Rebecca Buck

From: Thompson, Shannon <Shannon.Thompson@state.vt.us>
Sent: Thursday, January 29, 2015 8:02 AM
To: Rebecca Buck; Stephanie Barrett
Cc: Dupre, Paul; Reed, Frank; Donahey, Richard
Subject: Questions from Senate Appropriations
Attachments: Appropriations Committee Response 012015.docx

Rebecca and Stephanie,

Below are the responses to questions raised at our testimony on Tuesday.

1. How many total IFS employees are there?

   This is an IFS initiative, therefore, the response will be provided by IFS.

2. How much money in total do we get for Reach Up?

   DMH has base funding of $1,596,744. BAA reduces that by $87,832

3. Questions and answers from House Appropriations.

   See attached file

Thank you,

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Documents Responsive to Committee Questions

- #1 List of committee questions and brief responses
- #2 DMH Housing Subsidy & Care Program detail
- #3 CRT Housing Support Fund Guideline detail
- #4 Federal Section 8 Program description
- #5 Housing Program Outcome Matrix
- #6 Voucher Funding, Graphs, 24-month Trend

#1

Information for House Appropriations Committee

1. Why is DMH underspending for non-categorical case management?

   The non-categorical programs began in FY13, and were fully operational in FY 14. This reduction is based on underutilization of the available funding for this program. Some history on the program:

   - *In April 2012, Children's Personal Care Services (CPCS)(under VDH MCH Children with Special Health Needs Unit) made significant changes to their program to ensure CPCS was being used appropriately. This included clarified eligibility criteria and implementing a new assessment tool to determine eligibility or continued eligibility for CPCS.*
   - *It was anticipated that this new assessment process and program eligibility standards would result in some children being found eligible for less or no CPCS.*
   - *Therefore, funding was infused into the DA system to be able to meet the needs of those children and families with more appropriately matched services – the non-categorical funding – and was put towards DMH fee-for-service specialized rehabilitation services, DMH respite, or family-managed respite (run through DAIL/ARIS).*
   - *In Oct 2012, there was a delay in the implementation of the new CPCS assessment process, therefore families continued to receive their current level of CPCS with "transition funds" and did not have a need to transition to the other services offered through the DA. Thus, the non-categorical funds were underutilized.*
   - *In Sept 2014, the first 90-day notices for reassessment were sent to 700-800 families. While this may lead to an increase in expenditure, DMH believes the current trends will see minor impact.*

2. Does it make sense to have ABA funding transferred from DVHA? Should it be moved to DMH?

   A state plan amendment has been submitted to CMS for approval that will allow for DVHA to expand services to address this need. Until such approval is granted, we need to operate under existing state plan rules. Currently, the Designated Agencies have authority to provide the necessary services. Therefore, this is a cost-neutral shift of funding to DMH to provide these necessary services.

3. How is the ABA money being used?

   This funding is to support Applied Behavior Analysis for children with autism spectrum disorders. It will be used to increase access to ABA services outside of the school setting for children with autism spectrum disorders who are Vermont Medicaid beneficiaries.

   The funding will be used specifically for clinical assessments, behavioral skill development and coordination of care.

4.
   a. Your Commissioner's testimony on the FY 2-15 BAA included a reference to there being a reduction to the Youth In Transition grant. Could you tell us what the original grant amount was and how much was reduced in the rescissions, if any, and the BAA?
   b. What is happening to the Youth in Transition Grant. It is getting a slight haircut in the BAA. What was the original amount and the revised amount for FY 2015? What is the Governor recommending for FY 2016?

   In FY 15, there was three months of Federal Funding remaining. We received nine months of funding - $484,118 Medicaid and $310,640 in GF, which allows us to be fully funded in FY15. There were no reductions in the rescissions or FY 15 BAA. The $4,874 reduction in the rescission was a vacancy savings target. The Youth In Transition language was in error.

In FY 16, we have nine months of spending authority. The Federal fund down of $265K is to reduce the spending authority because the grant is ending.

5. Re-examine voucher costs. Numbers not lining up with costs.

   There was a formula error for FY 15 numbers, pulling only 6 month average versus 12 month annualized average. It is corrected in updated attachment.

6. What was original allocation for housing vouchers?

   In FY 13, DMH was allocated $600,000 GF which was matched to Medicaid investment based upon treatment accompanying voucher funding ($1,377,094 GC). In FY 14, DMH moved GF to GC using the ups/downs. Total current allocation is $1,377,094. Of that, we are using $1,300,000 for subsidies and $104K for admin fee.

