

Governor's Behavioral Health Services Planning Council
 Subcommittee on Housing and Homelessness
 2019 Annual Report

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| <p>Outstanding Accomplishments Achieved FY 2019</p> | <ul style="list-style-type: none"> ● Bridge Housing Program ● CoC's across the state were awarded 9.6 million dollars in total ● Kansas has a SOAR approval rate of 70% which is above the state average of 65%. ● Added 11 new members to the Housing and Homelessness subcommittee ● Members of this subcommittee developed a training for Housing Specialists and delivered that training in April of 2019. |
| <p>Goals added after FY 2018 report</p> | <ul style="list-style-type: none"> ● Asked to be on the planning committee for KHRC's annual conference ● Relayed important information to housing specialists regarding HUD's Mainstream Voucher RFP that came out in June ● Exploration and discussion of CMHC's use of "Z Codes" |
| | <p>Recommendations for KDADS FY 2019</p> |
| <p>1st Recommendation:</p> <p><i>Continue and Expand KDADS' Housing First Bridge Program</i></p> | <ul style="list-style-type: none"> ● Program was discontinued June 2019 due to lack of recurring funding ● Outcomes show evidence this program was effective <ul style="list-style-type: none"> -served 105 homeless individuals with significant behavioral health challenges -87 of those individuals were able to access mainstream benefits (Social Security, Medicaid, food stamps, VA benefits, housing vouchers) -11 of these individuals participated in gainful employment |
| <p>2nd Recommendation:</p> <p><i>Refine Housing First Policy</i></p> | <ul style="list-style-type: none"> ● KDADS further develop Housing First Initiative by working with KHRC, the University of Kansas and expanding the state Supported Housing Fund Program. <ul style="list-style-type: none"> -partner with KHRC to explore capital improvement initiatives for building/rehabilitating structures that are affordable -encourage KHRC to expand HOME TBRA program by adding state general funds to the program -expand SHF program to expand what funds can be used for -refine Housing First concept to include housing as a necessary component of mental health services, substance use treatment, medical care and vocational rehabilitation and community corrections services for persons experiencing homelessness |

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| | -partner with University of Kansas on a Housing Market Study |
| 3rd Recommendation: <i>Housing Specialist Certification and Ongoing Education</i> | <ul style="list-style-type: none"> ●Work with KHRC to continue to develop a training curriculum for Housing Specialists -Identify core knowledge needed for housing specialists -Arrange for specialized training based on national models -Identify roles/responsibilities for implementation of training curriculum -Seek to gain understanding of training needs -Encourage providers to develop a Housing First approach |
| 4th Recommendation: <i>Continue the Supported Housing Program</i> | <ul style="list-style-type: none"> ●The SHF program provides affordable housing linked to services for low-income, homeless or potential homeless people with Severe Mental Illness ●The program supports individuals in obtaining and maintain housing when no other resources are available -Total amount in FY2018 was \$535,000, and 835 requests submitted for reimbursement |
| 5th Recommendation: <i>Expand and Enhance SOAR Services</i> | <ul style="list-style-type: none"> ●SOAR is a federal program that helps communities increase access to Social Security Disability benefits for people who are homeless or at-risk of homeless and who have a mental illness or co-occurring disorder. -KDADS create and maintain a full-time position dedicated to SOAR -KDADS host quarterly meeting for all certified SOAR workers -KDADS explore resources to support smaller communities |

FY 2019 Goals

1. The Subcommittee will continue to coordinate with KDADS on housing specialist training strategies to develop the infrastructure needed for potential turnover and specialized training for experienced staff.
2. The Subcommittee would like to continue to assist KDADS on modernizing the Supported Housing Fund program by implementing an existing web-based platform or developing a new platform. Currently, SHF requests are processed manually. This process is time consuming for KDADS staff and for users at the Community Mental Health Centers (CMHC). KDADS is unable to process requests in a timely fashion at the very beginning or end of the contract year due to all the manual processes required by the program and year-end budget closing processes. In addition, CMHC case managers are already stretched with paperwork requirements. They have expressed a great interest in automating the SHFs program.
3. Assist KDADS in truly implementing Housing 1st.

