



STATE OF WASHINGTON
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES
 DIVISION OF BEHAVIORAL HEALTH AND RECOVERY
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Mental Health Housing Consortium



September 14, 2009

Embassy Suites Hotel – SeaTac, WA

Notes

Topic	Discussion	Action - Who/When	Completed
<p>Welcome and Introduction of New Members, Goals for the Day, and Sharing Knowledge and Best Practices</p> <ul style="list-style-type: none"> - Lynn Davison, Common Ground 	<p><u>Updates:</u></p> <ul style="list-style-type: none"> - Steve Hill reported that Yakima has been awarded “Home Dollars” from CDBG. Other cities in the Greater Columbia Area also have received this grant. They hope this will aid them in creating a more consolidated vision and plan surrounding housing within the different cities. - Dwight McClain described new housing units in Spokane that will be opening November 1. - Diane Eschenbacher described the Mental Health Planning and Advisory Committee’s role in tracking and data collection - Bud Alkire- This is the year that housing authorities must update their 5-year plans for the Community Development Block Grant. Each housing authority is required to complete an agency plan. There will be the opportunity for public comment, for those interested. - Jim Bloss gave an updated on a recommendation sent forward on how to use the .1% sales tax money in Snohomish County. The funds for housing are quite considerable. The request would allow for a combination of vouchers and money to housing authorities. There is a high likelihood that their request will pass. - Melodie Pazolt at the first MHHC meeting during the RSN panel explained that Clark County collects housing data but nobody looks at it. This month however, they will have their 1st data reporting. - Dawn Saiz announced that in Port Angeles a 28 unit project will break ground next month. - Dawn Cherne followed by announcing that a 24 unit project, with 12 reserved for veterans, had just broke ground. 		
<p>Policy Group #3 - Report: Housing & Services Entitlement</p>	<p>Groups were given three subject areas to address in their report back to the larger MHHC group. The policy group lead was to:</p> <ol style="list-style-type: none"> 1) Define the desired outcome 		

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<p>Model Jim Bloss, NAMI Washington, et al.</p>	<p>2) Summarize initial thinking 3) Identify questions for full group discussion</p> <p>Jim Bloss spoke for policy group 3, which also included the subsumed policy 8. Because the topic is so large, the group decided to narrow the focus for now to try and at least get the housing element of the policy passed this coming session. Their current objective is to have permanent supported housing be a funded entitlement (+ portability) for all with a mental illness with an added emphasis on those leaving state institutions (ex: state hospitals, prisons/jails).</p> <p>Their initial thinking was that eligibility would be determined by residential status and income. It would be a “weed out” process not “weed in” (for example, housing must not to exceed \$__, or 30% of a person’s income).</p> <p>Components of the program should include: a discharge allowance (to purchase household items), access to Landlord Liaison programs and PACT-like programs, portability, and a simple renewal process and make it truly permanent.</p> <p>Funding could be carved out of Section 8, state level and local level funding. Matching funds might be an option. Funding could also come from saving dedicated to or carved out from .1% money.</p> <p>Outcomes the group discussed including creating a way to measure results. There should be data elements and collection procedures created to measure specific elements that the group decided on. Elements need to be collected in order show just how great of a need there is. Another outcome item the group discussed is that this program ought to actually SAVE money because people aren’t reapplying over and over.</p> <p><u>Discussion followed. Some of which included:</u></p> <ul style="list-style-type: none"> • Tedd has already written a proposal that has some information and ideas that could prove to be very useful. • Commerce could be a resource for finding out about potential funding sources. • Portability- providing portability may be challenging, for a number of reasons, including protecting privacy when transmitting data. • Individuals voiced concerns about there being a lot of push to use the PACT model when there are other models that are just as beneficial. We need to be careful not to 		

