

May 1, 2020

Testimony before House Committee on General, Housing & Military Affairs

Good afternoon – My name is Mary Moulton and I’m the Executive Director of Washington County Mental Health Services as well as a member of our central Vermont Accountable Community for Health, THRIVE.

Thank you so much for your interest and investment in time to ask our opinion at the regional level, as well as providing our State administrators with some support and resources to work through the very difficult challenges our region faced when needing to move homeless individuals into safe settings. That was priority # 1. Now we move to the opportunities that are afforded us to continue to work with individuals and families to get them permanently housed.

Our experience in housing people without the time to really vet who was going into the hotels with others has taught us a great deal about what we need to do going forward. The current situation does not exist without difficulties. If we had to do this again, I believe we would learn more about who is going into the hotels, outside of those who are served by the Shelter, set some ground rules regarding occupancy, and make sure everyone who might be involved, including law enforcement, understands what can and cannot be done in enforcing those rules. It can be confusing. It’s not perfect, but we need to utilize more safety strategies and, frankly, had very little influence on people outside of the Shelter cohort. Recently, State partners were very responsive and assisted with providing security and information so that we could reach out to every individual and offer both services and on-going supports, with a goal of permanent housing. We are in the process of doing that.

One question Sue Minter, Executive Director of Capstone, recently posed to me is whether I believe that housing and feeding people kept them out of the emergency room and hospital. My answer was that that I believe it is potential variable. There is a lot of work going on in that arena. However, having thought about that question a little more, I would shift my answer to say, “initially, these efforts did exactly that.” People received a roof over their heads and food to sustain them in a frightening time.

Our experience as a mental health center responding to thousands of calls every year from people in mental health crisis is that when there is a “disaster”, there is a honeymoon period. A period when people come together and offer assistance to one another. This results in a quiet time – a lull, if you will, in people reaching out for immediate help. During this lull, the help given pro-actively is most often received gratefully from everyone from all walks of life as the common denominator has been homelessness, hunger, uncertainty, hopelessness, fear, etc. In this case, with COVID 19 wrapped around the already existing stress homeless people were experiencing, the burst of greater stress was just tucked in for a bit.

We all have experienced the limitations imposed upon our routine daily lives through sheltering in place. We all have some understanding of the need to develop a different tolerance for imposed restrictions. And we all have the desire, or at least most of us, to burst out of those restrictions. We can’t wait to gather, to plan, to move forward with our lives. We’ve been placed “on hold”.

And during this time, in the general population within the U.S., 45% of the adult population said the pandemic affected their mental health; 19% said it was a major impact (Kaiser Family Foundation poll).

Express Scripts reported that between February and March, it's tracking mechanism for prescriptions showed a spike of 34% for anti-anxiety medication; 18.6% for anti-depressants; and 14.8% for anti-insomnia medication. Nielsen polls reported that alcohol sales were up 55% in the first two weeks of March. My point is, within the general population, we have specialized subsets and these folks have an even harder time.

One very important thing for us to remember about reducing stress and creating healthy living environments is that we do better if we can control some aspect of our day. Now – in the hotels there are people who are very astute at controlling others and behave in such a way as to greatly affect more rule-abiding guests. There are episodes of crime and victimization.

So while housing folks in hotels is continuing to help people with their basic needs, making sure there is a roof over everyone's head and there is food, there are also people coming forward saying they feel unsafe, they are afraid, they can't stay there anymore; there is too much noise, there is disruption; safety and planning for future can't come soon enough! But we want to take the right steps and the combination of security and supports is helping as we move toward this unique opportunity to address housing for all. We need that to continue, along with additional vouchers and flexibility of sufficient dollars to do the job.

