

April 16, 2025

Dear Members of the Senate Committee on Health and Welfare,

We appreciate the work that your committee and the House Committee on Human Services have put into the urgent issue of homelessness in Vermont. As you have heard, there is a diversity of opinion on H.91 within the homelessness prevention and response community. From our perspective, there are very positive aspects to this bill, but also areas that we urge the Committee to address. Specifically, we urge your Committee to:

- **Prevent Vermont's homelessness crisis from getting worse during H.91's envisioned planning and implementation period.** Specifically, we urge your committee to add the funding requests below to your Committee's recommendations for the FY26 budget (in addition to supporting the homelessness prevention and response funding included in the House-passed FY26 budget):
 - \$44.6M – General Assistance Emergency Housing Program funding to keep all statutorily defined “vulnerable” Vermonters sheltered (as recommended by the House Committee on Human Services). This number is inclusive of the GA funding in the House-passed budget. We also urge the Committee to support the removal of the maximum day¹ and maximum hotel room caps² (also as recommended by the House Committee on Human Services).
 - \$3.75M – OEO to fund 33 case management positions that will end in June 2025 when federal ERAP money expires (as recommended by the House Committee on Human Services).
- **Ensure that any future homelessness prevention and response system builds upon and strengthens Vermont's existing homelessness prevention and response system coordinated through Vermont's two CoCs.** We appreciate the amendments made by the House Committee on Human Services to help ensure that the regional planning regime contemplated in H.91 would work in coordination with this existing CoC infrastructure and urge your Committee to ensure that true coordination and partnership occurs during planning and implementation.
- **Ensure sufficient funding to meet the needs of the state and regional plans envisioned in H.91.** Vermont's homelessness prevention and response system does not have the funds necessary to address this crisis. We urge your Committee to strongly advocate for the funding necessary to achieve the plans that would be developed under this legislation.
- **Ensure continued state accountability and responsibility.** While a regional planning model led by private non-profit organizations can provide nimble and responsive local planning and action, the state must continue to be held accountable and responsible for ensuring that all unhoused Vermonters have safe and appropriate shelter.

Prevent Vermont's homelessness crisis from getting worse during H.91's envisioned planning and implementation period.

Vermont has a major need for emergency shelter. According to the 2024 Vermont Point in Time count, there were 3,458 unhoused Vermonters in a single night, including 737 children and 646 Vermonters 55 years old or older.³ This number is an undercount, as it reflects only the people who engaged with our state's dedicated and perpetually under-resourced shelter service providers on the PIT count day. When compared with states across the United States, last year Vermont

¹ Act 113, Sec. E.32, (b)(2).

² Act 113, Sec. E.32, (b)(1).

³ Housing & Homelessness Alliance of Vermont, et. al., 2024 Vermont's Annual Point-in-Time Count, June 2024, p. 1, available at <https://helpingtohousevt.org/wp-content/uploads/2024/06/2024-PIT-Report-final.pdf>.

had the 4th highest rate of unhoused people per capita in the country.⁴ And, Vermont's crisis is getting worse – with an over 300 percent increase in unhoused people between 2020 and 2024.⁵

To give some perspective on how large of a problem this is, Vermont's statewide shelter capacity is 655 households, and all are full.⁶ There is literally no safe place for potentially thousands of Vermonters to go.

Because of this gap in shelter availability, the General Assistance Emergency Housing Program, which is only available to Vermonters the state has deemed vulnerable,⁷ remains the vital safety net for thousands of vulnerable unhoused Vermonters. There is no backup plan beyond this. The hundreds of households who lost their shelter on April 1 and the many more who will lose shelter as they reach their 80 day limit this spring are in addition to the state's 655 household shelter capacity. Without this funding, we will continue to send families with children and vulnerable adults into the streets and woods to live.

