



Written Legislative Testimony to the Joint Fiscal Committee

Date: 2/27/24

Introduction

Honorable Chair, Vice Chair and members of this Joint Fiscal Committee thank you so much for having me here today to comment, at this crucial moment, on our collective response to homelessness. I was asked to comment on the resources that have been brought to bear for housing transitions and a community response under Act 78 which was passed last year and to provide thoughts on current progress and to address any challenges and opportunities moving forward in consideration of the Governors 2025 budget proposal.

For the record, my name is Paul Dragon, and I am the Executive Director of the Champlain Valley Office of Economic Opportunity (CVOEO). At CVOEO we operate 10 distinct yet interconnected programs that provide emergency services like shelter, housing, food, and warmth as well as services to help people gain economic independence like Head Start, Microbusiness Development, Personal Finance classes and Weatherization. This past year we served over 21,000 Vermonters. We are a proud member of the Vermont Community Action Partnership, comprised of the five community action agencies that work together on anti-poverty efforts.

In terms of resources, it is my understanding that there was over 18 million last year for homeless assistance with an additional 7m in one-time funds bringing the total to approximately 26 m. This year's proposal is to keep that additional 7m from last year and utilize it for additional shelter capacity. We appreciate the Governor's recommended funding for additional shelter capacity. However, at the same time we are gravely concerned that this comes at the expense of much of the one-time funding from last year -- including the financial assistance provided by the Housing Opportunity program (HOP).

CVOEO's community response

Over the past three years CVOEO has stepped up to manage two large emergency shelters because the previous organizations could no longer run them. They could no longer run them because Emergency shelters are complex, financially uncertain and at times high risk making it difficult to hire and retain staff. It is even more difficult when there isn't adequate or any cost-of-living increases or when funding is promised in one-year increments.

When we took over the Champlain Inn on October 1st, we were told that full funding could not be promised beyond one year. We did receive an increase in one-time funding to change the model from a congregate setting to single and double rooms and the shelter is now open 24/7. Previously people had to leave for the day and line up at night, which was bad for them and for

the community which frequently complained. CVOEO agreed to this one-year funding model out of necessity for the community. We have not received one complaint from the community since we took over and we are serving guests who need not only our full support but a much higher level of care. We currently serve five guests with paranoid schizophrenia, an elderly woman in a wheelchair and many other guests with severe disabilities. We also have several people who are working and cannot afford a place to live. When we hired our employees for the Champlain Inn, we had to tell them that we can only commit to one year of employment or less. I just learned yesterday with relief that there are plans to continue sustainable funding for the Champlain Inn. I have not seen the details, but I hope that we will be able to tell our team that their jobs are secure and that their work is valued by the state.

Three years ago, we also established and manage a Community Resource Center (CRC) in Burlington. This is also temporary and funded on a year-to-year basis. At our CRC we provide food and services to, on average, 112 guests a day, many of whom are unsheltered, most of whom are unhoused and the rest of whom are living on the margins. On one day we had 189 guests. **Through October, 247 people using the CRC reported being unsheltered. They are an aging population with 14 % of the guests between the ages of 55 and 62 and 14 % of the guests over the age of 62. Fifty-three percent of the guests have a medical condition and/or disability which is likely underreported. We have been calling emergency services three to five times each week.** We raised the funds last year to provide the 48,000 hot meals distributed last year to our guests. We do not have funding for the Community Resource Center beyond October 31st of this year. Where will all these people go? Also, our employees know they may not have jobs soon. Our street outreach providers are also year to year and, as far as I know, do not have secure funding beyond October 1st of this year. This team goes out to provide essential needs and services to over 200 unsheltered people around Chittenden County.

I am providing you with just three examples from CVOEO (we have more), and I know similar stories can be told around the state by our homeless service providers. **No business or governmental agency would or could function like this without stable funding from one year to the next but homeless providers are asked and expected to do this while serving people with complex medical, mental health and social needs.**

On February 1st, our Coordinated Entry Director provided a report for the Burlington area. **The report showed that out of 741 adults in emergency housing (including shelters and hotels) and unsheltered locations in Chittenden County 595 self-reported a disabling condition.** Self-reporting is not ideal for any research, however based on the individual assessments the Coordinated Entry team estimates that 80 % of these 595 self-reports could qualify with a disabling condition because they are incapable of obtaining employment due to mental health, substance use, and/or a medical condition. Social security is unobtainable for many people due to the barriers to applying including the length of time. HUD allows for medical providers to sign off for its Non-Elderly Disabled and Mainstream Vouchers, but our General Assistance Program has a much higher bar in which people need to qualify for SSI or SSDI. This data shows that many people who will soon be asked to exit the General Assistance program have a

disabling condition, and this will add to the already large number of unsheltered individuals living with a disability.

