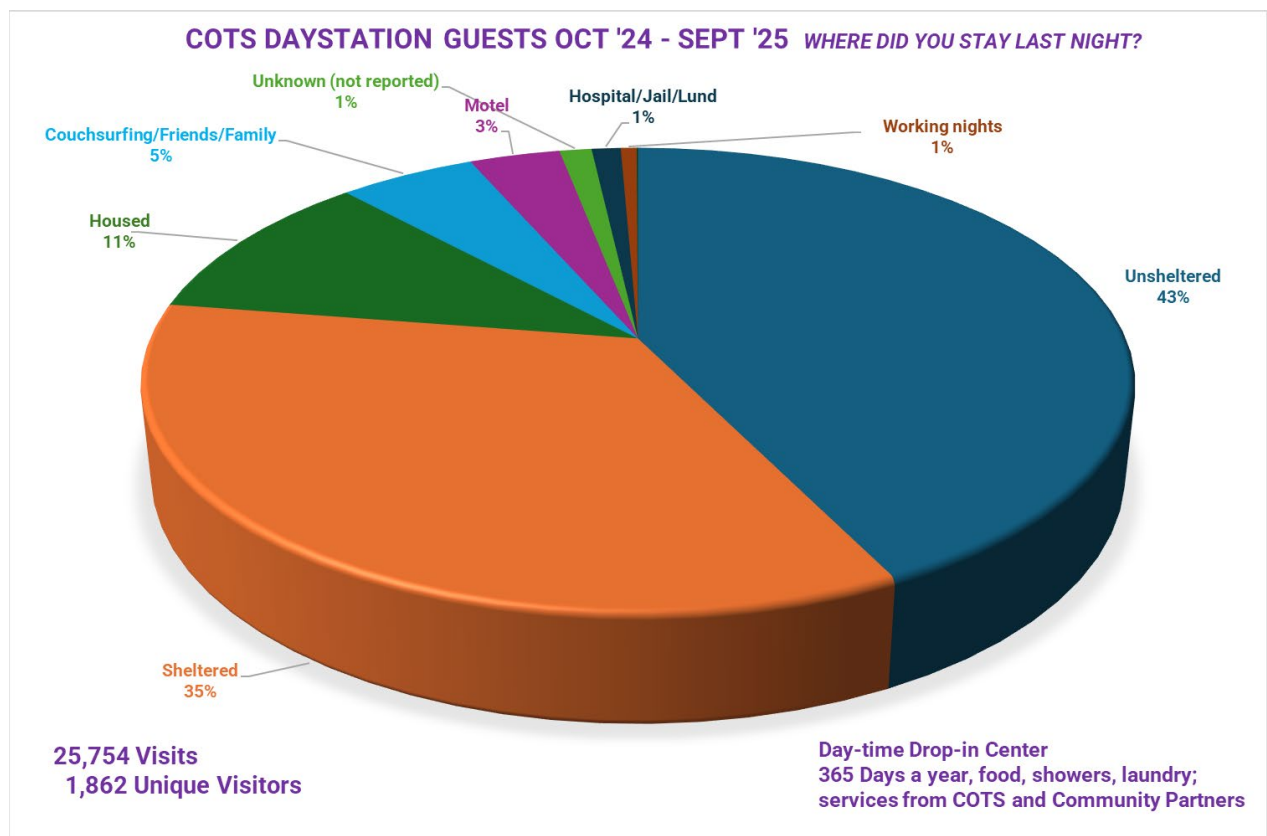


Shelter Capacity 2025

Jonathan Farrell Executive Director,
Committee on Temporary Shelter COTS, Burlington VT
Health and Human Services Committee 10-30-2025

The following is data on our single adult guests who are experiencing homelessness. We will look at data from COTS fiscal year 2024, October 1, 2024, through September 30, 2025, from our Daystation, a daytime drop-in center, Our Waystation, an overnight shelter for single adults, and our Warming Station, a low-barrier season shelter that was in operation January 15, 2025, through April 30, 2025.

