VERMONT

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MEMORANDUM

TO: Senator Virginia Lyons, Chair, Senate Committee on Health and Welfare

FROM: Sarah Squirrell, Commissioner, Department of Mental Health
Mourning Fox, Deputy Commissioner, Department of Mental Health

DATE: April 3rd, 2019

SUBJECT: Mental Health System of Care: Housing and Residential Resources

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Please find attached, the following information from the Vermont Department of Mental Health regarding Vermont's Mental Health System of Care:

Page 1. Housing Fact Sheet

Page 6. Adult Residential Facility Fact Sheet

Page 9. Map of Inpatient and Residential Capacity for Adults and Children

MENTAL HEALTH SYSTEM OF CARE: HOUSING FACT SHEET

OVERVIEW

This document provides an overview of publicly funded supported housing for individuals in the mental health system of care.

SUPPORTED HOUSING

Definition: Supported housing pairs mental health services with housing resources (an independent living unit in non-congregate settings).

Purpose: To keep an individual as independent as possible and stably housed in the community.

Requirements: The individual must be eligible for Community Rehabilitation and Treatment. Supports can be tailored to the individual and may include:

- clinician counseling and support,
- benefits education/referral assistance,
- budgeting skills development,
- supports for maintaining tenancy,
- life skills development; and
- assistance in accessing care, local activities, education, employment/training or advocacy.

Housing First Model: Housing First is a supported housing homeless assistance approach offered by the Specialized Services Agency, Pathways Vermont. This model prioritizes providing permanent housing to people experiencing homelessness, thus ending their homelessness and serving as a platform from which they can pursue personal goals and improve their quality of life. This approach is guided by the belief that people need basic necessities like food and a place to live before attending to anything less critical, such as getting a job, budgeting properly, or attending to substance use issues. Additionally, Housing First is based on the theory that client choice is valuable in housing selection and supportive service participation, and that exercising that choice is likely to make a client more successful in remaining housed and improving their life[1].

FUNDING

Funding for Supported Housing comes through two primary sources, 1) the Community Rehabilitation and Treatment (CRT) Housing Support Fund and 2) through Housing Subsidy and Care, a collaboration between the Department of Mental Health and the Vermont State Housing Authority.

1. CRT HOUSING SUPPORT FUND

The Department of Mental Health uses the Housing Support Fund to provide housing subsidies to enrolled clients waiting for HUD Section 8 or other subsidized housing.

[1] http://endhomelessness.org/wp-content/uploads/2016/04/housing-first-fact-sheet.pdf

The goal of the program is to bridge an eligible CRT program beneficiary to other federal or state housing subsidy programs. Any housing support fund recipient is signed up for at least one Federal or State housing subsidy program.

Housing Support Funds may be used for the following purposes:

- Temporary Rental Assistance (TRA)
- Security and apartment set-up costs
- Ongoing Rental Subsidy while on a Section 8 subsidy waiting list
- Small loans[2] and other one-time assistance
- Hospital Prevention
- Hospital Step down

2. HOUSING SUBSIDY AND CARE

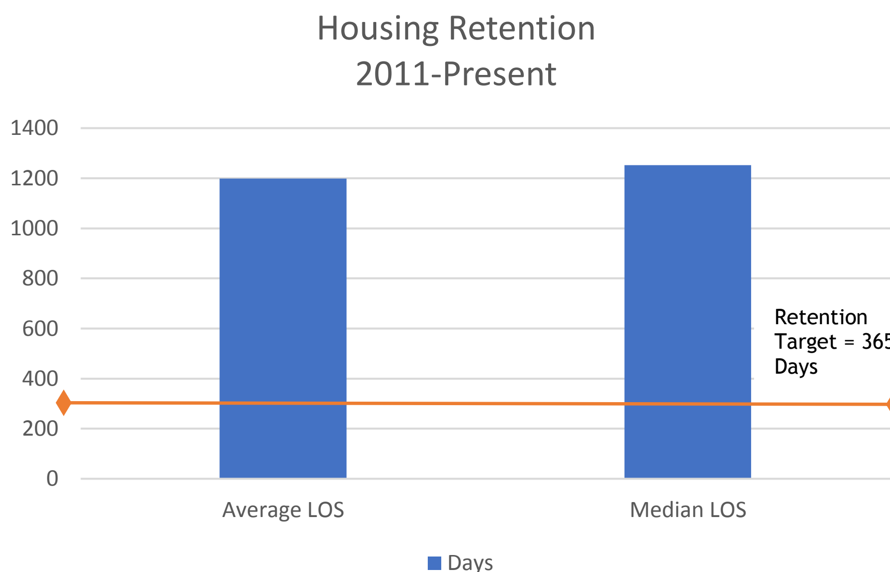
Through Housing Subsidy and Care, the Department of Mental Health collaborates with the Vermont State Housing Authority to ensure ongoing availability of housing to individuals who are homeless and severely and persistently mentally ill and discharging from more acute care settings. The collaboration includes verification of client income, setting rent payments, and working with participating landlords.

