

**Brenda Siegel: Testimony Senate Economic Development, Housing & General Affairs
2/14/2025: Housing Solutions.**

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. 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 that issue for many years now, Additionally I have experienced multi generational loss due to overdose. And a single mom who spent twenty years in poverty, last year was my first year out of poverty and just barely. I lost my housing and all of my belongings 2 times and experienced other major challenges. I also do consulting work on all things human services, most prominently housing/homelessness, family services, the overdose crisis and disability rights. In my consulting 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.

I want to begin by telling you a little bit about what we do at 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 their established care teams. As well as immediately connecting them to services as soon as we are sure that the clients immediate survival needs are addressed. 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, Pathways Vermont, Southern Vermont Council On Aging, Central 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, which is something that was happening with great frequency previously. We also have received referrals from police Chiefs directly, police departments, fire departments, medical professionals and family members as well as service providers, to support people with complex needs and living with disabilities 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. It is fundamental to our program that an individualized team approach is taken to support and care for each household with complex needs.

In terms of people exiting homelessness, it is first important to note that most orgs do either permanent housing or homelessness service support. Many are mandated by their grants or HUD funding to support only a limited amount of time through the transition from homelessness to housing. This often leaves people with a gap in their support system. We work hard to provide that support, and bridge that gap. We have partnerships with landlords who are willing to retrofit apartments for accessibility and who will rent to people who have complex needs on the condition that we continue to offer support to the client. Which we do. End Homelessness Vermont supports people from the point of referral, through their experience of homelessness if they have complex needs or disabilities and then continue that work through both the transition into permanent housing and throughout their housing. Landlords can reach out to us if there are any challenges and we can support our clients through them. Often avoiding slipping back to homelessness. The experience of homelessness is extremely traumatic and the transition out of homelessness can be a challenging time. A lot of people have built communities with the people in the hotels, we help them to keep these critical peer supports and connections. Though most people will be successful if housed without additional supports, many need some support with the transition adjustment.

Office of Advocacy And Research:

Within our office of Advocacy and Research we are in the middle of what was originally 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 200 people across 9 towns in 5 counties from September of 2023 to February of 2024 (no overlapping interviews between the two phases), most of whom were sheltered in hotels, some who were unsheltered. The report from phase 2 was supposed to be out this past 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 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.

Our data will be out in the next week and we will send our report in and are happy to come to testify on our findings once it is out.

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.
- 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 remain part of their circle of support. There are over 158 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 our ongoing list is living with a significant disability, many are single or don't have children and some do not have ssi or ssdi. Our list only grows, it does not shrink.

What happened this fall:

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 other 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.

What made this especially challenging was that I KNOW that people can exit homelessness and be successful. Because we do that every month.

Cost Of Unsheltering:

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 who 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 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.

But 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.

First What Are the Barriers:

Systemic Barriers With Exiting Homelessness:

1. **Wait Lists.**

We have a client in Chittenden County who has been on the wait list for a Housing Case Manager since August. In the meantime, we have advocated alongside her in several low income housing applications. We have supported her successfully with an appeal for section 8 housing. We have supported her through fundraising to keep her sheltered through her pregnancy. And so on. We have filled that gap.

2. **Accessible Housing:**

We have several clients who are waiting for housing that is handicap accessible. We have one client who was exited from several hotels due to his physical disability. He lives with extremely limited mobility. Just a little in his arms. He was discharged from Central Vermont Medical Center, left outside for 2 days. We tried for weeks to find an accessible room for him and he was rejected from every nursing home. We successfully helped him through a section 8 appeal. We have worked with a landlord to retrofit an apartment and we have

3. Complex needs with mental health:

4. Restrictive rules

5. Blaming people for where they are

6. Not meeting people where they are

7. UNSHELTERING: Example our housing rate before the un-sheltering and during. And now.

So how do we resolve this: I am going to start with the most important aspect, that is making sure that we are using housing first principles and a housing first model.

What is that?

Housing First Overview

I know that you had a little bit of a background on Housing First the other day, I want to just frame some of the data as we begin to talk about what we can do about the systemic failures that I outlined above.

Housing First means providing housing—and in absence of housing, shelter—as a primary need and without conditions. It means that services should be robustly available but not required as a condition for getting or staying housed or sheltered. Housing First also recognizes that people have varied housing needs and works with them to find, and if necessary, change housing to meet their needs. Housing First means eliminating the many barriers and requirements that put

housing out of reach for many people, particularly those struggling with substance use, mental illness, or other challenges.

Here is what Housing First does not mean. Housing First does not mean housing only, or only housing some people. It does not mean that people struggling with mental illness or substance abuse can be excluded from housing, isolated to institutions or specialized shelters, or evicted to the street.

Housing First means making our policy decisions based on decades of research, not on stigma and prejudices.

Study after study has shown that Housing First works to solve homelessness.¹ The Denver Supportive Impact Bond offers one of many examples of what is possible using a Housing First approach. As many other studies have shown, people that received housing stayed housed after the three years of the trial. Study participants also had dramatically fewer police interactions, jail and prison stays, and use of detoxification facilities and emergency room visits.² Use of basic healthcare services increased.³

We know that too many people are losing housing or shelter for reasons related to their disability.

