Pre-meeting Advisory Board

April 1, 2008

Presentation

12:15 pm

Housing Plan

North Sound Mental Health Administration

By: Tom Yost

2008 HOUSING PLAN

North Sound Mental Health Administration

March, 2008

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EXECUTIVE SUMMARY

Safe, stable, affordable housing has been a major deficit in serving people with mental illnesses for years in this Region and across the nation. Housing is a basic element for recovery from mental illness and supports consumers' independence, empowerment and dignity. People with major mental illnesses may not benefit from the best community mental health services if they do not have stable housing. Estimates indicate that there are 917 people in NSMHA's region who have a mental illness and are homeless at this moment. Of those, an estimated 141 are chronically homeless.

The limited availability of good housing options is the result of a number of factors including the following:

- The high cost of housing
- Landlords who fear that renting to people with mental illnesses will increase their costs, disturb other renters and will make managing their properties more difficult.
- Consumers who have a poor rental history and lack references.
- Insufficient number of rental vouchers and units of subsidized housing
- The complexity and length of time it takes to create new housing
- Lack of on-going supports and services that will help people keep their housing in spite of personal, psychiatric and financial crises
- The "up-front" costs of securing housing (deposits, application fees, advance rent payments, etc.)

In trying to meet consumers' housing needs and preferences, the mental health system is being squeezed between the lack of housing, rising housing prices and increasing demand. Western State Hospital continues to decrease the number of beds available. The mental health system has funded new programs aimed at finding and enrolling homeless people who have mental illnesses. Many of the people entering into services need a high degree of support at first in order to become stable in a community living arrangement and some will need support indefinitely. In addition, many consumers say they want a permanent home which is not tied to a program - supports should be available but those supports should not dictate where consumers live.

There are reasons for optimism, however. New sources of funding are becoming available which involve significant amounts of money. These include "2160" and "2163" funds – collected locally - which can only be used to address homelessness and, on the federal level, new HUD, USDA and VA programs which set aside money for projects that will eliminate homelessness. Collectively, these programs provide money for construction or acquisition of housing and money for supportive services.

In addition to these, citizens of every county in the state can vote to raise the sales tax in their counties by $1/10^{th}$ of 1%. The money raised can only be used to fund mental health and chemical dependency programs. If the counties so choose, some of that money could fund support services that will help people get and keep their housing.

Recommendations

A Housing Work Group comprised of community stake holders, provider staff, county staff and NSMHA staff started meeting in May 2007. The Work Group recommends the following:

- Advocate that all counties in the region adopt a one-tenth of one percent addition to the county sales tax for the support of drug and mental health treatment services.

Timeline: May 2008

- In the first two years of this plan promote the development of 70 new slots of supportive housing services are developed (35 slots in each of the two years.) In the subsequent three years, NSMHA will promote the development of an additional 25 slots each year.

Timeline: January 1, 2013

- Advocate that Washington State's Housing Trust Fund make a priority of funding housing projects that serve people re-entering the community from in-patient hospitalization and residential care facilities

Timeline: January 1, 2009

- Seek to double the number of ARTF beds in the region from 16 to 32.

Timeline: January 1, 2010

- Set aside a minimum of $25,000 per year of state funds which will be granted to housing developers who need "leverage" funds to obtain other grants.

Timeline: Immediately

- Develop an MOU/agreement with each county to define each county's and NSMHA's roles in creating and funding housing and housing support services.

Timeline: January 1, 2009

- Work with the five counties and NSMHAs providers to find ways to support landlords so that they will be more willing to rent to consumers. NSMHA will also work with consumers and landlords to deal with tenancy issues in order to ensure sustainable housing so consumer do not fear the loss of their housing.

Timeline: January 1, 2009

- Develop a policy in consultation with providers and others to define the roles and duties of case managers in helping consumers live successfully in the community.

Timeline: July 1, 2008

- Convene an on-going housing work group to assure that there are adequate services to support consumers in a variety of housing alternatives. The work group will participate in developing guidelines for supported living services.

Timeline: April 1, 2008

- Offer case managers information, training or technical assistance on ways to help consumers live successfully in the community.

Timeline: January 1, 2009

- Arrange training, consultation and other forms of technical assistance for providers and other organizations which are interested in developing housing for consumers.

Timeline: January 1, 2009

- Offer to convene regular meetings of housing developers in the region where participants can exchange information and obtain technical assistance.

Timeline: April 1, 2008

- Through discussions with county and state HMIS specialists, seek to increase the quality and quantity of information collected about people who are homeless. NSMHA will begin to track the progress of its homeless consumers in finding housing.

Timeline: January 1, 2009

- Advocate that housing be developed for consumers who have criminal histories, histories of violence and medical needs.

Timeline: January 1, 2013

ACKNOWLEDGMENTS

This housing plan draws on the ideas of a number of people who came together as NSMHA's Housing Work Group. NSMHA wishes to acknowledge and thank the members of the Work Group for their contributions.

The work group was chaired by Gary Williams, Whatcom County Health and Human Services.

The members of the workgroup were:

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INTRODUCTION

There has always been a shortage of safe, clean and affordable housing for consumers of mental health services in NSMHA's region. This was true six years ago when NSMHA produced its last housing plan and it is still true today. Circumstances have changed, however, in the last six years. Some aspects of housing have worsened – especially the shortage of affordable housing. On the other hand, a number of new initiatives have arisen to address the housing needs of people who are homeless or have a limited income. These initiatives promise that a greater number of consumers will finally be able to find an affordable, decent and permanent place to live.

In the last six years the cost of buying or renting a home has risen to disturbingly high levels due to a shortage of housing. Throughout the region, most consumers would have to pay nearly all of their monthly income in order to rent a median-priced, one-bedroom apartment. But this is not the only way that the housing shortage has hurt consumers. Landlords can pick and choose their renters and usually choose tenants who have good rental histories, good references, have jobs and don't need financial or other kinds of assistance in order to live successfully in the community.

While the housing market tightens and rents rise, the mental health system is under increasing pressure to help more consumer's find and keep housing. The state continues to reduce the number of beds available at Western State Hospital and at the PALS program. Many of the people returning to the community or diverted from Western State need an intensive level of service in order to succeed in the community.

In addition, new outreach programs are identifying and enrolling more people into mental health services. Each county in NSMHA's region has a Jail Services Project which receives referrals from jails of inmates who may need mental health services after release. Staff contact these people in jail, assess their eligibility for mental health services, enroll them in services and help them apply for SSI and other benefits.

Another source of new enrollees is the two PATH (Projects for Assistance in Transition from Homelessness) programs. Staff from these two programs search for potential enrollees amongst homeless people.

The mental health system faces other pressures as it tries to help consumers find and keep permanent housing. Philosophical changes – especially community integration, permanent housing and "housing first" – put greater pressure on case managers to find the "right kind of housing" rather than whatever housing might be available. At the same time the mental health system is trying to pay more attention to consumers' preferences and wishes in developing new housing and housing supports. And all of this is happening in the shadow of the Supreme Court's Olmstead decision which requires mental health systems to make reasonable accommodations that will offer consumers treatment in their communities rather than in institutions.

In spite of these pressures, there is reason for optimism. State and Federal governments are committed to dealing with the problem of homelessness and providing more resources to solve it. Governments at all levels are recognizing that many homeless people need support from mental health and other service providers in order to live successfully in their communities. New sources of funding have been created and dedicated to ending homelessness. The priorities of some older funding programs are being reassigned to solve the problem of homelessness.

Demands have increased but opportunities have increased, too. In order to meet the demands and take advantage of new opportunities, NSMHA needs a new housing plan. NSMHA must define its role in the community of organizations which are joining together to solve local and regional housing problems. NSMHA, its providers and the five county mental health programs will have to coordinate services with others to be a part of the continuum of housing services. NSMHA will have to anticipate the impact on mental health services of new governmental policies such as "housing first," supporting people in permanent rather than transitional housing, and responding to consumers' preferences.

UNDERLYING PHILOSOPHY AND GOALS

NSMHA strives to ensure that people who have mental illnesses are able to live a full life in their communities and to live with dignity and respect. To that end, NSMHA funds and strives to promote a range of services which are community-based, consumer-driven and locally available. NSMHA believes that mental health services should match each consumer's unique needs, build on each consumer's strengths and respect each consumer's cultural heritage.

NSMHA subscribes to the following values:

People are able to recover from mental illness and services should be built on a recovery model.
Services should encourage and support consumer empowerment.
People should be supported in living as independently as they choose.
People should have choices and people who have a mental illness should have the full range of choices available to all citizens.
All citizens should be able to live in communities of their choice and be able to participate in the life of those communities to the extent they desire.

HOUSING

NSMHA believes that people who have a mental illness should be able to live as independently as possible in a house or an apartment in the community. Further, the opportunity to have a home in the community should not be limited by a consumer's income. NSMHA recognizes that some people with a mental illness may need support in order to obtain and keep housing. To that end, NSMHA strives to create a system of integrated services that will ensure that all consumers have decent, clean and affordable housing which will meet each consumer's needs and preferences.

NSMHA believes that people should be afforded housing regardless of whether they participate in mental health counseling or not. And, the abuse of alcohol or drugs should not prevent people from having a home. NSMHA recognizes that many consumers will not be able or willing to enter treatment until their housing needs are met. Recovery requires that people have stable environments which meet their basic needs.