Governor's Behavioral Health Services Planning Council
Subcommittee on Housing and Homelessness
2019 Annual Report
September 2019

Presented to:

Wes Cole, Chairperson, Governor's Behavioral Health Services Planning Council
Secretary Laura Howard, Kansas Department for Aging and Disability Services
Laura Kelly, Governor of Kansas

Mission

Our mission is to promote the expansion of safe, decent, affordable, and permanent housing options for all Kansans experiencing severe and persistent mental illness, serious emotional disturbance and/or co-occurring disorders. We will fulfill our mission through assertive and strategic partnerships with local communities, housing developers, lenders and Federal and State agencies.

Vision

Our vision is that all Kansans experiencing a severe and persistent mental illness, Serious emotional disturbance and/or co-occurring disorders have access to safe, decent, affordable, and permanent housing.

Introduction

The Governor’s Behavioral Health Services Planning Council (GBHSPC) formed the Subcommittee on Housing and Homelessness (SHH) in 2001 as a result of advocacy efforts of homeless service providers and consumers who experience mental illness. The Subcommittee is charged with researching and offering recommendations to the GBHSPC regarding housing and homelessness issues experienced by adults diagnosed with severe and persistent mental illness, and by children diagnosed with severe emotional disturbance and their families.

Membership

| MEMBER | AGENCY/AFFILIATION | AREA REPRESENTED | POPULATION DENSITY* |
|--------------------------|--|--|---|
| Al Dorsey | Retired | Shawnee County | Urban |
| Amy Dean | Kansas Department of Corrections | Statewide | Urban, Semi-Urban, Densely-Settled Rural, Rural, Frontier |
| Christy McMurphy | Kim Wilson Housing, Inc., | Statewide | Urban, Semi-Urban, Densely-Settled Rural, Rural, Frontier |
| Doug Wallace, Vice Chair | Sunflower Health Plan | Statewide | Urban, Semi-Urban, Densely-Settled Rural, Rural, Frontier |
| Elizabeth Worth, Chair | Johnson County Mental Health Center | Johnson County | Urban |
| James Chiselom | Kansas Housing Resources Corporation | Statewide | Urban, Semi-Urban, Densely-Settled Rural, Rural, Frontier |
| Jason Hess | Heartland Regional Alcohol Drug Assessment Center (HRADAC) | Statewide | Urban, Semi-Urban, Densely-Settled Rural, Rural, Frontier |
| Kate Watson | Kansas Statewide Homeless Coalition | Statewide | Urban, Semi-Urban, Densely-Settled Rural, Rural, Frontier |
| Kathryn Stefanowycz | Veteran Administration | Northeastern Kansas | Urban, Semi-Urban, Densely-Settled Rural, Rural, Frontier |
| Leslie Carr | Topeka Public Schools | Shawnee County | Urban |
| Maggie Flanders | COMCARE of Sedgwick County | Sedgwick County | Urban |
| Mathew Faulk | Bert Nash | Douglas County | Urban |
| Michal Enloe | Consumer/ Family Member Representative | Shawnee County | Urban |
| Nate Miller | Southwest Guidance Center | Seward, Stevens, Meade, and Haskell Counties | Semi-Urban, Densely-Settled Rural, Rural, Frontier |
| Pamela Burghart | Consumer/ Family Member Representative | Shawnee County | Urban |

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| Sara Hussain | University of Kansas Center Public Policy Research | Statewide | Urban, Semi-Urban, Densely-Settled Rural, Rural, Frontier |
| Simon Messmer | Aetna Better Heath of Kansas | Statewide | Urban, Semi-Urban, Densely-Settled Rural, Rural, Frontier |
| Stephanie Cline | United Health Care | Statewide | Urban, Semi-Urban, Densely-Settled Rural, Rural, Frontier |
| Theresa Douthart | Valeo Behavioral Health Care | Shawnee County | Urban |
| Victor Fitz | Substance Abuse Center of Kansas | Sedgwick County | Urban |
| Misty Bosch-Hastings | Kansas Department for Aging & Disability Services, Behavioral Health Services Subcommittee Staff Support | | |