How End Homelessness Vermont Applies Housing First:

Right now End Homelessness Vermont uses Housing First Principles in our process and we would suggest that the statewide emergency shelter rules and laws adopt these principles. Meaning that we don't turn anyone away regardless of how challenging their disability may be or what disruptions there have been in their housing or shelter before. This has actually helped us to learn so much about how these challenges occur. We work closely with hotel owners, to ask them to reach out to us, instead of exiting people, and allow us to work on finding a better hotel situation for that particular individual. Unfortunately the current rules don't allow us to move someone until the end of their voucher and this is a barrier, but we work hard to ensure success,

¹ Jacob, Veruguese, Sajal K. Chattopadhyay, Sharon Attipoe-Dorcoo, Yinan Peng, Robert A. Hahn, Ramona Finnie, Jamaica Cobb, Alison E. Cuellar, Karen M. Emmons, and Patrick L. Remington. "Permanent Supportive Housing With Housing First: Findings From a Community Guide Systematic Economic Review." *American Journal of Preventive Medicine* 62, no. 3 (March 2022): e188–201. <https://doi.org/10.1016/j.amepre.2021.08.009>.

² Urban Institute 2023, "Denver Supportive Housing Social Impact Bond Initiative: What We Learned from the Evaluation," <https://www.urban.org/policy-centers/metropolitan-housing-and-communities-policy-center/projects/denver-supportive-housing-social-impact-bond-initiative/what-we-learned-evaluation> [What We Learned from the Evaluation | Urban Institute](https://www.urban.org/policy-centers/metropolitan-housing-and-communities-policy-center/projects/denver-supportive-housing-social-impact-bond-initiative/what-we-learned-evaluation).

³ "Housing First' Increased Psychiatric Care Office Visits And Prescriptions While Reducing Emergency Visits." Accessed February 2, 2024. <https://doi.org/10.1377/hlthaff.2023.01041>.

even with this barrier. As result in all of our clients, we have only had one client who has received periods of ineligibility that were not reversed. We work with some of the most challenging and complicated situations across the state and we have successfully been able to use Housing First principles for our clients and they have remained sheltered.

Solutions:

Now the good part. I want to present to you some solutions that could happen. Some of this comes from recommendations that we made in the task force and some of it from work that we have done.

1. End Homelessness Vermont fully supports the asks that HHAV made to this committee and that is a huge part of reversing the upward trend of homelessness in Vermont.
2. We believe after talking to our clients and after interviewing 200 people that tiny home villages would be an excellent model. I do want to make a caveat though, we can not and should not build poor farms. However, the model of tiny homes, I will send in a cost estimate early next week, I need to adjust it for inflation because the data we collected on this was a couple of years ago. We would like to suggest 3 pilot projects that are set up to have mixed income. The overall initial cost will not be much more than we are spending on shelter, but this will be permanent housing. I am not talking about pods, I am talking about homes, tiny homes. That people can live in as a transition or permanent, depending on their need, with a strong focus on accessibility. We have already begun working on what that might look like in Washington county and we think that there are possibilities across the state. There is an org that Senator Ram-Hinsdale alerted us to that we will be talking to next week that builds accessible tiny homes. After the initial cost to this, the upkeep will be reduced by 2/3sd. This is an affordable and rapid solution to address this crisis and we believe it is time to remove zoning barriers, use state and city land to reduce cost and make sure it is mixed income. Saved resources could go to housing first service support like at our Office Of Housing Advocate and Pathways Vermont.
3. We would like to create in our organization an alternative housing voucher. We have had too many occasions in the last several years, where the ONLY barrier to getting someone into permanent housing is lack of a rental subsidy. For our complex needs clients it is particularly hard to qualify for traditional vouchers. We need another model for the people who don't first get into a traditional one. Right

now we have two landlords, one in Washington County and one in Rutland who are both willing to house our complex needs clients in single room occupancies and apartments, on the condition that we continue working with them, which we will. That is 40 people that we could have gotten out of the program, but, instead, we are spending more to keep them in crisis.

4. We would like to recommend that a GA Emergency Housing Voucher can be ported to use in an apartment if it meets the VSHA standards of rent reasonableness and health and safety standards. That would mean housing people for $\frac{1}{3}$ to $\frac{1}{2}$ of the cost of the emergency shelter and would essentially remove the barrier of transitioning to permanent housing.
5. . We would also like to ask that the Office Of Housing advocate receive funding to do our work. I don't have a number sitting here for you today. I will include that ask next week. But, in order for us to operate and do innovative new things. We have to have an arm to operate independently of all the agencies so that we can advocate for our clients with fidelity. Much of our direct service does fit in traditional models, but there is a need to have an organization funded to advocate for clients needs with fidelity.
6. . The key to moving out of the motel program is increasing creativity for alternative models for permanent housing. This is in addition to increased funding for permanent housing, middle and low income as well as multiple permanent supportive housing models..

While not an exhaustive list, these are examples that we would like to include in our task force recommendations:

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

The bottom line is that Homelessness is a solvable crisis. We don't have to throw our hands up. We can use both new and innovative as well as traditional models. We have to all get out of our own way and ensure that we can move forward. We need all of it in order to move forward. We have an opportunity in this state to truly change the outcomes of those who are most vulnerable. We have to take bold steps. In a year when our usually \$8 billion budget is a \$9 billion dollar one, this is the time to make an incredible and strong housing package. So, often we are fighting each other for not enough funding, when in fact, the rising tide floats all boats. At End Homelessness Vermont we are committed to the belief that we all do better when we all do better and we need to make sure that we are lifting up true solutions to homelessness with the goal of eliminating the need for the work that we do each day.

Thank you all for your time and I am happy to take questions.