

Vermont Poverty Law Fellowship - First Year in Review

Mental Health and Housing

By Jill Rudge

“I appreciate you saying sorry [about my situation]. I just wish ‘sorry’ could make a difference.”

An aging client who was newly experiencing homelessness said this during a routine phone call one rainy Friday evening. She and I have been working together for several months on eviction, rental assistance, emergency housing, disability benefits, and discrimination cases. She is separately litigating family and criminal court matters. This is a client who does not want or appear eligible for transitional, residential, or hospital setting treatment. However, for her, living and accessing health care in the community setting means navigating a complex web of social services, a nearly impossible rental market, and their intersections with her psychiatric disabilities—often with legal conflict and now from a position of homelessness. I assured her that I was here for her and that we could keep fighting. She wished me a good weekend, which she would spend outside in the rain.

Hers are just some examples of the realities faced by low-income Vermonters with intersecting mental health and housing challenges. As I complete my first year as the sixth Poverty Law Fellow, the reasons why mental health and related housing issues were identified as *the* access to justice issue for 2018-2020 are more apparent than ever.

Building on the experience of the previous fellows, I began my fellowship by speaking with a wide range of organizations and individuals involved at the intersection of mental health and housing, hearing their concerns and recommendations for change, and seeking suggestions for others I should contact. I also began representing individuals statewide with diverse legal problems, narrowing in on a few practice areas which might become the focus of my second year. With every new client I represent, and every stakeholder I consult, I observe wide gaps between the available legal solutions and my clients’ urgent housing and mental healthcare needs.

My housed clients often experience difficult relationships with landlords and neighbors, as they struggle to keep up with unaffordable rent, maintain their apartments, and monitor and tolerate disability-related behaviors in old, dense, and sometimes segregated settings. Clients with fair housing and ADA rights to reasonable accommodations of their disabilities, which would make their tenancies more viable, often do not invoke those rights until they are already facing adverse action. Clients with subsidized housing often forgo colorable counterclaims to stop their program termination or eviction and instead move out with hopes of preserving their rental history and rental assistance. For all clients, every move lowers the chances that they can secure their next apartment.

If clients experience homelessness, their resulting compromised health makes their housing search all the more difficult to manage. This tracks national *Housing First* evidence that stable housing is the gateway to physical and mental health (in contrast to our previous approach that required physical and mental health before a chronically homeless person was deemed ‘ready’ to be housed). Homelessness and health decompensation increase clients’ risk of hospitalization or incarceration. These institutional settings are overburdened and are our most financially and socially expensive (and harmful) shelter/care settings—costs borne by individuals and communities as well as the state. The ADA requires states to provide mental health services to people with disabilities in the most integrated settings appropriate to their needs. However, clients’ lack of housing is often a barrier to exiting Vermont’s institutional settings, as are the limited resources constraining Vermont’s delivery of community-based mental health services.

Clients who have access to community mental health care and associated housing supports are working with case managers who juggle heavy caseloads, tight schedules, low wages, and high turnover. One-to-one case management in the community setting is often only available to those who have already experienced significant periods of institutional care. This means that many low-income Vermonters experiencing mental illness have not yet been institutionalized ‘enough,’ are not yet homeless ‘enough,’ or have not decompensated ‘enough’ to have become eligible for the community mental health care and housing supports that they need to become and remain stably housed.

By the time a mental health-housing case comes to me (or my awe-inspiring colleagues at Vermont Legal Aid and Legal Services Vermont), I am often advocating for a reasonable accommodation of the client’s disabilities in the form of a “second chance,” or more time to increase community mental health and housing supports that are reasonably likely to remediate tenancy issues. If the client has access to case management, my strategy focuses on close collaboration with the client and the designated mental health agency staff to augment the client’s care plan. If the client does not have access to case management, my strategy involves investigating the client’s private health information for evidence and arguments that they meet eligibility criteria.

In either scenario, the available avenues do not do enough to help clients with serious psychiatric disabilities reach their identified goals of being healthy and housed. When a client presents with a goal of getting a ‘second chance’ to stay housed, the bulk of the work to make that accommodation “reasonable” rests with the client and the case manager. Service enrollment, relationship building, motivational interviewing, case planning, and treatment implementation is nuanced and time-consuming work, and it takes longer to meaningfully remediate problematic disability-related behaviors than landlord/tenant, fair housing, and anti-discrimination laws provide.

Thanks to your support, the fellowship is allowing me to grapple with these urgent and difficult-to-resolve issues faced by so many low income Vermonters, and to collaborate on creative solutions to individual cases and on a systemic level in my second year. So far, my fellowship has helped prevent evictions, preserve subsidies, unlock access to services and benefits, and secure criminal records expungements for clients in at least seven counties statewide. I have established working relationships with and/or delivered trainings to at least six designated mental health agencies, as well as hospitals, statewide. I have also participated in trainings, conferences, and stakeholder meetings with partners dedicated to making our housing and mental health systems work better for individuals and communities. For my second year, my goal is to identify an impact project that will help close these gaps between Vermont’s mental health care system, our affordable housing system, and landlord/tenant, fair housing, and anti-discrimination laws.

I am so grateful for this opportunity to be part of improving access to justice for low income Vermonters with mental health and housing challenges. I hope for your continued support as I begin my second year. Thank you!