7. Who doesn't have access by maintain expenditures at current level of approximately $70K per month?

   There is currently no waiting list for housing vouchers. All applications are currently approved, but not all individuals have secured housing at this time. Funding is available for the approved vouchers.

8. Can the vouchers be used for other populations?

   Individuals served in Adult Outpatient (AOP) programs can access Housing Subsidy and Care, but cannot access the CRT Housing Support Fund and may access Federal Housing Subsidies if they have a disability.

9. Is there a central pool of vouchers that a person can access or are they distributed on a regional basis?

   The distribution is made from DMH Central Office based on first come first served need for persons who are homeless and mentally ill in a hospital or acute care bed.

10. What is the description and eligibility criteria for using vouchers?
11. Who sets the criteria?

- *DMH Housing Subsidy and Care (HS&C)* Provides *state rental subsidy* for *homeless* mentally ill persons both CRT and for *seriously and persistently mentally ill* individuals who are *homeless* in an acute care bed (hospital and crisis beds) ready for discharge with no home to go to. DMH sets the criteria. Some flexibility is exercised by the acute care team in eligibility determination in order to assure access to inpatient beds. Since closure of the Vermont State Hospital, facilitating housing and discharge for hospitalized patients who no longer require inpatient care has been a priority. Resources focus on individuals in the hospital or an acute care bed, rather than simply homeless and mentally ill.
- *DMH Housing Support fund* Provides state funded rental assistance for CRT clients who are unable to afford market rent while they wait for a *federal housing subsidy* or other affordable housing unit. CRT coordinators and DA housing staff determine local eligibility (formerly HCF/HRF Housing Contingency & Housing Recovery Fund merged FY 15)
- *HUD Federal Housing Subsidy Programs DMH relies on* Section 8 rental subsidy, Mc Kinney Vento homeless Shelter Plus Care subsidy, and 811, 202 housing for individuals with a disabling condition all of which Federal eligibility threshold criteria cannot be altered. The Housing Authorities and Affordable Housing Developers based eligibility on Federal Standards.

12. What do we know about the people who end up "not leasing up"?

    Persons who are approved for housing, but don't "lease up" have various reasons for being in this category.

- *The Burlington market and others have very tight housing markets. Finding an apartment can be very difficult under these circumstances.*
- *In addition, some of the persons approved have very poor housing histories and landlords are aware of this and unwilling to rent to them.*
- *Lastly, some of the seriously and persistently mentally ill clients may be engaged by a provider but still have expectations for the housing they would prefer, that are difficult to meet. DMH is committed to the expenditure for an approved subsidy but cannot be absolutely be certain that each approved subsidy will be used.*

13. Is the Admin fee fixed amount based on 8% of the grant? *See Attachment #6*

14. What is the trend over the last 24 months? *See Attachment #6*

#2

DMH Homeless Housing Subsidy + Care Program
January 20, 2015

The Vermont Department of Mental Health launched the Housing Subsidy & Care Program (HS&C) in 2012 in response to Tropical Storm Sandy. This program was created in collaboration with the Vermont State Housing Authority. This DMH rental assistance program was developed to serve homeless Vermonters being treated in mental health acute care beds or individuals who are homeless and at serious risk of needing an acute care bed. Maintaining bed availability after the loss of the Vermont State Hospital was essential to the DMH system of care. Local community partners were trained by VSHA & DMH staff and have been required to maintain data on the outcomes of individuals participating in the program. The service component of the HS&C program has demonstrated that housing coupled with services for homeless persons with disabilities can prove very successful.

- *Eligible Participating service agencies*: Those agencies who are applicants to DMH on behalf of *homeless clients with Severe & Persistent Mental Illness* needing Housing Subsidy & Services support
  Are: *PATH providers**, Designated Community Mental Health Centers, PATHWAYS VT, & Peer Service Agencies working closely with DMH. **(BADIC, Safe Harbor Clinic, HOPE, Rutland Housing Coalition, NEKCA, Good Samaritan Haven, another Way) Vermont Psychiatric Survivors*

- Program Administration of the DMH homeless housing program has been accomplished with Vermont State Housing Authority*: DMH administers eligibility determination* & Vermont State Housing Authority *administers the housing subsidy amount* (*determined according to HUD guidelines*), VSHA assists clients and providers with housing search, housing quality standard review, rental payment, & maintaining housing data on persons served.