It is not just unconscionable to unshelter our most vulnerable neighbors, but also fiscally irresponsible. The economic costs associated with the failure to provide shelter - including on health systems, schools, criminal legal systems, and other public services - fall on municipalities and the state to cover, and at much higher costs. For example, the \$80 per day cap on the cost for hotel/motel in GA Program⁸ is substantially cheaper than the \$260 daily cost to incarcerate someone in Vermont⁹ or the \$1,386 average cost for an ER visit in Vermont (a pre-COVID number).¹⁰ The cost of shelter per room (which can hold more than one person) in the GA Program (\$80 x 365 = \$29,200) is significantly less than the estimated annual cost costs to taxpayers for a chronically unhoused individual, which pre-COVID was estimated at \$35,578 per year.¹¹ Adjusted for inflation, this annual cost is approximately \$45,592 in 2024 dollars. This is a win-win.

By providing \$44.6 million in FY26 for the GA Program and removing the maximum number of annual days (currently 80 days) that eligible households can receive emergency housing in a hotel or motel under the GA Program¹² and a maximum

⁴ U.S. Dept. of Housing and Urban Development, The 2024 Annual Homelessness Assessment Report (AHAR) to Congress, Part 1 - PIT Estimates of Homelessness, Dec. 2024, p. 76-79, available at <https://www.huduser.gov/portal/sites/default/files/pdf/2024-AHAR-Part-1.pdf>.

⁵ Housing & Homelessness Alliance of Vermont, et. al., 2024 Vermont's Annual Point-in-Time Count, June 2024, p. 12, available at <https://helpingtohousevt.org/wp-content/uploads/2024/06/2024-PIT-Report-final.pdf>.

⁶ See., Vermont Dept. of Children and Families, March 31st Housing Report, p. 13, Mar. 25, 2025, available at <https://legislature.vermont.gov/assets/Legislative-Reports/Act-113-Monthly-Housing-Reporting-3.31.2025.pdf>.

⁷ Eligibility is limited to: (1) is 65 years of age or older; (2) has a disability that can be documented by: (A) receipt of Supplemental Security Income or Social Security Disability Insurance; or (B) a form developed by the Department as a means of documenting a qualifying disability or health condition that requires: (i) the applicant's name, date of birth, and the last four digits of the applicant's Social Security number or other identifying number; (ii) a description of the applicant's disability or health condition; (iii) a description of the risk posed to the applicant's health, safety, or welfare if temporary emergency housing is not authorized pursuant to this section; and (iv) a certification of a health care provider, as defined in 18 V.S.A. § 9481, that includes the provider's credentials, credential number, address, and phone number; (3) is a child 19 years of age or under; (4) is pregnant; (5) has experienced the death of a spouse, domestic partner, or minor child that caused the household to lose its housing; (6) has experienced a natural disaster, such as a flood, fire, or hurricane; (7) is under a court-ordered eviction or constructive eviction due to circumstances over which the household has no control; or (8) is experiencing domestic violence, dating violence, sexual assault, stalking, human trafficking, hate violence, or other dangerous or lifethreatening conditions that relate to violence against the individual or a household member that caused the household to lose its housing.

⁸ See, Act 113, Sec. E.321(h)(2024).

⁹ Vermont spends \$95,000 annually to incarcerate someone. That breaks down to \$260 a day to incarcerate someone in Vermont. See, ACLU of Vermont, Investing in People, not Prisons, March 1, 2023, available at <https://www.acluvt.org/en/news/investing-people-not-prisons>.

¹⁰ Jessica Learish, The most expensive states for ER visits, ranked, CBS News, Dec. 4, 2020, available at <https://www.cbsnews.com/pictures/emergency-room-visit-cost-most-expensive-states/>.

¹¹ National Alliance to End Homelessness, Ending Chronic Homelessness Saves Taxpayers Money, Feb. 17, 2017, available at <https://endhomelessness.org/resource/ending-chronic-homelessness-saves-taxpayers-money-2/>.

¹² Act 113, Sec. E.32, (b)(2).

number of hotel and motel rooms available (currently 1,100) under the GA Program¹³ (during the non winter weather protection period), the state will ensure that these vulnerable Vermonters can stay sheltered while the planning and implementation envisioned in H.91 takes place. This will also ensure that plans developed do not immediately become insufficient as more vulnerable Vermonters become unsheltered as they reach the arbitrary day cap without any realistic opportunity for permanent housing.

