

**Brenda Siegel Testimony
Senate Health And Welfare
4/9/2025**

**H.91
An Act Relating to An Emergency
Temporary Shelter Program**

Recommendations are attached as a separate document. As is a little information on housing first. Thank you for the opportunity to testify on what we do and the broad view. We would like the opportunity to testify on the specific language of the bill if possible. The recommendations that we are making in this testimony are a bit more broad in nature.

WRITTEN TESTIMONY H. 91

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, which is what we are discussing here. 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.

How We Should Consider Our Next Steps:

We must begin to think of an emergency shelter program as a path to permanent housing, not shelter that is temporary regardless if permanent housing has been found. Our fellow neighbors and community members are worthy of being sheltered or to safely have a place to lay their heads, that should be a basic dignity that we offer. 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 and then again many more just a few days ago. In the fall we saw catastrophic outcomes, including severe declines in health and in one terrible week, 7 of our clients died outside, almost none of whom would have fit in the Governor's Executive Order. Right now with the implementation of the Governor's Executive Order, there is daily uncertainty for everyone including the people who qualify. But also confusing to people is our client in her 1st trimester of a high risk pregnancy, who will be exited by the time today's testimony ends. The veterans who once again are being left behind and the people living with severe mental illness, like schizophrenia and I could go on.

I say this now after our staff and providers across the state have experienced the moral injury of having to carry out harmful policy time and time again and most especially in the last 8 months. Knowing that my staff is on the phone right now with our clients, explaining to them why their serious and rare illness does not count, despite how medically vulnerable they are. I say this now with the on the ground knowledge of just what happens when almost everyone becomes unsheltered.

H.91 Big Picture

What I like most about H.91 is that it stops this cycle of harm. It stops the battles in the legislature about if or how people should be sheltered. It removes this from a political fight about who is most worthy to stay alive, and instead puts it in the hands of experts where it belongs. I am not just speaking about the Community Action Agencies, I am talking about community shelter and service providers. I am speaking about the COC's and all the partners. All of us have been trucking along and doing this work for a long time as partners together.

The MOST critical thing that I will say today, is that however this bill leaves, it should not be too prescriptive. If the idea is for the communities to come up with more creative solutions that meet the needs of their communities, then we MUST be allowed to do that. Prescriptive language about who this can serve will be rejected by the majority of the organizations on the ground, and they are needed to implement this. If the administration wants this to be sent to the communities, rather than in state Government, then they also have to let go of the micro management of who is served and how they are served. Most importantly, trust the experts to do our job. It is long past time for this to happen.

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.

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 three 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 2025 and will include new participants, recently housed participants and re-interview of a sample of previous 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. We 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. We have an extremely high call volume at any time that 211 is not effectively working. In January 2025 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
- A significant 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, we reached out to every client to explain what was happening, talk them through the "prioritization" categories and to 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 name that prioritization was not within the law, we now know.

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 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.

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 themselves 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.

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.

Non-Congregate shelter programs are wonderful when done correctly. To my understanding there were more projects proposed than could be funded last year. 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.

Services In Hotels and Elsewhere:

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 and build a path for communities and statewide organizations to come forward. 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 more 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.

In conclusion:

H.91 is a move in the right direction, it allows flexibility and creativity for communities. I think it is important to be very clear about how the funders of emergency shelter will include the providers across the board and address what could be a conflict of interest. While no one thinks the hotel/motel program is the best permanent strategy, 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. However, H.91 allows movement away from this model as good strong creative and data driven solutions, designed by experts begin to emerge. 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 and more housing. Un-sheltering slows the movement out of this crisis, but this truly gives us a path forward.