

Governor's Behavioral Health Services Planning Council
Subcommittee on Housing and Homelessness
2018 Annual Report
September 2018

Presented to:

Wes Cole, Chairperson, Governor's Behavioral Health Services Planning Council
Secretary Tim Keck, Kansas Department for Aging and Disability Services
Jeff Colyer, 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	Kansas Housing Resources Corporation	Statewide	Urban, Semi-Urban, Densely-Settled Rural, Rural, Frontier
Amber Giron	United Health Care	Statewide	Urban, Semi-Urban, Densely-Settled Rural, Rural, Frontier
Brianna Frits	Veteran Administration	Northeastern Kansas	Urban, Semi-Urban, Densely-Settled Rural, Rural, Frontier
Christy McMurphy Chair	Kim Wilson Housing, Inc., Wyandot Inc.	Statewide	Urban, Semi-Urban, Densely-Settled Rural, Rural, Frontier
Doug Wallace	Kansas Housing Resources Corporation	Statewide	Urban, Semi-Urban, Densely-Settled Rural, Rural, Frontier
Elizabeth Worth Vice-Chair	Johnson County Mental Health Center	Johnson County	Urban
Jason Hess	Heartland Regional Alcohol Drug Assessment Center (HRADAC)	Statewide	Urban, Semi-Urban, Densely-Settled Rural, Rural, Frontier
Maggie Flanders	COMCARE of Sedgwick County	Sedgwick County	Urban
Nate Miller	Southwest Guidance Center	Seward, Stevens, Meade, and Haskell Counties	Semi-Urban, Densely-Settled Rural, Rural, Frontier
Sarah Barnhart	Kansas Department of Corrections	Statewide	Urban, Semi-Urban, Densely-Settled Rural, Rural, Frontier
Stephanie Cline	South Central Kansas Mental Health Association	Sedgwick County	Urban
Theresa Douthart	Valeo Behavioral Health Care	Shawnee County	Urban
Victor Fitz	Substance Abuse Center of Kansas	Sedgwick County	Urban
Melissa Bogart-Starkey	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 2018

1. Several members of the GBHSPC's Subcommittee on Housing and Homelessness participated in Kansas Department for Aging and Disability Services workgroup to develop a pilot project that would accomplish these objectives: 1. coordinate with existing housing programs and subsidies through HUD's Continuum of Care; 2. offer evidence-based interventions that will provide the right care at the right time; 3. use the Housing First Model in which participants are connected to housing and housing supports immediately, regardless of their current stage of recovery. The workgroup began working early January 2018 and presented its final recommendations to the Secretary of KDADS on March 16th.
2. Continuum of Care (CoC) communities of Johnson County, Wichita/Sedgwick County, Topeka/Shawnee County and the Balance of State (100 counties) were awarded \$7,835,720 in FY2018. Wyandotte County/Kansas City (part of the Greater Kansas City CoC) was awarded \$1,212,087 in FY2018. 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 best practice that was originally created to increase access to SSI/SSDI for eligible adults experiencing homelessness. Since 2009, SOAR has been adopted and implemented by many CMHCS and other community partners across Kansas. In 2016, Kansas was ranked as one of the "Top 10" SOAR states by the National SOAR Technical Assistance Center. The Subcommittee applauds KDADS' efforts to expand SOAR to more agencies across Kansas, especially those in rural communities. Additionally, through the work of KDADS, SOAR trained workers are now helping people in both State Mental Health Hospitals and the correction system apply for SSI / SSDI. In Kansas the highest number of submissions is for initial or new SSI cases. Many of these new SSI cases are for people who lost their SSI benefits due to being placed in an institution. KDADS and KDHE have collaborated to ensure people discharging from these institutions are connected or reconnected to benefits.

As new communities and new providers have implemented SOAR, the cumulative approval rate for SOAR cases has declined over the last couple of years; however, Kansas' approval rate continues to be well above the national average. According to the 2017 SOAR Outcome Data, Kansas SOAR workers received 1,218 decisions on initial

applications with 864 approvals or an approval rate of 71%. Nationally, the average cumulative approval rate on initial applications is 64%. The Kansas SOAR Program continues to demonstrate effectiveness with helping eligible adults experiencing homelessness gain financial stability.