- The DMH Housing Subsidy & Care *program beneficiary contribution* matches HUD Housing Assistance Standards (clients pay *30% of their income*).

- Homeless *seriously* and *persistently* mentally ill and CRT clients are both eligible for this subsidy. DMH seeks to assist homeless mentally ill persons in the hospital to return to a home, or in fewer instances to serve homeless mentally ill individuals who are at serious risk of utilizing an acute care bed/hospitalization.

- Types of subsidies can be Project based (rental assistance remains with the housing unit in the project, Tenant based (can be taken to any landlord in an area willing to participate in the program), or sponsor based (where the eligible service agency holds the lease and can move eligible tenants in and out at will) In *limited* use there is a prevention/short term/brief need component.

- Individual Service Plans (ISP) is strongly encouraged from service providers for threshold eligibility. The ISP developed will be matched to the *9 Self Sufficiency Outcome matrix data elements* selected by the subsidy program advisory group. Data is entered into HMIS and reports from HMIS form the basis of the DMH report for the legislature. Some flexibility in developing an ISP may be exercised for engaging individuals who would otherwise remain unsheltered. This has been our experience thus far.

CRT Housing Support Fund Guidelines (7/14) - Updated for January 20, 2015

CRT Housing Support Fund (CRT HSF)

The Department of Mental Health originally created the original CRT Housing Contingency Fund in 1988. This housing fund provided financial support from the Department of Mental Health, for increased housing opportunity, temporary rental assistance, chiefly for longer term rental assistance as an individual waited for a HUD Section 8 rental subsidy or affordable subsidized housing and financial supports related to improving access to housing, for Vermonters with serious and persistent mental illness in the Community Rehabilitation and Treatment Program (CRT). The fund was only for persons that signed up for HUD Section 8 housing assistance or other long term affordable housing from projects developed by the Vermont Not for Profit Housing Development Sector (VHCB).
Subsequently, additional funding was created for a Housing Recovery Fund (HRF) in 2005. The additional funding mirrored the Housing Contingency Fund but was part of the Vermont Futures project. On July 1, 2014, DMH merged the former *HCF & HRF* funds. This entailed a new reporting mechanism in the DMH HMIS program and the use of the Self Sufficiency Outcome Matrix to monitor program and client outcomes.

Eligible uses of the *former* Housing Contingency Fund (HCF)

A.-**apartment set-up costs**; Security and utility deposits & furnishings not to exceed $2,000.00), B.-**partial rent payment (TRA)** when a two or three bedroom apartment shared by a CRT client temporarily had fewer than the full complement of leased tenants and the CRT client was remaining in the housing unit till another suitable shared situation was arranged or another apartment located C.-**partial rent payment while the CRT client is on a Section 8 subsidy waiting list**; The recipient pays no more than 50% of her income for housing and the HCF pays the remainder to the landlord; 50% is the DMH recommended level of support. D.-**partial or full rent payment** to hold a recipient's apartment for up to 90 days while the recipient was hospitalized or residing in crisis housing or an acute care bed if without this fund the recipient would lose her/his housing; E.- for other more flexible and one time only housing needs other than those listed above, there was a requirement to contact the Department of Mental Health staff for prior approval.

Eligible uses of the *former* Housing Recovery Fund (HRF)

A. **Apartment set-up costs "ASU"**
   - Security and utility deposits and furnishings not to exceed $2,000

B. **Partial rent payment or Temporary Rental Assistance "TRA"**

   - When a two or three bedroom apartment shared by a CRT client temporarily had fewer than the full complement of tenants and the CRT client was remaining in the housing unit till another suitable shared situation is arranged or another apartment located

C. **Ongoing partial rent payment (ORA)** while a person being discharged from inpatient hospitalization or CRT client was on a Section 8 subsidy waiting list (either fund beneficiary must be a section 8 applicant or on an affordable housing development waiting list in good standing during the RA period)

   - The fund beneficiary would pay up to a maximum of 50% of her income for housing and the HCF or HRF would support the payment of the remainder to the landlord

D. **Partial or full rent payment "PRA"**
Funds could be used to hold a fund beneficiary's apartment for up to 90 days during a hospitalization or during the time a fund beneficiary was residing in crisis housing or an acute care bed if without this payment the recipient would be at risk of losing her/his housing.