NEEDS STATEMENT

Obtaining and keeping a home is very difficult for some people who have a mental illness. In the five-county region served by NSMHA, there is a very limited supply of affordable housing available to people who qualify for Medicaid. Some consumers have difficulty securing housing because of poor credit or rental histories, because landlords fear some consumers' past behaviors or simply because some landlords hold stereotypic, negative attitudes towards people who have a mental illness.

ESTIMATED NEED

Each year, every county attempts to estimate the number of homeless people living in the county. According to these surveys, in the five-county region served by NSMHA it is estimated that there are 768 homeless adults who have a mental illness. Some of these people are homeless for a few weeks or months. Others, however, experience chronic, long-term homelessness. In the region as a whole, twenty-one percent of the homeless population is chronically homeless. Extrapolating this statistic to the estimated number of homeless people who have a mental illness, it would appear that there are 141 people with a mental illness who are chronically homeless in NSMHA's region.

By one estimate, about fifty percent of NSMHA consumers at Western State Hospital will need some sort of housing upon discharge. Based on recent census data that means about 45 people will need housing. In addition, there are a number of people expected to exit the jails in the region and have no housing immediately available.

Assuming that these numbers represent unduplicated counts, it appears that *at least,* 917 people with a mental illness need housing in NSMHA's region. And, of that number, *at a minimum,* 150 will need an intensive, PACT-like case management program (this does not include the people currently at Western State Hospital.)

These estimates seem reasonable in light of the fact that 511 NSMHA consumers reported being homeless at the time of intake in 2006. These estimates should be viewed as *minimal estimates* as they do not include some groups such as mentally ill offenders who have not been released from prison yet.

CURRENT SYSTEM

Where NSMHA Consumers Live

The majority of Medicaid and state-funded consumers live in their own homes with no residential supports (60% regionally.) Region-wide, the most common type of housing assistance is in-home support (8%) followed by adult family home placement (5%.) Two percent of consumers live in 24-hour residential facilities (boarding homes, etc.) Four percent of consumers reported being homeless.

Chart 1: Where NSMHA Consumers Live

Residential Status of Currently- Enrolled Consumers. All data from NSMHA.	Sno-homish	%	Whatcom	%	Skagit	%	Island	%	San Juan	%	Region-wide	%
Private residence with no support	4946	59	1932	62	1197	57	428	51	109	59	8612	60
Own home with support	628	7	334	11	75	4	44	5	6	3	1087	8
AFH	438	5	116	4	99	5	40	5	11	6	704	5
24-hour residential	132	2	102	3	26	1	3	<1	0	0	263	2
Institution	71	1	59	2	45	2	3	<1	0	0	178	1
Corrections	26	<1	26	1	2	<1	2	<1	0	0	56	<1
Homeless	338	4	90	3	66	3	14	2	3	2	511	4
Other	64	1	47	2	35	2	6	1	2	1	154	1
Unknown	1500	18	397	13	569	27	293	30	55	20	2814	20

All data is taken from NSMHA's last state periodic record for 2006.

System Strengths

Within NSMHA's region there is a variety of residential and residential support services available. There is one ARTF which has 12 beds[a] available for consumers from NSMHA's region. The facility provides long term residential treatment. NSMHA supports 88 people in boarding homes. Various supported housing programs serve another 450 consumers (259 in Snohomish County, 155 in Whatcom County, 19 in Skagit County and 17 in Island County.) In addition, NSMHA providers support about 187 people through Shelter Plus Care programs.

NSMHA also funds several specialty programs that help consumers find and/or keep housing. The Everett Housing Authority, Compass Health and NSMHA have joined together to create the Hope

[a] The ARTF has a total of 16 beds. Twelve are occupied by NSMHA consumers and 4 are used by consumers served by Molina under the Washington Medical Integration Project.

Options program which helps older adult consumers keep their housing. A team composed of a case manager, psychiatrist and housing intervention specialist establish relationships with older adult consumers in order to assist them in living independently and to intervene when the consumers are at risk of losing their housing.

There are 2 PATH programs in the region – one in Snohomish County operated by Compass Health and one in Whatcom County operated by Whatcom Counseling and Psychiatric Clinic. These programs seek out homeless people who need mental health services. Staff from the PATH programs assist such individuals in a variety of ways including finding and keeping housing. In the coming year, the Whatcom Counseling program expects to serve 65 consumers through this program and Compass Health expects to serve 125.

A PACT program opened in July in Snohomish County which will eventually serve 100 consumers. Another such program opened in November 2007 in Whatcom County and serves 50 consumers. Both programs offer intensive case management which helps consumers, amongst other things, find and keep safe, stable and clean housing.

In addition to the support services and housing offered by NSMHA's providers, other state agencies and their providers fund or offer housing to people who have a mental illness and another condition. The State's Division of Developmental Disabilities provides residential placements to a number of their clients who have both a psychiatric disorder and a developmental disability. There is no specific data on how many people with a psychiatric disability they support. But DDD has a variety of housing and housing supports available which ranges from AFHs to congregate living arrangements and to tenant support services for those who live in their own housing.

DASA and other funding sources support a variety of housing options for people who have substance abuse and psychiatric problems. In the region served by NSMHA there is one intensive treatment and recovery center in Snohomish County which serves consumers who have dual diagnoses. In addition, in NSMHA's region there are 15 Oxford Houses where residents can stay as long as they want. The residents of each Oxford house decide who will be accepted for admission. These houses are not able to accept people who have serious mental health problems. There is no professional mental health staff in these homes. However, Oxford Houses have accepted some people with dual diagnoses (MI/CA) and, therefore, for some consumers, this may be an option.

Charts 2 & 3 (on pages 14 & 15) summarize various housing and housing supports available to consumers of NSMHA-funded, mental health services. They show the amount of each resource that is available in the 5-county region.

Chart #2 shows resources that are available to people who have a mental illness. Some of these services such as PACT, PATH and NSMHA-funded AFHs are not available to all consumers. Consumers must meet additional criteria in order to obtain those services. It should be noted also that some services (boarding homes and adult family homes) have obtained licenses which *allow* them to accept people who have psychiatric diagnoses but this does not mean that they specialize in serving such a population. Typically, such AFHs and boarding homes also serve people with disabilities and the elderly. Indeed, some of these homes are extremely selective when considering referrals from the mental health system.

Chart #3 shows housing that is open to people with low incomes. Most of the housing listed in the chart is not reserved for any special group of people such as people who have a mental illness. Most of the

housing is available to all people who meet income eligibility standards. Most people who receive Medicaid- or state-funded mental health services qualify for the housing listed in the chart.

Chart 2: Summary of Housing Resources Targeted to People Who Have Mental Illnesses

	Snoho-mish	Whatcom	Skagit	Island	San Juan	TOTAL
Boarding home beds[2,a]	852	695	414	281	0	2242
Boarding home beds with a NSMHA funding add-on						98
Permanent Supportive Housing[1]	295	191	19	17	0	522
AFH beds licensed to accept people with mental illness[2,a]	1300	125	78	54	12	1569
AFH beds with a NSMHA funding add-on						59
PACT slots[1]	100	50				150
PATH consumers[1]	125	65				190

Data from 1) NSMHA and 2) Washington State DSHS

[a] ***These figures can be highly misleading****. In reality few of these boarding home and AFH beds are available to NSMHA consumers. Many boarding homes and AFHs must have a license that <u>permits</u> them to accept people who have a psychiatric diagnosis. An AFH or boarding may have such a license but never accept people who have a serious mental illness. Many residents who do have psychiatric diagnoses do not have severe or chronic mental illnesses that would make them eligible for Medicaid- or State-Funded mental health services. It is not known how many of these AFHs and boarding homes would accept a person who has a serious or chronic mental illness.*

Chart 3: Permanent Housing Resources Available to Any Individual* with Limited Income (family-only units not included)

	Snoho-mish	Whatcom	Skagit	Island	San Juan	TOTAL
Housing Authority Housing[1]	876	1477	37	110	0	2950
Transitional Housing[2]	187	173	39	1	0	400
Permanent Supportive Housing[2]	538	182	10	17	0	747
Housing Choice Vouchers Targeted to Homeless Individuals[2]	9	0	0	1	0	10
Tenant-Based Rental Assistance Targeted to Homeless Individuals[2]	Unk	0	5	0	0	5
Total section-8 vouchers - data from housing authorities[1]	5316	1692	609	110	0	7727
Other Housing Vouchers	---	---	---	---	59	59

Data from 1) Housing Authorities, and 2) the County's 10-Year Plan.

** The inclusion of permanent family-only housing – which is relatively more abundant than permanent housing for individuals - is not included. Most homeless clients who receive mental health services are not accompanied by families. To include family-only housing would give an inaccurate picture of the housing challenges faced by consumers of mental health services.*

NOTE: "Below market housing units" with built in HUD and USDA subsidies are not included in this survey as many of those units are still too expensive for people who depend on SSI, SSDI and AFDC.

