

Legislative Report

General Assistance Emergency Housing Task Force

December 24, 2024

Issued by Task Force Co-Chairs; Sarah Russell & Jubilee McGill

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Executive Summary

This section will appear in the final draft of the legislative report.

General Assistance Emergency Housing Task Force

The General Assistance (GA) Emergency Housing Task Force was created through Act 113 of 2024 to provide recommendations to the General Assembly regarding the statewide and local operation and administration of the General Assistance Emergency Housing benefit.

Duties:

The Task Force was charged with examining and providing recommendations on the following:

1. household eligibility; maximum days of eligibility; application, notice, and appeals processes; participant requirements; and annual reporting requirements;
2. the process to establish a single, statewide, unified coordinated entry system with participation from the Department;
3. the current organization of roles and responsibilities within the Department for Children and Families' Office of Economic Opportunity and the Division of Economic Services;
4. the number and types of emergency shelter spaces needed and currently available for each geographic region in the State, with a preference for noncongregate shelter spaces;
5. the identification of a consistent lead agency for each geographic region;
6. the identification of role and responsibility assigned to the lead agency;
7. potential adjustments to emergency housing policy during cold weather months;
8. a process to enable participating households to place a percentage of the household's gross income into savings, which shall be returned to the household for permanent housing expenses when the household exits the General Assistance Emergency Housing;
9. a mechanism for addressing potential conduct challenges posed by a member of a participating household served in a motel, hotel, or shelter;
10. the identification of any State rules and local regulations and ordinances that are impeding the timely development of safe, decent, affordable housing in Vermont communities in order to:
 1. identify areas in which flexibility or discretion are available; and
 2. advise whether the temporary suspension of relevant State rules and local regulations and ordinances, or the adoption or amendment of State rules, would facilitate faster and less costly revitalization of existing housing and construction of new housing units;
11. a mechanism to ensure that eligible households are sheltered until transitional or permanent housing is available; and
12. strategies to reduce reliance on hotels and motels for emergency housing.

Membership

The Task Force was composed of the following members:

1. Sarah Russell, Co-Chair, Special Assistant to End Homelessness, City of Burlington (member with experience operating an emergency shelter)
2. Jubilee McGill, Co-Chair, House Human Services Representative (member with lived experience)
3. Molly Dugan, Director of Policy and Strategic Initiatives, Cathedral Square - Rep for Long-Term Care Crisis Coalition
4. Elizabeth Gilman, Executive Director, United Way and Vermont 211
5. Shaun Gilpin, Housing Division Director, Agency of Commerce and Community Development (Appointed by ACCD's Commissioner)
6. Miranda Gray, Deputy Commissioner, Economic Services Division, Department for Children and Families
7. Amy Johnson, Government Affairs and Communications Director, Vermont Care Partners
8. Frank Knaack, Executive Director, Housing and Homeless Alliance of Vermont
9. Shelby Lebaron (Member with lived experience)
10. Christopher Louras, Homeless Response Coordinator, City of Rutland (Appointed by Vermont Leagues of Cities and Towns)
11. Pollaidh Major, Director of Policy and Special Projects, Vermont Housing and Conservation Board
12. Brenda Siegel, Director of End Homelessness Vermont - Rep for Vermont Center for Independent Living
13. Lily Sojourner, Director, Office of Economic Opportunity, Department for Children and Families (Appointed by DCF's Commissioner)

There was a transition in task force membership midway when Pollaidh Major went on leave and was replaced by Elise Greaves as the representative from VHCB.

Committee Process

Task force members met eight times over the course of the spring, summer, and fall. Meetings were originally 2 hours, but given the number and breadth of the charges of the task force, they were extended to 4 hours, then to all day meetings for the final ones, to ensure we could cover as many of the topics as possible. Meetings were hybrid, with some joining in person and some virtually.

Given the wide range of perspectives and experience, we considered and voted on recommendations for each charge one by one, rather than collectively. Members were encouraged to present recommendations for consideration and others were submitted as suggestions through public comment at the start of each meeting.

The recommendations in this report were approved by a majority of task force members, with those who voted in the minority given the option to submit a minority report.

There were some instances where we agreed change was necessary but did not have the time to come to a consensus, we have included those in with the recommendations and noted that a vote was not taken.

