

Good afternoon. For the record I am Brenda Siegel, the Executive Director of End Homelessness Vermont. As you all know, we work across the state with people experiencing homelessness primarily with people living with complex needs and disabilities.

I supported Act 143's passage as I thought that it offered a path to a better support system for people experiencing homelessness, and what I was most proud of, and grateful for, was the protection that were baked into every section for people living with complex needs and disabilities because over the last many years, people living with complex needs and disabilities have had little protection.

I am sad to report that this law is not being implemented to the intent that I know that the legislature had, because I was in the room every day. In fact many of the suggestions made by the administration for consideration in the bill that the legislature expressly rejected. They are now being implemented.

Over the last six weeks, I have seen the most direct violation of the rights of people living with disabilities, the highest barriers and the least flexibility that I have ever seen in this work. If nothing changes, I have no doubt in my mind that we are going to see more catastrophic outcomes and loss of life than we have ever seen due to homelessness, especially unsheltered homelessness. Our organization has seen a lot of life lost. I have sat in front of you many times to share those losses, So, having to deliver this warning is weighing heavily on me today.

The Emergency rules created do not comport with the law, they are not even in the same vicinity as the law. It is not just that the intent and purpose of the law is not followed, it is that not even the language is. And even worse, the protections for people living with disabilities baked in have been almost entirely disregarded.

Making matters worse, the Hearing officers at the Human Services Board believe that they no longer have the authority to order housing pending or to even order that a preliminary recommendation be followed. This is not just making it hard, but, it is making it impossible to get meaningful relief for our clients when their rights under the law are violated. And the Department is not implementing the continued benefits section of the law accurately. Our clients ask for a hearing within 14 days of a denial or reduction in benefits, they are eligible for VHRC, they are not a safety risk or being accused of fraud, and they are not being sheltered as the law says they are supposed to be until the conclusion of the hearing.

Let me give you a few examples of how this plays out in real life.

We have a client outside right now in Burlington who is eligible for the continuum. However, due to his disabilities, he can not complete the "needs assessment" that the department has added to the eligibility requirements. Just a reminder that this was not an eligibility requirement in the law. He has neuropathy, and to walk even a block is near impossible for him. The infections in his feet get worse in the rain, so, he attempts to sleep in parking garages when it is raining, where he has experienced arrest because he is not allowed to sleep there, but if he doesn't, his

feet get worse and worse. He also has psychiatric disabilities that are so severe that even when we communicate with him, we have to do it through multiple types of communication and take many breaks. He simply can not hold the conversation long enough. As of this morning he is in the hospital for the 5th time this month due to his feet getting worse. We did request a paper copy of the assessment, so that we could do it for him, many times even though we don't think it is required in the law, and were told no. We requested an accommodation as Act 143 requires to meet people at their ability and we were told no. So, because he can not get through the process, he remains outside and because the hearing officers do not think that they can order housing pending, he remains outside. And because the department is not following the law, in terms of continued benefits, he remains outside.

We have another client outside who has insulin dependent diabetes and due to not having access to his insulin, an infection in his legs that is so bad, that he has been warned he is at risk of losing his legs. This is a person who already has major barriers to permanent housing, imagine if he ends up in a wheelchair, how much longer he will be in the experience of homelessness then. He applied for an extension and was denied, because he could not complete the needs assessment. We asked for the assessment in paper form, we were told no. We asked for an accommodation and it was denied despite the protections in the law. Though this requirement of an assessment is not lawful, despite that the law states he should be receiving continued benefits because he is in the appeals process and is eligible for the continuum, because the hearing officers do not think they can order housing pending, there is no way to get him inside, and I don't know if we will before he loses one of his legs.

