

Testimony to House Committee on General, Housing, and Military Affairs – June 4, 2020

Presented by: Mary Moulton, Executive Director, Washington County Mental Health Services

I have been asked to speak a bit today about wraparound services and costs related to assisting homeless people with services. This is a wide range and we hold a piece of it within the mental health system while other community partners, such as Capstone, SASH (Supports & Services at Home), Shelter, and Family Centers provide a specific set of supports, all participating within the coordinated entry process. Capstone is a key player in the housing arena and provides strong case management for individuals and families and Sue Minter and Toni Grout in our area is the best source of information for how that works.

At WCMHS, we have a clinician that works directly with the Good Samaritan Shelter and an Outreach Team that provide urgent care and case management, including to those who are experiencing homelessness.

At WCMHS and throughout the designated agency system, there are vouchers available to people who have really intensive needs due to mental illness and there are vouchers for people who meet specific criteria that warrant they receive a high level of supports.

WCMHS Intensive Case Management/Community Support Program (CSP) & Developmental Services

(DS): For high needs people within the CSP who receive a bundled payment, this includes case management, employment supports, psychiatry, housing supports, transportation, and community supports, such as delivering medication, bringing people to get groceries, doctor's appointments, etc.

We have 347 high needs clients in this category and currently 13 people are homeless. With these supports, folks sometimes still struggle with waves of symptoms related to mental illness, as well as substance abuse. Average cost of community services for these high needs individuals:

\$24,000/annually. Within Developmental Services, we have nearly 350 people served and most of those live with home providers, which does not require a housing voucher. It is a goal of DS to expand opportunities for independent living and, therefore, an expanded voucher system. Average caseload: 26 for CSP and 12 for DS.

Out-patient Intensive Clinical Case Management (fewer staff/higher caseloads): WCMHS is finding higher numbers of people than expected at hotels, already receiving "out patient" services: case management, therapy and psychiatry: The needs will grow with the COVID crisis for people with mental health/substance use problems and housing needs. We are seeing high levels of depression and anxiety in this population. We also recognize the need for flexibility in vouchers for those who do not need or want clinical support. We are seeking another clinical case manager who would also be available to provide clinical support to Capstone or the Family Center. We would also intend to work across all systems to meet the need, consistently connecting with all housing entities and landlords, shelters, churches and all other agencies that work with the homeless population. This outreach position will collaborate with service programs and will be the short or long term support for any vouchers that come our way.

- Low needs: people who have lost their housing but need short term help with resources and some financial support for security deposit from Housing Response Team. May need a voucher, but no support needed.

- Medium needs: homeless folks that are having difficulty navigating the system, but with support finding housing and life skills training could learn how to maintain housing. May need a voucher or transitional unit with short or medium term support – 6 months to two years.
- Long term needs: chronically homeless individuals or families who have extensive trauma/substance use/mental health problems that need long term support, but do not meet criteria for CRT /CSP or CDS wrapped services. Long term vouchers are needed. **Intensive case manager with 75/caseload annually; approximately \$2,000/annually/individual for case management services**

Shelter: Provides staff, case management, integration with community - with consultation from other providers. Street outreach and medical supports are also now in place for guests.

Also Intensive Case Management: (\$80,000 position – 15 families per caseload) The OEO Family Supportive Housing model is built on both securing housing for families with young children who meet the HUD definition of homeless, working with the regional coordinated entry process and matching housing vouchers with available subsidized units. The key to the programs success is the other core aspect which includes intensive case management to support the family in successfully remaining housed. We met weekly with families and provide them with life skill management including budgeting and a savings account matching program with Northfield savings bank they provide parenting support, parenting education support, and child care support and working with DCF and family services and are part of safety planning meetings and supporting families and maintaining safe and healthy environments at home for their children as well as food and nutrition. Support helping healthy landlord or housing management relations as well as employment support and job coaching. We support parents in accessing and maintaining substance abuse services. We provide them concrete supports such as food, diapers, phone card minutes, and help with back bills or auto repairs.

The family supportive case management component is often the safety net families need to avoid becoming homeless again and the data supports this program demonstrating highly successful outcomes, with evictions for families in our program being a very rare event. **(\$4,000-\$5,000/family)**

Intensive 24/7 Wraparounds:

At WCMHS, a true **wraparound** means 24/7 supports and the price ranges depending upon whether the person needs 1:1 or not. When a person receives a voucher, they are also signing on to receiving support with that voucher. That might come from Capstone or Washington County Mental Health and we work in tandem on coordinated entry assessments, as well as the provision of housing searches, regular contacts, and bridging to a range of other services. It is our ultimate goal to create a HUB where we can put these services together, creating one place for people to come or call for assistance and we are streamlined, bridging to the appropriate service. Washington County would be please to pilot such a program for the State.

While we work to help people live independently, we recognize that we need to respect the need for people to need greater supports from group living and sometimes a wraparound situation where 24/7 staff provides the needed supports to keep people out of the hospital. The cost of a wrap averages

about 30% of hospitalization costs. This ranges from \$125,000 – \$250,000/annually. In this case, all those other services remain intact, while staff supports the 24/7 program. These are for individuals who have a history of significant psychosis, violent behavior, suicidal ideation. Our housing units for these types of programs are almost always 100% full. Even then, we have people who become homeless. Currently, of 347 high needs clients, we have 13 people who are homeless. These are people with long term needs. Here are their circumstances:

Male	homeless and at crisis bed (HI)
Female	homeless and at crisis bed (HI)
Female	homeless and at crisis bed (HI)
Male	homeless and at crisis bed (maple house)
Male	homeless and at Emergency Department (evicted from Kirby)
Male	homeless and at transitional bed (WCMHS – non supervision)
Female	homeless and currently inpatient CVMC (nursing home needs)
Male	homeless and in hotel through ESD
Female	homeless and in hotel through ESD
Female	homeless and in hotel through ESD
Male	homeless and in hotel through ESD
Female	homeless and in hotel through ESD
Male	homeless and in hotel through ESD

Two years ago we had 1-2 people who were high needs, homeless. Today, 13, and searching for available housing stock. We will likely assess 50% for group home and more intensive existing wraps. We do not have any new money to create more than we have. We also are recognizing when people wish to room together and we'd like to create more of that for those who would choose this route. The goal would be more rapid housing, less system fragmentation.

In summary, the level of case management and support is geared toward the individual situation and preference. A range of supports is necessary. Intensive case management is a means of providing a level of support to people who do not have the benefit of a larger “wraparound package”, but need significant support to regain control over their lives. Flexibility of available vouchers is essential to meet that need. Having a Housing Contingency Fund for special needs: repairs, security deposits, back rent --- all very necessary for providers to assist people to get on their feet. For high needs and chronic homeless populations --- some are folks who choose not to engage in services and housing searches; some have lost hope; and some do engage and need a great deal of support to prevent higher levels of health care and mental health care needs. It is essential that the level of supports is robust to meet the

needs and include street outreach and peer supports as we work in a more centralized fashion to enhance accessibility into a welcoming space that can rapidly house individuals and families.