An initial report was released to the public for review and an opportunity for public comment. All public comments are attached to this report in the appendix and any that the Task Force Co-Chairs thought especially noteworthy have been included in the Additional Considerations section.

Recommendations

1. household eligibility; maximum days of eligibility; application, notice, and appeals processes; participant requirements; and annual reporting requirements;

Household Eligibility

Criteria shall include a household that has a member of the family who:

- a. Is 60 years of age or older; or
- b. Is pregnant; or
- c. Is experiencing domestic violence, dating violence, sexual assault, stalking, human trafficking, hate violence, or other dangerous or life threatening conditions that relate to violence against the individual or a household member that caused the household to lose its housing; or have experienced domestic violence, dating violence, sexual assault, stalking, human trafficking, hate violence, or other dangerous or life threatening conditions that relate to violence against the individual or a household member while in a GA funded motel or while living unsheltered or in precarious housing; or
- d. Has a child aged 19yr or younger; or
- e. Is a youth exiting foster care, aged 19-24yrs; or
- f. Has a disability, defined by ADA, and:
 - i. written verification of the disability from a professional licensed by the State to diagnose and treat the disability and certification that the disability is expected to be long-continuing or of indefinite duration and substantially impedes the individual's ability to live independently;
 - ii. written verification from the Social Security Administration;
 - iii. receipt of a disability check;
 - iv. intake staff-recorded observation of a disability that, not later than 45 days after the application for assistance, is confirmed and accompanied by evidence of this; or
 - v. other documentation approved by either the Department or the U.S. Department of Housing and Urban Development; or
 - vi. a form developed by the Department as a means of documenting a qualifying disability or health condition that requires:
 1. the applicant's name, date of birth, and the last four digits of the applicant's Social Security number or other identifying number;
 2. a description of the applicant's disability or health condition;

3. 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
 4. 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
- g. Is homeless due to natural disaster; or
 - h. Is homeless due to death of a child or partner; or
 - i. Is homeless due to constructive eviction.
 - j.
- *Task Force Vote: Yes-6, No-0 (Not voting; Abstained-2, Absent-5)

Furthermore, the Task Force recommends removing the resource test entirely so that savings are not taken into consideration when determining eligibility and self-pay nights.

*Task Force Vote: Yes-9, No-0 (Not voting; Abstained-2, Absent-2)

Maximum Days of Eligibility

Households will be eligible for GA-EHP motel stay until:

- a. Homelessness is resolved; or
- b. Household has refused to engage in Coordinated Entry and/or adequate housing case management; or
- c. Household becomes ineligible, based on above criteria
- d. HH used max length of stay within a 12-month period¹

Legislature should look at the existing requirement around accepting alternative shelter and housing to ensure it meets the needs of households and there should be a legal review to make sure our state is complying with the Olmstead decision.

* Task Force Vote: Yes-9, No-1 (Not voting; Abstained-2, Absent-1)

Application, Notice, and Appeals

¹ Maximum length of stay shall be equivalent to the average length of stay as determined by Measure 1 from the HUD System Performance Measures:

Measure 1 – Length of Time Clients Experience Homelessness:

Metric 1a uses actual time in Emergency Shelter and Safe Haven (and includes Transitional Housing in part of the metric) to determine the median and average length of stay for clients served during the reporting year.

Metric 1b builds on Metric 1a but adds the “Approximate date homelessness started” response to the beginning of each client’s stays before calculating the average and median.

The Task Force has determined notice, application, and appeals process must be clearly defined, and provided in writing to all households, minimizing the level of discretion of AHS currently has to develop Rules for program execution and implementation. Denial letters will be issued at each denial. All denial letters from ESD must include the reason for the denial, clear instructions for appeal process, contact information for legal services, and participant rights related to Reasonable Accommodation.

Households may apply either in-person or over the phone. A mechanism for virtual application, income reporting, etc. should be developed by ESD (via app, portal, etc.).

Protections must be in place, and developed by the Vermont Network, to ensure households that experience domestic violence (etc.) during motel stay to ensure continued eligibility.

* Task Force Vote: Yes-8, No-0 (Not voting; Abstained-2, Absent-3)

Households will be sheltered for duration of appeal process and through determination to the extent there is capacity, except in instances where behavior threatens the health and safety of others at the motel. The legislature should develop language to ensure there is equitable and non-discriminatory definition of behavior that threatens health and safety.