On February 19th the Chittenden County Homeless Alliance's executive committee conducted a survey with hotels providing emergency housing in Chittenden County. Seven hotels with 225 beds would cease offering rooms as of March 1st and one hotel with 10 beds would cease as of March 15th. This was at the formerly proposed rate of \$75 per room. They had not heard of the new \$80 rate. It is February 27th and we already have over 200 people living outside, and the loss of these rooms will also increase unsheltered homelessness or perhaps force people into unsafe living arrangements.

The Housing and Homeless Services community is extremely concerned that there has NOT been sufficient planning if the current motel housing program ends. There is no plan for what will happen to people— including people with disabilities and medical conditions – and we fear that many more will be on the street without shelter if the program ends.

We know that Vermont has the second highest percentage of homelessness in Vermont, and we also know that we had a very high rate of people who were sheltered and that has served our communities well. My colleague Sue Minter at Capstone says that we have built scaffolding over the past few years and now we are at risk of dismantling it. This scaffolding started coming apart with the changes to the emergency housing program last year and our worry is that it will come crashing down if we don't develop immediate, short term, mid- range, and long-term responses to this crisis.

There is something else beyond the data and that is **the rising vitriol against people who are unhoused**. Some of the escalated language is couched in terms of public safety. We all want our communities to be safe, especially people who are unsheltered because the research shows they experience the highest rates of violence of any population (research upon request). If we want thriving communities, we must build the capacity to house or at least shelter every person who wants it.

Lastly, we can house people. We just need to increase the odds. My colleagues around the state are amazing and they find ways to house people, with every type of condition, all the time even in this tight market. They scrape and claw for every resource using creativity, passion, and relentless effort. At CVOEO since last February we have housed 106 homeless families with children with our partners around the state through the HOME Program. Not fast enough for sure but very good for those 106 families with those children who are housed. This is just a small example of all the people getting into housing across the state every day by are homeless and housing providers. Imagine what more we can do with increased housing and services.

Response Needed

In terms of action, we need to:

- 1) **Ensure immediate interim housing,**

- 2) **Increase the availability of emergency shelter** (especially non congregate shelter) and other temporary accommodation like hotels.
- 3) **Provide an all-government effort to end unsheltered homelessness;** and
- 4) **Increase in housing capacity using the Housing First model.**

I will just speak about the most pressing need before us due to time but would kindly ask you to consider the short-, mid- and long-term actions outlined below for the 2025 budget and beyond.

1) Immediate – Ensure interim housing.

General Assistance through June 30th - Ensure interim housing through June 30 for all households in the General Assistance Emergency Housing Program regardless of their “cohort,” move the rate cap date from March 1st to April 1st and ensure the rate cap will not result in the loss of available rooms.

2) Short Term - Increase the availability of emergency shelter and other temporary accommodation.

Expand General Assistance Eligibility – Allow for medical providers to sign off on disabilities just as HUD allows in their NED program.

A Right to Shelter - Commit to sheltering every person experiencing homelessness – rewrite GA rules to create a more accessible program that rules people in instead of ruling them out, while we work towards increasing shelter capacity.

Specialized Outreach Services – Continue a statewide outreach program for people experiencing homelessness with mental health and co-occurring substance use disorders modeled on the federal PATH (Projects for Assistance in Transition from Homelessness) program. This would expand and augment the current PATH program.

State- led, fast tracking, purchasing and/or renovating of eight hotels and/or state facilities - This is to shelter people in single occupancy or less congregate settings with community space using the Champlain Housing Trust model and strengthened statewide through state authority. This is meant to increase the availability of and access to low-barrier, and culturally appropriate shelter, especially non-congregate shelter. The hotels can be converted into permanent housing (single resident housing) as the need for emergency shelter diminishes over time.

Specialized Shelters for People with Severe Mental Health Conditions - Create at least four regional 30-bed emergency shelters (higher level of care) for people with mental health and substance use disorders administered and served, with funding, to the public entity. These can be turned into permanent residential homes (Group Homes) at any time. Group homes are an existing model that can be expanded.

Expand DMH's Shared Living Home Provider Program - These are individualized shared-living arrangements for adults, offered within a home providers home. Home providers are contracted workers and not considered staff of the their host agency. Match people to this program.

Develop regional, publicly funded residential homes and nursing homes leveraging Choices for Care – Expand Choices for Care which is a Medicaid- funded, long-term program that pays for care and support for older Vermonters and people with disabilities. We have been unsuccessful at placing people in privately owned community care homes and nursing homes despite public funding. Continue to explore, study, and report on maximizing opportunities within existing community care homes and nursing homes to ensure people who are homeless are getting the access they need and that every bed is utilized.

Specialized Medical Shelters - Create regional higher level of care emergency shelters or options for people with chronic medical conditions who are experiencing homelessness including medical respite for people leaving the hospital. These are shelters to stabilize people and move them on to another shelter or permanent housing. Engage the medical community in this funding.

