

DMH Housing Subsidy & Care Program Update
January 2012 / October 2013

I. BACKGROUND AND INTENT

This DMH Housing program began as a response to Tropical Storm Irene when Vermont State Hospital beds were in short supply and transitioning homeless clients back to the community with supports became an issue for AHS & DMH. To that end a collaborative Housing Subsidy & Care Program that insured services from *Local Participating Agencies* (LPA) s that DMH funds was conceived. Both Local Participating Agencies and Consumers decided what program outcomes should be measured in an advisory committee. The choices became the nine SSOM measures adopted by DMH for this program. Subsequently, the first client served was in January 2012.

DMH encouraged LPAs to work with homeless mentally ill persons on an individual basis. Sometimes a person was referred by a local housing team more often by the agency working with a homeless person with a mental illness. Since January 2012 the LPA has sought housing assistance for that person by a grant from the State of Vermont Department of Mental Health. The program was intentionally designed to provide both affordable housing and encourage collaboration for a range of supportive services to homeless individuals who are mentally ill, and may have chronic alcohol and drug use/abuse problems via the DMH funded provider network. DMH needed to insure that homeless persons ready to exit DMH funded hospital beds and higher acuity level of care services were able to do so when clinically appropriate. Although initially a response to Irene, more recently, the program's main focus is to serve homeless persons in the hospital needing stable housing as part of a discharge/treatment plan. These individuals have become the department's priority.

The agreements for housing and support were designed among the (Local Participating Agency) and (DMH & Vermont State Housing Authority (VSHA) - DMH strongly encouraged cooperation between the VSHA & Local Participating Agencies. The intent has been for all to work collaboratively to support this housing opportunity and to clearly identify services to be provided and the responsibilities of each LPA. The Local participating agencies have committed to and have participated in the DMH Housing Subsidy & Care Program by providing necessary services to the individuals who are homeless, mentally ill. This local provision of services has helped avoid higher levels of care with stable housing and has been linked to a supportive service/treatment plan. The target population has been adult (age 18 and older) who are experiencing homelessness and have a disabling mental health condition who are in the hospital or acute care setting.

The DMH Housing Subsidy & Care was designed as a model of permanent supportive housing that can be utilized to end homelessness, reduce usage of high-cost emergency and crisis services, foster improved health, increase self-sufficiency and self-determination, and increase income and benefits among homeless adults with mental health disabilities.

Each participating agency funded by DMH has understood the *reporting requirements* for funding.

The expected mission of the LPA has been ultimate responsibility for the DMH Housing Subsidy & Care individual grant, however, agencies may either administer the supportive services directly, collaboratively, or delegate project responsibilities (with DMH approval) to one or more local agency service provider/partners. The lead agency documents outcomes.

The Vermont State Housing Authority (VSHA) has undertaken the authority and responsibility to administer the rental assistance payments; accept DMH participant intake and eligibility determinations, with the required service delivery plans documented from the local participating service providers. VSHA has completed housing quality standard inspections; and provided some tenant intervention services as warranted. They also have advised DMH on various program improvements. DMH reviews service plans and Self Sufficiency Outcome Data quality for persons that are granted a subsidy.

The mission of the Vermont Department of Mental Health has been to enhance the well being of each homeless mentally ill resident in the area of Behavioral Health. The local participating agencies have provided individual community support and made referrals to additional mental health and substance abuse treatment as warranted.

The mission of the Local participating agency has been to provide supportive services that enable consumer/tenants to maintain stable housing for a year or more, address their social service and treatment needs, support skill building, and to enhance a person's ability to make decisions and priorities about their lives as reported in the *Self Sufficiency Outcome Matrix*.

All providers have understood that persons with disabilities require a set of services which are unique and specialized; that the consumer/tenant needs to be responsible for the prioritization and provision of their own service needs; and that the coordination of supportive services by the local Service Providers is critical to supporting the consumer/tenant live to live successfully in the least restrictive environment.

LPAs have provided supportive services to very low-income, homeless, persons with a MH disability, and have a cadre of trained and experienced staffs who have worked with persons who are disabled. DMH funds these providers for the provision of these services. It is understood that service providers will assist tenants in need of services beyond agency's scope of practice with referrals and linkages to other appropriate agencies as needed.

