

# **Brenda Siegel: Recommendations on H.91 As passed by the House 4/9/2025**

I have more specific language recommendations that I would like to share with the committee as you move forward, but this is my first pass.

## **Intent Section:**

“Statewide components of an emergency and transitional shelter program are integrated in a systemic manner in regional planning in order to address unsheltered and sheltered homelessness, as well as populations that require support from statewide agencies or services.”

## **Emergency Shelters**

I would change the reference to “transitional shelter” to “Interim Shelter” instead. Transitional shelter is confusing, it is the most asked question when people read this bill. Because the appropriate term for that definition is “interim shelter” and because “transitional housing” has a very specific meaning that is not this, this language is causing a lot of confusion.

## **Extreme Shelter**

There should be a requirement to provide this at a minimum in multiple parts of each region that are accessible to places where need in each region is greatest either due to capacity of shelter, number of those experiencing homelessness or available transportation to other available shelter in extreme events. Some districts may not choose this and that creates an issue with geographic equity and harm that should be avoided by this legislation.

## **Case Management:**

## **Choice in Services:**

We are a little concerned that the person administering the shelter or housing is also the provider or administer of services. That is antithetical to Housing First principles. If this model moves forward, we would suggest language that is clear about autonomy and dignity to people with lived experience in what services that they participate in. In our experience at EHVT, when met with the right kind of support none of our clients turn down services. It is when the service is dictated that sometimes they do not participate. We think there needs to be clear language that people have dignity in choosing between available providers and service supports.

## **Advisory Committee**

We support the caps suggestion to remove the advisory committee. If there is an advisory committee, right now, there are no disability organizations named to it, yet a very high

population of people experiencing homelessness live with a disability. I would recommend including Vermont Center For Independent Living to the Advisory Committee or would like instead for End Homelessness Vermont to be on it if it is kept.

### **Under Use Of Hotels:**

### **Minimum Standards/Rules and Rights:**

There should be clarity on the rights of those impacted and how and where those rights are made easily known. Currently people in hotels have no rights and there is not clarity on that. In our work we have found this to be problematic, in that people can not complain about things in their room. There is no way to assure they keep their shelter if the problem is that of ADA compliance. As part of the planning process, we would suggest language to address the minimum rights of people both in shelter and in use of the hotels.

Add that the Hotels must comply with the ADA and Vermont disability rights in Fair Housing statute. (in the event that federal disability protection is eroded)

### **Implementation plan**

After some thought, I am a little uncomfortable with the implementation planning process as is. I think that of course there need to be guiding principles, and geographic equity. But, I think the legislative/administrative directive beyond that should be limited. I fear that we are just creating another place to have the same argument. When community and statewide partners are required to come together for a planning process, I do think that we will make the best program possible if we are not limited by what this or future legislatures or administrations can envision. We are the experts and what makes this bill appealing is that it has the goal of treating us, including people with lived experience as such. The more prescriptive this bill is, the less that is so.

### **211**

After some thought, this is a place where I do believe clarity is needed. If the vision of this is that 211 will be the official call line for this program, then I think money to set up that system and a directive to do so is needed, in order for them to take this up in time for implementation.

### **Statewide:**

The current bill lacks language to create consistency across regions and ensures geographic equity. It is unclear how statewide orgs who are part of the homelessness and housing services weave into the new system. We recommend that as part of the implementation plan.

With the goal of moving everything to communities, the current language leaves out or doesn't name that coordination with Statewide Organizations. There are very few of us that work on emergency housing and services across regions or statewide. I am concerned that without clarity about where and how Statewide Organizations are part of this process, we will all end up having to separately plan with each district and that is beyond capacity for our small organization. There should be an overall planning/implementation that is specific to where Statewide Organizations plug in. In our case at End Homelessness Vermont, we have multiple clients living with psychiatric disabilities or health needs who float between districts and we stick with them, no matter where they go. We connect them to the right services in a new district and stay a part of their team. This provides consistency and weaves a thread between districts. For these clients, these moves will not change with this and we have an opportunity to provide a better safety net.

End Homelessness Vermont follows people living with complex needs from the point of emergency, through emergency housing and in to their permanent housing, reducing the risk of re-entering homelessness. We can also come in at the point that there is a risk of loss of housing for anyone with complex needs. Pathways supports people using a housing first model in their permanent housing, for their work, they must have a primary mental health need. These both seem like integral parts of meeting the needs of people living with disabilities. Currently as drafted, these orgs would potentially have to go to 6 different agencies to work on coordination. We suggest statewide planning between these two orgs and Vermont Center For Independent Living and then this planning cohort can connect with the leads in the community plan as a group to figure out the best way to weave both together. This is the work that we all do as community partners, and I trust us as a partners to come up with a plan that best works for our organizations and most importantly the people that we serve.

## **Recommendations that are not in the bill:**

### **Ability to Port Hotel Vouchers:**

We recommend allowing CAPs/area providers to port hotel vouchers to rental vouchers, which are less costly and would help many people with complex needs to utilize this voucher. I think in the planning process this could be figured out, how this process would work, but it would be a shame to not use this opportunity to allow this funding to flex, when someone currently in a hotel finds an apartment but is not yet at the top of any section 8 or other voucher list. This would move people out of homelessness much more quickly.

### **Community Providers Should Not Be Subject To Eligibility Criteria:**

We believe that a person should be able to present themselves and the experts in the field should be able to work as a team in order to decide the best option for that individual, their levels of risk and how they can best be supported. One benefit of taking this out of DCF, is that it allows people on the ground to make these determinations using their own expertise.

**Choice in Services:**

We are a little concerned that the person administering the shelter or housing is also the provider or administer of services. That is antithetical to housing first principles. If this model moves forward, we would suggest language that is clear about autonomy and dignity to people with lived experience in what services that they participate in. In our experience at EHVT, when met with the right kind of support none of our clients turn down services. It is when the service is dictated that sometimes they do not participate. We think there needs to be clear language that people have dignity in choosing between available providers and service supports.