

Governor's Behavioral Health Services Planning Council
Subcommittee on Housing and Homelessness
2016 Annual Report
May 2016

Presented to:

Wes Cole, Chairperson, Governor's Behavioral Health Services Planning Council
Secretary Tim Keck, Kansas Department for Aging and Disability Services
Sam Brownback, 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
Bradley Schmidt	Prairie View, Inc.	Harvey, McPherson, and Marion Counties	Urban, Semi-Urban, Densely-Settled Rural, Rural
Amber Giron	United Health Care	Statewide	Urban, Semi-Urban, Densely-Settled Rural, Rural, Frontier
Carolann Wishall	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 Co-Chair	Kim Wilson Housing, Inc., Wyandot Inc.	Eastern and Central Kansas	Urban, Semi-Urban, Densely-Settled Rural, Rural, Frontier
Elizabeth Worth Secretary	Johnson County Mental Health Center	Johnson County	Urban
Jennifer Wilson	Comcare of Sedgwick County	Wichita, Sedgwick County	Urban
Micah Fogleman, Co-Chair	Four County Community Mental Health Center	Montgomery, Elk, Chautauqua, Wilson	Semi-urban, Rural, Frontier
Michael Kress	Mental Health Association of South Central Kansas	Wichita, Sedgwick County	Urban
Tate Toedman	Department of Education	Statewide	Urban, Semi-Urban, Densely-Settled Rural, Rural, Frontier
Charles Bartlett	Kansas Department for Aging & Disability Services – Behavioral Health Services Subcommittee on Housing and Homelessness, Staff Support		Urban, Semi-Urban, Densely-Settled Rural, Rural, Frontier

*Defined by Kansas Department of Health & Environment

List of Outstanding Accomplishments/Milestones Achieved During FY 2015

1. The five Continuum of Care (CoC) communities in Kansas (Johnson County CoC, Wichita / Sedgwick County CoC, Shawnee County CoC, Wyandotte County CoC and the Balance of State CoC) brought in \$8,869,983 this year and brought in as much in previous years. 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. Of the Subcommittee on Housing and Homelessness, 70% of members are involved in at least one Continuum of Care community.

2. KDADS in conjunction with The University of Kansas has implemented the Cooperative Agreement to Benefit Homeless Individuals (CABHI) program. The CABHI-Kansas Project will be used to enhance the infrastructure in Kansas to increase capacity and provide accessible, effective, comprehensive, coordinated and evidence-based treatment, permanent supportive housing and peer support services to chronically homeless adults diagnosed with a severe mental illness and those diagnosed with a co-occurring severe mental illness and substance use disorders. This program has the option to use University of Kansas's Promising Practice of Supported Housing model that was created in partnership with this committee. SHH will be informed about the results and implementation of the Promising Practice. See attachment one for more details.

3. Kansas has been declared a Super SOAR State by the national SOAR Technical Assistance Center. SOAR (SSI/SSDI Outreach, Access and Recovery), is a SAMHSA endorsed best practice that has been adopted and implemented by many CMHCs throughout Kansas. In 2015, Kansas' cumulative approval rate for initial SSI/SSDI applications was 84%. Nationally, the approval rate is 65% for SOAR assisted cases. This can be compared to the estimated approval rate of 10 – 15% for persons experiencing homelessness who do not receive assistance to apply. See attachment two for more details.

4. The members of the GBHSPC Subcommittee on Housing and Homelessness share a unified vision that the cornerstone of recovery for persons with behavior health issues includes having a robust array housing options. These options should include safe, decent and affordable permanent independent living with community based services to supportive housing options with 24/7 on-site care.

5. Members of the GBHSPC Subcommittee on Housing and Homelessness (Michael Kress, Elizabeth Worth, and Brad Schmidt) facilitated training for CMHC Housing Specialists at the 2016 Housing and Homelessness Summit. The training covered basic funding streams commonly utilized by housing specialists and current collaborative efforts. The training was attended by CMHC housing specialists, other community housing agencies, and representatives from KanCare Managed Care Organizations.

