



End Homelessness Vermont
www.endhomelessnessvt.org

**H. 938 Testimony: Brenda Siegel End Homelessness Vermont
Senate Health And Welfare. 4/15/2026**

Good Morning, For the Record, I am Brenda Siegel, the Executive Director of End Homelessness Vermont.

****Please see our detailed comments on the language of the bill****

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.

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 600 households who need additional support due to their complex needs and help more than 300 people with very hands-on service support and housing navigation 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 - Which is our direct service arm. We have 5 people on staff and work with 4 volunteer nurses as well.
2. The Office of Research and Advocacy - Through this department we are in the middle of a longitudinal study. I am waiting for the full report on our phase 2 research to be reviewed by a public health researcher. However, what I can share are our slides.

What we do that works.

End Homelessness Vermont using as a no reject policy and that means that no one is turned away and the level of support that they are given is based on their need. That means that the number of people with highly complex needs who receive a full suite of support is very limited. The next level is that we offer ongoing guidance in order to help them get through the emergency housing process, but, we do not make the actual calls, we help them navigate the system. And finally, there are a number of individuals and providers who just need one time or light touch support. Sometimes just a referral, just to understand a change in the law or rules, or a provider might need to talk through a systemic challenge. We are always available for this.

With our highest needs clients, we are very hands on, as you heard some from folks today. We help people who struggle with communication or who can't read or write, or with severe medical conditions, disabilities or dementia get through the renewal process. We connect them to services. We do adult lit referrals to bring teams together. We ALWAYS are coordinating services with other providers. We seek to make an incredibly complex system more simple so that people can make it to housing.

We are just about to launch our Make It Home program that brings all of our disability specific services together. And we continue to do all of the emergency support that we have.

We work with 4 volunteer nurses, 5 disability specific non categorical case managers, and I am a technical expert. We also consult with legal aid and other attorneys as we work our way through the processes.

Our goal is to never give up on someone and to help people in every way that we can until they make it home, and by home I mean, whatever home is for them

What We Did in 2025

In 2025, we answered more than 3,000 hotline calls and responded to hundreds of referrals. We were in front of the Human Services Board more than 250 times while representing people with disabilities in fair hearings as non-attorney advocates. We supported more than 300 people with ongoing support in assisting them with emergency housing, housing navigation and service coordination, 600 people ongoing in other capacities, and worked with providers across the state. And in the last 12 months, we supported 80 people with complex needs in accessing permanent housing with only 2 returning to homelessness and 1 has already returned to permanent housing. We have a 97.5% housing retention rate using this program. With the right tools and resources we can get even more people into housing.

There are a few areas that I think would be helpful for me to go into more detail today. However, I am also including a chart of important recommended changes and parts of the bill we think are critical with the bill .

Disability Protections:

As you know, at EHVT we work primarily with people living with disabilities. We strongly support each and every disability protection named in this bill. Unfortunately, the protections of the Americans With Disabilities Act are often overlooked by this administration and previous administrations. And it is that, that leads to many more appeals. It would be a mistake to remove the explicit language that makes clear these protections in multiple sections throughout the bill.

The definition of Disability should not change in this bill. It captures the intent of the ADA and in our experience that would be the language necessary to capture the reality of who is impacted experiencing homelessness. 6.1% of our highest needs clients died from September of 2024 to September of 2025 either outside or within 2 weeks of a hotel exit. Many of those who lost their lives, lived with disabilities that the administration's definition does not capture.

One's ability to work does not define the risk to their survival or whether or not they will have a catastrophic outcome outside. Medical providers are able, through the 201g-vr (the current form) to verify the disability.

We strongly support the adequate length of time that the current version of the bill allows to make this verification. Remember that people have to make an appointment with their medical provider, they have to get to that appointment and the provider has to fill out and submit the form. Take a moment and think about your providers and how long it takes to get in.

This disability section is very well thought out. To remove it would be to return to the failures of our current system.