***Defined by Kansas Department of Health & Environment**

List of Outstanding Accomplishments/Milestones Achieved During FY 2019

1. Members of the GBHSPC's Subcommittee on Housing and Homelessness are pleased with the Kansas Department for Aging and Disability Services ability to fund and support the "Bridge Housing Program" pilot, which provided temporary housing to homeless individuals, along with support services focused on accessing mainstream benefits and overcoming mental health and substance abuse challenges. As recommended by the Subcommittee, processes for collecting routine data on the four pilot program sites were established. This data-driven approach allowed for the measurement of the effectiveness of the proposed strategies, including the application of "housing first" philosophies, peer support, supported employment and assistance in securing mainstream benefits.
2. Continuum of Care (CoC) communities of Johnson County, Wichita/Sedgwick County, Topeka/Shawnee County and the Balance of State (100 counties) were awarded \$7,876,825 in FY2019. Wyandotte County/Kansas City (part of the Greater Kansas City CoC) was awarded \$1,740,178 in FY2019. In total, Kansas CoC communities brought in \$9,617,003 for housing and services in FY2019. The Continuum of Care committees cover the entire state and are focused on increasing the number of housing and service options for our most vulnerable citizens who are homeless. Sixty-nine percent of the Subcommittee on Housing and Homelessness members are actively involved in at least one Continuum of Care community. The Subcommittee's statewide representatives are also involved in either a supporting and/or funding role.
3. SSI/SSDI Outreach, Access and Recovery (SOAR) is a SAMHSA endorsed approach for helping states increase access to mainstream benefits for people who are experiencing homelessness or at risk of homelessness through strategic planning, training and technical assistance. Nationally, SOAR has developed into a best practice for assisting eligible individuals with accessing Social Security disability programs. SOAR trained case workers assist eligible individuals with submitting successful SSI/SSDI applications that are approved quickly and without going through a lengthy appeals process. In 2009, the Kansas Department of Social and Rehabilitation Services (KDADS) led an effort to expand SOAR across Kansas. Through these efforts the Kansas SOAR program has expanded to all CMHCS, community agencies, state mental health hospitals and the Kansas Department of Corrections. With the implementation of SOAR in Kansas, a collaboration has developed between KDADS, KDHE, SOAR trained case workers, the Social Security Administration, Kansas Disability Determination Services and the SOAR TA Center. Through this collaboration, the SOAR program in Kansas has become an effective model for helping eligible individuals access Social Security disability benefits.

According to the 2018 SOAR outcomes report for Kansas, a total of 1,167 SOAR applications have received a decision since SOAR was implemented statewide in 2009. Of those cases, 821 or 70% received favorable findings, which is above the national average of 65%. In comparison, the estimated approval rating for applications submitted following the traditional process for applying for SSI and/or SSDI is only 30%. The subcommittee applauds KDADS' continued efforts to improve the SOAR program. One positive change is adding language in the CMHC contracts that require all CMHCs to have a certified SOAR trained case worker. Another positive change is the expectation that SOAR trained case workers also assist individuals with applying for Medicaid in conjunction with the SSI/SSDI application. This will help vulnerable adults across Kansas have access to mainstream benefits.

4. The Housing and Homelessness Subcommittee added 11 new members this year. The new members are: Amy Dean, Kansas Department of Corrections; James Chiselom, Kansas Housing Resources Corporation; Kate Watson, Kansas Statewide Homeless Coalition; Kathryn Stefanowycz, Veteran Administration; Leslie Carr, Topeka Public Schools; Mathew Faulk, Bert Nash; Michal Enloe, Consumer/Family Member Representative; Pamela Burghart, Consumer/Family Member Representative; Sara Hussain, University of Kansas Center Public Policy Research; Simon Messmer; Aetna Better Health of Kansas; Stephanie Cline, United Health Care.
5. The members of the Subcommittee on Housing and Homelessness developed a training curriculum for Housing Specialists that was delivered on April 16, 2019. The training topics addressed in this training were those considered to be core knowledge needed for a housing specialist to effectively house the population of individuals experiencing mental illness. Some of the topics included education on housing programs; discharge planning, Housing First, Kansas Landlord & Tenant Act/Fair Housing, and education on a CoC's role in housing. The goal of the training was to begin to provide knowledge of resources to help housing specialist move individuals into housing and out of homelessness. The training audience has been expanded from targeting only community mental health center to allowing housing specialists from all homelessness agencies providing housing services to our population in our state including homeless shelters, MCO's, CMHC's, state hospitals, corrections, public housing authorities, community homeless programs, CoC's and substance use providers. More specialized training has been created as advanced trainings for the housing specialists and these trainings will continue quarterly and will be coordinated by KDADS Housing and Homelessness Project Coordinator. On September 24th and 25th, KDADS is bringing Sam Tsemberis, PhD. to deliver an in-depth Housing First Training.
6. Goals added after the FY18 annual report was filed:
 - a. In the past, members of the Subcommittee were involved in the planning of the Kansas Housing Resources Corporation' Annual Housing Conferences. To keep

with that tradition, members of the Subcommittee asked Misty Bosch-Hastings if she would approach the KHRC's conference planning committee to see if they would allow someone from this subcommittee to sit in on this committee to provide a provider perspective.