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	<p>pigeon-hole us into this model only.</p> <ul style="list-style-type: none"> A point was made that we need to ensure access to 24/7 response” intensive case management because without this support, the program won’t be successful. Jim provided an explanation as to why they backed away from community based services and backed off the “everything card”. This explanation included not including community hospitals in the proposal at this current point because of funding. Their hope is to get something passed, be able to show continued demand, and be able to add these important items at a later date. It was also mentioned that a change in the name should be made to take “Kelleher” out of the title. 		
<p>Policy Group #4 - Report: Making Community Based Housing a Priority/Moving Toward Outcome Based Contracts Melodie Pazolt, Clark County RSN, et al.</p>	<p>Priority groups were given three subject areas to address in their report to the large MHHC group. The policy group lead was to:</p> <ol style="list-style-type: none"> 1) Define the desired outcome 2) Summarize initial thinking 3) Identify questions for full group discussion <p>The number one goal that the group hopes to achieve is to have more data related to housing with more accountability in what the RSNs report to DBHR</p> <p>Some RSNs are farther along than others in this area. For example, Dawn Cherne, with Valley Cities, is required to provide King County RSN with a recovery plan. King County RSN also has an audit tool that they use to review records.</p> <p>The group’s initial thinking was to do a survey/poll to get a baseline to find out what the RSNs are doing (ex: are they involved in their community’s 10 year continuum, do they have policies, etc.). This must be done before asking DBHR to hold the RSNs more accountable (add anything to their contracts).</p> <p>A draft survey has been created to give to the RSNs which will be shared with the group to see if they have any suggestions before finalizing.</p> <p><u>Discussion followed. Some of which included:</u></p> <ul style="list-style-type: none"> How to capture the “cool things that are happening” in each RSN in the survey. 	<p><i>Melodie will send out the draft survey for the group to review, add, etc. before it is sent out.</i></p> <p><i>Common Ground will add the tools provided by Steve Hill and Dawn Cherne to their website.</i></p>	

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	<ul style="list-style-type: none"> • What else would be important to know for the survey? – Definitions and everything needs to be consistent across the board. • While the definitions are the same, those working with them do not always reporting the same way. This is something that needs to be looked at. • We need to be aware that what we ask of from the RSNs will get done but we need to be aware that there are differences between large and small counties and if we ask too much, it will require resources to be taken from services. • It was recommended that we find out why people are moving. <p>National Association of Housing Redevelopment Organization (NAHRO) www.NAHRO.org</p>		
<p>Work Session- Policy Groups: Identify and Define Next Steps</p>	<p>The MHHC group broke into two workgroups for Policy Group #4 and Group #3. During these workgroups, the teams were to:</p> <ol style="list-style-type: none"> 1. Write an outcomes statement 2. Define the 2009 interim goal/performance Measures and 3. Identify next steps to achieve interim goal. <p><u>Melodie's group reported the following:</u></p> <p>Before the end of 2009, the group's goal is find the baseline of where we currently stand and then develop short and long term goals from this baseline.</p> <p>They would like to have a volunteer to a data crunch of the results from the survey. A more detailed account of these questions will be provided by each group by October 2nd.</p> <p><u>Jim's group reported the following:</u></p> <p>The outcome statement the group came up with is to “insure permanent supportive housing is a funded entitlement for those with mental illness leaving institutions, higher civil care needs, those in PACT programs, and the homeless.”</p> <p>Before the end of 2009, the group's goal is to research language to write a bill as well as collect data for each of the above mentioned categories. A more detailed account of these questions will be provided by each group by October 2nd.</p>	<p><i>By October 2nd: Groups will provide a summary of what was discussed during their work sessions and where they plan to go from here.</i></p>	