Outcomes 2011-Present: 222 individuals served

- 73% (161/222) of individuals were homeless or temporarily housed prior to program entry, i.e. on the streets, in emergency shelter, or staying in temporary housing such as acute care hospitals or jails.
- 44% (97/222) were chronically homeless in places not meant for habitation or emergency shelter prior to program entry.
- 100 individuals have exited the program. 26 of that number have transitioned to other affordable housing and 11 are deceased.

Housing Retention:

This chart shows the performance indicator the department seeks to achieve is a one-year housing retention or 365 days. The average length of stay in housing since the program began in December 2011 is 1,199 days with the median stay being 1,252. Thus, these numbers significantly exceed the housing retention target.



[2] Permitted use when a client has the need for temporary limited financial assistance to fund a small arrearage that will improve capacity to remain housed independently.

The Self Sufficiency Outcome Matrix is required as part of a subsidy allocation. All self-sufficiency outcome measures recorded demonstrate improvement for the individuals participating in the Housing Subsidy & Care program (Chart below). Improvements are shown in every category over initial scores.

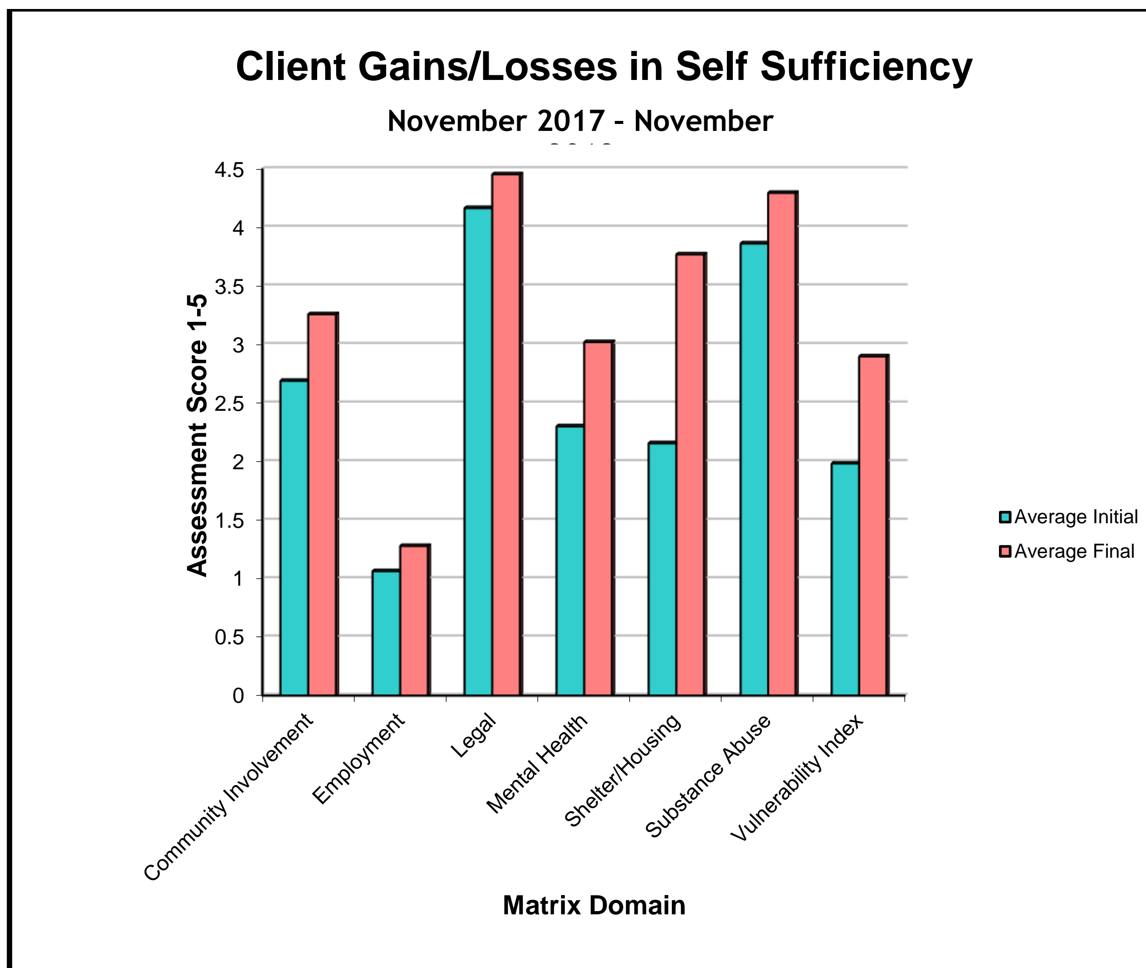


Chart Description: Data are a one-year profile of individuals currently housed with Housing Subsidy and Care funding.

HOUSING OPPORTUNITIES AND GAPS

