

My name is Christie Everett; I am the Director of Access and Acute Care Services at the Clara Martin Center. In addition, I also oversee our Safe Haven program in Randolph, a program that provides a transitional living residence for adults that are experiencing homelessness and the impacts of mental health challenges. The majority of consumers that we serve at Safe Haven are also engaged in services through our Community Support Program. I wanted to speak today on the profound impacts that the proposed cut of \$500,000 in the budget for DMH housing vouchers will have on the ability to serve those consumers currently receiving care through our agency.

Access to affordable and sustainable housing is one of the basic needs that every human has. Due to policy changes and shifting focus at the federal level, those of us that deal with housing issues at the local level have had to manage deep cuts to funding and programming for the better part of two years, putting sometimes whole programs in jeopardy. In early 2014, the 13 distinct housing programs across the balance of state continuum of care faced a 5% cut in federal HUD funding which was inequitably shouldered by those programs that provide housing to consumers with a mental health diagnosis.

The Shumlin Administration has put forth a proposed budget for FY16 that includes a reduction upwards of \$500,000 in funding for housing vouchers targeted for consumers of mental health services. This reduction will have a major impact in our ability to keep the mentally ill housed, and prevent crisis situations that result in an increase in both emergency room visits, and inpatient mental health care. As the decentralized system of care has continued to develop and evolve over the past 3 years, there has been a focus on building the various community based supports that folks need to survive and thrive in their community. Housing remains a fundamental need, and with the mentally ill population remaining one of the most vulnerable populations in the state, a substantial percentage of whom live at or below the poverty level, the concepts of treatment and therapy can take a backseat to basic survival, and where someone will sleep that night. We need to retain funding and access to housing vouchers to stabilize a person's living situation, in order to keep the system fluid and responsive, provide appropriate levels of care to those that need it at the time, which will in turn drive down costs to the system.

Per the Vermont State Housing Authority's Directory of Affordable Rental Housing data for 2014, the numbers speak to this need in more detail. For the year 2014, the income needed to afford a one bedroom apartment at the fair market rent for Orange County as set by HUD is \$27,200 annually, accounting for no more than 30% of one's income going towards housing costs. The minimum wage for Vermont for 2014 was \$8.73. If someone works full time, that equates to an annual gross salary of approximately \$18,160, well shy of the income level needed. It is the reality that we work with, that the clients in our system that need access to these housing vouchers are not able to work full time, are only making minimum wage, or are surviving on a limited income, that without the support that the vouchers provide, would not be able to survive in our community. Taking this funding away has the potential to destabilize whole communities and populations.

Three of the main components of support that the CRT programs across the state provide to consumers are supports around housing, employment and supportive services. Each one is facing a dramatic change in level of funding that will have major impacts on the stability of the system of care. The cut in funding for housing vouchers combined with the pending change in vocational rehab funding away from the CRT programs removes two separate and essential resources from a population that, without those resources, diminishes the capacity of that population of people to lead productive and thriving lives in the community. The third component, supportive services, will also face continued dramatic changes without the approval of the 2.5% Medicaid rate increase, as DA's continue to experience a "brain drain" of talented and experienced clinicians away from the community mental health based system, into more lucrative paying jobs at the state level and private organizations that provide a level of pay and benefits that the designated agency system has no ability to even remain competitive with. If the designated agency system remains the de facto safety net for all Vermonter's, these cuts only work to enlarge the holes in that safety net, impacting negatively a greater and greater population of people across the state.