In addition, we urge your Committee to support an additional \$3.75 million to fund 33 critical case management positions that are set to go away in June when federal ERAP money expires. Without these vital positions, we will see more of our neighbors become unhoused and again compound the problem during the planning period.

Ensure that any future homelessness prevention and response system builds upon and strengthens Vermont's existing homelessness prevention and response system coordinated through Vermont's two CoCs.

Vermont has two U.S. Department of Housing and Urban Development (HUD)-recognized CoC programs¹⁴ - the Chittenden County Homeless Alliance (CCHA), which covers Chittenden County, and the Vermont Balance of State CoC (VT BoS CoC), which covers the remaining counties in Vermont. The mission of Vermont's two CoCs is to coordinate the planning and implementation of a housing and service system that meets the needs of families and individuals experiencing homelessness within its geographic area, with the ultimate goal of preventing and ending homelessness. These CoCs have a long history in Vermont, which has brought with it deep knowledge of and trust between partners and the communities they serve.

Each CoC consists of a partnership of service & resource providers, housing developers, state agencies, and others in the homelessness or low-income service system in a geographic region. Any interested party may join the CoCs and CoCs actively identify gaps in membership and work to fill those gaps. Specifically, the CoCs:

- Monitor and address housing and service gaps through proactive solutions;
- Conduct the annual Point in Time Count of those experiencing homelessness;
- Manage the Coordinated Entry and HMIS systems; and
- Apply for and manage annual funding from HUD related to the work outlined above.

In addition, within the VT BoS CoC, there are 11 Local Housing Coalitions (LHCs), which focus on regional homelessness prevention and intervention efforts. These LHCs meet regularly and coordinate all aspects of the region's homelessness response work in coordination with the VT BoS CoC. Please click [here](#) for more information about the VT BoS CoCs.

In addition to the work that each CoC does as outlined above, through the annual HUD Notice of Funding Opportunity (NOFO) process each CoC has brought millions of federal dollars to Vermont to support Vermont's homelessness response infrastructure. For example, because the work of CCHA and the VT BoS CoC during the most recent NOFO process last fall,¹⁵ Vermont's homelessness response infrastructure and partners will receive \$7,872,214 during the next

¹³ Act 113, Sec. E.32, (b)(1).

¹⁴ The Continuum of Care (CoC) program is authorized by the McKinney-Vento Homeless Assistance Act. (See, 42 U.S.C. 11381-11389) The program is designed to:

1. Promote community wide commitment to the goal of ending homelessness;
2. Provide funding for efforts by nonprofit providers, States, and local governments to quickly rehouse homeless individuals (including unaccompanied youth) and families, while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness;
3. Promote access to and effective utilization of mainstream programs by homeless individuals and families; and
4. Optimize self-sufficiency among individuals and families experiencing homelessness.

¹⁵ The NOFO application that each CoC completes is extremely intensive. For example, please see VT BoS CoC's most recent application [here](#) and CCHA's most recent application [here](#).

grant cycle (December 2025 – November 2026).¹⁶ These funds will support both the planning and data-gathering work of the CoCs as well as provide direct funds to CoC members for existing and new homelessness prevention programs.

Vermont's two CoCs also operate Vermont's Coordinated Entry (CE) system. CE, which is mandated by HUD, is a process developed to ensure that all people experiencing homelessness have fair and equal access to housing and services and are quickly identified, assessed for, referred, and connected to housing and assistance based on their strengths and needs. CE is a streamlined system that provides quick access to individuals and families seeking assistance through a coordinated referral and housing placement process. Households are assessed using a standard and objective tool that identifies their vulnerability and barriers to housing. Those who are assessed as having the highest vulnerability and housing barriers are prioritized for access to available housing programs as vacancies occur.