Recommendations for FY 2016

RECOMMENDATION AT THE STATE LEVEL

Recommendation:

Members of the Housing and Homelessness Subcommittee commend the Kansas Department for Aging and Disability Services for their previous efforts in supporting the housing needs of Kansans, which include Supported Housing Funds, The Interim Housing Grant, SOAR, PATH and Rainbow Services Inc. We urge the department to create an infrastructure to facilitate the expansion of an array of housing that would include a range of options from Residential Care Facilities to home ownership. These would be designed with current evidence-based practices and principles.

Rationale:

The expansion of housing will lead to decreased admissions to state psychiatric hospitals, decreased incarceration to jails and prisons and a reduced rate of individuals becoming homeless due to their disability. It will also save tax dollars and help vulnerable Kansans achieve recovery. However, if KDADS does not support an array of housing options, Kansans, possibly will be forced to reside in environments not favorable with their needs or desires.

RECOMMENDATION AT THE AGENCY LEVEL

Recommendation:

The GBHSPC's Subcommittee on Housing and Homelessness recommends that KDADS-BHS in cooperation with Kansas Housing Resources Corporation (KHRC) and other partners implement standardized training and certification standards for Behavioral Health Housing Staff. More specifically we recommend that KDADS-BHS:

- 1) Adopt a standardized job description created by this subcommittee for a housing staff position that would expand the ability and expertise to serve transitional youth as well as adults living with SMI and/or substance use disorders.
- 2) Develop annual regional training and certification for behavioral health housing staff position about current federal, state and local housing programs and issues regarding homelessness, in partnership with KU.
- 3) Explore the feasibility of implementation of Supported Housing Promising Practice statewide.
- 4) Include in the Behavioral Health Service Providers contract language that mandates Behavioral Health Service Providers have certified housing staff.

Rationale: Through the development of the Housing First approach and through HUD’s program Rapid Re-housing and Homeless Prevention (RRHP), 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 RRHP programs that have housing staff working in conjunction with case managers, have extremely high success rates in helping families obtain and maintain permanent housing.

RECCOMENDATION AT PROGRAM LEVEL

Recommendation:

The GBHSPC Subcommittee on Housing and Homelessness recommends that KDADS-BHS in cooperation with Kim Wilson Housing, Inc., administrator of Supported Housing Funds (SHF), survey SHF point-of-contacts to assess current usage, possible expansion of usage and process improvements. The GBHSPC will make recommendations to KDADS for FY 18.

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 if they 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.

In 2015, Kim Wilson Housing (KWH) processed 1,235 requests for SHF assistance Statewide. KWH reported to KDADS that of those assisted:

- 204 were homeless
- 118 were precariously housed
- 33 moved from a state institution
- 99 moved into community based housing but were not homeless
- 612 maintained community based housing
- 17 moved from independent living into restricted setting
- 114 purchased household items
- 38 sought SHF assistance for other reasons (moving expense, IDs, etc.)

The GBHSPC’s Subcommittee on Housing and Homelessness wants to review the SHF program to look for improvements and process enhancements to assist more qualified persons obtain or maintain housing in the community.

RECOMMENDATION AT THE INDIVIDUAL LEVEL

Recommendation:

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. All 50 states are using the SOAR approach and collectively, they have a 65% approval rate. The latest information our Subcommittee was able to obtain, the SOAR Across Kansas Initiative received 549 decisions from Disability Determination Services with 443 approvals which is an 84% cumulative allowance rate. In 2015, Kansas achieved an 88% approval rate for SOAR assisted applications. In 2014, KDADS convened the SOAR Statewide Steering Committee made up of representatives from KDADS, SOAR TA Center, Social Security Administration, Disability Determination Services, SOAR Local Leads and the SOAR workers. In 2015 Kansas streamlined the SOAR program to make sure that the State has quality Medicaid applications. Additionally SOAR was included CABHI grant and added four certified SOAR Specialist at each CABHI site.

Continue supporting the provision of training for SOAR case managers;

- 1) KDADS, in collaboration with Social Security Administration and Disability Determination Services will develop a SOAR certification process for all SOAR case workers.
- 2) KDADS will explore funding opportunities to expand SOAR, using the GMHI Regional Model, so that SOAR case managers are available for statewide access.
- 3) KDADS will provide education to SOAR managers that they are able to bill at the TCM rate or higher.

Rationale: Without SOAR, studies show that the approval rate for people who are homeless is 11%. 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.

For the state of Kansas, the average reimbursement rate per client is \$4,683.

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.