I want to say very clearly that it is critical to say in all the sections as it is drafted, "to the extent of the households ability" and "that is not related to a disability or to victimization related to abuse, sexual assault, or stalking." and "equitable access".

If the administration is not concerned about having to follow the ADA, then they should not have concerns about this language. One thing that I have learned in this work is that access and disability rights need to be written into every bill. And with the federal landscape as it is, having these protections written into statute is critical.

In light of this, I think one important and critical note is that in section 2211, under prioritization, 2C, I think it is also important to name compliance with Vermont's disability law. Under the current federal administration, spelling out rights in statute language is important. I don't think that where historically marginalized are concerned, their rights and protections are safe. This is

also why it is critically important to leave in the disability language, protection, definitions and rights throughout the bill.

Highly vulnerable people will be put at serious risk if they are not explicitly protected in this statute.

People living with disabilities have endured, at best, being not contemplated thoroughly in this system. And at worst, being overtly discriminated against. This is part of our work in Vermont and as Vermonters, to address this critical issue and create an accessible inclusive system.

I have to be honest, after all the harm that our organization has seen in the last several years and considering the endless hearings, it was disappointing, though not surprising, to see the administration ask to remove these aspects of the language and to propose changing the definition of disability to be far further afield than the ADA ever intended.

As someone now living with and navigating vision loss. In every aspect of the world, it has gotten smaller and harder. In this building, those barriers exist. In our homelessness system, barriers to access are overwhelming. This is what our organization is very successful at addressing.

We agree that these systems must be clearly defined in order to lead to better access and less HSB hearings, and that is why every instance, where these protections are clearly laid out, they must remain.

Appeals Sections:

End Homelessness Vermont was in front of the Human Services Board over 300 times as non attorney advocates, from April 1 2025 to April 1 2026. And for context, the 12 months prior to April of 2025, we had 5 total hearings. Now those 300 times were not 300 separate cases, but it was over 100. We also were successful in each one, or in a limited number the petitioner withdrew because their circumstances changed, or the case resolved in the favor of the petitioner.

So, I do want to squash the idea that the appeals are somehow frivolous in nature. And also, give some context as to why the appeals section exists. There were three main types of appeals:

1. Reasonable Accommodation appeals. A petitioner is looking for a room that meets their disability needs. For a long time the Department did not honor those requests. I will say in fairness to the Department, after many of these. They have come up with a process for review that has limited those hearings. There are two factors here; A Human Rights Commission settlement. 2. Most importantly, both the ADA and Vermont Disability law.

2. Act 27 interpretation. Act 27 did not allow the retroactive counting of days. Also the Department never promulgated the rules that potentially would have dictated how days were counted. I am not an attorney, but, after writing summary judgment motions, reading the hearing officers decisions and going through many of these, my understanding is that statute can not be applied retroactively and therefore the counting of the days could not begin until Act. 27 was in effect. The department did not change their policy initially (though they have as of April 1st), so, I believe there were around 300 of these cases, I could have the number wrong. Essentially, people had to go through a hearing in order to get access to their 80 days in shelter. (also as a note for this bill. I recommend stating that all aspects of this statute will not begin until at least July 1 of 2026, to avoid this being repeated)
3. Governor's Executive Order Appeals: Despite the Eligibility requirements of the Governor's Executive Order, many people who met the eligibility, were met with unclear guidelines of how to prove this and incorrect decisions were made. Some examples of this:
 - a. I had a client who was on oxygen, her last emergency room report said her oxygen concentrator had broken. A new one was ordered. However, the department said "her oxygen concentrator was broken when she went to the emergency room, therefore she must not be on oxygen. This client won their hearing. Unfortunately, she has since passed away.
 - b. We had a client with late stage cancer and in treatment. We went through multiple status conferences and a hearing despite evidence from an oncologist that she had cancer. After the hearing, it was resolved in her favor. She is now on hospice care
 - c. A client with Muscular Dystrophy. He literally had no support to get to a medical provider. So, we found a doctor to do a house call and a thorough assessment. This was verified with the doctor, plus records of his medical condition. We did not even know how to exit him from a hotel, he can not move on his own. The hearing officer's recommendation was in his favor. He is now housed.I can tell you 40 more of those stories.

