Testimony: Mary Moulton, Executive Director, Washington County Mental Health Services February 12, 2020

Good morning and thank you for allowing me to testify today. My name is Mary Moulton and I am the Executive Director for Washington County Mental Health Services. You might wonder why a mental health center would be testifying on General Assistance, particularly hotel vouchers, so I'd like to explain that in our area, Washington County, we collaborate a great deal regarding housing in emergencies, in transitional housing, and in long term housing. It is our belief that housing is the foundation for stabilizing mental health and acute stress, as well as other health conditions. It takes all of us, including our state partners, to do the job of getting people under cover and into homes --- and even with all we currently do, we are seeing numbers rise, the budget for hotel vouchers overspent. Needs are great.

At WCMHS, we have created housing across a continuum for our clients, some of whom would be extremely hard to house without necessary supports to maintain their domain both from a financial standpoint and an upkeep standpoint. We have:

- Approximately 108 beds (units) across the continuum of ages and services, ranging from group homes, shared living arrangements, supported apartments, crisis beds, and independent living apartments
- 105 home providers for people with developmental/intellectual disabilities and 2 new placements each month; the interest in apartment living is growing, yet our consumers seldom access housing vouchers and if they do, in this case, they'd be Shelter Plus Care vouchers
- Assistance to over 300 people who need significant assistance to locate and maintain housing,
  most benefiting from the DMH Subsidy plus care vouchers, which require extensive
  documentation, and are connected with preventing psychiatric hospitalization; none of these
  people live in hotels, but the key is that they receive supports to meet their individual needs and
  we still locate apartments they can afford with their vouchers. In addition, we have housing
  contingency funds, which we manage toward assisting people with first rent and security
  deposits, along with arrearages and apartment repair dollars.
- Case management assistance for homeless moms who we are working with to obtain family unification vouchers. You have heard the stories of people who are in the pipeline seeking housing. Anna MacKenzie and her baby, Liam, were here on Mental Health Advocacy day speaking to their wait in line for a long-term voucher, which required her to enter the hotel pipeline and "stand in line." This happened when she had an apartment offered to her through our organization; we held the apartment for two months until she had her voucher in hand and it was her persistence and assistance from her case manager, as well as Capstone, that made the difference. I also had reached out to our state partners who provided expert assistance to us in maneuvering the system. And I want to thank you for allowing Anna to tell her story. That experience inspired her and motivated her to want to pursue her education and take over her case manager's job when she retires!
- We've successfully created improvements in our current housing stock and have created additional housing through our collaboration with Downstreet Housing, Vermont Housing Conservation Board, Norwich University (tiny house project); Good Samaritan Haven and Vermont Housing Conservation Board (The Nest), Community Development Block Grant (Another Way; WCMHS building improvements)

- This year we also had our first high school student living at The Shelter; two families living in cars; and numerous teens precariously housed, "couch-surfing"
- We are currently creating an Agency housing unit because our one housing specialist needs to
  more closely network with others in the Agency who are working with homeless or precariously
  housed individuals.
- In emergencies, our 24/7 mobile crisis team has a fund set aside (\$5,000 annually) for emergency placement. This is not General Assistance, but Act 79 DMH dollars that we utilize.

My point here is that all of this is done at the local level and it has taken us several years to establish the process; we have one strong go-to person at the Department of Mental Health in Brian Smith and part way through the year, we are calling 2-1-1 to seek hotel vouchers for those we see that don't fall into the specialized services categories I've mentioned.

In our region, we've talked briefly among ourselves as providers regarding a shift of these general assistance dollars from the Office of Economic Opportunity to the community. It is enticing to think of the flexibility and creativity that might be involved in their utilization. We then reflect on the reality of what we learned in the past month:

- Consider that as of 1/29/2020, the Washington County Coordinated Entry team is working with
  158 households designated as HUD definition homeless (aka really truly homeless). These
  households are comprised of 252 Unique Individuals (192 adults and 60 children). This includes
  28 chronically homeless individuals and 18 households who have remained homeless on our list
  for over 365 days. This is the situation with long term needs, while our hotel voucher program is
  needed at the same time. It's a blend, all the time, of immediate shelter and long term housing.
- To complicate long term housing matters, Barre City is entertaining a ballot measure to increase the amount of money most households would need to come up with to get into an apartment -- around \$3,200 much more than what most of the families we seek to help house can tolerate

What it comes down to is that we need money for long term innovative solutions and we need money for hotel vouchers. Receiving one pot and deciding where to invest is a huge risk for the community, particularly if the proposal is that this shift begins in the next fiscal year. Questions that bubble to the surface regarding hotel vouchers are: How much of the money will be available to develop the administrative supports to manage the fund? With all the methods we use to collaborate, our mental health system has to turn to the general assistance system when we run out of options. Currently, in the state system, we have not experienced a "no" in emergencies. We have not experienced dollars running out because the state finds the money to keep people who ask for shelter, in shelter. The State goes to budget adjustment when the need is greater than the dollar. What happens when the community runs out of money in its housing bundle? What happens year over year if numbers grow and hotel costs go up? Will there be an immediate process for appeal to obtain additional funds so that we do not see people staying out in the cold? Will there be increases to the bundle or will we be asked, as a community, to make do.

I can only reflect on our own payment reform process in mental health. This is a process that has been so respectful from the people working together at DMH and with our DAs. There has been a great deal of listening, responding, tweaking as we seek to get systems in line, target numbers in line, and a methodology for bundling into a value-based payment system. First year out, outcome requirements are

basic tracking measures. I am sure that would be the case when setting up this pilot program, with very willing people coming to the table to try to make it work. I raise this correlation because what we have also received in this year's state budget proposal, now the second year of our value-based bundle, is a level funded budget --- no additional increases proposed in rates to help us to keep up with increasing expenditures in salaries and operations. This will eventually result in a reduction in services, which is tricky, because we are supposed to offer services to all comers --- just as a regional hotel voucher system would be: all comers, all those in need seeking shelter on frigid cold Vermont nights.

Before transferring these funds, I encourage you to hear from others in this regard; those who would be called to administer this program, and would ask that any decision to move forward with this transfer be accompanied by language that includes a process for immediate access to additional funding, examination of costs for administering the program; and dollars for creation of innovative long term housing programs.

Thank you!

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