- **Pairing Services and Housing:** Development of housing resources must be paired with appropriate mental health support services to ensure an individual is successful in stable housing. Supportive Housing typically requires the pairing of rental units, on-site services customized to the needs of residents, and rental subsidy to bridge the gap between operational costs and what a tenant can afford for a monthly rent.
- **Improving Statewide Access to Housing:** There remain areas of the state that need additional housing resources and support services funding. As an example, Essex, Caledonia and Orleans counties have almost no dedicated housing for individuals with mental illness.

- **Housing Capacity:** Statewide expansion of residential housing models such as the “Housing First” model, “MyPad-like” housing units, and “Tiny Houses” options in different regions of the state would offer alternatives to congregate living resources for individuals who can live more independently with supports that are close-by as needed.
- **Underserved Populations:** Analysis of high cost and homeless users of DA resources who are ineligible for CRT program services; but are served in adult outpatient programs and have disabling conditions and a myriad of psychosocial stressors that are equally or more-costly to local communities. Housing resources for this population remains a gap area.
- **Alignment:** Forge better partnerships and complimentary service practices between peer and DA CRT support services maximizing support service opportunities for individuals without creating redundant or duplicative resource capacities
- **Resources:** Attention is needed in housing subsidy resources. Annual market rent increases continue to shrink the value of housing subsidies that have not increased since 2012. This limits the number that it could potentially serve.

