

Good afternoon. Thank you for the opportunity to speak about what we are seeing in our area as the Homelessness Response Continuum comes into effect.

My name is Rebecca Reese, and I'm the City of Burlington's Homelessness and Community Health Manager. I oversee our cross-departmental City response to support people experiencing homelessness and often intersecting issues like substance use disorder and untreated mental health. The City's response spans street-based outreach, land and infrastructure stewardship, and law enforcement and requires close collaboration with community partners, shelter and housing providers, healthcare providers, and state partners. I know we can all agree that this is incredibly difficult work. And in Burlington – really, in any municipality – it is an impossible task to respond to a homelessness crisis that we know is not contained within the city limits but is a regional and statewide issue.

I am here to tell you how Act 143 and specifically the Level 4 roll out is impacting the providers I work alongside and individuals in the community I serve. We are experiencing what happens when the state reduces a core part of the Homelessness Response Continuum faster than it is building the pieces to replace it. This widening gap means that we are seeing an increase in unsheltered homelessness, which is the hardest form of homelessness to reverse and is incredibly resource intensive to address. And it means fewer people can successfully navigate the response continuum to reduce their emergency housing reliance and move towards permanent housing, as Act 143 intended.(as has been discussed) We are seeing this impact throughout our community – we estimate that there are over 300 unsheltered people in Burlington – trying to survive in public spaces, utilizing significant first responder resources, regularly seeking emergency services, and spending more and more time at the two day shelters we have in Burlington. CVOEO's Community Resource Center has seen an increase of people experiencing unsheltered homelessness from 239 in June to 315 in September. Their daily visits have increased significantly with over 100 people a day visiting the space since August. The Community Resource Center has capacity for 40 seats.

COTS Daystation has also seen an increase supporting 380 individuals in September - 42% being unsheltered.

The pressure felt by service providers has been intense for years, and only increasing

Direct service providers are tired. They are burned out. And they are spending enormous amounts of time trying to keep people safe without necessarily having the next step available.

Due to changes in access, reduced hours, and no evening or weekend hours through 211 - providers are spending six to eight hours a day — often for multiple days — on hold across multiple phone lines trying to reach Economic Services Division. This is pulling providers away from other work, limiting their capacity to affect change in other areas. Increasing requirements and at the same time significantly limiting access to complete those requirements is creating a bottleneck forcing people experiencing homelessness to wait even longer.

Not only are we seeing an increase in need, but an increase in hopelessness.

Providers are telling us that many are becoming less willing to engage, less willing to make a plan. Mental health is declining, social interactions are becoming increasingly difficult and the atmosphere is elevated.

Others are not engaging now in the hope to save their 70-days. They believe that if they preserve those days, they will later be able to access a room when they really need it. But saving those days does not necessarily mean that they will rise to a priority level that gets them inside. The fact that anyone is even being faced with this scenario says enough about the efficiency of our system.

We are all being asked to navigate a system that is increasingly difficult to access, extremely complicated - all while not knowing whether the next step will be available.

These aren't just numbers – these are our fellow Vermonters.

A severely disabled man with limited mobility and limited ability to navigate in his wheelchair, stayed in the alcove of a building for weeks. He was in a hotel, healing from a tent fire, but was forced to leave until he completed an Housing Plan. The wait time to complete the plan was 2-4 days, and once he was outside – his ability to receive call backs from ESD to complete the plan was gone. Three different providers were working to get him connected to ESD and request a variance for additional hotel stays. Folks waited for days to find out there was no ADA room available to him. He is inside now, *only* because multiple providers coordinated across systems and found a solution. His physical health deteriorated significantly over the four weeks he was outside, pushing his recovery back and causing undue burden on him and the police, emergency services and the ED.

A family with young children have been living outside in a tent since July after running out of hotel days. Over 10 providers have been engaging, supporting, and working to find solutions. The babies are still outside as the temperatures drop.

An elderly, disabled, and medically vulnerable woman was discharged from the hospital into homelessness with responsibility being passed to day shelter staff who do not have the capacity or medical training to offer the proper care.