New and Proposed Local Initiatives Which Might Affect NSMHA's Consumers

Island County

In addition to several initiatives aimed at homeless families, Island County and other cooperating agencies anticipate implementing the following initiatives:

- Rent 4 apartments and add case management to support to serve 4 individuals or families at a time.
- Hire a ½-time prevention specialist who will help people avoid losing their housing.
- Provide short-term rental assistance to 25 people to prevent evictions.
- Acquire two 4-unit facilities which will provide supportive housing for chronically homeless people.
- Provide seed money for an "Oxford House" for substance abusers.

These initiatives are described in the County's 10-Year Plan to End Homelessness.

San Juan County

San Juan County's 10-Year Plan to End Homelessness includes the following initiatives which might impact NSMHA's consumers:

- Increase the number of subsidized rentals in order to accommodate 2 more families.
- Prevent the loss of housing by offering emergency rental assistance
- Increase by 10 the number of HOME-funded, rental vouchers.

There are no initiatives aimed specifically at people who have mental illnesses. The implementation of the some initiatives will be carried out by the County while others will be carried out by other cooperating agencies.

Skagit County

In its list of strategies for spending 2163 moneys, Skagit County has proposed using those funds over a 10-year period reduce homelessness by 50%. The County's plan includes the following initiatives which the County, private developers and cooperating agencies will carry out:

- encourage private developers to create 500 units of affordable housing (2010).
- Create a "one-stop" service which will help people locate affordable housing (2007).
- Provide family development style case management (2006)
- Create 20 more units of transitional housing for chronically homeless people which will include case management.
- Provide mental health services for 25 transitional housing residents (2008.)
- Build a 10-bed, supportive transitional housing facility for recently-released offenders (2009.)
- Provide case management, screening and training for 50 ex-offenders (2008.)
- Develop 20 more case-managed, transitional units (2009.)

- Create 20 units of permanent supportive housing for disabled veterans which would offer housing, counseling and other supports (2010.)
- Create a 15-bed facility for patients being discharged from local-hospital, in-patient treatment (no completion date listed.)
- Develop a shelter plus care program that will provide case management to 40% of section 8 recipients.
- Provide intensive case management to 20 people who are chronically homeless (no completion date listed.)
- Provide an apprenticeship training program for chronically homeless persons (no completion date listed.)

The County's Mental Health Program is implementing several other initiatives. It has developed a program to provide transitional housing vouchers of about 3 months. This will especially benefit people coming out of jail with support form the Jail Services Project. It and the Skagit Housing Authority are also planning the purchase of several 1 or 2 bedroom houses for people with mental illnesses.

In addition to the County's plans, Compass Health expects to complete construction of an apartment complex containing 15 studio apartments sometime in 2008.

Snohomish County

As part of the it's 10-Year Plan to end homelessness, Snohomish County and other participating organizations are proposing to develop 1,000 new family beds, 500 beds for chronically homeless people (which might include 300 people with mental illness) and 1,000 new single beds which will include an unspecified number of SROs. The County plans to develop a single point of entry for services to assist homeless people.

The Housing Authority of Snohomish County is attempting to raise fair market rents for the section 8 voucher program. It is also acquiring 155 new rental spaces this year which includes buying two mobile home parks.

Whatcom County

The County has obtained an HGAP grant to create a Homeless Center which will coordinate all services and funding for homeless efforts. The Whatcom County Homeless Service Center expects to offer prevention assistance to 500 families/year for 2 years, provide light rent subsidy and case management to 200 people/year for 2½ years, provide deep rent subsidy to 60 chronically homeless people. It will facilitate the development of 300 units of housing with "relaxed rental qualifications" and facilitate the development of 100 units of supportive housing

The Whatcom Coalition for the Homeless is developing initiatives to increase coordination between agencies which provide services to homeless people. In addition, the Coalition has developed supports to help people keep their housing. These supports include 1) one-time funds to prevent eviction, 2) crisis and other prevention services to avert imminent homelessness, and 3) the ability to give deep rent subsidies to 60 people.

Lake Whatcom Residential and Treatment Center opened a PACT program in November 2007. It is also prepared to purchase an apartment building if demand is sufficient. It is expected that the PACT program

will primarily serve people coming out of the PALS program at Western State Hospital and other high need consumers.

Federal Proposals

As this plan is being written there are several bills in the U.S. Congress which, if passed, will increase funding for homeless housing programs and expand the variety of programs available.

- The Grants for the Benefit of Homeless Individuals (GBHI) program funds mental health and substance abuse services. There is a proposal to increase funding by $80 million in order to expand permanent supported housing services by 15,000 units nationwide.

- Community Partnership to End Homelessness Act (CPEHA)(S. 1518).. The bill proposes to streamline homeless assistance. It would create a new prevention program that would provide funds for emergency assistance to people about to lose their housing or to people living in overcrowded conditions.

An important facet of this bill for NSMHA's region is a set of provisions related to rural communities. CPEHA recognizes the disadvantages that rural communities face compared to urban areas. As a consequence, CPEHA proposes to simplify the criteria required in rural areas for funding and would allow rural communities to engage in a greater variety of activities to address homelessness. It would also set up a system in which rural areas would no longer compete against urban areas for funding. Rather, rural areas would compete against one another.

- Homes For Heroes (S. 1084). This bill would create a program to fund permanent housing for veterans. At this time the V.A. only funds transitional housing.

- Services to Prevent Veterans Homelessness Act (S. 874/H.R. 2378). This bill would allow the Veterans Administration to fund supportive services for low-income veterans living in permanent housing especially for veterans who have recently become homeless.

- National Affordable Housing Trust Fund (H.R. 2895). This bill would provide funding to construct, rehabilitate, or preserve housing. Homeowners as well as landlords would be able to apply for these funds. Funds could also be used for down payments, closing costs or for 12 months of project-based rental assistance.

- Second Chance Act (S. 1060/H.R.1593) is aimed at offenders who are returning the community after incarceration. It would provide funds to help offenders find jobs and permanent housing.

Financial Resources for Creating and Operating Housing and for Providing Ancillary Services.

Federal Programs

There is a large number of grants and other government programs that can be used to fund the purchase, construction and operation of housing. Some programs fund services that help people get and keep housing. In 2006 the U.S. Department of Housing and Urban Development issued a booklet entitled "Programs of HUD" which describes their programs. The U.S. Department of Agriculture's Rural Development housing programs are described at www.rurdev.usda.gov/rhs/.

Veterans Administration Programs:

The Veterans Administration funds the development of housing and supports for homeless veterans. The Grant and Per Diem program gives funds to community agencies to provide transitional housing for homeless veterans. Grants can fund up to 65% of construction, acquisition, or renovation of a facility. Per Diem can be used to offset operational expenses.

The Loan Guarantee Program for Multifamily Transitional Housing guarantees loans for construction, renovation of existing property, and refinancing of existing loans, facility furnishings or working capital. Funding from the CHALENG program (The Community Homelessness Assessment, Local Education, and Networking Groups) can be used to assess the needs of homeless veterans and develop action plans to address those needs. The CHALENG program can fund conferences and other efforts to build coalitions or provide education.

The Domiciliary Care for Homeless Veterans (DCHV) Program provides treatment and rehabilitation to homeless veterans as well as conducts outreach, vocational counseling and rehabilitation, and post-discharge community support. The HUD-VASH program funds permanent housing and ongoing treatment services to the difficult-to-serve, homeless, mentally ill veterans. The Acquired Property Sales for Homeless Providers program offers VA-foreclosed properties to homeless provider organizations at a discount of 20 to 50 percent. Finally, the VA Excess Property for Homeless Veterans Initiative distributes surplus clothing and other items to homeless veterans and homeless veteran programs.

State and County Programs

In 2003 Washington State's DSHS published a report prepared by Common Ground which describes state and local funding programs. That report is entitled "Housing for Homeless People With Mental Illnesses and Co-Occurring Disorders." Since the publication of that report several other state and local programs have appeared. Counties collect document recording fees which are used to address homelessness. Counties keep and administer 60% of the collected funds which often are called "2163 moneys." In addition, the State's Office of Veteran's Affairs has a Veteran's Stewardship Account which is used to address homelessness amongst veterans.

Two counties in NSMHA's region – Skagit and Island Counties - have taken advantage of the opportunity to add one-tenth of one percent to the sales tax collected in those counties. These funds are to be used to support mental health and chemical dependency services. If the Counties so choose, some of these funds could be used to help consumers obtain, keep and succeed at living in their own homes.

Private Funding Resources

There are a number of private foundations and community charities which support housing development and ancillary services in Washington State. The Bill and Melinda Gates Foundation has supported a program to address homelessness in King, Snohomish and Pierce Counties although the Foundation is moving away from development and towards funding prevention and preservation. The Medina Foundation has funded several local programs, also. DSHS's guide "Housing for Homeless People…" lists two sources of information about foundations and charities in Washington State. Those resources are the Washington State Foundation Data Book (www.fndcenter.org) and Philanthropy Northwest (www.philanthropynw.org.)

SYSTEM GAPS AND BARRIERS

Housing Affordability

As in other parts of the state, affordability is the greatest barrier that consumers face in finding and keeping a home. The median rent for one- and two bedroom apartments in the five counties are listed below.