HOUSING PROVIDER INVENTORY

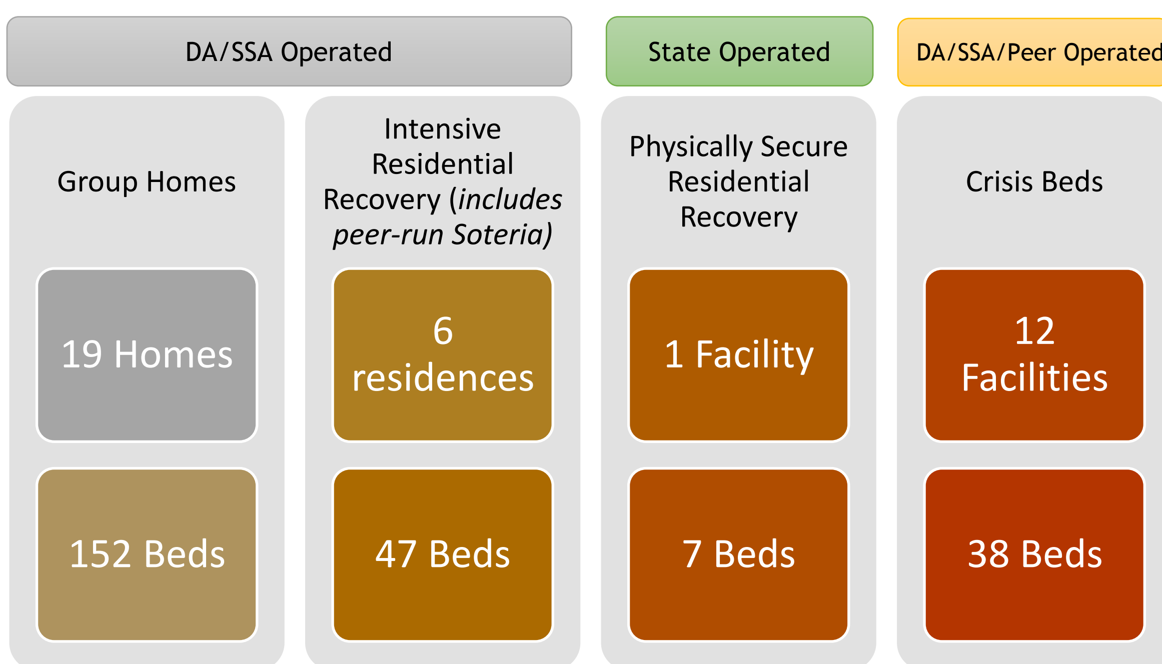
Service Provider	Property Owner	City/Town	Number of Housing Units	Type/Source
WCMHS	WCMHS	Montpelier	4	HUD
WCMHS	WCMHS	Barre	6	HUD
HCHS	Champlain Housing Trust	Burlington	5	HUD
HCHS	Cathedral Square	Burlington	15	HUD
HCHS	Champlain Housing Trust	Winooski	26	HUD
HCHS	Champlain Housing Trust	Essex Jct.	7	VT Rental Assistance
NCSS	NCSS	St. Albans	2	N/A
NCSS	Leased Property	St. Albans	2	HUD
RMHS	Giancola Construction	Rutland	12	HUD
NEKHS	NEKHS	Caledonia	2	State
Sub-total			81	
New Projects/Development				
HCHS	My Pad	Burlington	4	State
CSAC	My Pad	Middlebury	4	State
WCMHS	Downstreet NFPD	Barre	4	VHCB
Sub-total			93	
Partnerships				
VT. Housing Authority	Scattered Site Individual Units (Includes Pathways VT)	Varied	125 as of 3/2019, Varies	Housing Subsidy and Care
Subtotal			218	
VT Housing & Conservation Board	Not for Profit Developers	Varied	260	****260 beds statewide for individuals with mental illness
TOTAL INDIVIDUALS STABILY HOUSED			**478**	

MENTAL HEALTH SYSTEM OF CARE:
ADULT RESIDENTIAL SETTING FACT SHEET

OVERVIEW

This document provides an overview of publicly funded, licensed residential mental health facilities that support adults in the least restrictive environment possible.

ADULT RESIDENTIAL SETTINGS



GROUP HOMES- 19 HOMES, 152 BEDS

Definition: Group homes are living arrangements for three or more people, owned and/or staffed full-time by employees of a provider agency.

Purpose: These arrangements are designed to provide individualized, recovery-oriented treatment plan services in either transitional or longer-term residential rehabilitation settings.

Requirements: Group Living arrangements are licensed facilities and individuals are afforded resident rights and protections before transitioning to more independent living arrangements in accordance with their treatment plan.

STAFF SECURE: INTENSIVE RESIDENTIAL RECOVERY (IRR)- 6 RESIDENCES, 47 BEDS

Definition: This residential treatment setting consists of specialized group arrangements for three or more people, staffed full-time by employees of a provider agency. This level of care includes the peer-run Soteria program.

Purpose: Recovery oriented and treatment focused programs for individuals frequently stepping down from hospital level of care. Individuals served require ongoing supervision by skilled mental health staff in an environment focused on safety, harm reduction and mitigation as part of aftercare in the community and access to more permanent, stable living options.

Requirements: IRR arrangements are licensed facilities and individuals are afforded resident rights and protections before transitioning to more independent living arrangements in accordance with their treatment plan.

CRISIS BEDS- 12 FACILITIES, 38 BEDS

Definition: Emergency, short-term, 24-hour residential supports in a setting other than the person's home. Services are designed to stabilize people in an acute mental health crisis and to transition to community-based supports as soon as possible with planned discharge and placement.

Purpose: Community-based hospital diversion and short-term stabilization. Services are provided to individuals, their families, or their immediate support system that are necessary to maintain stability or avert destabilization of an expected psychological, behavioral, or emotional crisis.

