

Testimony for the Senate Health & Welfare Committee

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For the record, my name is Julie Bond, I am the Executive Director of Good Samaritan Haven, a shelter network serving those experiencing homelessness in Washington county and the broader central Vermont region. Thank you for the opportunity to share feedback on the H.938 draft bill.

I will share a few points of direct feedback on the bill and then I would mainly like to reserve time to answer any questions that you all may have for me as a provider in the field.

As a homelessness service provider who works to stabilize and support individuals with deeply complex life situations, I would ask the Committee to always keep a compass pointed towards crafting a bill that serves as a general skeleton for the overall system, but is open enough and doesn't over manage providers in the HOW of implementing the services. Each person's experience with homelessness is as unique as their fingerprint and it will take as unique a conglomeration of services and supports to serve each one. It's really vital to codify a system that is as simple and non-burdensome to providers to implement and administer as possible.

Specific examples of items in the bill to examine to help prevent bottlenecks, barriers to service, and barriers to operating – and even keeping shelters open in the future - include:

- Avoiding moving towards a pay rate structure for shelter provision in Vermont. Tapping into federal CMS sources may feel like an attractive solution to fill state shortfalls, however, shelter provision is too

fast-moving, complex and underfunded/understaffed to steer this field into rate structure models that mimic anything like models used to reimburse clinical care. It is a mistake and the state will risk putting shelter providers out of business.

- Next, we earnestly request that the concept of having a lead case management entity providing CM services be struck from this bill. Having centralized case management services would be a major bottleneck to service delivery. It's a deeply ineffective way to connect, build trust and understand how to support someone's goals when that service is outsourced away from the entity providing the shelter stabilization. Data indicates that small, intensive caseloads (ratios that are between 1:12 and 1:20 people) reduces the number of days homeless, increases engagement, increases housing retention, reduces service gaps, and reduces hospital and ER visits. Centralized case management would be a detriment to those who would most benefit from in-house case management services.

We recommend striking "(a) A lead case management entity shall provide..." from that section and simply state that, "Case management services shall be provided". Again, we need less restrictive, less managed constraints on the services provided in order to be as creative, effective and efficient as possible in case management and shelter provision.

- Third, shelter providers are deeply concerned with the codification of someone's journey through linear levels of shelter - this is overly complicated and micromanages the system. It is also not realistic to how someone accesses shelter.
- We also urge the Committee to remove any eligibility criteria as to who can access emergency shelter.
- While providers certainly appreciate knowing there is consistent and adequate funding, we are unsure of the benefit to having 2-year

funding cycles. This field moves so incredibly quickly that a 2-year timeframe for understanding the ability of funding to make vital programmatic pivots feels deeply constraining if we are charged with meeting the needs of the population in a timely manner. A two-year cycle would need to be further worked out in rulemaking (not in state statute).

Lastly, I will note that while it may be helpful to codify the homelessness service system in a bill, the suggestions that were made in earlier conversations in the House Committee about making investments in longer-term motel-to-shelter unit conversions were not included in this bill. Thus, this is not a solution-oriented bill from our perspective and we will continue to have more unsheltered homelessness in Vermont with the continued whittling of the hotel/motel system.

For the first time in central Vermont's history, we are seeing 2.5x more people unsheltered outdoors than are in the shelter system. This number will only increase without intentional investment in solutions. We provided examples of how the state might invest in a convertible shelter model - whereas each reduction in motel rooms in the system would require an increase in a shelter bed within a convertible shelter. This convertible shelter would be in partnership with an operator of a permanent supportive housing or affordable housing organization that would convert the property to PSH or affordable housing over time. The goal is not to have more and more shelters, but the goal is to shift away from the motel system in a wise and methodical way, that does not make people unsheltered in the process.

Thank you and I look forward to any questions you might have.