	Snohomish	% SSI	Whatcom	% SSI	Skagit	% SSI	Island	% SSI	San Juan	% SSI
1 bedroom apartment	$ 710	109%	$ 591	90%	$ 661	101%	$ 682	104%	$ 643	98%
2 bedroom apartment	$ 854	131%	$ 741	113%	$ 820	125%	$823	125%	$795	121%

The majority of NSMHA's Medicaid recipients receive SSI which is $654 per month. Some earn wages or receive social security benefits but, even with these added resources, those who qualify for Medicaid funded services will not be able to afford the vast majority of apartments and houses. Some consumers may share an apartment or house but even then, in many cases, it will be difficult to make ends meet.

Insufficient Number of ARTF Beds and Need for Added Supports

In NSMHA's region there is only one ARTF- the Green House - which serves 16 consumers from the region. Typically, the Green House has 25 to 30 referrals at any given time. At the time that this report was written, it had 2 openings. The Green House has chosen two potential residents but must wait until their financial benefits are in order before they can move in. At times, people on the waiting list decompensate and are no longer appropriate for this level of care.

Some residents no longer need the level of Care offered by the Green House. Currently there are 3 people ready for community living but there are no supports available. One person has been waiting for a year for community placement. Two other residents have been referred to the PACT program. One has been accepted and the other is still in the evaluation process.

There is clearly a need for additional ARTF beds. This is true even if residents could be instantly placed when they are ready to leave. Instant placement would only reduce the number of referrals to 20 or 25. Another 16 beds is needed for people who need overnight awake staff and the other supports offered by ARTFs.

Insufficient Number of Openings in Existing Housing Programs and Generic Housing Resources

There is a need to expand the amount of housing – both supported and non-supported – available to NSMHA consumers. Compass Health's housing program, for instance, has a waiting list of 130 consumers. Three people from the Green House could move into the community if there were sufficient resources. And, of course, it is estimated that there are 763 people who have a mental illness and are homeless in the region.

It should be noted that these numbers include some - but not all - of the offenders in the region who have a mental illness and need permanent housing. State Corrections personnel report an increasing problem in locating, securing and paying for affordable housing for such offenders.

Insufficient Number of Section 8 Rent Certificates

Housing costs are very high and consumers' benefits are low. The only way many consumers can obtain their own housing is by obtaining a section 8 housing voucher – either a portable one which can be used anywhere or one that is connected to a housing or housing-support program.

The limited number of section 8 housing vouchers has resulted in consumers having to wait a significant length of time to obtain one. For the five counties in NSMHA's region the wait times are shown below.

Snohomish	Whatcom	Skagit	Island	San Juan
2-5 years	16-18 months	3-5 years	closed	No sec 8

The shorter wait times (e.g., 2 years in Snohomish County) are usually for people who are designated as high priority such as elderly or people having a disability. Many NSMHA consumers are designated as a higher priority because they are deemed to have a disability.

Additional, Specialized Supports Needed for Particular Populations or Individuals

Providers have reported and NSMHA staff have observed that some consumers need specialized or unique supports in order to live in the community. One particular challenge is serving people who are diagnosed as having a borderline personality disorder. Program staff who support such individuals need special training and support. Usually a residential service or housing program needs to develop a well-defined and consistent service model.

Another group needing special supports is the group of consumers who are medically fragile or have other medical problems. These problems can range from chronic medical conditions such as diabetes to physical disabilities such as paralysis. The current system often finds it difficult to put together housing and necessary services or supports.

There are some consumers who live in facilities with high levels of support only because of a very particular behavior. Were the specific behavior adequately addressed, these consumers could live in a much more independent environment. For instance, a consumer who wanders at night might need monitoring during normal sleep hours. This would preclude the person from living in an AFH or supported living program where there is no monitoring at night.

One provider has also reported that housing (as well as other mental health programs) need to have staff that can relate well to veterans – especially homeless veterans. It is expected there will be an increased need for such staff due to the current conflict in Iraq. This is in addition to the current need for such staff to support those from previous wars dating back to Viet Nam if not earlier.

Insufficient Specialized Case Management Focused on Housing

Some providers have reported that there is a need for more case managers who understand housing problems, who know how to address those problems, and who understand the processes and procedures

for getting and keeping housing (e.g., applying for section 8 vouchers, etc.) It may be necessary to have case managers who specialize in housing. Indeed, this is considered a "best practice."

In addition, some of those interviewed for this report have expressed a need to have case managers who understand the importance of and are able to teach skills for daily living.

Lengthy and Time-Consuming Processes for Developing or Acquiring New Housing

Developing and acquiring housing has become a daunting and complex task often taking 5 years to complete. The process requires participation of large number of "players" to finance construction or purchase of housing for people with moderate or low incomes. Usually, funding sources want to be sure that the operation of such housing will be viable after it is built. This often means that funding for social services must be committed well in advance of the first consumer entering those services.

But even after construction or acquisition has been completed there is a significant amount of on-going paperwork required by donor and lending agencies. This has limited the amount of time and resources that some organizations have been able to devote to pursuing new funding and creating new housing.

Limited Knowledge of Financial Resources, How to Obtain Them and How to Put Together Funding Packages.

Some providers have reported that they need more information about funding resources, their requirements and how funding from various sources can be put together. Some have reported going to training and coming away with little useful knowledge because the real problems they face are multitudinous, detailed and compounded when multiple funding sources and multiple regulatory agencies are involved. Providers have expressed a desire for an on-going group of people involved in developing housing as well as on-going consultation.

Difficulty Holding onto Housing If a Person is Hospitalized or Temporarily Incarcerated

Many consumers lose their housing when hospitalized or incarcerated for even short periods of time. They can temporarily lose benefits that they must have in order to pay their rent. Residential programs cannot afford to keep beds empty without payment. Some consumers even lose necessary possessions such as furniture and cooking utensils which add to the difficulties they have in setting up a household at a later time.

Tenant Histories and Public Attitudes

At the time that this report is being written, there is a very limited amount of affordable housing available. As a consequence, landlords are able to be very selective when choosing new tenants. They can choose to rent only to employed people with good credit records. Landlords do not have to wonder if they run a greater risk of loss or liability by renting to someone receiving public assistance, someone who has a poor rental history or by renting to someone who has a mental illness.

The situation is even worse for those who have criminal histories or a history of arson, violence or sexual crimes. For consumers whose background checks turn up such histories it is not only difficult to find and secure housing in the general community, but many housing programs and services will not accept them.

Many housing programs in other parts of the country have reported the same problems. Some have successfully addressed these problems by developing especially strong relationships with landlords. Such programs may guarantee repair and maintenance of buildings as well as take over some management tasks such as collecting rents and evicting problem tenants. Some residential support programs have taken on master leases.

Initial Costs of Housing

Many consumers have difficulty covering the costs of locating and securing housing in the community. Many cannot afford to pay for multiple credit reports (typically $25 - $35 each) when applying for more than one apartment. Many cannot afford to pay the up-front costs of securing an apartment which often consists of the first months rent, the last months rent and a deposit. It is quite common that it costs a person $1,000 to move into one-bedroom apartment.

In addition to all this, a person might need to purchase furniture, cooking utensils, bedding, and other household necessities.

Limited Choice of Housing and Limited Access to Services in Rural Areas

NSMHA covers a region that contains many small towns and rural areas. While housing may, in general, be less expensive in these areas, much of it is still beyond the means of a person who must live on SSI. In some areas there is a very limited supply of multi-family housing. In addition, mental health and support services may not be readily available in some areas. Assistance with housing problems may be non-existent in a consumer's immediate community. As a consequence, in order to obtain housing, a person may have to live an area far from family, friends and other natural supports.

Successful Recovery Can Mean Loss of Services

Consumers can become ineligible for mental health services as their conditions improve. Yet some of these individuals will continue to need some level of support in order to live successfully in the community. If such supports have been funded through Medicaid or State mental health dollars, the consumer may lose such support.

Barriers Identified in Washington State's Housing Plan

NSMHA and its providers have identified many of the barriers to housing that the Washington State Housing Plan has described. There are few additional barriers, however, that the Washington State Plan has found. The existence and extent of these barriers might need to be investigated further in this region. Those barriers are:

Cultural and Language Barriers:

NSMHA's region includes a number of tribes with reservations. The housing needs of tribal members with mental illnesses should be discussed with the tribes. In addition, the region contains a significant Hispanic population. It is not known whether their cultural values and language preferences are adequately accommodated by existing residences, residential supports and supported housing programs.

Insufficient Prevention and Housing Crisis Management Services:

Consumers can lose housing due to a number of reasons. Often the loss of housing occurs suddenly and may come with little warning. The State Housing Plan has found that there are few services or other supports which can intervene quickly to save a person's housing. A housing crisis program should be able to intervene quickly with landlords and have emergency funds available. It should be able to intervene in mental health crises or arrange for such intervention immediately. It should be able to maintain a person's housing in the person's absence (payment of rent and utilities, collection of mail, mail, etc.)

BEST PRACTICES

Washington State's Mental Health Housing Plan describes a number of "best practices" for meeting the housing needs of people who have mental illnesses. These practices have been culled from reported successes of a number of programs across the nation and some research studies. The following is a summary of these "best practices":

Permanent Supportive Housing: An affordable home of one's own which does not require a person to be enrolled in a service or agency; a home in which one can live as long he/she desires. But along with the housing a person will have the necessary supports to live in it successfully.

Housing First: "No participation in clinical services is required in order to remain housed." Provide people housing and help them stabilize in their housing regardless of their current mental health or substance abuse problems. Constantly try to engage the person in treatment but do not make housing contingent on it. Eviction should be a last resort.