You have asked for short, mid and long term solutions we are considering. And when I say "we", I am referencing a group of providers in the Central Vermont Region who have been working together to advocate for extensions and waivers to existing rules so that we can achieve housing. These organizations belong to THRIVE, which is our Accountable Community for Health, a group that was hard at work developing solutions to homelessness and transportation challenges prior to COVID 19. Here are a few of our suggestions:

- **SHORT TERM – SECURING TEMPORARY HOUSING AND SAFETY:** some level of single room occupancy units for Shelter guests, currently housed at the EconoLodge in Montpelier with spillover contingent at The Hilltop in Berlin. Our Shelter Director has been clear that having supports on site, 24/7, is essential in this sort of environment. A college with open suites or rooms might be a consideration for stepping out of the EconoLodge
- We have 147 households without children living in hotels in Central Vermont. There are 236 people total. Within the 236 are 44 children living with their parents. We know currently there are:
 - a. 93 households with no income except \$53 monthly GA,
 - b. 46 SSI, SSDI, SSA
 - c. A number with no benefits at all
- Our region is applying for two short term HOP grants --- one will bring on another housing coordinator/case manager through Capstone to help people find more permanent housing solutions working with providers that are best matched to the person, e.g., Shelter, Family Center, WCMHS, Pathways, Capstone, SASH. Case manager would examine if there are families who might assist with housing or if individuals may want to share an apartment together. Case managers are absolutely key to helping people maneuver the system. They are miracle workers!
- Maintain hotel vouchers beyond May 15, with rules and restrictions implemented, until housing is located, prioritizing children and families

- A mental health clinician for clinical consultation and outreach on Shelter sites and at hotels. We currently have a position embedded in the Shelter providing supports. This is another invaluable role where emergency room visits can be prevented by getting someone in to see a nurse, doctor, or mental health clinician. Creating peer supports in the Shelter and within apartments settings is a successful approach for some. We do it very successfully in our tiny -might homes model.
- Return to previous Shelter locations in smaller groups
- Prioritize families with children for permanent housing with vouchers – we need more vouchers
- Some people will move back outside and we are seeking dollars for a budget so they have proper equipment to keep warm and safe against the elements
- **MID TERM – SECURING FUNDING, PLANNING, AND AVAILABLE HOUSING:** We would hope there would be an extension of existing housing vouchers or rental assistance at least through December for people who are at risk of losing housing due to loss of jobs, awaiting unemployment compensation, inability to receive benefits. Given our numbers, we cannot have our homeless population grow.
- We would like to see the rules made more flexible so that someone who is not doing well in the moment does not lose housing, housing vouchers, face eviction and, therefore, lose the ability to gain housing in any way again in the near future. Example: We are working with a mom who has four children who just failed her Reach Up requirements. She owes money on her unit and is about to be evicted. If she is evicted, it is a vicious cycle, likely starting with her losing her children. She is engaged with case management so if money could be made available to pay for her back rent, she would likely get back on track.
- More project-based vouchers in the state affordable housing system are needed
- Locating housing stock --- we need affordable housing or additional dollars to meet the rent that is falling just outside of price range
- A bundle of money for repairs. Example: WCMHS is currently helping a new building owner secure a loan for building repairs with the agreement that he will rent SRO's to people we know who are in need of housing, and we are placing a peer support person in house, with whom we will contract. We are trying to grow our own through a progressive support model.
- **LONG TERM – SECURING PERMANENT HOUSING FOR ALL**
- Apartments or small dwellings with options for supports on site
- Single units
- Double units
- Family – we have 44 children currently living in hotels with their families – this should be a priority but for permanent housing
- We need additional money because the price point for affordability is too high and some landlords are no longer willing to rent without some guarantee of repairs
- Tiny houses are being examined in settings around the state. We have successfully done those here and thus far the tiny house, peer-supported model – although small – is a success. Supports are for mental health and substance use disorders.

Essentially, we are trying to be creative and look for flexibility and financing. Individuals need options and supports to succeed and we need a cohort of people who know the system well so that they can work it, using every tool for flexibility and sufficient dollars the state can give us to create the buildings and programs we need. We will be conveying to the Secretary in a letter this week that, as a community of providers we are ready to work together to capitalize on the unique opportunity, given more time, to move people into more permanent housing arrangements.

Thank you so much for this opportunity to testify on this important subject today.