II. DEFINITIONS

For the purpose of this program, "supportive services" means services provided to residents for the purpose of enhancing the consumer/tenant's ability to maintain independent living. Supportive services have been an expectation to insure that the special needs of the consumers to be served are met. These services have included: medical and psychological case management; alcohol and substance abuse services; benefits advocacy and income support assistance such as SOAR, SSI, general assistance, food stamps, Medicaid, Social Security, etc.; money management/payee services; employment services such as job training and job placement; and assistance in obtaining other resources and support for consumer/tenants such as transportation, legal assistance, AIDS related services, health care, education services, etc. These services are provided directly by the service providers listed above or by local arrangement with other service providers.

For the purpose of the HS&C program, a "person with mental health disabilities" has been defined as:

"Persons with documented disabilities" - a household composed of one or more persons at least one of whom is an adult who has a disability.

A person shall be considered to have a mental health disability if such person has a physical, mental, or emotional impairment, which is expected to be of long-continued and indefinite duration; substantially impedes his or her ability to live independently; and is of such nature

that such ability could be improved by more suitable housing conditions. This does not mean Community Rehabilitation & Treatment (CRT) eligible only.

For the purposes of the HS&C program, a person is considered “homeless” if he or she is:

- sleeping in an emergency shelter;
- sleeping in places not meant for human habitation, such as cars, parks, sidewalks, or abandoned or condemned buildings; or
- Living in transitional housing but having first come from streets or emergency shelters.
- And as a priority, needing to exit a DMH funded hospital bed or other high service bed with no housing available

For the purpose of this Program, “low income” has been defined as households with incomes 30% or below of the median income for all counties in Vermont. Income verification *has been required for participation in this program.*

III. ELIGIBILITY DETERMINATIONS

Eligibility for the DMH Housing Subsidy & Care program has been based on mental health disability, homeless, and low-income status. Consumer/tenants have had written verifications from a physician that the condition or illness is disabling and that s/he can live independently. This documentation needs to be kept available at the local level. During the process of tenant screening, the potential tenant needs to complete a standardized release of information form that authorizes his/her physician to release such information. Consumers/tenants need to provide income verification to the Vermont State Housing Authority. Service Providers need to provide verification of homeless status and disability determination.

The LPA, based on criteria established by the Vermont Department of Mental Health, has initially selected prospective Consumer/tenants. The initial selection of consumer/tenants has not relied solely on traditional property management standards; rather, standards that reflect a commitment to housing very low-income, homeless, persons with disabilities as detailed above. Due to funding constraints DMH now has a sole priority given to those in a hospital bed or acute care setting. Early on, the prospective tenant had been referred by any one of the service providers previously listed. The Vermont Department of Mental Health evaluated the referral application information and determined if the prospective tenant met homeless and disability criteria and supported improved bed utilization. In all instances tenants have been encouraged to sign a lease.

IV. GUIDING PRINCIPLES

All parties under this DMH HS&C program have jointly recognized that all persons with disabilities and that are homeless are diverse in terms of strengths, motivation, goals, background, needs and disabilities;

- all persons with disabilities that are homeless are members of the community with all the rights, privileges, opportunities accorded to the greater community;
- all persons with disabilities that are homeless have the right to meaningful choices in matters affecting their lives;
- all persons with disabilities that are homeless should have their input sought in designing and implementing their supportive services and community support plans;

- Not every person participating in the DMH Housing Subsidy & Care program will need to be clients of a designated community mental health center, however they should be linked to support services in order to live successfully as part of the DMH housing Subsidy & Services program.

V. ROLES AND RESPONSIBILITIES

Role of Parties

All staff work together as a team to effectively meet the needs of the tenants. This level of collaboration has required thorough and timely communication. The service providers agreed to the performance of supportive services as requested by the consumer/tenant and participation in HMIS / SSOM. Both Consumers and providers developed the outcome measures that the program follows. The LPAs have been fiscally responsible in practices in requesting housing funds, Further; they have provided data that provides outcome reporting on their provision of services .Currently DMH care managers work in the determination of eligibility due to funding constraints.