E. **For flexible and one-time-only housing supports other than those listed above, "OTO"** Department of Mental Health staff must be contacted for prior approval for supports exceeding 1,800.00 per instance. I.e. Utility shutoff for nonpayment, fuel emergencies, landlord reparations (loans were preferred).

F. **Hospitalization/Crisis Prevention "HCP"** – to include all *reasonable and prudent* practices that support CRT clients who are beneficiaries of ongoing rental assistance who are at risk of hospitalization or crisis. With additional housing support i.e. temporary out of residence placement for higher level of care with ongoing rental assistance maintained or additional or increased security deposits to satisfy landlord requirements that will maintain housing.

G. **Hospital Step down** "HSD"– Similar to prevention efforts with a focus on flexibility to assist a most timely discharge for a consumer that is a beneficiary of ORA, who is ready to leave inpatient hospitalization when discharge planners have made that assessment. This includes temporary housing while the permanent unit becomes readied or for an increased security funds/risk pool set aside to satisfy landlord requirements.

H. **One time only assistance "OTO"** – flexible use of funds to accomplish either Hospital prevention, step down, or to maintain someone in existing housing. When this amount exceeds 1,800.00 prior approval is required from DMH.

Have eligible uses of the CRT Housing Support Fund changed?

No. The program eligible uses have not changed, they have been combined.

The overarching goal of the "new program" remains the same as HCF / HRF had been.....to bridge the beneficiary to other federal or state housing subsidy programs. In order to accomplish this enrolled CRT client will need to be signed up for at least one Federal or State housing subsidy program. The Vermont State Housing Authority, other local housing authorities, not for profit housing development housing in your catchment area, senior housing if applicable and rural housing development projects are preferred.

Annual Report.

Each year the Agency of Human Services requires those state departments that maintain housing resources to inventory and report outcomes for these programs. The CRT Housing Support Fund is part of the AHS Housing inventory. Designated Agencies are required to report on the success of clients who are in this program. At this time the measure being used is recording the number of persons in long term housing that receive a subsidy, and the percent of all of those who remain in housing for greater than 90 days.

HUD Section 8 Program

Section 8 of the Housing Act of 1937 (42 U.S.C. § 1437f), often known as the **Section 8 Program**, authorizes the payment of rental housing assistance to private landlords on behalf of approximately low-income households in the United States. The largest part of the section is the Housing Choice Voucher program which pays a large portion of the rents and utilities of about 2.1 million people. The U.S. Department of Housing and Urban Development manages the Section 8 programs. via local Housing Authorities[1]

The ***Housing Choice Voucher Program*** provides "tenant-based" rental assistance, so a tenant can move from one unit of at least minimum housing quality to another. The maximum allowed voucher is $2,200 a month.

Section 8 also authorizes a variety of "project-based" rental assistance programs, under which the owner reserves some or all of the units in a building for low-income tenants, in return for a federal government guarantee to make up the difference between the tenant's contribution and the rent in the owner's contract with the government. A tenant who leaves a subsidized project will lose access to the project-based subsidy.

#5

VERMONT

Self-Sufficiency Outcome Matrix

Department of Mental Health

Instructions:

A. Complete this form with all adults at entry, every 6 months while in the program for permanent supportive housing and at exit.

B. Select only one level in each of the 9 areas below by marking the box next to the appropriate level.

C. Level Categories:
1 = In Crises
2 = Vulnerable
3 = Safe
4 = Building Capacity
5 = Empowered/Thriving

Assessment Date:		Client Name:		☐ Entry ☐ 6 month interval ☐ Exit
Program Name:		Client ID (ServicePoint Assigned):		

