

**Governor's Behavioral Health Services Planning Council**  
**Subcommittee on Housing and Homelessness**  
**2017 Annual Report**  
**June 2017**

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
Brianna Frits	Veteran Administration	Northeastern Kansas	Urban, Semi-Urban, Densely-Settled Rural, Rural, Frontier
Christy McMurphy Vice-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
Michael Kress Chair	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
Sarah Barnhart	Kansas Department of Corrections	Statewide	Urban, Semi-Urban, Densely-Settled Rural, Rural, Frontier
James Costello PhD	Emporia State University	Eastern Kansas	Semi Urban, Semi-Urban, Densely-Settled Rural, Rural, Frontier
Korrie Snell	Kansas Department for Aging & Disability Services Behavioral Health Services Subcommittee on Housing and Homelessness, Staff Support		Urban, Semi-Urban, Densely-Settled Rural, Rural, Frontier
Misty Bosch-Hastings	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 2017**

1. Four Continuum of Care (CoC) communities in Kansas brought in \$7,687,891 in 2016 and brought in as much in previous years. The communities are Johnson County, Wichita/Sedgwick County, Topeka/Shawnee County and the Balance of State (100 counties). Wyandotte/Kansas City, Kansas CoC merged with the Kansas City, Missouri CoC this year. Wyandotte County brought in \$859,633 in 2016. 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. Seventy percent of the members on the Subcommittee on Housing and Homelessness are involved in at least one Continuum of Care community.
2. 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 2016, Kansas was considered one of the “Top 10” the state had to have had at least 100 cumulative decisions. Kansas had 156 decisions in 2016 with 95 approvals. Over the last seven years, the state has had 855 decisions with 648 approvals for a 76% approval rate.
3. Kansas Interagency Council on Homelessness (KICH) was reorganized and reconvened in 2016. KICH will act as a workgroup under the Subcommittee on Housing and Homelessness. The group is charged with reviewing and updating the *State of Kansas Opening Doors Strategic Plan to Prevent and End Homelessness*. Subgroups have been formed based on the strategic plan tasks, including the need to increase safe, affordable, available housing.
4. The Cooperative Agreement to Benefit Homeless Individuals (CABHI) Kansas has begun year two of the agreement. All of the provider agencies have implemented the Housing First model and have had the baseline reviews completed. There are currently discussions on having the CABHI provider agencies provide training and technical support to other Community Mental Health Centers in their corresponding regions.

## **Recommendations for FY 2018**

**Recommendation:**

Members of the GBHSPC's Subcommittee on Housing and Homelessness 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, Interim Housing Grant, SOAR, PATH and Rainbow Services Inc. The Homeless Subcommittee is very aware of the integral part that having safe affordable housing plays in the recovery of persons with serious mental illness and we feel that current resources are simply not sufficient for the need we see daily across the State of Kansas. We believe that the most effective housing structure offers an array of housing options from crisis facilities and group homes to independent living options. Including individualized skill building as a component of the housing not only helps to ensure timely transition to the least restrictive environment but also allows maximum use of those facilities in meeting the needs of an increased number of people. 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:**

The GBHSPC's Subcommittee on Housing and Homelessness recommends that KDADS-BHS in cooperation with Kansas Housing Resources Corporation (KHRC) and other partners implement initial and ongoing training for Behavioral Health Housing Staff specifically Housing Specialists. More specifically we recommend that KDADS-BHS resumes the Housing Specialist Meetings that have stopped over the last year.

**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.

**Recommendation:**

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 GBHSPC's Subcommittee on Housing and Homelessness would like to work with KDADS-BH in reviewing the SHF program and the application process to look for improvements and process enhancements to insure that the SHF are being used for qualified persons and the funds are being used appropriately.

**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. In order to continue to grow the SOAR program in the state and to insure 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. Continue supporting the provision of training for SOAR case managers;
2. Collaborates with other state departments to expand the SOAR program by incorporating ongoing training to all SOAR Specialists in the state.
3. Explores funding opportunities to expand SOAR so that SOAR case managers are available for statewide access.

**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.

**Recommendation:**

Knowledge is power. Specifically when working with those that are homeless and/or those with disabilities in finding affordable housing. To help service providers in this daunting task, the GBHSPC's Subcommittee on Housing and Homelessness recommends that KDADS-BS and other State entities work together to create a centralized location that is easily accessible to gather information on available housing programs.

Furthermore, the GBHSPC's Subcommittee on Housing and Homelessness recommends that a statewide homeless data collection process be adopted and implemented to ensure that homelessness data is accessible and easily attained.

**Rationale:**

Currently there are five Continuum of Care regions in the State of Kansas. Each uses a different method for collecting and maintaining this data. As state and community organizations work to develop housing for those with disabilities, it is imperative that the data used to make decisions is accurate and complete. With a centralized data management system, data would be consistent and readily available for obtaining funding for safe, affordable housing.

## 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.