Peer Support: Whether through house meetings in shared housing, support groups or paid peer support (case managers, case aides, etc.), create opportunities for consumers to support each other. This can include consumer-run housing similar to the Oxford Houses.

Re-Entry Services: Services and supports should be arranged in advance of a person leaving a hospital, prison or residential facility. Special attention should be given to such transitions and adequate support arranged during and following the transition.

Supported Employment: Consumers should have the opportunity to obtain and keep real, competitive employment in their communities. Such employment should be consistent with their preferences, abilities and experiences. The search for such employment should begin immediately after a person requests it.

Housing Financing Approaches: The creation of housing is very complex involving many agencies and people. Organizations should strive to create partnerships between those who fund housing and those who provide services. Such partnerships should be created at the outset of the planning process.

Boundary Spanning: Engage with people who have links to two or more systems. Support their brokering role.

Technical Assistance in Capacity Building: The development of housing and housing supports is complex. Obtain technical assistance to develop the necessary knowledge, skills and resources. Technical assistance is necessary to keep development time and costs to a minimum.

Landlord Incentives and Support: Many landlords will not rent to consumers without reassurance that they will not suffer financial losses or incur additional management burdens. Organizations that want to secure community housing for clients must build strong relationships with landlords, offer clients adequate support, and may have to offer monetary incentives to the landlord and subsidies to the clients. Some programs have found it necessary to have an employee who is a primary contact for landlords, who advocates on the behalf of landlords and who acts as a liaison between the landlord and case managers when problems or crises arise.

RECOMMENDATIONS

In NSMHA's region, there is an immediate and urgent need for more housing in which consumers can live safely. While NSMHA cannot develop or own housing, it can support and encourage the efforts of others who do have those abilities.

Priorities

1. The public mental health system must make sure that adequate mental health services and supports are available to consumers so that they will be able to live successfully in the community. Collaborative relationships with landlords along with assuring that there will be adequate mental health services and supports are key to securing rental housing for people who have a mental illness. The same can be said of those - such as HUD - who provide funding to develop housing.

2. The quantity and array of housing options available to people with mental illness needs to be expanded in all counties. Existing community-based, residential programs, housing and housing support services must be maintained. The region cannot afford to lose any of its options. NSMHA will continue to support the variety of residential services that it presently supports.

3. The acquisition or construction of new housing is a lengthy process. NSMHA is willing to support others in developing new housing and participate in planning for it.

   But because the need for affordable housing is so urgent, NSMHA's top priority will be to work with the counties in NSMHA's region and to actively pursue more immediate solutions including funding services that support consumers in their own homes and rent subsidies that give consumers immediate access to housing.

4. Consumers have expressed a desire to have their own, independent homes and to be able to choose with whom, if anyone, they will share their homes. NSMHA will encourage and support programs that help consumers obtain the living arrangements they most desire. At this time, the most difficult-to-obtain but most desired living arrangement is living by one's self. Through its policies and funding decisions, NSMHA will promote the development of new housing and residential supports which will let consumers live without a roommate if they so desire.

5. NSMHA is committed to encouraging the development of new housing and residential supports which comply with "best practices" standards. In funding new services NSMHA will give priority to those proposals that incorporate best practices.

Specific Initiatives

1. NSMHA will advocate that all counties in the region adopt a one-tenth of one percent addition to the county sales tax for the support of drug and mental health treatment services.

2. In the first two years of this plan, NSMHA will promote the development of 70 new slots of supportive housing services (35 slots in each of the two years.) In the subsequent three years, NSMHA will promote the development of an additional 25 slots each year.

3. NSMHA will seek to double the number of ARTF beds in the region from 16 to 32.

4. NSMHA will set aside $25,000 per year of state funds which will be granted to housing developers who need "leverage" funds to obtain other grants.

5. NSMHA will advocate that Washington State's Housing Trust Fund make a priority of funding housing projects that serve people re-entering the community from in-patient hospitalization and residential care facilities

6. NSMHA will develop an MOU with each county that defines the roles of the counties and NSMHA in creating and funding housing and housing support services. Counties have a much more direct influence with regards to housing in their jurisdictions.

7. Many landlords are reluctant to rent to people who have mental illnesses for fear that their property will be damaged or that they will have to spend much more time and money in managing their properties. NSMHA will work with its member counties and providers to find ways to support landlords and to overcome these risks. Such supports might include guaranteed payment for any damages caused by consumers, rapid response to landlord-tenant problems and eviction support.

8. NSMHA, in consultation with providers and others, will develop a policy defining the roles and duties of case managers in helping consumers live successfully in the community. The policy will describe the role that case managers play in helping consumers obtain and keep housing. It will describe case managers' responsibilities for ensuring that consumers have the daily living skills they need in order to live independently.

9. NSMHA will survey the clinical directors from all of its providers to determine if case managers want more information, training or technical assistance in order to support consumers living in the community (e.g., how to train consumers in ADLs, tenant-landlord relations, etc.) If there is a region-wide need for such training or information, NSMHA will work with providers to obtain it. NSMHA will also work with consumers and landlords to deal with tenancy issues in order to ensure sustainable housing so consumers are not fearful of losing their housing.

10. NSMHA will arrange training, consultation and other forms of technical assistance for providers and other organizations which are interested in developing housing for NSMHA's consumers. NSMHA will begin by surveying members of the housing work group and potential developers of housing in order to determine their needs and the most effective type of technical assistance.

11. The housing work group should continue meeting in order to assure there are adequate services to support consumers in a variety of housing alternatives. The work group will participate in developing guidelines for supported living services.

    In addition, NSMHA will offer to convene regularly-scheduled meetings of housing developers in the region at which participants can exchange information and obtain consultation or other forms of technical assistance.

12. To understand why some consumers lose housing and to evaluate the mental health system's ability to help consumers find and keep housing, it is necessary to gather more information and improve the reliability of all information gathered. Through discussions with county and state HMIS specialists,

NSMHA will seek to increase the quality and quantity of information collected about people who are homeless and have a mental illness. NSMHA will look for ways to improve its own data and data collection methods in order to track the progress of homeless consumers at finding housing.

13. NSMHA will advocate that housing be developed for consumers who have criminal histories, histories of violence and medical needs.

Appendix I

DATA

The following tables contain a variety of data about people who are homeless and have a mental illness in NSMHA's region. It also contains data about housing resources and housing needs for this population. The data comes from a variety of sources which are indicated in the chart.

Many of the statistics in the charts were not used in calculating the overall housing needs of NSMHA's consumers because they duplicate other data. None the less, all statistics and data are included since they will allow housing developers and service planners to look at consumers' needs from a variety of perspectives.

	Snohomish	Whatcom	Skagit	Island	San Juan	Total						
LEVEL OF NEED												
Homeless individuals w/ a mental health problem. Data from most recent PIT.	260	350	140	10	3	763						
Sheltered homeless, single adults with a mental health problem. Data from most recent PIT.	127	76	12	7	2	224						
Unsheltered homeless, single adults with a mental health problem. Data from most recent PIT.	164	78	128	3	1	374						
Number of "turnaways" last year from shelters for lack of space. CTED ESAP data	25948	2184	3860	286	0	32278						
Number of "turnaways" last year from shelters with mental health problems calculated from CTED ESAP data	3892	590	386	34	0	4902						
Number of "turnaways" last year from preventive services for lack of resources? CTED ESAP data	26805	696	591	129	12	28233						
Number of "turnaways" last year from preventive services with mental health problems? Calculated from CTED ESAP data	4021	188	59	15	3	4286						
Number of people w/ mental health problems who will need housing upon release from jail (PIT 2007 data)	59					59						
Number of units that will be needed as an entry point for hard-to-serve, chronically homeless people. 10-year plan data	75					75						
Number of units that will be needed by people w/ M.I. Data calculated from 2007 PIT	45					45						

	Snohomish	Whatcom	Skagit	Island	San Juan	Total						
WESTERN STATE HOSPITAL:												
Number of consumers at Western State Hospital. NSMHA data	53	23	10	3	1	90						
Calculated number of beds needed 2003-9 to avoid <u>increases</u> in WSH census. Data calculated from DSHS capacity/demand study:												
E&T beds	9	4	1	1	0	15						
Crisis respite beds	6	2	2	0	0	11						
AARC residential beds	4	3	2	1	1	11						
Psychiatric support for AASA	19	7	4	1	1	32						
Intensive case management teams to support 50 people each	1	.5 FTE	0	0	0	1.5						
FAMILIES:												
Number of homeless families with children. Data from PIT counts.	299	171		26	6	502						
Number of homeless mothers accompanied by children who report having a mental health problem. Data from PIT counts.	125	39				164						
Number of homeless parents who obtained NSMHA-funded services in 2006. NSMHA data.	60	14	14	2	0	90						