The LPAs continue to enter high quality, timely, accurate, data into the Vermont Balance of State Homeless Management Information System (HMIS). VSHA contributes to the data pool regarding housing search, per person costs, etc. Quarterly reports and Data Quality (DQ) reports continue to be run over the course of the program and these DQ reports form the basis of reports that are submitted to the legislature.

VI. SCOPE OF SERVICES

Supportive Services Providers

In accordance with individual recovery/service plans, the LPAs have ensured that community support workers:

- Work with consumers/tenants wishing to engage in supportive services and will have a coordinated community support plan linked to the SSOM from the local agency of their choice;
- Provide community and social service linkage to the consumer/tenant upon request or need;
- Assist in identifying and referring low-income, homeless, mentally ill persons with disability in hospital or at risk, in need of housing to Eligible Agency Applicants;
- Assist (Eligible Agency Applicant) in screening all potential tenants, specifically, assessing tenants' ability to live independently;
- Perform the following program support services functions:
 - Provide community support services, which may include,
 - Referrals for or rehabilitation, vocational and employment assistance
 - Referrals for or general health and dental services
 - Income support and benefits & SOAR program participation
 - Referrals for or alcohol and substance abuse treatment
 - Consumer and family involvement
 - Referrals for or psychosocial and mental health treatment
 - Conduct an initial needs assessment & SSOM with each client and develop an individual self-sufficiency plan for each client linked to the 9 SSOM domains, including a 90 day periodic evaluation and update of the individual service plan as the needs of the consumer/tenant change.

- Refer consumer/tenant, when needed or upon request, to treatment services or other needed social services
- Provide crisis intervention as needed and when requested or provide consultation in the management of disputes or differences between consumer/tenant and subsidy administrator.
- Assist Eligible Agency Applicant in household disputes and in conflict resolution.
- Assist consumer/tenants in understanding their rights and responsibilities under a tenant lease

Process followed thus far:

- LPAs have prepared and submitted applications to DMH and maintained electronic files on each client referred. Acute Care Managers have assumed the role of determination.
- LPAs have maintained current documentation of SSOM assessments and subsequent interval assessments.
- LPAs Administrative Services:
 - Have kept all HMIS records regarding program supportive services rendered as required
 - Cooperated in monitoring and audits or other reporting requirements with respect to DMH funding.
 - Performed SSOM assessments initially and at 90 day intervals.
- Service Providers have provided the following services to DMH Housing Subsidy & Care participants under this agreement:
 - Supportive activities, which will help consumer/tenants, develop the skills, information and abilities needed to utilize the resources of the service providers as well as the larger community.
 - Facilitated access to treatment services.
 - Helped consumers/tenants learn to use public transportation.
 - Helped consumers/tenants access pre-vocational and vocation/employment assistance, peer counseling, substance abuse counseling, mental health counseling, special needs skills training, safe sex education, HIV/AIDS health services, and tenants' rights education.

Local Participating Agencies (LPAs)

Each has responsible for agency data entry and data management as well as local support of the clients enrolled in the DMH Housing Subsidy & Care programs with other community service providers as part of a coordinated service team.

- have maintained a file on each Eligible Agency Applicant, including but not limited to: application, homeless status verification, Mental Health Disability, initial income verification, household verification, preliminary tenant rent determinations, SSOMs
- Determined preliminary income eligibility of consumers/tenants.
- Provided quarterly SSOM & service reports and any other required HMIS information to DMH

Vermont State Housing Authority

The DMH Housing Subsidy & Care Program has an established agreement with Vermont State Housing Authority (VSHA). Each program participant pays 30 percent of their income towards their rental costs similar to the HUD Section 8 program. VSHA has completed subsidy determinations The Department of Mental Health pays the balance of the Fair Market Rent to landlords through the Housing Authority. VSHA field staff

complete Housing Quality Standards (HQS) and interact with community landlords that they have long standing working relationships with.

VII. FUNDING

LPAs have had the funds (provided by DMH) to provide the supportive services detailed in this document and anticipate continuation of this funding. (PATHWAYS TBD) LPAs have been committed to providing appropriate and necessary services to the consumers/tenants of the DMH Housing Subsidy & Care program and remain committed to providing these services over the long-term, pending available resources. It is understood that the Service Providers responsibilities are contingent upon continued or expanded DMH funding.