4. Kansas Interagency Council on Homelessness (KICH) was reorganized and reconvened in 2016 and upon KDADS' direction is now a sub-workgroup of the GBHSPC's Homelessness and Housing Subcommittee. The group is charged with reviewing and updating the State of Kansas' strategic plan to prevent and end homelessness. KDADS and Kansas Housing Resources Corporation plans to develop a long-term leadership
5. The Cooperative Agreement to Benefit Homeless Individuals (CABHI) Kansas is completing the final year of implementation and will end in September 2018. The CABHI-Kansas Project introduced an integrated team approach to serving eligible consumers. The integrated services offered at the CABHI sites include case management, substance use disorder assessment and referral services, supported employment and housing assistance. The CABHI teams utilized evidence-based practices, such as IPS Supported Employment and housing assistance following the Housing First Model, to deliver services proven to be effective. The lessons learned from the three-year CABHI project will be used as a model for other KDADS programs. Two specific strategies that will be recommended to other programs is the integrated service approach for serving disabled adults and the Housing First Model with housing. In 2017, KDADS brought in Sam Tsemberis to provide a Housing First Training to several staff from the community mental health centers, including staff working with the PATH, CABHI, and Supported Employment projects. A representative from the Community Action network was also invited to attend the training. KHRC and KDADS collaborated to remove housing barriers for one CABHI site. Sam Tsemberis is scheduled to return to Kansas in October 2018 to provide a second training on the Housing First Model. Building on the success of the integrated CABHI teams, KDADS plans to invite all SUD service providers to this second training. During the three-year CABHI Project, KDADS worked with community partners to enhance the infrastructure in Kansas to make safe and affordable housing available. Results of these efforts can be seen in the coordination of the Kansas Interagency Council on Homelessness and the expansion of SOAR in the state mental health hospitals.
6. Developing a training curriculum for Housing Specialists has become an ongoing topic for the members of the Kansas Interagency Council on Homelessness (KICH) and the members of the Subcommittee on Housing and Homelessness during their respective meetings. Through these ongoing discussions, the general concept of a training curriculum is being further defined to include topics for training, modalities for the training and the agencies responsible for coordinating the training. A set of training topics is being developed as the core knowledge needed for a housing specialist, regardless of agency or special population served by the housing specialist. More specialized training will be created as advanced trainings for the housing specialists. The

training curriculum has been expanded from targeting behavioral health housing specialists to all housing specialists, including behavioral health housing specialists and those providing housing services in corrections, health, homeless programs, and substance use services. As a result of input from subcommittee members, Kansas Housing Resources Corporation has a greater understanding of the training needs of housing specialists and other non-profit providers. Beginning in 2018, KHRC has removed any restrictions for attending training classes at the Kansas Housing Conference. Attendees can attend any of the classes offered at the Kansas Housing Conference, including those that were previously restricted to specific groups. KHRC has allocated funding to the Kansas Statewide Homeless Coalition to offset the registration cost of the conference for members of the coalition. These registration scholarships are used to reduce the registration cost for members of the coalition to create more opportunities for individuals to attend the conference. In 2017, scholarships were awarded to a variety of agencies, including small nonprofits and staff from two homeless shelters.

7. The Housing and Homelessness Subcommittee added seven new members this year. The new members are: Doug Wallace, CSBG Program Manager at Kansas Housing Resources Corporation; Jason Hess, Executive Director at Regional Alcohol & Drug Assessment Center; Maggie Flanders, Homeless Plan Specialist at COMCARE of Sedgwick County; Nate Miller, Facility Manager/Housing Coordinator at Southwest Guidance Center; Stephanie Cline, Clinical Director, Residential Care at South Central Kansas Mental Health Association; Theresa Douthart, Housing Resource Specialist at Valeo Behavioral Health Care; and, Victor Fritz, Clinical Care Manager at Substance Abuse Center of Kansas.