Estimates of how many units of housing is needed in the region:												
Shelter beds for single people who are homeless and have a mental illness. Calculated from PIT data.	208	4				212						
Transitional housing beds needed for individuals with mental illness. Calculated from PIT data.	208	44				252						
Permanent supportive housing for people who are homeless and have a mental illness. Data from County Housing Plans.	150	53				203						
Estimated number of units of housing needed by Compass's clients (2004) less number available. Data from Snohomish 10-year plan.						499						
Residential Status of Currently-Enrolled Consumers. NSMHA data							% Sno.	% What.	% Skagit	% Island	% San Juan	% Region
Private residence with no support	4946	1932	1197	428	109	8612	58.79%	62.26%	56.62%	51.38%	58.60%	59.89%
Own home with support	628	334	75	44	6	1087	7.46%	10.76%	3.55%	5.28%	3.23%	7.56%
AFH	438	116	99	40	11	704	5.21%	3.74%	4.68%	4.80%	5.91%	4.90%
24-hour residential	132	102	26	3	0	263	1.57%	3.29%	1.23%	0.36%	0.00%	1.83%
Institution	71	59	45	3	0	178	0.84%	1.90%	2.13%	0.36%	0.00%	1.24%
Corrections	26	26	2	2	0	56	0.31%	0.84%	0.09%	0.24%	0.00%	0.39%
Homeless	338	90	66	14	3	511	4.02%	2.90%	3.12%	1.68%	1.61%	3.55%
Other	64	47	35	6	2	154	0.76%	1.51%	1.66%	0.72%	1.08%	1.07%
Unknown	1500	397	569	293	55	2814	17.83%	12.79%	26.92%	35.17%	29.57%	19.57%

	Snohomish	Whatcom	Skagit	Island	San Juan	Total						
Residential Resources and Supports for INDIVIDUALS only except as noted:												
Mental health crisis beds. NSMHA data	16	6	6	0	0	28						
ARTF beds. NSMHA data	12	0	0	0	0	12						
Shelter and emergency beds.		104	21	0	0	125						
Overflow vouchers. Data from 10-year plan.		53				53						
Long-term psychiatric rehab. NSMHA data.	6	0	0	0	0	6						
Supervised living (24/7 boarding homes funded by NSMHA). NSMHA data.	21	67	0	0	0	88						
Transitional housing beds - data from Homeless Housing Plan	96	173	35	1	0	305						
Transitional housing beds operated by NSMHA contractors (included above) NSMHA data	16	97	0	0		113						
Permanent supportive housing (includes Shelter Plus Care) data from Homeless Housing Plan + NSMHA data	448	204	19	17	0	688						
Permanent supportive housing offered by NSMHA contractors - NSMHA data	183	6	19	17	0	225						
Supported housing reported in NSMHA exhibit Q	219	204	19	17	0	459						
PATH - data from PATH contracts	125	65				190						
AFHs licensed to accept people with mental health diagnoses – data from DSHS website	1300	125	78	54	12	1569						

AFHs with NSMHA add-on funding – NSMHA data		9				59						
Boarding homes licensed to accept people with mental illnesses - data from DSHS website	950	836	414	240	0	2440						
Total non-AIDS supportive housing in county - Data from 10-year homeless plan			10		0	10						
Section 8 Vouchers & Subsidies:												
Units of public housing (owned by the housing authority) - data from housing authorities	876	1477	37	110	0	986						
Housing vouchers - data from 10 year plan				22 (1 for single person)		22						
Total section-8 vouchers - data from housing authorities	5316	1692	580 - 609	110	0	7698 - 7727						
Total section-8 targeted to homeless families	111	37				148						
Total section-8 targeted to homeless individuals	9		5			14						
Wait time for section 8 certificate or housing voucher	2 - 5 years	16 - 18 months	3 - 5 years	closed	no sec. 8							
Anacortes Housing Authority			1 - 2 years									

Cost of Housing:												
Fair market rent for a 1-bedroom apartment - data from HUD	710	591	661	682	643							
Fair market rent for a 2-bedroom apartment - data from HUD	854	741	820	823	795							
CONSERVATIVELY ESTIMATED TOTAL NEED WITH DUPLICATE COUNTS ELIMINATED:												
Number of individuals with a m.h. problem in need of housing	372	373	150	13	4	912						
Number of families in which a parent has a mental health problem and the family is homeless	299	171	0	26	6	502						

MEMORANDUM

DATE: March 17, 2008

TO: NSMHA Advisory Board

FROM: Chuck Benjamin, Executive Director

RE: March 13, 2008 Board of Director's Agenda

Please find for your review and comment the following that went before the Board of Directors at the March 13, 2008, NSMHA Board of Directors Meeting.

Introduction Items that went before the BOD in March

Motion # 08-020

To introduce for review/approval NSMHA-JET COMPUTER SUPPORT-PSC-08 for the purpose of Information System Consultation and Analysis. The term of the contract is April 1, 2008 through December 31, 2008. The maximum consideration for the contract is $49,000.

Motion #08-022

To introduce for review/approval NSMHA-SKAGIT COMMUNITY ACTION AGENCY-OMBUDS-08-09 for the purpose of regional Ombuds services. The contract is moving from Skagit County to Community Action for the remainder of its term, April 1. 2008 through June 30, 2009. The total maximum consideration for this contract is $184,909, inclusive of a one time payment of $4,183 for start up costs.

Introduction Items for the BOD in April

None known at this time.

Action Items for the BOD in April

None known at this time.

cc: Charles R. Benjamin
County Coordinators
NSRSN Management Team

NORTH SOUND MENTAL HEALTH ADMINISTRATION
ADVISORY BOARD MEETING

North Sound Mental Health Administration
117 North First St., Suite 8
Mt. Vernon, WA 98273
April 1, 2008
1:00 PM

Agenda

1. Call to Order - Introductions, Chair – 5 minutes
2. Revisions to the Agenda, Chair – 5 minutes
3. Approval of the March 2008 Meeting Minutes, Chair – 5 minutes
4. County Coordinator Report
5. Comments from the Public –5 minutes
6. Correspondence and Comments from the Chair – 5 minutes
7. New Business:
8. Monthly Committee Reports
    a. Executive Director's Report – Chuck Benjamin – 5 minutes
    b. Finance Committee – Mary Good – 5 minutes
    c. Executive Committee/Agenda Committee – Charles Albertson – 5 minutes
    d. QMOC Report – Mary Good – 5 minutes
    e. Ombuds Quarterly – Chuck Davis – 30 minutes
9. Items To Be Brought Forward To The Board of Directors – Chuck Benjamin, Executive Director
    a. Consent Agenda
    b. Action Items
    c. Introduction Items
10. Comments from County Advisory Board Representatives – 15 minutes
    a. Island
    b. San Juan
    c. Skagit
    d. Snohomish
    e. Whatcom
11. Comments from Public – 5 minutes
12. Other Business
    a. Request for Agenda Items
13. Adjournment

NOTE: The next Advisory Board meeting will be May 6, 2008, in the NSMHA Conference Room.

DRAFT – Not yet approved by the Advisory Board.

North Sound Mental Health Administration (NSMHA)
MENTAL HEALTH ADVISORY BOARD
March 4, 2008
1:00 to 3:00

Present:	Mary Good, Arthur Jackson, Otis Gulley, Marie Jubie, Andrew Davis, James Mead, Russ Sapienza, Charles Albertson, Catherine Ellis, TerryAnn Gallagher, Candy Trautman, Tom Richardson, Chris Walsh and Joan Lubbe
Absent:	
Staff:	Chuck Benjamin, Margaret Rojas, Greg Long and Rebecca Pate, recording
Guests:	Laurel Britt

MINUTES

TOPIC	**DISCUSSION**	***ACTION***
CALL TO ORDER, INTRODUCTIONS		
Chair Mead	The Chair called the meeting to order at 1:15 pm. Introductions were made. Julie de Losada gave a PowerPoint presentation at the pre-meeting regarding Wraparound and Systems of Care Grant for our region.	Informational
REVISIONS TO THE AGENDA		
Chair Mead	Chair Mead asked if there were any revisions to the agenda and none were mentioned.	Informational
APPROVAL OF MINUTES		
Chair Mead	The February minutes were reviewed. A motion was made to approve as amended, seconded and motion carried.	Informational Motion carried
COUNTY COORDINATOR REPORT		
Jackie Henderson James Mead Candy Trautman Joan Lubbe	Jackie said they meet monthly to review issues in the five counties. She announced that Gary Williams from Whatcom is retiring in May and will be missed. She emphasized the Skagit and Island Counties have both passed the 1/10 of 1 percent sales tax. Island expects to receive their first portion of the funds this month. Island is in the process of putting together some advisory groups for each of the programs they are starting. They are working on their budget. The organizers have a meeting tomorrow with County Commissioners to update them on their progress. Tom asked Jackie if she had anything she could share as to what the funds how the funds would be used. She said she did and could email it to him. She said she would send the PowerPoint they created for the Commissioners that outlines the programs they will be starting. Snohomish and San Juan appears to be moving forward and everyone is cautiously optimistic about it. She said they are not sure where Whatcom County stands and Russ said there is some concern	Informational

	among County Council members that a new tax during election year is not the best thing to do now. Housing issues were discussed at the last meeting and it continues to be a concern for all counties. She announced that Jerry LaFollette in conjunction with Skagit Valley College is going to be starting a Peer Counseling training program there this summer. James added that he and Marie testified at the meeting in Snohomish County Commissioners for the sales tax. James said Seth Dawson reported that Senator Hargrove said the legislature was reluctant to give more funds to the counties until they passed the 1/10 of 1 percent sales tax. Jackie said one issue they have encountered is suggestions on how to spend the money and if she spent it on all the suggestions it would be spent three times over. Candy mentioned that the Island County Sheriff was ready to spend all these funds on criminal justice before it ever got passed. He was telling local groups of people that Island County was going to get this amount of money and this is where he wanted to see it spent. Candy emphasized that how to utilize the funds is truly a challenge for Island County. James mentioned the Snohomish County Blue Ribbon Commission was looking at a one percent sales tax to cover law enforcement and criminal justice but also included in that the 1/10 of 1 percent so the County Commissioners are setting aside the 1/10 of 1 percent to vote on and then looking at the 1 percent sales tax for law enforcement and criminal justice. Joan said Skagit County has an allocation committee that meets to decide how the funds will be spent and that is working very well and perhaps Island might want to consider setting up an allocation committee. James said Snohomish County is starting up a committee.	
COMMENTS FROM THE PUBLIC		
Tom Richardson	Tom asked if NSMHA should do some sort of Public Relations work regarding the 1/10 of 1 percent if the state and local seem to think this would take care of all the community needs for mental health support. Chuck said he is hearing the state will come forward with more money once the counties pass the 1/10 of 1 percent. He said he does not believe the state is saying the 1/10 of 1 percent is the answer. It is just the state is going to withhold additional funding until the counties passed the 1/10 of 1 percent.	Informational
COMMENTS AND CORRESPONDENCE FROM THE CHAIR		