- b. Subcommittee members asked KDADS to make sure that the housing specialists were aware of the HUD's Mainstream Housing Voucher RPF that is came out in June.
- c. The MCO representatives on the Subcommittee report that they have a hard time telling if one of their members is homeless. Providers are inconsistent using the "Z Codes", which document homeless status. Standardized use of Z codes with a consistent definition of homelessness among MCOs would help. If there was consistency in using Z codes, it would help be able to see the concern across the state. Subcommittee members spoke to the Community Support and Services Directors about the inconsistent use of the code.

Recommendations for KDADS for FY 2019

1. Recommendation: Continue and Expand KDADS' Housing First Bridge Program

Members of the GBHSPC's Subcommittee on Housing and Homelessness commend the Kansas Department for Aging and Disability Services for developing the Bridge Housing Program that was based on work developed by members of the Subcommittee. KDADS funded four sites but the program was discontinued June of 2019 due to lack of recurring funding. The Subcommittee recommends that KDADS present a budget enhancement to fully implement the program statewide.

Rationale:

The outcomes of the four pilot programs suggest that the program should be continued and expanded. Bridge Housing programs were able to house 105 homeless individuals with significant behavioral health challenges. Eighty-seven (87) participants were able to access mainstream benefits (i.e. Social Security, Medicaid, food stamps or Veterans Administration and public housing vouchers) and 11 participants began participating in gainful employment.

2. Recommendation: Refine Housing First Policy

Members of the GBHSPC's Subcommittee on Housing and Homelessness commend the state of Kansas for adopting the Housing First philosophy for service provision. The subcommittee recommends that the state further develop this initiative by working with the Kansas Housing

Resource Corporation (KHRC), the University of Kansas and by expanding the state Supportive Housing Fund (SHF) program. Specifically, the subcommittee recommends:

- a) partner with Kansas Housing Resources Corporation (KHRC) to realize capital improvement initiatives for building new affordable housing or rehabilitate existing, substandard structures into affordable housing for the target population;
- b) encourage KHRC expand the HOME TBRA program by adding state general funds to the program. This expansion could increase affordable housing for ex-offenders and Vocational Rehabilitation participants;
- c) expand the SHF program to increase deposit and rent assistance for households to access affordable housing and to provide risk mitigation in the form of substantial payment for damages as incentive for landlords to offer housing for households who would otherwise be deemed high risk tenants;
- d) refine the Housing First concept to include housing as a necessary component of mental health services, substance use treatment, and medical care, as well as vocational rehabilitation and community corrections services for persons experiencing homelessness;
- e) partner with the University of Kansas' Urban Planning Program to formulate and implement a standardized Housing Market Study to collect affordable housing stock, housing demand, and rental market information from each region to better identify the unique affordable housing needs of each region. It is noted that many regions have completed or are in the process of performing independent housing studies, however there is no necessary standardization establishing commonalities from study to study.

Rationale:

Without the commitment of substantial resources to create and provide accessible, affordable housing, service providers lack the means to realize the aim of Housing First based services. For Housing First service provision to be realized, the appropriate quantity of accessible, affordable housing must be available for the target population in each region. Otherwise, Housing First exists as a concept only.

3. Recommendation: Housing Specialist Certification and ongoing Education

The GBHSPC's Subcommittee on Housing and Homelessness (Subcommittee) recommends that KDADS-BHS in cooperation with Kansas Housing Resources Corporation (KHRC) and other partners continue to develop the training curriculum for Housing Specialists. Specifically, the subcommittee recommends:

- 1) KDADS in cooperation with the Subcommittee, KHRC and other partners will continue to identify the core knowledge that is needed for housing specialists, regardless of programs or special populations served by the housing specialist.
- 2) KDADS and KHRC will collaborate to develop or arrange for specialized training based on national models such as Housing First and/or specialized training targeted to providing housing services to specific populations or programs.

- 3) KDADS, KHRC and other state partners will continue to clearly identify roles and responsibilities for the implementation of the housing specialist training curriculum.
- 4) KHRC in collaboration with KDADS and community partners will continue to seek a better understanding of the training needs for housing specialists
- 5) KDADS and KHRC should encourage their providers to develop the Housing First approach in their programs.