Category	1. In Crises	2. Vulnerable	3. Safe	4. Building Capacity	5. Empowered/Thriving
Housing	☐ Homeless or threatened with eviction	☐ In transitional, temporary or substandard housing; and/or current rent/mortgage payment is unaffordable	☐ In stable housing that is safe but only marginally adequate	☐ Household is safe, adequate, subsidized housing	☐ Household is safe, adequate, unsubsidized housing
Employment	☐ No Job	☐ Temporary, part-time or seasonal; inadequate pay; no benefits	☐ Employed full-time; inadequate pay; few or no benefits	☐ Employed full-time with adequate pay and benefits	☐ Maintains permanent employment with adequate income and benefits.
Income	☐ No Income	☐ Inadequate income and/or spontaneous or inappropriate spending	☐ Can meet basic needs with subsidy; appropriate spending	☐ Can meet basic needs and manage debt without assistance	☐ Income is sufficient, well managed; has discretionary income and is able to save
Legal	☐ Current outstanding tickets or warrants	☐ Current charges/trial pending; noncompliance with probation/parole	☐ Fully compliant with probation/parole terms	☐ Has successfully completed probation/parole within past 12 months; no new charges filed	☐ No felony criminal history and/or no active criminal justice involvement in more than 12 months.
Mental Health	☐ Danger to self or others; recurring suicidal ideation, experiencing severe difficulty in day-to-day life due to psychological problems	☐ Recurrent mental health symptoms that may affect behavior but not a danger to self/others; persistent problems with functioning due to mental health symptoms	☐ Mild symptoms may be present but are transient; only moderate difficulty in function due to mental health problems	☐ Minimal symptoms that are expectable responses to life stressors; only slight impairment in functioning	☐ Symptoms are absent or rare; good or superior functioning in wide range of activities; no more than everyday problems or concerns.

Substance Abuse	☐ Meets criteria for severe abuse/dependence; resulting problems so severe that institutional living or hospitalization may be necessary	☐ Meets criteria for dependence; preoccupation with use and/or obtaining drugs/alcohol; withdrawal or withdrawal avoidance behaviors evident; use results in avoidance or neglect of essential life activities	☐ Use within last 6 months; evidence of persistent or recurrent social, occupational, emotional or physical problems related to use (such as disruptive behavior or housing problems); problems that have persisted for at least one month.	☐ Client has used during last 6 months but no evidence of persistent or recurrent social, occupational, emotional, or physical problems related to use; no evidence of recurrent dangerous use.	☐ No drugs use/alcohol abuse in last 6 months.
Health Care Coverage	☐ No health care coverage and there is an immediate need	☐ No health care coverage and great difficulty accessing medical care when needed. Some household members/individuals may be in poor health	☐ Some family members/individuals have health care coverage (e.g. Dr Dynosaur)	☐ All family members/individuals can get health care coverage when needed but may strain their budget	☐ All members/individuals have affordable, adequate health care coverage
Disability/Disabling Condition (not currently available in HMIS)	☐ In Crisis-acute or chronic symptoms affecting housing, employment, social interactions, etc	☐ Vulnerable-sometimes or periodically has acute or chronic symptoms affecting housing, employment, social interactions, etc.	☐ Safe-rarely has acute or chronic symptoms affecting housing, employment, social interactions, etc	☐ Building capacity-asymptomatic, condition controlled by services or medication	☐ Thriving/Empowered – no identified disability
Community Involvement	☐ No community involvement; in "survival" mode	☐ Socially isolated and/or no social skills and/or lacks motivation to become involved	☐ Lacks knowledge of ways to become involved	☐ Some community involvement (advisory group, support group) but has barriers such as transportation, childcare issues	☐ Actively involved in community

VOUCHERS:

Housing Vouchers - Fiscal Year 2015 (7/1/2014-6/30/2015)

Total Voucher Budgeted: $1.4 million - Administrative Fee* VSHA: $104,000 = $1.3 million approximately

(*Administrative fee amount is paid based on only the funds expended and not the total voucher budgeted amount)

Projected total voucher expenditures FY 15, including admin Fee: $862,860

Average Monthly voucher expenditures through December, 2014 including admin fee: $74,202

12- month Trend: High- 133 Low-121 Mean-126

Maintenance level of assisted individuals: 129 per month

FY15 Average subsidy Cost: $6,428 Total subsidy Cost through December, 2014: $445,215 Unique clients: 138

FY 14 Average subsidy Cost: $5,985 Total subsidy Cost: $879,650 Unique clients: 147