Chair Mead	James said the manila envelope in front of you contains replacement pages for your Advisory Board Handbook. James distributed a flyer about an upcoming Wellness Recovery in Action Plan (W.R.A.P.) training in Snohomish County on three Mondays. Marie strongly recommended the training. James said there is no limit as to ratio of consumers/professionals.	Informational
NEW BUSINESS		
Chair Mead	None mentioned.	Informational
MONTHLY COMMITTEE REPORTS		
Chuck Benjamin	**Executive Director's Report**	
Chuck Benjamin	Chuck said a lot of information was given today especially with the presentation by Julie de Losada around services for children. He acknowledged NSMHA is doing the same thing for adults with the Adult Intensive Outpatient Program but this is not a fidelity based model like for children. Chuck informed the Board that some services are being paid now, such as crisis services, Evaluation and Treatment Center, supported employment (fidelity), and children's wraparound program, as capacity based programs. These services are paid for on a monthly basis according to what North Sound Mental Health Administration (NSMHA) figured it would cost to run the programs. He said NSMHA is looking into these services to see how children/adults are in these services. He added NSMHA has some questions and fills there should be more individuals enrolled in these services. NSMHA wants to ensure all are being utilized and functioning at capacity. NSMHA will be questioning the providers regarding these concerns. NSMHA is also looking at the fee-for-service side to ensure all the modalities are being provided throughout the region. Chuck announced the Ombuds program is moving from Skagit County Mediation Services to Community Action Agency (CAA) and this is a good move. The location with Mediations Services was not a good fit. He acknowledged that Chuck Davis has held numerous meetings with the Director of CAA and they are welcoming him with open arms. The CAA currently runs the long-term care Ombuds program. They will still be housed in Skagit but relocated off of Riverside Drive across from Riverside Health Club in previous Catholic Community Services office. Tom asked if this would entail any changes in policy or operation. Chuck said all the contract language and	Informational

	policies would be the same it is just changing the contractor's name. Mediation Services actually hired the Ombuds when they had to become independent from the Regional Support Network (RSN). This change only entails the Ombuds moving from under Mediation Services to being under the CAA. The CAA is a non-profit partially funded by United Way, the RSN will continue to pay the costs of the Ombuds service. Chuck said the Short-term Children's Crisis Team in Snohomish County contract negotiations are almost complete with LKI and will be going to the Board of Directors next week. NSMHA wants services to begin April 1st. Chuck reminded the Board of the Tribal Conference June 4-5. Chuck announced the 2008 budget provided a half-time Tribal liaison. It was advertised and three Tribes participated in the interview process. Shannon Solar was hired as the new Tribal Liaison representative. She currently worked as an Administrative Assistant and supported the Tribal meetings, Tribal conference, creation of the brochure for the conference and all the arrangements for the conference. A new accounting position has been filled with a former employee, Darrell Heiner. He announced that Christin Haymond that was NSMHA's receptionist/secretary has relocated and the new receptionist/secretary is Stacey LaRoque. Chuck said there is some good news from the legislature, which is mixed from what James previously mentioned the Senator Hargrove stated. The Senate has put $10 million dollars in their budget for mental health services for non-Medicaid. They will still have to negotiate with the House budget because the House did not include it in their budget. If is goes over with the House, the governor will still have to sign it. Chuck acknowledged the budget amounts for both the House and Senate are the same but the appropriation of funds is the difference. Chuck said NSMHA is blessed to have the staff it has. They are all very knowledgeable and experienced and nothing holds them back. He expressed appreciation for all they do and this is part of what makes NSMHA function so well. He said this is the first time NSMHA has even thought about going for grants and NSMHA received the state grant and is hopeful for the federal grant. Tom asked if there was some way information could	

	be given about the Program for Assertive Community Treatment (PACT) Program. Chuck said the full PACT in Snohomish County is for 100 slots and the half PACT in Whatcom County is for 50 slots. He said NSMHA performed a review of the Snohomish program, found some inadequate clinical notes and are not pleased with the number of people they have in the program at this point. They are below target. He said NSMHA is addressing these issues with Compass Health, Sunrise Services and *bridgeways* because this is a partnership in Snohomish County. He was assured by the Chief Executive Officers of the organizations that necessary actions are being taken. He said the half PACT in Whatcom is doing better and their enrollment is at the target. There has only been one problem and that was resolved. Chuck emphasized the program in Whatcom County was going well. Chuck expressed the problem in Snohomish is not the program but the players within the program. Tom said he has wanted to see a PACT program for many years and now that the region has it he would like to be kept informed of how the program is working or not working. Chuck said this would be a good pre-meeting presentation to have both programs come and present to the Board how they see their program working, how many people they have in service, etc. Tom stated it would also be nice, if possible, to have a consumer involved in the program speak and hear their point of view about the program. Chuck said he would see if it could be arranged. Charles mentioned the lack of knowledge about the PACT program and where to go for assistance. Chuck/Greg said for assistance consumers should talk to their case manager and express interest in participating in the program. This program is funded entirely by state money; therefore, consumers do not have to be Medicaid eligible for the program. Charles said it appears because the program is run by Lake Whatcom and Rainbow Center is run by Whatcom Counseling and Psychiatric Center; Rainbow Center is afraid to refer people to the program. Chuck said NSMHA would check with Rainbow Center and talk to them about PACT. Chris Walsh said he spoke with a person at a mission that stated they could provide referrals for the program in Snohomish County if they knew who to contact and he did not even know who to tell them to contact. Chris said the mission knew of the program but had not been approached regarding referrals. Greg said it sounded like information is not getting out appropriately and this is good feedback to know so action can be taken. Chuck said another issue that came out of the review at	

	Snohomish County is they are not adequately utilizing the PACT Advisory Board. Marie said as Chair of the PACT in Snohomish County, she feels uninformed. Chuck said NSMHA will be going back to Snohomish County for a full audit in April. Greg said Snohomish got very good marks regarding the fidelity audit, which looks at the national standards of the fidelity model. However, he discovered the fidelity standards are missing some important issues. Chuck said he has informed the Mental Health Division (MHD) that there appears to be a discrepancy between the fidelity audit MHD requires and the audit NSMHA performs. Chuck acknowledged NSMHA is going in and seeing some pretty serious things that should be addressed. Catherine said the MHD fidelity audit appears to be an administrative window dressing asking if they have the body count, do they have the requisite number of desks, phones for everyone, etc. Tom acknowledged he agreed with Chuck's praise of the NSMHA quality of staff and said none represented in this room should ever be allowed to retire. James mentioned that Shannon is Canadian-Irish and he was adopting her into the Eastern Cherokee Blue Clan Intertribal Councils so she is now Canadian-Irish-Eastern Cherokee.	
	Finance Committee	
Mary Good	Mary said the committee met and all expenditures appeared to be straightforward. To date the Advisory Board has spent $2,398.35 and the total budget for the year is $28,590.00. The State and Tribal conferences coming up in June were discussed. Mary brought forward the committee motion to approve the expenditures to go forward to the Board of Directors for approval, seconded and motion carried. James said spouses and board members attending the State or Tribal Conferences were discussed. It was agreed that spouses would be at the top of the waiting list for both conferences. It was agreed that the spouses would pay any additional fees related to hotel rooms and pay for their meals if they get to go to the conference but scholarships would go to them if any cancellation was received from a Board member. James said there is a need for more representatives on the Finance Committee. Mary said the Executive Committee could also use additional representatives. They meet beginning at 10 am.	Informational Motion carried