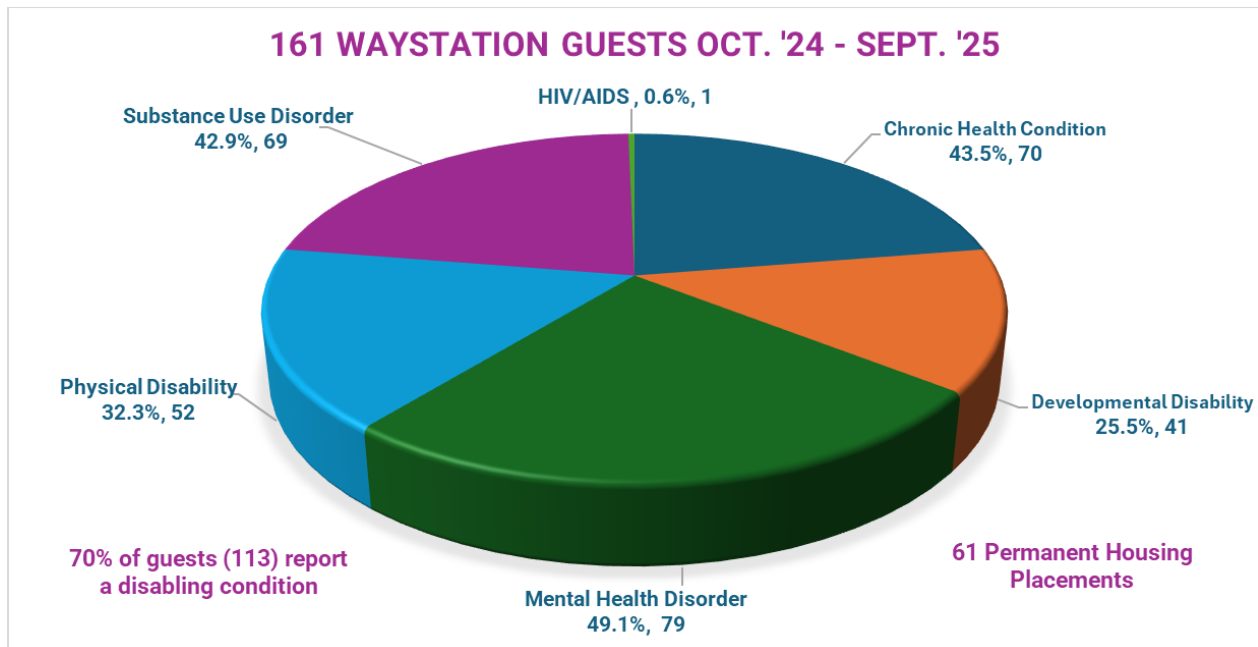
Daystation Usage COTS FY '24



Trends: The majority of Daystation guests are unsheltered. Just two years ago, the majority of the guests at the Daystation were in a shelter in the community and spending days with us at the Daystation.

1,862 unique visitors in COTS FY '24; 1,735 in COTS FY '23; 515 in COTS FY '22; 500 was a typical annual number for many years.

Higher acuity among our guests for mental health needs, substance use disorder, physical health needs, and disability.



The Waystation Shelter is a 36-bed shelter for single adults. In COTS FY'24, 161 people stayed at the shelter. Of those 161 guests, 70% reported a disabling condition. Please note more than one category may be selected.

- Mental Health 49.1%
- Chronic Health Condition 43.5%
- Substance Use Disorder 42.9% = **69 guests.**
- Physical Disability 32.3%
- Developmental Disability 25.5%