* Task Force Vote: Yes-6, No-2 (Not voting; Abstained-3, Absent-2)

Program Requirements

Households deemed eligible under the above criteria must meet the following requirements:

- a. Engagement with Coordinated Entry and/or approved housing case management. Activities shall include one of the following:
 - i. completing the coordinated entry assessment; or
 - ii. engaging with providers to secure an alternative housing placement; or
 - iii. addressing barriers to permanent housing; or
 - iv. applying for permanent housing voucher
- b. Income certification with ESD every 90 days instead of the current practice of upon receipt of a paycheck or monthly benefit

Legislature should look at the existing requirement around accepting alternative shelter and housing to ensure it meets the needs of households and there should be a legal review to make sure our state is complying with the Olmstead decision.

* Task Force Vote: Yes-8, No-0 (Not voting; Abstained-2, Absent-2)

Reporting Requirements

AHS will provide monthly reports detailing the following, statewide and by-district:

- a. Households served; population break-down
- b. Households eligible but not able to serve due to room capacity
- c. Number of motel rooms
- d. To the extent possible, number of households exited for reasons in the following categories:
 - i. Ineligible, based on criteria
 - ii. Behavior-based
 - iii. Obtained permanent housing
 - iv. Obtained community-based shelter bed
 - v. Other

In all instances above, data should not be provided publicly in cases where number is below 12 to protect confidentiality, however local data may be shared with CE Lead Agency, when households are enrolled in CE. ESD will designate a representative in each district to serve as point-of-contact for Lead Agencies. ESD point-of-contact will attend local case conferencing circles (when CE ROI is in-place).

* Task Force Vote: Yes-7, No-0 (Not voting; Abstained-3, Absent-3)

2. the process to establish a single, statewide, unified coordinated entry system with participation from the Department;

There is agreement that a single, statewide, unified coordinated entry system exists and the system must be improved with benchmarks and tied to funding. In partnership with Chittenden County Homelessness Alliance (CCHA) and the Balance of State CoC, OEO will determine benchmarks, requirements, and outcomes which include the following:

- a. Expanded standards for service provision:
 - i. Field-based services, opposed to office-based services,
 - ii. Scope of service related to engagement, role of case management, performance indicators,
 - iii. Training and professional development for case management staff,
 - 1. Adequate funding to reduce wait-times for connection to case management services
 - 2. Adequate funding to reduce wait-times for CE assessment and enrollment

There is agreement that AHS (and its contractors) must engage with and participate within the coordinated entry system, to include:

- a. Adequately funding and training for AHS contractors to provide housing-related case management
- b. Investing in workforce development for direct service workers, including providing professional development
- c. There is acknowledgement that the needs of households have shifted in acuity and require intervention that is, at times, clinical in nature, and therefore, AHS (ESD, DAIL, FSD, DMH, VDH, DCF, etc.) and AHS contractors (including but not limited to AAAs, MH and SUD designated agencies, and CDD/Parent-Child Centers) must engage in and provide coordinated entry assessment and housing navigation services; training in housing navigation must be provided to AHS staff and contractors; housing navigation must be part of the role of staff and contractors
- d. Utilization of the Homeless Management Information System (HMIS) across AHS staff and contractors
- e. Each AHS department must identify point-of-contact to participate in local case conferencing activities

* Task Force Vote: Yes-7, No-0 (Not voting; Abstained-3, Absent-3)

3. the current organization of roles and responsibilities within the Department for Children and Families' Office of Economic Opportunity and the Division of Economic Services;

There is agreement that AHS must shift to a role of "shelter provider" with regard to the GA-EHP and hold accountability for the participants within this program, providing data and reports statewide and regionally, as outlined above. The department should always have the ability to make reasonable accommodations.

There is agreement that AHS (and its contractors) must participate in the statewide coordinated entry system, including utilization of HMIS, as outlined above.

AHS will develop contracts with motel/hotel owners indicating agreements around participant conduct, habitability standards, and owner responsibilities. AHS will consider purchase of motel/hotel in instances when available to operate site as shelter, with consideration of transition to permanent housing (and/or in partnership with non-profit housing provider).