I also want to take you way back just to show you that this is not a problem ONLY with this administration, this board, these hearing officers, these petitioners, or this moment. For well over 20 years, the HSB has interpreted "constructive eviction", to include informal evictions, and that has been affirmed by the supreme court or was because of a supreme court decision. However, the Department has declined to adopt this very clear and published decision. This means that the law gets applied unequally, unless you go through a hearing.

The current appeals section of the bill is one that we would argue is very important. Ensuring that identical cases will not have to be argued hundreds of times seems important. That said, if you are going to remove the appeals section, we have included language to ensure that the current access to the appeals process and current rules governing the process continue unless and until that is changed in statute. While tedious and inefficient, the current process does work.

We would want those protections to be clearly laid out in the bill and not be subject to rule making.

There are three sections of the bill that we at EHVT have serious concerns about.

The Fraud Section:

We are extremely concerned about the language in this section. Words like “incomplete information” are not fraud, often that is fear. Often that is not understanding one's own needs. Also, these are people who are trying to survive. I think it is critically important to ensure we are not criminalizing survival.

There is already a way that Fraud is handled in the department. It is extremely intense for anyone accused of it. This does not need to become more aggressive. Fraud is something that people can be accused of by an anonymous call and with no evidence, a form can be handed to an individual asking them to “sign or be prosecuted”, and this removes their access to benefits for 2 years. People are not given a right to an attorney or explained what they are being accused of.

I am happy to talk offline about my knowledge of this. I ask that the committee consider resting on the current, already concerning Fraud policies and not add even more opportunities for marginalized people to experience this.

We work with people all the time who experience homelessness. We are studying the subject. People are not fraudulently asking for help. And to be completely honest, access to the program is already quite a hurdle. There is not a lot of benefit in leaping those barriers. This section simply is not needed.

The Misconduct Section:

The misconduct section is far too broad and seems to leave open the door that people could be banned permanently from access to services. I want to give you a few examples of times when misconduct was caused by disability and the success of those clients following accessing support that they need and can trust.

We have multiple examples of clients who would have fallen in that category. However, we were able to get them appropriate support and now they are doing an amazing job. If there is a statute that can ban them permanently from the program, then any hope of them getting support and getting better is also removed. No system and certainly no system in Vermont should be built on a premise that leaves people outside or deemed unworthy.

The Rulemaking Authority:

We are concerned about the broad rule making authority in this bill. It leaves a lot up to the administration. Rules are where we have seen a lot of harm over the years. We agree with both the CAPS and the ACLU, as well as others on this issue. We do think that it is important to clearly create some jersey barriers as to how far that rule making can go.

Hotel and Day Caps:

There is far more opportunity to end this crisis in Vermont if people remain sheltered. Our organization sees regular catastrophic outcomes. These caps are arbitrary and based on stigma about one part of our system. We should instead be working to make that part of our system more supportive like our shelter system.

We also recommend that hotels used as specialized shelters not be counted toward these room caps.

Required Services:

This bill has some very good and important protections in it. However, the science tells us that voluntary services, not required ones, are more effective. As much choice as can be given should. People do better with systems that are dignified.

Forced Or Coerced Treatment:

I think it has to be clear that you are not giving people a false choice of treatment or facing the dangers and catastrophic outcomes of living outside. That would violate the Olmstead decision. We have been able to work with every client.

Most have entered recovery, ended up getting the treatment or support that they need. It was trust and building relationships that got them there.

General comments.

The linear structure of the levels does not make sense. There must be a no wrong door entry system because that is how we meet people where they are at. And someone for a number of reasons may need intensive supports in a low barrier setting and that is impossible to do in a system that doesn't contemplate that need. I think that is an important part of the bill to address.

We have included with this detailed comments on each section of the bill. Without the protections laid out in the bill, this bill would be difficult to support. We recommend taking a look at where improvements can be made without removing any protections.

Thank you and I can take any questions.