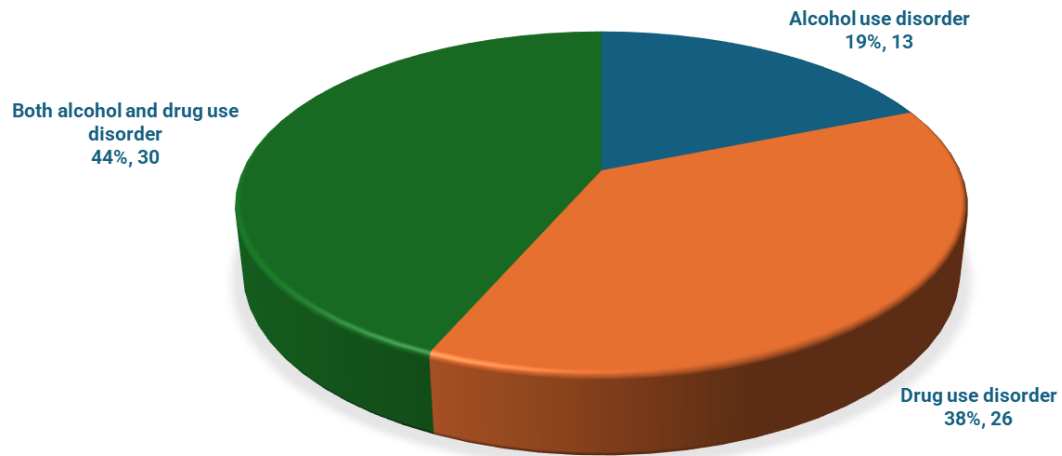
We believe, based on observation and developing relationships with our guests, that these numbers are typically under reported.

On average 70-75% of Waystation guests are employed.

61 Guests moved from shelter into a permanent housing placement in COTS FY'24.

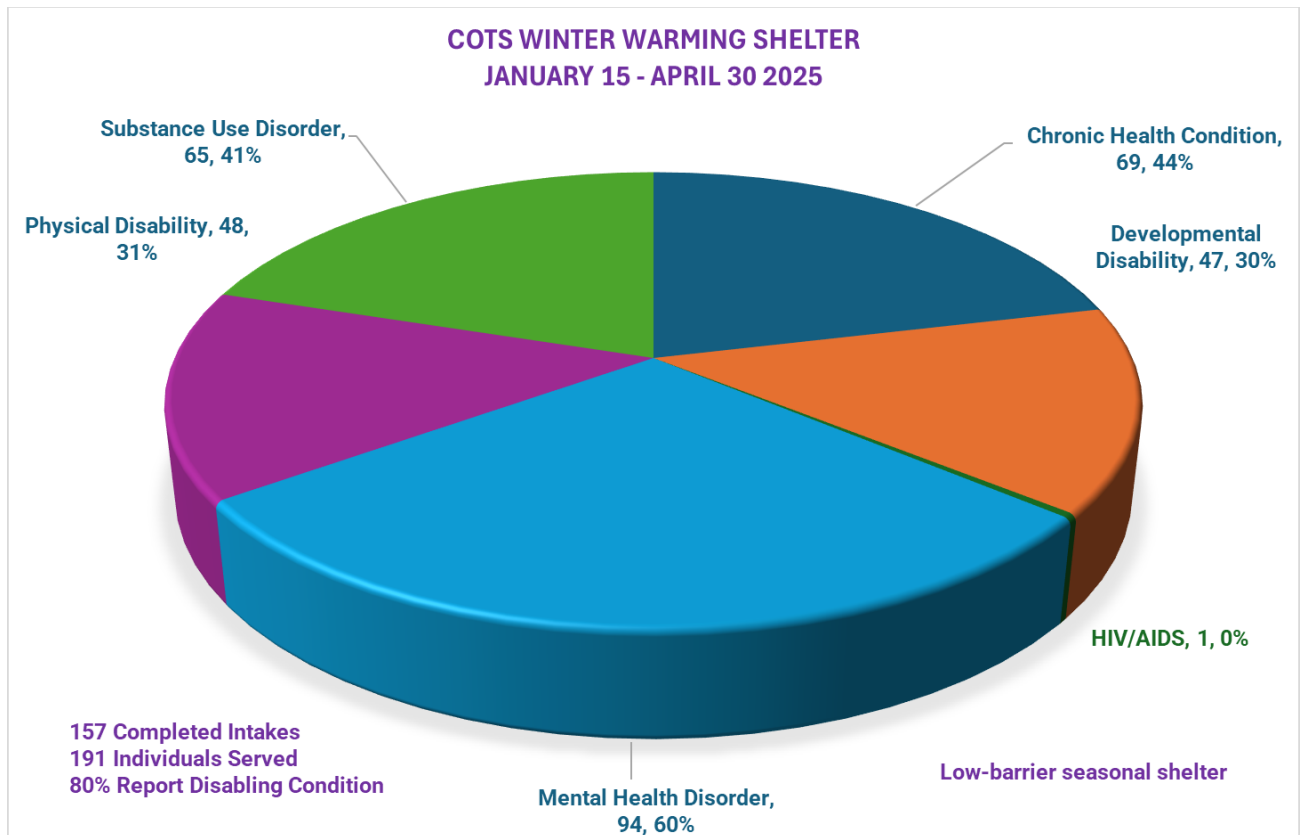
In addition, we cut the ribbon earlier this week on a brand-new 56 bed shelter that will replace the existing Waystation. It's a 55% increase in year-round shelter beds, adding 20 beds for single individuals to our capacity. The model shifts away from bunk-room settings to semi-private rooms with up to 4 people each. A consultation room has been created as having standing relationships with Turning Point Center to provide Recovery services, and with UVM Health and Community Health Centers of Burlington to provide connection to medical care.