AHS will designate staff to be assigned and on-site at each motel/hotel, or multiple motels/hotels (numbers-dependent) to coordinate services and serve as liaison between owner, case managers, and households.

* Task Force Vote: Yes-7, No-0 (Not voting; Abstained-3, Absent-3)

4. the number and types of emergency shelter spaces needed and currently available for each geographic region in the State, with a preference for non-congregate shelter spaces;

The Housing & Homelessness Alliance of Vermont will work with community and State partners and both Continua of Care to develop an annual report to detail scale and type of emergency shelter required to meet the need.

* Task Force Vote: Yes-9, No-0 (Not voting; Abstained-1, Absent-3)

5. the identification of a consistent lead agency for each geographic region;

Each region currently has a lead agency for administration of the coordinated entry system. The State must ensure adequate funding for each lead agency. Lead agencies will be required to determine benchmarks and procedure related to:

- a. Identifying CE System Lead (staff member(s))

- b. Defining roles and responsibilities for outcomes of the CE System Lead to include:
 - i. Wait-time for assessment
 - ii. Interim service provision until household can be assigned to case management
 - iii. Timely data entry for HMIS
 - iv. Complete assessment data entered into HMIS (include all areas of CE assessment)
 - 1. Contingency-planning when there is a wait-time to conduct assessment and/or connection to case management
 - 2. Process for communication and work-flow when case manager is not connected to the CE system
 - 3. Policies for expansion of CE partners within the region and statewide

* Task Force Vote: Yes-7, No-0 (Not voting; Abstained-3, Absent-3)

6. the identification of role and responsibility assigned to the lead agency;

See 5 above.

7. potential adjustments to emergency housing policy during cold weather months;

AWC must include relaxed eligibility requirements to avoid exposure death, to align with closure of VT State Parks for the season: October 15 – April 15. There is agreement that adequate funding and support for seasonal low-barrier shelter must be provided.

* Task Force Vote: Yes-7, No-0 (Not voting; Abstained-3, Absent-3)

8. a process to enable participating households to place a percentage of the household's gross income into savings, which shall be returned to the

household for permanent housing expenses when the household exits the General Assistance Emergency Housing;

The Task Force recommends changes to the current practice of income contribution and self-pay nights. We ultimately did not come to a final decision, as the topic is more complicated than we had time to take on and would require collaboration with other state agencies who were not members of the task force. Three options that we discussed and agreed to pass along to the legislature in this report for them to consider in their deliberations:

- a. There should be no income contribution due to the majority of people who are in the program having significantly low incomes. The income contribution is difficult to manage and prevents available resources for housing.
- b. Income contribution should follow a standard similar or identical to the Section 8 calculation of any income contribution and that contribution should go toward savings to access to housing needs, like furniture, kitchen supplies, basic needs or returned to household after exit.
- c. 30% Income contribution for households above 200% poverty line
 - i. 50% of income contribution will defray the cost of motel stay
 - ii. 50% of income contribution will be placed in savings escrow, to be returned to the household upon exit from the EHP

* Task Force Vote: Yes-9, No-0 (Not voting; Abstained-2, Absent-2)

9. a mechanism for addressing potential conduct challenges posed by a member of a participating household served in a motel, hotel, or shelter;

The members of the Task Force agree:

- a. Periods of ineligibility shall be removed
- b. Challenges related to either conduct or more often a person's disability should instead be addressed using the same principles as a Housing First Model. Individuals should be met where they are at to work with them on addressing these challenges, and when necessary, working with clients to move households to an environment that has a better chance at success, understanding that this may take multiple tries.
- c. This does not prohibit a hotel from getting a no trespass, addressing challenges through the criminal legal system, or choosing not to renew a household.

* Task Force Vote: Yes-7, No-0 (Not voting; Abstained-3, Absent-3)

10. the identification of any State rules and local regulations and ordinances that are impeding the timely development of safe, decent, affordable housing in Vermont communities in order to:

1. identify areas in which flexibility or discretion are available; and
2. advise whether the temporary suspension of relevant State rules and local regulations and ordinances, or the adoption or amendment of State rules, would facilitate faster and less costly revitalization of existing housing and construction of new housing units;

This committee recognizes that there is work being led by the Affordable Housing Development Regulatory Incentives Study committee established by Act 181 S 37 to make recommendations related to these issues. Their work has involved extensive input of stakeholders, led by the Vermont Department of Housing & Community Development with participation by VHCB staff. Their final report is not yet complete, but it is anticipated to be comprehensive in nature, addressing detailed recommendations regarding obstacles to affordable housing development.