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<p>Promising Practice: Multnomah County Connections Program</p> <ul style="list-style-type: none"> - Melodie Pazolt, Clark County RSN - Melissa Crocker, SW WA AmeriCorps Member - Tracy Lehto, Portland Housing Bureau 	<p>Clark County became involved with Housing Connections at the request of MHD as part of the Community Development Block Grant Fund and providing fair housing, which is a city and federal entitlement. Frank has the report that Clark County produced as a result of this request.</p> <p>Housing Connections provided the group with a demonstration of the website (www.housingconnections.org) and the special features that meet the group's needs.</p> <p>The development of housing connections took about 2 years to plan and launch. The planning began in 2000. They originally looks at already created sites like forrent.com and apartments.com to see if they could meet their needs but ended up creating their own site do to the number of unique amenities. They did outreach to landlords with large properties and management companies to begin with. They also placed newspaper ads and advertised on buses. Staff also went to local agencies to show providers how to use the program. There are currently over 10,000 live units on the website.</p> <p>This program is helpful for servicing individuals with mental illness in that the program allows you to search for specific requirements like housing units that accept Section 8 Vouchers or units available to those in the Ready-To-Rent program.</p> <p>National data shows that at 211, 1 in 5 calls is related to housing. Housing connections contract with 211 as a way to provide telephone assistance to clients. 211 offers phone support in over 100 languages. 211 will conduct the search and mail the results to individuals.</p> <p>If anyone is interested in finding out more information, contact Tracy Lehto at tlehto@ci.portland.or.us.</p>		
<p>Future of MHHC</p> <ul style="list-style-type: none"> - Lynn Davison, Common Ground 	<ul style="list-style-type: none"> - Review quarterly housing reports submitted by RSNS - Other stakeholders including Homeless continuum, CTED, RSNS need to be a part of MHHC - Continue Best Practices - More time on the results of the homeless count and have the opportunity to provide suggestions - Have more representation from CMHAs and landlords - Find out why some agencies haven't continued to participate, possibly make monthly connections - Now focus more on work instead of setting the baseline 		

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	<ul style="list-style-type: none"> - Continue with the diversity of agendas - Go back and revisit priorities/expectations - Resource development (monetary resources) - Useful to continue the website with a mix of notes, meeting information but need to remind everyone of the website. - Interest in out-of-state best practices - Have more what's happening presentations - Have Rogers Weed and Susan Dryfus attend a meeting once we have a problem and potential solution to offer - Where are we with the data dictionary and cleaning it up? - Recommendation to hold meetings earlier in the month <p>The group would like to hold another meeting this year, preferably before Thanksgiving.</p> <p>Have to option of conference calls and "go to" meetings</p>		
Evaluation and Adjourn			

Information requested from Steve Hill's re: Assessment Tool:

Good afternoon,

Attached is a copy of the Arizona Self-Sufficiency Matrix. I have also included a link to a web page that lists all the forms, tutorials, and evaluations of the form. <http://symmetricsolutions.com/ruralazhmis/documents.html> I hope this is helpful.

Lee Murdock

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SELF-SUFFICIENCY MATRIX

<i>DOMAIN</i>	1	2	3	4	5
Income	No income.	Inadequate income and/or spontaneous or inappropriate spending.	Can meet basic needs with subsidy; appropriate spending.	Can meet basic needs and manage debt without assistance.	Income is sufficient, well managed; has discretionary income and is able to save.
Employment	No job.	Temporary, part-time or seasonal; inadequate pay, no benefits.	Employed full time; inadequate pay; few or no benefits.	Employed full time with adequate pay and benefits.	Maintains permanent employment with adequate income and benefits.
Housing	Homeless or threatened with eviction.	In transitional, temporary or substandard housing; and/or current rent/mortgage payment is unaffordable (over 30% of income).	In stable housing that is safe but only marginally adequate.	Household is in safe, adequate subsidized housing.	Household is safe, adequate, unsubsidized housing.
Food	No food or means to prepare it. Relies to a significant degree on other sources of free or low-cost food.	Household is on food stamps.	Can meet basic food needs, but requires occasional assistance.	Can meet basic food needs without assistance.	Can choose to purchase any food household desires.
Childcare (0=N/A)	Needs childcare, but none is available/accessible and/or child is not eligible.	Childcare is unreliable or unaffordable, inadequate supervision is a problem for childcare that is available.	Affordable subsidized childcare is available, but limited.	Reliable, affordable childcare is available, no need for subsidies.	Able to select quality childcare of choice.
Children's Education (0=N/A)	One or more school-aged children not enrolled in school.	One or more school-aged children enrolled in school, but not attending classes.	Enrolled in school, but one or more children only occasionally attending classes.	Enrolled in school and attending classes most of the time.	All school-aged children enrolled and attending on a regular basis.
Adult Education	Literacy problems and/or no high school diploma/GED are serious barriers to employment.	Enrolled in literacy and/or GED program and/or has sufficient command of English to where language is not a barrier to employment.	Has high school diploma/GED.	Needs additional education/training to improve employment situation and/or to resolve literacy problems to where they are able to function effectively in society.	Has completed education/training needed to become employable. No literacy problems.
Legal	Current outstanding tickets or warrants.	Current charges/trial pending, noncompliance with probation/parole.	Fully compliant with probation/parole terms.	Has successfully completed probation/parole within past 12 months, no new charges filed.	No active criminal justice involvement in more than 12 months and/or no felony criminal history.
Health Care	No medical coverage with immediate need.	No medical coverage and great difficulty accessing medical care when needed. Some household members may be in poor health.	Some members (e.g. Children) on AHCCCS.	All members can get medical care when needed, but may strain budget.	All members are covered by affordable, adequate health insurance.