69 WAYSTATION GUESTS REPORTING SUD OCT. '24 - SEPT. '25



Of the 69 Waystation guests reporting substance use disorder:

- 44% report both alcohol and drug use disorder
- 38% report drug use disorder
- 19% report alcohol use disorder only



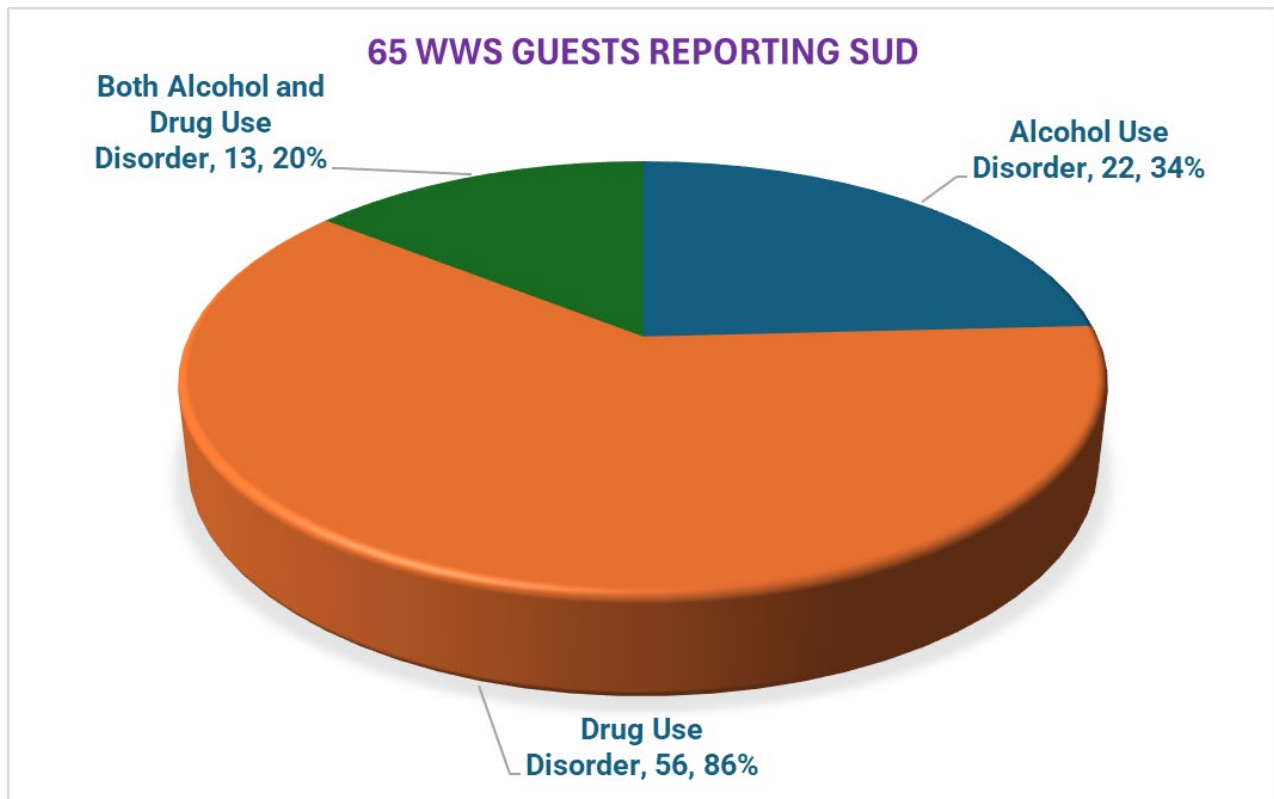
The Warming Station was a seasonal, low-barrier shelter in operation from January 15, 2025, through April 30, 2025. 191 guests utilized the space, and 157 completed a full intake upon entering the shelter. The sample size is nearly the same number of guests that we served in our year-round shelter.