Short-term Emergency Shelter Sites for Assessment and Referral – As shelters and housing come online, turn the hotel program and any overnight shelters into a network of short-term assessment and referral hubs where people get quickly stabilized and then move on to longer term shelter or housing decreasing the reliance on hotels.

HOME Family Vouchers - Support 50 additional HOME rapid rehousing vouchers for families experiencing homelessness to help solve family homelessness – We have housed close to 100 families since February last year and have 100 vouchers remaining. We think we can increase this with the addition of our Whole Family Approach funding for services.

Long- Term Substance Use Recovery - Support funding for at least one long term (six-months) substance use recovery center focusing on people experiencing homelessness.

Municipal Overnight Shelters – Encourage and fund municipal funding and administration of overnight winter shelters.

Homeless Bill of Rights - Pass the Homeless Bill of Rights, H.132 (passed the House). The amended version removed the bill of rights portion of the bill but includes making "housing status" a protected class under Vermont's non-discrimination laws.

Community in Reach - Support a variety of Community Resource Centers for people experiencing homelessness in areas with a high concentration of people experiencing homelessness. These can be places for food, warmth, housing advocacy and wrap around services like the Community Resource Center in Burlington (112 people a day) or smaller enhancements to existing locations where people can do laundry, make a phone call, and get

supplies. Our Samaritan House Shelters saw 50 people last month by opening its lobby for all to include laundry services and access to hygiene and other supplies.

Safe Camping and Parking sites - Support the creation of safe camping and parking locations across Vermont, in identified state owned properties with supported amenities (toilets, water, etc.). Encourage municipalities and religious institutions to do the same.

3) Medium term - A focused, all- government effort to end unsheltered homelessness

State Agency of Human Services Integration to Better Support Integrated Services - Support the integration of mental health, and medical care in all emergency shelters from state funded nonprofits and other entities and support the interdepartmental cooperation within AHS to foster more service integration.

State Agency Coordination - Develop a new Roadmap to End Homelessness which includes the Agency of Education that describes the state's longer-term plan to continue to shelter people as it also continues to move toward the Housing First model. These two cannot be in conflict as we need to take care of emergency needs.

State of the Art Call Center - Develop a state managed state of the art call center to replace the current GA system so people have quicker access to shelter, housing and benefits. This cannot be localized, or community based to ensure a statewide approach regardless of geography, to ensure equity for a vulnerable population across the State, to ensure efficiency with one call center and to keep the responsibility for a vulnerable population at the highest level of government.

Support H.132 – Recognize and protect the rights of unhoused Vermonters.

Create a hub or training center - for recruiting and training shelter and services staff. Consult with UVM's Office of Engagement.

4) Long-term - Create Affordable Housing, Housing First, Housing Stability

Affordable Housing Capacity - Continued investments of state and federal funding for new perpetually affordable housing and to preserve affordable rental housing and homeownership units – Support the Housing and Homeless Alliance of Vermont's requested funding for VHCB, VHIP, VHFA and programs and services for manufactured home residents.

Housing First – Concurrently maintain the philosophy and practice of Housing First as we bring on housing capacity with a commitment to providing supportive, holistic services to keep people in their homes. CVOEO is launching the Whole Family Approach Program which will house 280 families with children over five years while providing intensive holistic services with low caseloads (12-15 families).

Strengthen and Expand Mobile Home Parks as Affordable Housing - Create four regional mobile home parks with 150 energy efficient mobile homes. Mobile homes would be run at least initially by local housing authorities with two resident organizers in each park that will transition to cooperatives. Parks should be built near transportation and services.

Improve Housing Stability - Increase statewide funding for stability/retention services to improve housing sustainability. **Eviction Protections** - Establish “just cause” eviction protections to ensure greater housing stability and prevent arbitrary and harmful terminations of tenancy. And support VSHA’s Eviction Diversion/Rent Arrears program

Rent Regulation - Establish a rent increase cap of not more than the average increase in the Consumer Price Index, or five percent above the most recent rent, unless the landlord can demonstrate that a greater increase is necessary due to additional costs for repairs or other exigent circumstances beyond normal maintenance or improvement. **Renters Protection** - Require housing providers receiving state funding through the Vermont Housing Improvement Program (VHIP) and other incentive programs to receive landlord-tenant and fair housing law education.

Conclusion

Homelessness is systemic and we need to work at all levels of government and within all levels of the community. This is a healthcare crisis for people experiencing homelessness with ample research and evidence demonstrating that housing is indeed healthcare. In addition, it is the people who are experiencing homelessness who are not safe with the prevalence of violence estimated to range from 14% to 21%. Lastly, communities are ecosystems and intimately connected whether we realize this or not. We can turn on each other with dire warnings, threats and condemnation or we can turn toward each other, and our shared humanity, with compassion.

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