We have a client who is on oxygen, she has severe liver disease and is in a wheelchair. She requested an extension, she fits clearly within the law. At first she was denied because she could not do the assessment, then esd called her despite their knowledge that she relies on us for communication, she said that she could not do the assessment. Then, esd called her daughter, and reported it in her notes as the client herself, but it was not her, it was her daughter. Her daughter also lives with disabilities and was not aware that she was doing the assessment for her mom and therefore, it was not an accurate assessment. Then we re applied for the extension and she was given less than 10 business days because they want a "more detailed housing plan", we took a look at the plan, it was very detailed. What they may not understand is that her barriers to permanent housing are so high, that our tools are so limited and if we don't do this carefully, she will not get in anywhere and if we do it perfectly it will still take some time. Anyways, we have asked them for clarification, we have not received clarification at all. We don't know what needs to be submitted and because we only had 10 days, we can't submit it in time for a 10 day review. She will be dead outside, very quickly. We had a client on oxygen die sleeping in her car last summer. Over the years, we have had many clients on oxygen die outside. This is exactly who the legislature meant to protect and yet, instead of us spending all the time we can figuring out how to overcome her barriers to permanent housing, we are spending countless hours overcoming bureaucratic and arbitrary hurdles, to ensure that she simply stays alive.

Those are just three of the examples

The only two assessments mentioned in the law are a “brief initial standardized assessment” that is available by phone, on paper and electronically. And it is not named as a barrier to shelter. And an agreement to do coordinated entry if its within one's ability and that is not before entry to shelter.

Here's what it's like to call the housing line. First, you wait on hold to apply. Sometimes that's 30 minutes. Sometimes it's six hours. Sometimes you wait all day and never get through. If you do get through, you're transferred to the assessment queue and wait again, sometimes for hours. Then you're sent to the reservation queue, and you wait again. This can take a day, or several days. If there's no placement at the end, you go on a “waiting list.” We do not know of a single person who has been called off that list and offered a placement. After 10 days, you start the whole process over.

This is just a partial list of places where the implementation and the rules are not comporting with the law.

1. The disability protections in the law appear nowhere in the rules and are not being followed.
2. People are ranked within the six priority categories by a screening tool. You chose the categories. You did not choose to prioritize within them.
3. A 12-month period of ineligibility after termination. That is an unauthorized punishment, and it will have catastrophic consequences.
4. Extensions are gated on an assessment, with demands that go beyond the extension grounds you wrote.
5. A 10-day deadline to request an extension, with no room for a sudden medical crisis.
6. A required interview before placement. It appears nowhere in the law.
7. Applications are taken by phone only in practice, which shuts out people who cannot communicate on their own, or who simply do not have a phone.
8. Accommodation requests that would let people overcome these barriers are regularly denied.
9. In fair hearings, the Department argues each level is a separate benefit, to cut off continuation of services.
10. Notices go out without the specific factual and legal basis the law requires, so people cannot meaningfully appeal.
11. Hearing officers do not believe they can order housing while an appeal is pending, which makes it impossible for our clients to get relief.
12. DCF is largely not granting continued shelter benefits while people go through the hearing process, even though the law requires it in all but very limited circumstances.

Finally, I just want to say that this is not tenable for providers. We are drowning, Sitting here today, I can barely breathe. I am tough, I tend to handle this changes with heartbreak, but know i can make it through. I don't feel that way right now and I know that I am not alone. We can not

lose more staff. Since June, our staff have more than doubled their outreach to Vermonters, up 125% over last year. In August, incoming calls and texts were up 45%, and in September incoming phone calls alone were up 38%.

Today I am asking these committees as a whole to recommend that LCAR reject these rules. Why? This is because there needs to be a clear message that these rules do not comport with the law and are not meeting legislative intent. In order for us to access the rights of the people that we service under the law, we need that to be clear. At this moment our tools to stop the barrage of harm being caused are limited and people will not survive if this does not change. This can't wait. Providers are drowning, we are drowning.

Thank you all for your work on this statute, I really believed and still do believe that it was a pathway to a better system. However, not how it is happening right now.