Rationale: Through the development of the Housing First approach and through HUD's program Rapid Re-housing (RRH), the role of the housing staff has been defined as a person who specializes in working with landlords and helping people find appropriate housing. Housing First and RRH programs that have housing staff working in conjunction with case managers, have extremely high success rates in helping families obtain and maintain permanent housing.

4. Recommendation: Continue the Supported Housing Program

The GBHSPC Subcommittee on Housing and Homelessness recommends that KDADS-BHS continue to support the funding of Supported Housing Funds to assist those experiencing Severe and Persistent Mental Illness (SPMI) or Serious Mental Illness (SMI) in obtaining or maintaining housing in the community as they are integral to the work being done by the housing specialists.

Rational:

The Supported Housing Fund (SHF) program provides affordable housing linked to services for low-income, homeless or potentially homeless people with Severe Mental Illness (SMI). The goal is to provide persons with SMI the help and support they need to stay housed and live more independent, healthy, productive, and fulfilling lives. The SHF program supports eligible individuals to obtain and maintain housing in the least restrictive environment possible. This is achieved by providing temporary funds to meet the cost of their housing needs.

The total amount of Supported Housing Funds for FY2018 was \$535,000 and there were 835 requests submitted for reimbursement.

5. Recommendation: Expand and Enhance SOAR Services

The GBHSPC's Subcommittee on Housing and Homelessness applauds KDADS efforts to advance the provision of SOAR (SSI/SSDI Outreach, Access, and Recovery) Program statewide. SOAR is a federal program that helps states and communities increase access to Social Security disability benefits for people who are homeless or at risk of homelessness and have a mental illness or other co-occurring disorders. In order to continue to grow the SOAR program in the state and to ensure that all of those eligible for Social Security disability benefits are receiving them, the GBHSPC's Subcommittee on Housing and Homelessness recommends that:

1. KDADS create and maintain a full-time position in KDADS – BHS dedicated to SOAR. This position would be the SOAR State Lead and would be responsible for coordinating SOAR activities and training across Kansas.
2. KDADS host a quarterly meeting for all certified SOAR trained case workers. KDADS could use these meetings to share updates and to provide training to the SOAR workers. It would also provide a forum for the SOAR workers to share about their successes and to seek clarification on SOAR in Kansas.
3. KDADS continue to explore resources to support the provision of SOAR in smaller communities, including resources to help fund SOAR activities.

Rationale:

For people with behavioral health disorders, receiving SSI/SSDI can be a critical step toward recovery. SSI/SSDI benefits can provide access to housing, health insurance, treatment and other resources. Obtaining these benefits can be an important step toward ending homelessness.

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| Subcommittee on Housing and Homelessness FY 19 Goals |
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1. The Subcommittee will continue to coordinate with KDADS on housing specialist training strategies to develop the infrastructure needed for potential turnover and specialized training for experienced staff.
2. The Subcommittee would like to continue to assist KDADS on modernizing the Supported Housing Fund program by implementing an existing web-based platform or developing a new platform. Currently, SHF requests are processed manually. This process is time consuming for KDADS staff and for users at the Community Mental Health Centers (CMHC). KDADS is unable to process requests in a timely fashion at the very beginning or end of the contract year due to all the manual processes required by the program and year-end budget closing processes. In addition, CMHC case managers are already stretched with paperwork requirements. They have expressed a great interest in automating the SHFs program.
3. Assist KDADS in truly implementing Housing 1st.

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| Summary |
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The Subcommittee on Housing and Homelessness has researched best practice housing models used by other states and based on this research made recommendations tailored to the Kansas Behavioral Health System for the past several years.

There is strong evidence from other states that have invested in safe, decent, affordable housing coupled with supportive services that there is a significant reduction in the use of costly medical services like state hospitals, jails and prisons. In Kansas, the State Psychiatric

Hospital system is chronically over census. Kansas needs to maintain current resources to guarantee KDADS housing programs continue to serve all Kansans with behavioral health disorders. This includes access to safe, decent, affordable and permanent housing. The continuation of this investment results in fewer hospital admissions and incarcerations. All Kansans ultimately benefit with the outcome of an improved quality of life for consumers and cost savings for taxpayers.

The Subcommittee challenges KDADS and other state and local stakeholders to work together to enhance the current infrastructure of housing experts to facilitate the expansion of housing options and resources such as SOAR and Behavioral Health Service Providers housing staff.