These are not theoretical examples. These are people living in our community right now.

The current Level 4 changes have not only made access to these **vitaly important services** nearly impossible – even for our seasoned providers, let alone people experiencing homelessness trying to navigate on their own with no phone or limited options to charge a phone – it has also reduced the availability of hotel rooms.

On top of all of this, we know winter is coming. The new 1000 room limit for the state is upwards of 280 rooms less than what was utilized in previous years.

The goal and expectation is people will be moving into the other levels of the response continuum but we have not yet expanded all those options. That part of the continuum isn't ready at the scale we need it to be.

Our community action network – CVOEO has been approved for operational funding for a 100-bed shelter that would have a massive, tangible impact on the whole community. CVOEO and CHT – two of the most experienced community organizations have been working for months and have not been able to locate the shelter.

CVOEO will once again be operating the extreme cold weather shelter in the City-owned Miller Center. That is an important service, and we are proud to be part of it. But it is not a sustainable or appropriate substitute for permanent shelter capacity.

Our neighbors need more stable and predictable shelter, and our community is ready to provide it. People would be able to get inside every night instead of relying so heavily on emergency cold weather shelters on the most extreme nights. We know as providers and city employees, when we operate on an emergency basis, the cost is high and we only solve the crisis in the moment. People cannot move forward when they are in survival mode every day.

There was hope that we were building toward something different.

As the shelter has remained without a location, - hope has diminished.

This extreme cold weather shelter is a monumental lift – significant funding, incredible staff burden, unstable conditions for people experiencing homelessness, and the impacts to the City-owner Miller Center that among many things holds a child care program, and displaces middle school afterschool programming when the shelter is activated. Staff who are in social service positions during the day, then come work at the shelter all night.

The Legislature has recognized that municipalities need help responding to this statewide homelessness crisis.

Throughout the work on Act 143, your committees recognized the needs of municipalities shouldering so much of this burden, you saw the need to provide additional funding. In the end, that funding narrowed to only further expand emergency cold-weather responses.

The City applied for Municipal Support Grant to provide additional staff resources and overflow capacity to the ECWS. The funding is critical as it will allow us to shelter families, medically vulnerable people, and additional people when the shelter reaches capacity and it will reach capacity.

We cannot build a homelessness response system if we are recreating an emergency response *every* winter because the permanent pieces of the system aren't there . We are spending enormous

amounts of staff time and public resources managing the consequences of the gap rather than moving people through a predictable continuum.

It's also important to acknowledge the wins.

There are people successfully getting vouchers, finding apartments, and navigating the system. Providers and community partners continue to do incredibly good work.

Those people who are not successfully moving through the system don't just disappear.

They move elsewhere - to outreach workers, to emergency shelters, to hospitals and emergency departments, to law enforcement, to municipalities, public spaces, and community organizations.

And ultimately, it moves to the people who are being left outside.

I believe the Homelessness Response Continuum has the ability to transform this crisis. The concern isn't that we are changing the system. The concern is the sequencing. We are reducing one source of emergency capacity before the replacement capacity is operational. We are trying to build a plane as it flies.

I am asking you to recognize that the success of those changes depends on building the capacity that was intended to replace what we are taking away. We need to build a system that doesn't leave anyone behind. We need to build a system that does not lock people out. Our most vulnerable community members and our highest utilizers of emergency services.

We need to ensure Level 1 through Level 3 shelter capacity exists at the scale that the new system assumes.

We *need* a mechanism to help solve the regional shelter siting problem. When experienced providers are ready to operate a shelter, operational funding exists, and the need is clear, but a location cannot be secured, we must find a way to move that problem forward.

Third, we need to look closely at the people who are falling through the gaps — the people who cannot access a hotel, who are unable to move to the next level of the system, who reach the limits of their eligibility, or who simply don't have a safe place to go.

I believe Vermont can reduce its reliance on hotels. We have to build the next step before getting rid of the mechanism it is being designed to replace. We cannot become jaded by this. We have to keep building, keep solving, and keep fighting for a system that makes homelessness rare, brief, and nonrecurring.

Thank you.