This committee recognizes that the in-depth work of the Act 181 committee will be of value in considering a variety of steps to reduce barriers to expedited development and does not want to duplicate these efforts.

In the meantime, we highlight and recommend several key priorities be pursued, including:

- a. Ensuring that there is consistent capital available to fund projects that are moving through the development pipeline. Without confidence in the availability of funding, it is impossible for developers to advance critically needed housing projects.
- b. Speeding up and streamlining the appeals process, to include:
 - i. Provide an expedited and consolidated appeal review for PHP, affordable, inclusionary zoning, or projects that meet a threshold for affordability. Provide for certainty about the timeline for consideration.
 - ii. Affordable housing developed in the 1A tier should be excluded from appeals. These areas have already been planned for development.
 - iii. For both Tier 1A and 1B, consideration should be given for moving from an opt in to an opt out approach to minimize the potential for some communities to maintain higher barriers to affordable housing than others.

This committee also recommends the following:

- a) The Corrective Action Plan process currently can take as much as a year to complete, slowing down projects and therefore increasing costs. We recommend that efforts be made to reduce the timeline to no more than 6 months.

- b) That any building that has been zoned for use as a hotel or motel be automatically allowed to be converted for use as a shelter and permanent supportive housing for households exiting homelessness.

In addition, the GA-EHP Task Force recommends the Act 181 Committee and legislature consider the following questions:

- a) Explore mechanism to ensure no other zoning conditions exist which impact capacity of developed shelter and/or permanent supportive housing units is not decreased during conversion from motel use

* Task Force Vote: Yes-7, No-0 (Not voting; Abstained-3, Absent-3)

11.a mechanism to ensure that eligible households are sheltered until transitional or permanent housing is available; and

See Section 1: Maximum Days of Eligibility

12.strategies to reduce reliance on hotels and motels for emergency housing.

The Task Force received a number of recommendations for this charge and did not have time to consider them all. We also expect to receive additional recommendations through public comment that we are sure will deserve review and consideration by the legislature. We decided not to take a vote and instead have included the barriers and recommendations we discussed. Further recommendations from the public and service providers will be included in the appendix in the final version of this report.

- b) The Legislature should solicit feedback from providers to determine impediments to development of emergency shelter
- c) Increased funding for agency infrastructure (HR, accounting, etc.)
- d) Lack of clinical expertise due to acuity of need (MH, SUD, medical challenges, etc.) must be addressed;
- e) Increased disability supports and services
- f) Lack of physical space; buildings, etc. to adequately provide congregate, semi-congregate, and non-congregate shelter options
- g) Alternative Housing Options:
 - i. Dormitories
 - ii. Tiny Homes with zoning changes that allow for them
 - iii. Individual or campus with community space model. Mixed or low income.
 - iv. Single room occupancies
 - v. Habitat for humanity

- vi. Determine feasibility for partnership with HomeShare Vermont
- h) Consider the needs and preferences of those experiencing homelessness, including pets, smoking, criminal history, transportation options, proximity to services, etc.)
- i) Systemic Changes:
 - i. Additional rental vouchers (VSHA; expansion of the Family Unification Voucher, etc.)
- j) Regulation:
 - i. Address regulations that prevent shelter and combat NIMBY ordinances
 - ii. Adjust regulatory hurdles for tiny homes, single room occupancies, dormitories, etc.
- k) Consider statewide regulation on Short-term rentals regulation similar to the model used by Burlington Increased resources for home- and community-based care
- l) Service providers need significant additional funding to carry out increased engagement with households and provide robust wrap around services, including peer-lead models and housing retention services. There needs to be increased investment in the service sector so that providers can recruit and retain support staff.
- m) A housing first model should be implemented to ensure that services are robustly available, but not required in order to create a client centered and client directed model of care. When necessary nontraditional case management should be implemented to address barriers.

Additional Considerations

Appendix