

Legislative Actions to Support Vermonter's Experiencing Homelessness

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The Champlain Valley Office of Economic Opportunity (CVOEO) believes that housing is healthcare. We understand better than ever that housing is an essential health intervention that avoids more expensive medical and mental health interventions in settings like the emergency room. Housing is also an essential public health service helping communities control public outbreaks that can further spread in medically-compromised communities.

To that end, CVOEO advocates for the following actions by the Vermont legislature to support housing access for all.

Short-term (1-12 months) actions:

- The Current General Assistance Motels are full. We should create regional emergency housing options based on the hotel model for the next two to three years until more permanent housing comes online. These sites should provide onsite wrap-around services. We can look to hotels; state-owned buildings, colleges or municipal buildings that can be converted into dorm-style living. CVOEO is currently exploring this in Chittenden County.
- The General Assistance Program is operating under adverse weather until March 2022, which is good as the GA rules are relaxed. We should revisit Rule EH-700 to modify the 84-day limit based on individual and family need rather than a specific number of days.
- Shelters that currently exist with public funding should not require people to leave with their belongings during the day and return in the evening. If this is a matter of funding, they should be fully supported to provide services during the day. Shelter spaces should be nice; trauma-informed spaces and they should gradually be turned into single-resident occupancies rather than remain as congregate settings. These spaces should be low-barrier shelters based on behavior. Some people experiencing homelessness have pets and will not go into a shelter that does not take pets. There should be plenty of emergency housing options that allow for pets. We should increase the wages and benefits of shelter providers to promote excellence and stability as turnover is a major issue. Continuity in staffing is important in working with such a vulnerable population.
- Ensure the full health, mental health and social services system is engaged in ending homelessness. There are not enough providers doing housing case management such as the Designated Agencies and the Areas on Aging. Consult the data for a better

- understanding of who is in motels and what barriers exist by better using Coordinated Entry and programs like Built for Zero.
- Review vacancies at the network of Community Care Homes (all levels including Nursing Homes). It is estimated that 120 people currently living in hotels need skilled-nursing level of care or assisted living. Develop a response for these individuals.
- Receive more financial and clinical support from medical providers for the respite and after care that is provided.
- Fund a state-wide risk pool for landlords that rent to people experiencing homelessness.
- Advocate that a larger percentage of housing in the pipeline be designated to people experiencing homelessness: raise the percentage from the current requirement of 15% to 30%.
- Offer developers easily-accessible seed money to do project feasibility studies.
- Review zoning laws and identify more residential spaces with access to services.
- Create a Governor's commission to identify statewide potential sites for redevelopment/reuse (potentially both immediately and over the next five years).

Medium-term (12-36 months) actions:

- Create SRO (single room occupancy: a boarding house model) for temporary housing use with the goal of converting these SRO units into permanent studio and 1-BR apartments over time as they are no longer needed for emergency use; possible target population is youth.
- Create street outreach teams and innovate the approach through mobile services to help people with emergency needs and to assist with longer-term solutions.
- Create specialized housing options: recovery housing, not quite assisted/assisted living, not abstinence-based (step-up/step-down programs).
- Create a hub for recruiting and training shelter and services staff. Consult with UVM's Office of Engagement.
- Sufficient funding for Economic Services staffing to deliver the services and support to meet short-, mid- and long-term goals. Call wait times for housing someone in a hotel can be well over 90 minutes.
- Focus on more prevention to understand how many people are losing housing and why, and invest in landlord and tenant mediation.

- Advocate for improved zoning laws, including safe camp sites and places where people
 can park without being removed; places where outreach teams can help with services and
 resident organizing.
- Update the Roadmap to End Homelessness.

Long-term (36+ months) actions:

- Create additional incentives in Vermont Housing Investment Program to encourage owners to lease units to households experiencing homelessness.
- Build for the future by creating and adopting a 10-year plan to get the state's vacancy rate to 3%.
- Commit to full property transfer tax funding annually to VHCB for housing.
- We need to eliminate No Cause evictions. No Cause evictions give landlords immense power over tenants. We talk to people nearly every day who are evicted for no specific reason. The legislature should pass a bill banning No Cause evictions.
- We need to pass S 79, the Rental Housing Safety Bill. This is a bill that increases the health and safety measures for vulnerable Vermonters including people who are precariously housed.