8. In March 2018, a representative from the Subcommittee on Housing and Homelessness met with the Prevention Subcommittee to discuss opportunities for coordination between the two subcommittees. After reviewing the Subcommittee on Housing and Homelessness' accomplishments and goals, a general discussion ensued regarding the potential for crossover between the two subcommittees. The chairpersons for both subcommittees will continue to explore ways the two subcommittees could collaborate on common goals.

Recommendations for KDADS for FY 2019

1. Recommendation: KDADS Housing Pilot Program

Members of the GBHSPC’s Subcommittee on Housing and Homelessness commend the Kansas Department for Aging and Disability Services for convening a workgroup to develop a pilot project that provides housing options to individuals experiencing homelessness and disabling conditions. While the pilot proposal was not fully implemented as proposed, KDADS was able to fund four pre-pilot programs, named the “Bridge Housing Program” to test out the strategies proposed by the workgroup. The Subcommittee recommends that KDADS track the outcomes of the four pre-pilot Bridge Housing programs and if they are successful, present a budget enhancement to KDADS budget to fully implement the program statewide.

Rationale:

Homelessness is a costly issue. The national cost of not addressing homelessness is \$56,000 per year per person, which is \$153.00 per person per day (National Alliance to End Homelessness). Using the national figure of \$153.00 per person per day and the 2017 Kansas PIT count of 2,098 individuals experiencing homelessness, Kansas spends an estimated \$321,000 per day in public services just for these individuals to maintain homelessness. Congruent with a large and growing body of national research, local data supports that it continues to be significantly more cost-effective to invest in Housing First solutions for individuals and families who are experiencing homeless - such as rapid rehousing and permanent supportive housing – versus the alternatives of institutionalization, crisis care, or doing nothing at all.

2. 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.

3. 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 with Severe and Persistent Mental Illness (SPMI) and persons with 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:

Supported Housing Fund program provides affordable housing linked to services for low-income, disabled and formerly homeless or potentially homeless people with Severe Persistent Mental Illness (SPMI) and persons with Serious Mental Illness that fit KDADS' criteria. The goal is to provide persons the help and support they need to stay housed and live more independent, healthy, productive, and fulfilling lives. The SHF program supports eligible individuals who are experiencing a mental illness 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 1,022 requests submitted for reimbursement. Due to high need, the funds were depleted by late June 2018, two months before the end of the grant term.

4. Recommendation: Expand and Enhance SOAR Services

The GBHSPC's Subcommittee on Housing and Homelessness applauds KDADS-BHS 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 KDADS:

1. 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. The Subcommittee would like to collaborate with KDADS to explore opportunities to expand SOAR to rural communities across Kansas.
3. The Subcommittee would like to collaborate with KDADS 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.

5. **Recommendation:** Coordinate goals and strategies between the GBHSPC Subcommittee on Housing and Homelessness and the Kansas Interagency Council on Homelessness

Upon direction of KDADS and through continued support from Kansas Housing Resources Corporation, the Kansas Interagency Council on Homelessness is now a “Sub workgroup” of the GBHSPC’s Subcommittee on Homelessness and Housing. The Sub workgroup is charged with reviewing and updating the State of Kansas’ Plan to Prevent and End Homelessness.

Rationale:

Due to membership expertise for the different groups, researching certain topics and strategies may be better suited for one group over the other.

Subcommittee on Housing and Homelessness FY 19 Goals

1. The subcommittee will work with KDADS to coordinate the Subcommittee’s goals and strategies with the Kansas Interagency Council on Homelessness.
2. The subcommittee will explore options for a centralized data system within the housing and homelessness field that other State and local entities have access to for finding housing and services for our shared customers.
3. The subcommittee will ask the three Managed Care Organizations to recommend someone from their respective organizations to serve on the subcommittee with the intent to explore Evidence-Based Practices and/or Promising Practices that support 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.

Summary

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.