While Vermont's homelessness prevention and response system established through the CoCs is imperfect, including the CE process, the core problems within the system stem from a lack of sufficient resources. For example, CE is an effective system for quickly identifying, assessing, and connecting people to housing and assistance, but this system faces backlogs when there is insufficient housing and/or services available to meet the need. In addition, the CE intake and assessment process cannot happen as quickly as necessary when organizations lack necessary staff to complete the work. In addition, partner organizations within the CoCs are often funded through one-time funding, which makes long-term planning more difficult as they lack the ability to plan with clarity around available resources and staffing as well as the ability to recruit and retain staff, as positions are too often term-limited, which makes initial recruitment difficult and when initial staff leave before the end of a term for the very logical reason that they were able to secure a permanent position elsewhere, it becomes extremely difficult to hire new staff to fill the even less desirable remaining time. This results in vital roles (e.g. housing navigation or landlord liaisons) sitting unfilled. These problems could be addressed through increased base investment.

We urge your Committee to recognize the invaluable partners, systems, and trust that currently exist within the CoCs and to ensure that H.91 strengthens this system rather than builds a new system that would operate on a separate track,¹⁷ unnecessarily creating new hurdles and inefficiencies within Vermont's homelessness prevention and response system.

Ensure sufficient funding to meet the needs of the state and regional plans.

Vermont's homelessness crisis is bigger than what the state has funded and is the result of multiple factors, the core of which is the severe shortage of homes affordable to people with the lowest incomes¹⁸ and a widening gap between incomes and housing costs.¹⁹ According to the 2024 Vermont Housing Needs Assessment, by 2029 Vermont needs 3,295 homes to address homelessness and 3,957 homes to normalize vacancy rates.²⁰ To solve this crisis, Vermont must ensure necessary investments across all areas that have contributed to Vermont's housing and homelessness crisis, including the need to construct new permanently affordable housing and rehabilitate existing structures into affordable housing as well as provide the resources necessary to ensure sufficient emergency shelter and supports while we get there.

Without necessary funding during implementation, H.91 will just hand off an insufficiently funded program to someone new and our unhoused neighbors will continue to suffer the consequences of the state's failure to act.

¹⁶ See, US Dept. of Housing and Urban Development, Fiscal Year 2024 Continuum of Care Competition Homeless Assistance Award Report, available at https://www.hud.gov/sites/dfiles/CPD/documents/CoC/CoC-2024-VT_Press.pdf.

¹⁷ The CoC system is mandated by HUD, thus any new state-level system that is unconnected to the CoCs would necessarily operate on a separate track because the CoC system will continue to exist per the HUD mandate.

¹⁸ National Low Income Housing Coalition, No State Has an Adequate Supply of Affordable Rental Housing for the Lowest-Income Renters, available at <https://nlihc.org/gap>.

¹⁹ National Low Income Housing Coalition, How Much Do You Need to Earn to Afford a Modest Apartment in Your State?, available at <https://nlihc.org/oor>.

²⁰ *Id.* at p. 5.

Ensure continued state accountability and responsibility.

A regional planning model led by private non-profit organizations can provide nimble and responsive local planning and action, but the state must maintain ultimate accountability and responsibility for ensuring the basic needs and safety of its residents.

In addition to the core responsibility, the state is also best positioned to oversee statewide planning, connecting the dots between regional plans and filling gaps not addressed via the regional planning model, as well as ensuring the robust capacities of the state are available during predicted and unpredicted crises.

Thank you for considering our position.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Frank'.