Housing Contingency and Recovery $887,000

Total Housing: 2,287,000 million

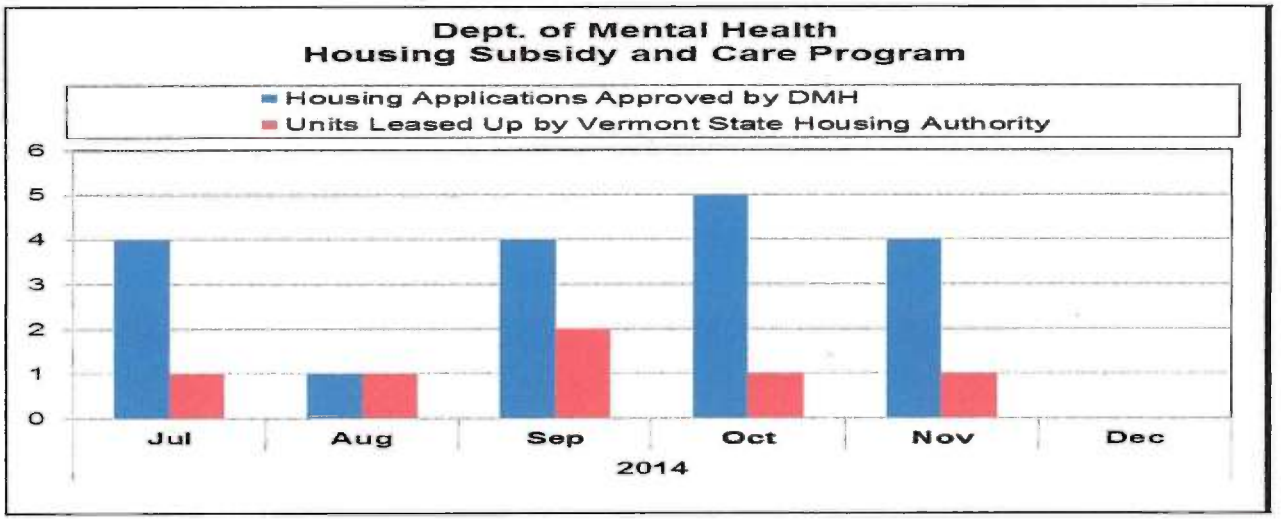
BAA Reduction FY 15: $437,000 Voucher Proposed Down FY 16 $500,000 Voucher

NOTE:

Pathways current Housing Support & Care (HS&C) program usage is **81 vouchers.**

Total All Pathways:.

HS&C	81
DOC (Total beds - some pending)	48
Federal Housing Subsidies	66
Other DMH funds (contingency)	5
Family/Self-Pay	5