DOMAIN	1	2	3	4	5
Life Skills	Unable to meet basic needs such as hygiene, food, activities of daily living.	Can meet a few but not all needs of daily living without assistance.	Can meet most but not all daily living needs without assistance.	Able to meet all basic needs of daily living without assistance.	Able to provide beyond basic needs of daily living for self and family.
Mental Health	Danger to self or others; recurring suicidal ideation; experiencing severe difficulty in day-to-day life due to psychological problems.	Recurrent mental health symptoms that may affect behavior, but not a danger to self/others; persistent problems with functioning due to mental health symptoms.	Mild symptoms may be present but are transient; only moderate difficulty in functioning due to mental health problems.	Minimal symptoms that are expectable responses to life stressors; only slight impairment in functioning.	Symptoms are absent or rare; good or superior functioning in wide range of activities; no more than every day problems or concerns.
Substance Abuse	Meets criteria for severe abuse/dependence; resulting problems so severe that institutional living or hospitalization may be necessary.	Meets criteria for dependence; preoccupation with use and/or obtaining drugs/alcohol; withdrawal or withdrawal avoidance behaviors evident; use results in avoidance or neglect of essential life activities.	Use within last 6 months; evidence of persistent or recurrent social, occupational, emotional or physical problems related to use (such as disruptive behavior or housing problems); problems have persisted for at least one month.	Client has used during last 6 months, but no evidence of persistent or recurrent social, occupational, emotional, or physical problems related to use; no evidence of recurrent dangerous use.	No drug use/alcohol abuse in last 6 months.
Family Relations	Lack of necessary support from family or friends; abuse (DV, child) is present or there is child neglect.	Family/friends may be supportive, but lack ability or resources to help; family members do not relate well with one another; potential for abuse or neglect.	Some support from family/friends; family members acknowledge and seek to change negative behaviors; are learning to communicate and support.	Strong support from family or friends. Household members support each other's efforts.	Has healthy/expanding support network; household is stable and communication is consistently open.
Mobility	No access to transportation, public or private; may have car that is inoperable.	Transportation is available, but unreliable, unpredictable, unaffordable; may have care but no insurance, license, etc.	Transportation is available and reliable, but limited and/or inconvenient; drivers are licensed and minimally insured.	Transportation is generally accessible to meet basic travel needs.	Transportation is readily available and affordable; car is adequately insured.
Community Involvement	Not applicable due to crisis situation; in "survival" mode.	Socially isolated and/or no social skills and/or lacks motivation to become involved.	Lacks knowledge of ways to become involved.	Some community involvement (advisory group, support group), but has barriers such as transportation, childcare issues.	Actively involved in community.
Safety	Home or residence is not safe; immediate level of lethality is extremely high; possible CPS involvement	Safety is threatened/temporary protection is available; level of lethality is high	Current level of safety is minimally adequate; ongoing safety planning is essential	Environment is safe, however, future of such is uncertain; safety planning is important	Environment is apparently safe and stable
Parenting Skills (0=N/A)	There are safety concerns regarding parenting skills	Parenting skills are minimal	Parenting skills are apparent but not adequate	Parenting skills are adequate	Parenting skills are well developed