Requirements: Crisis beds are primarily operated by the designated and specialized services agencies. There is also a peer-run crisis bed program called Alyssum. Support and referral include triaging aftercare needs, supportive counseling, skills training, symptom management, medication monitoring, crisis planning, and assistance with referrals from crisis stabilization in a person's home or by phone. These services are available 24 hours a day, 7 days a week with awake staffing.

PHYSICALLY SECURE: MIDDLESEX THERAPEUTIC COMMUNITY RESIDENCE – 1 FACILITY, 7 BEDS

Definition: The State Operated Middlesex Therapeutic Community Residence (MTCR) is a temporary, 7-bed, physically secure residential facility designed to provide a community-based aftercare option for people who are ready to discharge from a psychiatric hospital but still require considerable support in their recovery process.

Purpose: The intent of the legislature in creating MTCR was to create a step-down facility for those who were no longer in need of inpatient care but continued to need intensive services in a secure setting.

Requirements: In order to be placed at MTCR, an individual need's to be in the custody of the DMH Commissioner on an Order of Non- Hospitalization (ONH) and the judge needs to specifically find that the clinically appropriate treatment for the patient's condition can only be provided safely in a physically secure residential recovery facility. MTCR is licensed as a Therapeutic Community Residence, does not perform Emergency Involuntary Procedures (EIP's) and does not have licensure authority or physical space to safely manage individuals who may require episodic seclusion or restraint.

Outcomes: 45 individuals served since opening with an average length of stay under 8 months. 67% stepped down to less restrictive facilities or independent housing.

ADULT RESIDENTIAL OPPORTUNITIES AND GAPS

1. PHYSICALLY SECURE RESIDENTIAL RECOVERY- PROPOSAL FOR REPLACEMENT

The Department continues to plan for the replacement of the 7-bed, temporary, Secure Residential Recovery facility in Middlesex. The proposal for replacement is for a 16-bed, state-run, physically secure residential facility with increased clinical capacity.

Replacement planning activities have included:

- Reports on the populations to be served and needs for the program
- Justification of increased bed capacity based on analysis of need for this type of initial step-down and aftercare services
- A *Request for Proposals* to assess interest among community stakeholders in developing and/or operating a permanent secure recovery program
- Planning across multiple AHS departments to assess how the mental health needs of populations being served by other departments might be addressed by future permanent programming.

The current proposal for replacement is available here.

- Funds to for siting and development of the proposed plan are in the FY'20 Capital Appropriations and Construction Bill, H.543.

2. HOSPITAL STEP-DOWN CAPACITY ASSESSMENT

Gap: A full array of community re-entry and recovery options are not available in every region. This impacts the ability of individuals to discharge timely and well back to their communities.
Analysis: The Department believes there is need and opportunity to provide increased community capacity to offset unnecessary ER wait times and reduce inpatient admissions and is studying statewide need and capacity for most impactful enhancements.
Options: Consistent with a collaborative network approach between hospitals and community-based programs, the gap in bed capacity could potentially be addressed over time through more robust investments and expansion of residential support models in the community. Options include development of models like MyPad housing in Chittenden County, the Soteria and Alyssum peer-supported crisis and transitional residential programs, crisis beds, and Intensive and Secure Residential Recovery programs.
Rationale: Expansion of step-down regional residential support programs could be a cost-effective, less restrictive option for individuals who are ready for transition from inpatient beds to some form of community residential treatment and support. The pairing of both some growth in inpatient capacity and investments in community-based services provides capacity for local communities to timely receive back individuals who do not need hospitalization.

DMH Residential and Designated Hospital Beds by County FY19

BR	Brattleboro Retreat
CMC	Clara Martin Center
CSAC	Counseling Service of Addison County
CSC	Collaborative Solutions, Corp
CVMC	Central Vermont Medical Center
FAHC	Fletcher Allen Health Center
HC	Howard Center
HCRS	Health Care Rehabilitation Services of Southern Vermont
LCMH	Lamoille County Mental Health
NKHS	Northeast Kingdom Human Services Inc.
PW	Pathways
RMHS	Rutland Mental Health Services
RRMC	Rutland Regional Medical Center
UCS	United Counseling Services
VA	Veterans Administration
WC	Windham Center
WCMH	Washington County Mental Health

*NFI HDP-S Capacity 6, Currently only 4 open beds

**Residential programs that are primarily utilized by DCF, but accessible to DMH in rare circumstances