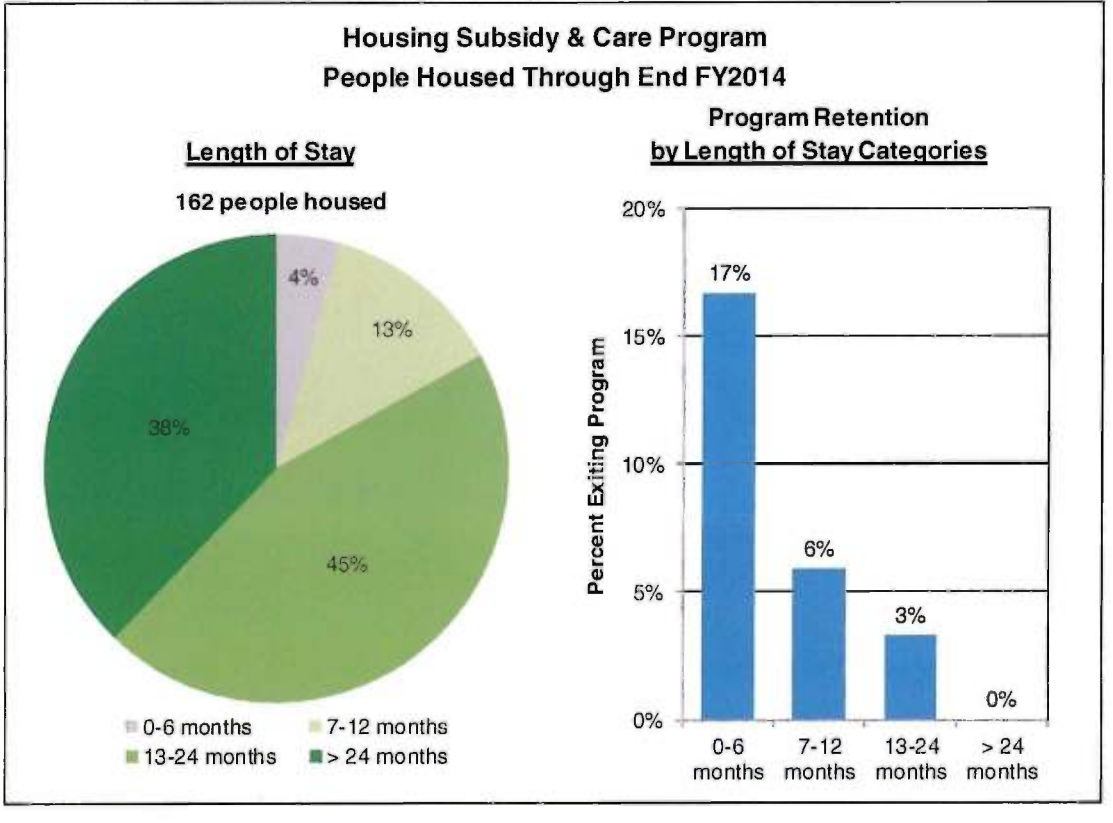


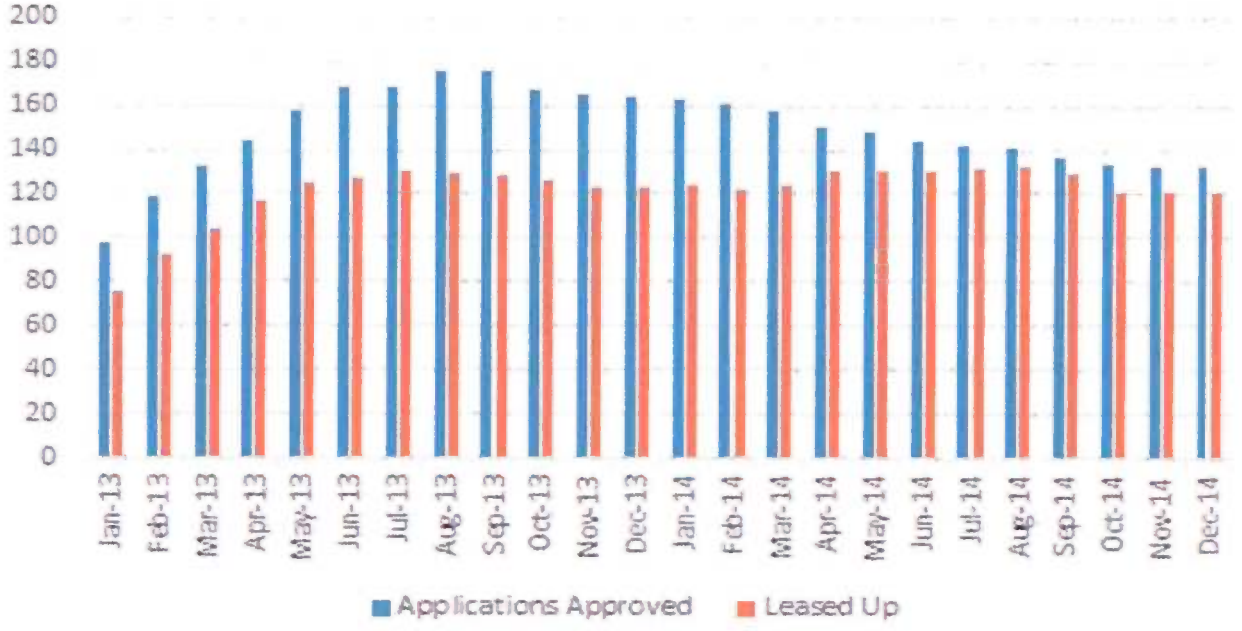
Housing

Chart Thirty-Six: Housing Subsidy and Care Program

During the last half of 2014, a total of 135 persons who were homeless, mentally ill and needing an acute care bed have been allocated a subsidy and have subsequently been housed with community supportive services by the Department's Housing Subsidy & Care Program. The Vermont State Housing Authority remains the Department's collaborating partner verifying income, setting rent payments, and working with landlords.

Chart Thirty-Seven: People Housed Through End FY14





Month Year	Applications Approved	Leased Up
Jan-13	98	76
Feb-13	119	93
Mar-13	133	104
Apr-13	144	117
May-13	158	125
Jun-13	169	127
Jul-13	169	131
Aug-13	176	130
Sep-13	176	128
Oct-13	168	126
Nov-13	165	123
Dec-13	164	123
Jan-14	163	124
Feb-14	161	122
Mar-14	158	124
Apr-14	151	131
May-14	149	131
Jun-14	144	131
Jul-14	142	132
Aug-14	141	133
Sep-14	137	129
Oct-14	134	121
Nov-14	133	121
Dec-14	133	121