Frank Knaack
Executive Director

January 2025 Interim Housing - Demographics*

Coordinated Entry District	Addison	Bennington	Caledonia /Essex	Chittenden	Franklin/G rand Isle	Lamoille	Orange/ Windsor North	Orleans	Rutland	Washington	Windham South	Windsor S/Windham N	Total
Total number of persons served	128	410	136	1006	294	165	344	122	572	935	618	278	5008
Adults	91	292	107	877	236	122	275	72	422	676	480	212	3862
Children	37	117	29	129	58	43	68	50	150	254	138	66	1139
Mental Health Disorder	56	154	42	535	102	77	187	24	289	486	340	118	2,410
Alcohol Use Disorder	3	10	2	56	5	10	17	2	11	40	36	2	194
Drug Use Disorder	9	21	11	171	36	16	57	0	54	79	92	26	572
Both Alcohol and Drug Use Disorder	2	14	5	120	1	17	22	0	20	62	47	17	327
Chronic Health Disorder	25	131	9	398	52	70	113	13	110	302	214	35	1,472
HIV/AIDS	0	4	1	4	0	0	3	0	1	11	4	0	27
Developmental Disability	9	95	15	280	36	45	59	7	70	219	163	37	1,035
Physical Disability	28	96	36	337	88	55	118	28	157	259	213	80	1,495
American Indian, Alaska Native, or Indigenous	0	2	0	15	13	1	2	1	4	6	1	2	47
Asian or Asian American	0	0	0	17	0	1	3	0	0	1	2	0	24
Black, African American, or African	11	22	1	176	10	3	6	1	24	44	34	2	334
Hispanic/Latina/o	6	5	1	15	3	2	7	0	3	14	4	5	65

Middle Eastern or North African	0	0	0	2	1	0	0	0	0	2	1	0	6
Native Hawaiian or Pacific Islander	0	0	0	4	0	0	0	0	1	0	1	0	6
White	104	364	129	715	246	146	282	115	497	802	505	250	4,155
Multi-Racial	1	9	3	24	17	8	17	0	17	24	27	8	155
Multi-Racial Hispanic/Latina/e /o	3	5	2	30	3	4	12	3	22	25	25	10	144
Client Doesn't Know/Prefers Not to Answer	0	2	0	1	1	0	6	0	0	0	6	0	16
Data Not	3	1	0	5	0	0	9	2	3	19	6	1	49
Under 5	9	35	9	46	20	22	23	12	40	76	54	22	368
Age 5-12	21	53	15	48	24	13	20	26	68	107	54	28	477
Age 13-17	7	29	5	35	14	8	25	12	42	71	30	16	294
Age 18-24	7	31	15	61	17	10	25	12	43	63	60	34	378
Age 25-34	20	68	25	186	53	21	59	9	77	149	93	45	805
Age 35-44	22	65	28	270	76	24	77	23	111	173	136	58	1063
Age 45-54	15	52	20	180	35	32	59	12	94	120	87	34	740
Age 55-64	18	50	12	138	41	22	25	12	70	105	66	24	583
Age 65+	9	26	7	42	14	13	30	4	27	66	38	17	293
Client Doesn't Know/Prefers	0	1	0	0	0	0	1	0	0	0	0	0	1
Data Not	0	0	0	0	0	0	0	0	0	5	0	0	5
LOS - 0-7 days	2	15	5	8	5	3	5	0	5	11	8	16	83
LOS - 8-14 days	0	8	0	6	2	1	14	5	11	7	8	8	70
LOS - 15-21 days	0	16	3	17	2	1	1	2	7	7	14	14	84
LOS - 22-30 days	6	13	5	31	4	8	7	2	16	7	19	4	122
LOS - 31-60 days	7	38	23	79	42	11	19	5	55	65	59	23	426
LOS - 61-90 days	4	14	7	67	18	11	28	6	31	23	42	15	266
LOS - 91-180 days	36	85	24	231	60	55	87	37	131	167	141	76	1130
LOS - 181-365	31	147	35	299	121	60	64	25	156	277	154	82	1451
LOS - 366-730	24	62	30	170	39	12	81	30	120	228	111	37	944
LOS - 731-1,095	12	4	4	75	1	1	22	4	36	100	46	3	308
LOS - 1,096-1,460	3	2	0	9	0	2	7	5	3	31	8	0	70
LOS - 1,461-1,825	2	6	0	10	0	0	5	1	1	10	7	0	42
Los - More than	1	0	0	4	0	0	4	0	0	2	1	0	12

[illegible]