health or developmental disabilities must be created. And it is imperative that more focus is placed on getting more skilled nursing facilities or long-term care facilities/nursing homes back into the local communities. Shelter providers are currently caring for some of the most complex and vulnerable people in the state because of a lack of these vital clinical or supportive housing resources. Shelters are not clinical facilities. We are not rehab facilities. We are not in-patient psychiatric facilities.

Fund a diversity of supports and services: The people that we work with in the hotels and in our shelters utilize a diversity of support systems. Some may work well with one provider, while others work much better with another provider.

Some may do best with a team approach, utilizing support from multiple providers. There has to be choice in their service support or we will not be meeting the individualized needs and plans. And while specific, I would like to name that End Homelessness Vermont, in their Office Of Housing Advocate fulfills an ombudsman role and they should be funded for that role. It is a critical service that many providers rely on, but is currently unfunded. Their independence allows them to advocate for clients thoroughly. This is a necessary and previously missing part of the homelessness support system.

A well rounded system that is designed for the crisis that we are experiencing right now has to have all the pieces in place to make it effective.

In short, people need options as unique as they are. They must not be housed in congregate settings for long periods of time.

If large numbers of individuals get unsheltered in the future, it absolutely will destabilize the shelter provider network around the state. It is deeply unsustainable and unethical.

Our overriding recommendation for the State's response to the homelessness crisis, whether we provide 200 more shelter beds or 1000, is to take the time and make the long-term investment in providing a strategic range of emergency shelter options and a better integration of services than what exists.

Our own top priorities for shelter options needed in Washington County and perhaps in other parts of the state are (1) low and very low barrier shelter options to house a growing unsheltered population and (2) emergency shelter for persons who need support around their (often complex) needs beyond what

traditional shelter can provide and (3) additional family sheltering options and domestic violence sheltering options.

These challenges are significant but they can be addressed with a holistic strategy and commitment. It will take a long-game approach - one that spans budget cycles. One that incorporates adequate and ongoing funding levels to enable strategic shelter expansion and organizational administrative capacity to weather that expansion safely and sustainably. We look forward to working with the State of Vermont and our community partners toward that goal.