

Testimony before House Committee on General, Housing, and Military Affairs: February 3, 2021
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Good morning. Monday was Mental Health Advocacy Day and I have to bring you good news in that this pandemic has probably done more to bust down the wall for people reaching out for assistance for mental health issues than anything we've seen in a while. The bad news is that our entire population is experiencing a little bit of what it's like to feel high levels of stress, and a growing segment of our Washington County population, people who are homeless, experience an even greater level of stress due to housing instability. In view of all of that, we do not have the capacity to keep up with the need.

But let's talk housing. Housing is the foundation for health; having a home is essential to good mental health. If you wonder about that you need only reference disaster research around those who lose their homes. Homes are where our identities are built and reside. They should be our safe spaces.

Transitional and supportive housing, as well as homeless shelters, can help stabilize people with mental health and substance use issues. In Washington County, we had to reduce the number of beds available within our Good Samaritan Shelter severely during the pandemic. We are fully in support, as a group of community providers, of re-establishing a robust shelter with a centralized Hub for people to get information and connection on resources. We have created a Homelessness Task Force and are committed to expanding on this Hub concept to help people through their most difficult times without having to jump through 6 different doors on their way to getting back on their feet. Mental Health supports are a part of that for those who are experiencing high levels of stress and symptoms of mental health illness and we intend to provide both clinical and peer supports for people seeking assistance in this developing model.

In May I testified here about Short term, moderate term and long-term solutions for homelessness. Last week you heard from several people around the state regarding upward pressures and some solutions – our Task Force Reps, Sue Minter from Capstone and Eileen Peltier through Downstreet Housing. They showed you some pretty stark statistics regarding the number of adults and children living in hotels in Washington County. It made me go back to my May 1st testimony before you and I wanted to pull this out as a reflection and comparison from then to now. I testified:

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!

We've had nearly a year of this experience under our belts. We continue to work to provide opportunities within the hotels for support, both mental health and medical treatment, and networking with security and law enforcement, who I believe you will more from later today. But living in an environment that does not have built-in intensive supports for very vulnerable people can cause levels

of depression, anxiety and trauma, as well as substance use. Finding housing and providing people the opportunity to develop their home and identity is the solution.

In the past 6 months, WCMHS has had success in developing master leases with landlords. We have four of these settings now. Last year when I testified we had 13 people who were homeless, receiving our most intensive wraparound services, and we have now housed them in peer supported single room occupancy residences. Today we have only 6 homeless people in our highest needs wraparound category. We know this model of intensive, including peer, supports works but it is not available to the vast majority of people living in the hotels, which is now well over 300. We'd like gain support to do more of this in our region. We can and should continue the hotel voucher program, but we also have to provide safety, and the availability of structured supports from any one of our community providers, giving people choice.

At WCMHS we continue to stretch our current staff to these homeless clients should they want or need our services. The only add-on for this effort came to us through a temporary HOP grant for a couple of months at the end of the calendar year, which allowed us to provide a mental health clinician to the efforts of other case managers at the hotels. As a result we transferred 12 individuals into long term case management from those referred, meaning those 12 individuals are now receiving a great deal of support in managing symptoms of mental health illness and applying that management to how they function from day to day. We have located housing for the majority of those clients. However, that HOP grant has ended and we have no additional staff and are working within the same payment bundle we had 3 years ago. There have been no increases in rates or capacity. That has to change given these very real needs in our community. You may recall that I cautioned that the same phenomenon might happen if the current state system responsibilities for hotel vouchers shifts to the community. If the need grew, I questioned, would the money pot? My grave concern is that it will not and the community will be left without sufficient dollars to solve our dilemma. I believe you heard from Sue and Eileen last week, expressing the same sentiment.

We need dollars for capital investments and service dollars to create "health through housing" --- that means structure, flexibility in services, support, and vouchers. If we have that, we enhance the potential to help people succeed in safe living situations, reducing the possibility of them experiencing the long term effects of substance use, trauma, anxiety, and depression.

Thank you for this opportunity and we appreciate any support you can provide in helping our Vermonters who are marginally housed or homeless.