80% of our Warming Shelter guests report a disabling condition.

As noted, we believe based on observation and the creation of relationships with our guests that these numbers may be under reported. Again, guests may select more than one category.

- Mental Health Disorder 60%
- Chronic Health Condition 44%
- Substance Use Disorder 41% = **65 guests**
- Physical Disability 31%
- Developmental Disability 30%

Of the Warming Station guests, 9 were able to be moved into a substance free, housing-focused shelter bed.



Of the 65 Warming Station guests who reported substance use disorder:

- 86% reported drug use disorder
- 34% reported alcohol use disorder
- 20% reported both alcohol and drug use disorder

Conclusions

Over the course of the year, demand at our Daystation for services is up from previous years. We also know that many are sleeping rough in our community, and that many are exhibiting a much higher level of need. There is often a desire in our community and in our state to say that X number of people are experiencing homelessness, therefore we need to create X units of shelter or housing. The picture is more nuanced than that.

In this review of data, it is clear that of our 318 single adult shelter guests, 239 or 75% report a disabling condition. We are experiencing twin crises, one of housing, and one of health care. We cannot solve this issue simply by creating shelter beds or by providing motel rooms. Shelters are designed as a warm, safe, temporary place to stay while one works on one's next steps in securing housing. COTS, and community partners around the state, are good at this work. We are not, however, Designated Agencies. We are not health care providers, we are not mental care providers, and we

are not substance use care providers. As a state, we need to create humane, trauma-informed, 24/7 residential treatment centers for those in need of mental health and substance use disorder care. Places where folks may go voluntarily, and via drug court offramps, and have the stability of having their daily needs met while receiving treatment and healing ***before they enter the limited and competitive housing market.*** Very few people facing these issues can simultaneously receive treatment for their acute needs AND be actively engaged and working on increasing income, on filling out subsidy paperwork, on apartment hunting, and creation of a sustainable housing plan.

Currently, there is inadequate treatment available on both the mental health and the substance use disorder fronts. Drug treatments options average 14 days, 21 days at most, not nearly enough in the face of highly addictive street drugs such as fentanyl and the crack use which is currently on the rise. Mental health needs are severe enough that folks cannot live on their own, but the threshold for receiving treatment in our state is abnormally high.

I urge this committee to shift the mindset of creating shelter and to instead marshal the resources and talent of the of the State Department of Health, Department of Health Access, Department of Mental Health, Disabilities Aging and Independent Living, and the Department of Corrections to provide residential care and treatment centers. I urge the committee to lean into the Recovery First mindset and speak with the Turning Point Center of Chittenden County, UVM medical staff who are working with methadone treatment in the ER, and with the Vermont Foundation of Recovery. VFOR would like to see 500 recovery residences in place across the state. Recovery residences are post-treatment, transitional, supportive housing units of which there are currently under 200.

Lastly, we have designed and implemented a Coordinated Entry system that prioritizes the most vulnerable and seeks to match them with permanent housing opportunities. We are shifting the burden of care for our most vulnerable to housing providers who are struggling under the weight of the increased need. Evictions are up, revenues important for maintenance are down, and staff are overworked. COTS sees this pressure in the housing that we manage. I would urge the committee to speak with Champlain Housing Trust, Summit Housing, Evernorth, the Burlington Housing Authority and others about this unintended consequence that is straining affordable housing providers.