	Executive Committee/Agenda Committee	
Chair Mead	James said consumer transportation was discussed. If a guest comes to an Advisory Board meeting with something to present to the Advisory Board transportation will be paid for by the Advisory Board. If a person comes just to view the meeting and are not addressing the baord, transportation will not be paid. James said if prospective Advisory Board members wanted to attend the meeting before committing to be a member of the NSMHA Advisory Board, their respective county would be asked to pay for their transportation to observe the meeting. Chuck said in Whatcom County representatives are not required to serve on the Whatcom County Board in order to be a NSMHA Advisory Board representative.	Informational
	Quality Management Oversight Committee (QMOC) Report	
Mary Good	A copy of the **draft** minutes from the meeting are in your manila folder and the brief is as follows: 1. The meeting was convened at 12:35, February 27, 2008. 2. The January minutes were approved with corrections. 3. Several announcements were made one being Gary Williams will be retiring in May and QMOC is looking for a new Chair. (See **draft** minutes for details) 4. Reports given: a. System Design Update/Managing the front door b. Seclusion and Restraint Performance Improvement Project (PIP) Update (deferred) Tom interjected if the Board has a copy of the draft minutes then they could read the information for themselves and nothing further needed to be presented. James thanked Mary for her report.	Informational
	Ombuds/QRT Report	
Chair Mead Tom Richardson Chuck Benjamin Greg Long	James mentioned the Ombuds snapshot and St. Joseph Hospital Complaints reports were included in each member's manila folder. Tom asked about "Physicians and Meds" issues on the report. He asked why this is an ongoing problem and if this was an issue that could have a resolution. Chuck said he would have to talk to Greg, the Quality Specialists and Chuck Davis and get back to the	Informational

	Advisory Board regarding this. Chris said some medications have been taken off the Medicaid paid formulary meds list for no apparent reason. James said this morning's Everett Herald reported that some mental health medications come from China and it stated that China has mixed in Erectile Dysfunction drugs in the formula and this is creating drastic drops in blood pressure. He does not know if this has anything to do with the formulary cuts. Chuck said Dr. Jeff Thompson with the Medical Assistance Administration (MAA) has headed up a comparison of cross-referencing different meds individuals are on from different systems. Chuck acknowledged Dr. Thompson has some alarming statistics of drugs that should not be co-mingled. Chuck added Dr. Thompson is going around the state meeting with prescribers and discussing the results of the study. Chuck said MAA is going to look more closely at this issue and let prescribers know. Chuck does not know if this is having an impact. Chuck knows there is also, for Medicaid at least, certain drugs on the formulary prescribers must explain why the drug is being used and prescribers are not going to take the time to provide an explanation. Chuck said this may/may not be a part of the rise in complaints but a number of things could be the cause for the rise. Tom asked for clarity if Chuck was saying one doctor may not realize all the medications and individual was taking. Chuck acknowledged this has occurred in the past. Further discussion followed. Chuck said he would check on this issue and report back to the Board.	
ITEMS BROUGHT TO THE BOARD OF DIRECTORS		
	Introduction and Action Items	
Chuck Benjamin	**Introduction Items** **Motion #08-013** To introduce for review NSMHA-LKI SERVICES-MEDICAID-SHORT-TERM HIGH INTENSITY CHILDREN'S CRISIS AND OUTPATIENT SERVICES-08-09 for the provision of a children/youth crisis team in Snohomish County. The contract start date is April 1, 2008. The maximum consideration on this contract is unknown at this time. **Motion #08-014** To introduce for review NSMHA-LKI SERVICES-STATE-SHORT-TERM HIGH INTENSITY CHILDREN'S CRISIS AND OUTPATIENT SERVICES-08-09 for the provision of a children/youth crisis team in Snohomish County. The contract start date is April 1, 2008. The maximum consideration on this contract is unknown at this time.	Informational

	To introduce for review MHD-NSMHA-WRAPAROUND-SMHC-07-09 for the provision of Wraparound services in Skagit County. The term of this agreement is April 1, 2008 through June 30, 2009. The maximum consideration for this contract is $325,270. Chuck said negotiations are ongoing with LKI and maximum consideration for the contracts cannot exceed state funding of $325,270. He mentioned these would go before the Board of Directors March 13th for action because NSMHA would like to see services begin April 1st.. A motion was made to recommend final approval by the Board of Directors on Motions 08-013, 08-014 and the state Wraparound contract, seconded and motion carried. TerryAnn asked if the Board of Directors (BOD) was aware of her co-ed problem and James said it was reported to the BOD through his Advisory Board brief and Chuck said anyone could come to the BOD meeting and present at the time of Public Comment. TerryAnn asked if any action could be taken by the BOD and Chuck stated he did not know what action they could take. Catherine Ellis mentioned a family bringing suit against Children's Hospital in Seattle regarding a similar situation around co-ed issues and she does not know the outcome. **Action Items** None mentioned.	Motion carried
COMMENTS FROM COUNTY ADVISORY BOARD MEMBERS		
Island	TerryAnn said their sales tax money would start coming in March 1st. TerryAnn said they have a priority for the non-Medicaid and uninsured individuals and they are trying to think of a nice name for this group. If anyone has any suggestions, please let them know. They are in the process of hiring a finance person. They had a presentation regarding Big Brothers/Big Sisters. She said there is a waiting list and volunteers are needed for the program, mostly for 6-15 year old boys from the home of a single parent. She said Stan Baxter was present and briefed them regarding Compass Health in Island County and the process of beefing up the chemical dependency side.	Informational
San Juan	Catherine said she had no official report because she did not attend the meeting.	Informational
Skagit	Mary said they will meet on the 13th and it will be a joint meeting with Substance Abuse.	Informational
Snohomish	Marie said she has worked on HB2903 which is having	Informational

	an American Disabilities Act coordinator for the courts so they can work with the courts on behalf of disabled individuals. She is working on SB6313 which is for creating a disabilities awareness month where all students 0-18 in public schools will receive training on how to deal with people with disabilities. She addressed the issue regarding bus shelters. James said Snohomish has two new representatives, Otis Gulley and Arthur Jackson, and they are new representatives on the NSMHA Advisory Board. The Snohomish County Advisory Board will have a retreat on March 19th with more information coming out later. He said there was not a Snohomish County report but Anne Deacon gave an Administrative report. James announced that Anne has be tasked with putting together a team to look at the 1/10 of 1 percent initiative. He added she is looking at getting the Presidents of the various Human Services, Elderly, Alcohol and Mental Health Boards together to make decisions on how the 1/10 of 1 percent would be used. James said there will be a going away party for Janelle Sgrignoli on March 6th to honor her 24 years of service with the County from 4:30-6:30 at the United Way office at 3120 MacDougal Avenue, Suite 200, Everett. Otis thanked all for their allowing him to serve on the NSMHA Advisory Board. He sees this as a two year friendship. His goal is the better serve the community for mental health consumers. He attended NAMI Day and advocated for mental health issues with the legislators. He announced that he advocated in the Snohomish County area at the Everett Clinic with the system administrator on behalf of behavior communication issues of consumers. He said having experienced this himself made him aware of the need. He said Ms. Bowman listened to him and his wife regarding the needed for helping professionals learn to deal with consumers who are experiencing communication problems. He said Ms. Bowman listened to him and gave him the opportunity to come see her about any future problems. She made it very clear to him that they are instructing/training professionals on how to help consumers who may have been in the system for years that have new issues. He expressed it is important to step up to the plate in some situations even though it may be inconvenient because there are others that may not be able to speak up for themselves. James announced the Planning Committee is meeting this Friday, March 7 from 11-12:45 and encouraged those who signed up as representatives be present at	

	the NSMHA Conference room.	
Whatcom	Russ said they discussed Gary Williams' retirement in May. Russ said Andrew Davis is the new Chairman. They discussed the sales tax issue. Russ said yesterday he, Diane Ash, Tiger Johnson and Lisa Lafferty from Rainbow Center went to Western Washington University to discuss mental health illness and their recovery with college students. They were very receptive and Russ is looking at more opportunities. The next one will be Wednesday at First Congregational Church in Bellingham at 7 with dinner provided. Russ said Marie, Andrew and he went to Olympia to advocate with the legislators. Marie announced that Russ went into the Lt. Governor's office and met a gentleman by the name of Jim Zimmerman who knew nothing about the mental health system. She sent him some information but she thinks that every month or every other month something should be sent to him to inform him about the mental health system.	Informational
COMMENTS FROM THE PUBLIC		
TerryAnn Gallagher	TerryAnn asked if the winners for the poster contest were announced. The Board of Directors chose the winning posters/poems at their meeting on February 10th. The winning entries are as follows: • 1st Place Poster winner is TerryAnn Gallagher of Island County for her entry "Contrary to Common Belief" ($500) • 2nd Place Poster winner is Kristen Stout of Snohomish County for her entry "Who Were We?"($200) • Director's award went to Frank Campbell of Island County for his entry "Treatment Tree"($50) • 1st Place Poem winner is Jeanette Anderson of Skagit County for her entry "Epitomy" ($500) • 2nd Place Poem winner is Daniel Hubbard of Snohomish County for is entry "The Watchers" ($200) • Director's award Poem winner is Andrew Davis of Whatcom County for his entry " The Desert at Night" ($50) Margaret announced that a showing of all the posters/poems would be next week in the old "Over 40 Fitness" spaces and encouraged all to come and look at all the entries.	Informational
OTHER BUSINESS		
	None was mentioned.	Informational

ADJOURNMENT		
Chair Mead	Tom made a motion to adjourn the meeting, seconded and motion carried. The meeting was adjourned at 2:53 pm. The next meeting will be held on Tuesday, April 1, 2008, in the NSMHA Conference Room.	Informational Motion carried