

Governor's Behavioral Health Services Planning Council
Subcommittee on Housing and Homelessness
2014 Annual Report
June 2014

Presented to:

Wes Cole, Chairperson, Governor's Behavioral Health Services Planning Council
Secretary Bruffett, 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
C. Eric Harkness	National Alliance on Mental Illness Kansas State Consumer Council	Statewide	Urban
Christy McMurphy	Kim Wilson Housing, Inc., Wyandot Inc.	Eastern and Central Kansas	Urban, Semi-Urban, Densely-Settled Rural, Rural, Frontier
Elizabeth Worth	Johnson County Mental Health Center	Johnson County	Urban
Gary J. Parker	Governors Behavioral Health Services Planning Council	Statewide	Urban, Semi-Urban, Densely-Settled Rural, Rural, Frontier
James Glenn, Chair	Kim Wilson Housing, Inc. Wyandot Inc.	Kansas City, Wyandotte 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
Monika Eichler	University of Kansas	Statewide	Urban, Semi-Urban, Densely-Settled Rural, Rural, Frontier
Tate Toedman	Department of Education	Statewide	Urban, Semi-Urban, Densely-Settled Rural, Rural, Frontier
Traci Addington	COMCARE of Sedgwick County	Wichita, Sedgwick County	Urban
Doug Wallace	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 2014

1. The five Continuum of Care communities in Kansas (Johnson County COC, Wichita / Sedgwick County COC, Shawnee County COC, Wyandotte County CoC and the Balance of State COC) bring in over **\$8 million every year** for housing options and services for Kansans who are homeless. These funds are from the U.S. Department of Housing and Urban Development and at least 25% are matched with other local, state and private dollars. 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. Seventy percent of the membership for the Subcommittee on Housing and Homelessness is involved in at least one Continuum of Care community.
2. KDADS in conjunction with the subcommittee has developed the Supported Housing Fidelity Scale and Toolkit to support the promising practice in housing services.
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. As of May 2014, Kansas' cumulative approval rate for initial SSI/SSDI applications was 80%. 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.
4. The members of the GBHSPC Subcommittee on Housing and Homelessness share a unified vision that the cornerstone of recovery for persons with mental illnesses 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.

Recommendations and a Single Goal for FY 2015

RECOMMENDATION AT THE STATE LEVEL

Recommendation:

The Kansas legislature re-purpose or invest at least \$500,000 to the Kansas Department for Aging and Disability services to create an infrastructure of experts to facilitate the expansion housing options for people discharged from institutional settings. We recommend that the expanded housing options target specific high needs vulnerable populations whose behavioral health disabilities often result in hospitalization, homelessness, eviction, or living in substandard housing. This recommendation includes developing a statewide data collection system for assessing housing stock and capacity. The data collection system will allow use of additional funding and/or interventions to be measured against a baseline.

The Subcommittee on Housing and Homelessness recommends that KDADS create a public private partnership by contracting with Kansas-based non-profit entities having a proven track record of developing housing and fostering partnerships with housing developers and community stakeholders.

Having a strong understanding of the various means and tools for financing affordable housing is critical in the creation of new housing options based on the unmet housing needs for each region. The contractor (s) would also be responsible for developing and maintaining a statewide data collection system.

Rationale:

This will support stable housing for these individuals, leading 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. The SHH is willing to draft a brief high level summary of the research the SHH members have conducted. This would include other state's behavioral health housing programs where successful recovery outcomes for consumers are achieved and taxpayer dollars are saved due to the state investment in housing options.

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 Specialists. More specifically we recommend that KDADS-BHS:

- 1) Offer annual regional training for behavioral health housing specialists about current federal, state and local housing programs and issues regarding homelessness.
- 2) Work in collaboration with KDHE and the KanCare Managed Care Organizations to establish Medicaid billing codes for the provision of supported housing services by certified Housing Specialists.
- 3) Provide reimbursement to pilot the implementation of the Supported Housing Promising Practice at two implementation sites, one urban and one rural center
- 4) Explore the feasibility of implementation of Supported Housing Promising Practice statewide.
- 5) Work to expand capacity of housing specialists to serve transitional youth as well as adults living with SMI and/or substance use disorders.

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 specialist 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 specialists working in conjunction with case managers, have extremely high success rates in helping families obtain and maintain permanent housing.

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 66% approval rate. From November 2009 to December, 2013, the SOAR Across Kansas Initiative received 508 decisions from Disability Determination Services with 407 approvals and 101 denials which is an 80% allowance rate.

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 policy and procedure manual for the provision of SOAR in Kansas. This policy and procedure manual will include the process for receiving SOAR training and for entering data in the online SOAR database referred to as SOAR OAT system.
- 2) KDADS, in collaboration with Social Security Administration and Disability Determination Services will develop a SOAR certification process for all SOAR case workers.
- 3) KDADS will explore funding opportunities to expand SOAR, using the GMHI Regional Model, so that SOAR case managers are available for statewide access.
- 4) KDADS provides certainty that SOAR managers can continue 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.

Over the last 4 ½ years, the SSI/SSDI Outreach, Access & Recovery Program (SOAR) case manager with COMCARE has been very successful in securing SSI/SSDI benefits for clients, which has allowed COMCARE to retroactively bill and secure reimbursement for a total of \$453,000 for medication and direct service costs incurred by homeless and uninsured clients . For the state of Kansas, the average reimbursement rate per client is \$4,683.

Attachment # 1: 2013 SOAR Outcomes Summary Report from SAMHSA

SINGLE GOAL FOR ALL RECOMMENDATIONS

The Subcommittee on Housing and Homeless 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 seven years.

Despite strong evidence in other states that investing in safe, decent affordable housing, coupled with supportive services reduces the use of costly medical services like state hospitals, jails and prisons. Kansas has not dedicated sufficient resources to ensure all Kansans with behavioral health disorders have access to safe, decent, affordable, and permanent housing. 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 CMHC Housing Specialists. Because of this, the Subcommittee has only one goal for all three of our recommendations.

Our Single Goal

The Subcommittee on Housing and Homelessness respectfully extends an invitation to Secretary Bruffett and Commissioner Gina Meier-Hummel to discuss their vision of recovery for people experiencing behavioral health issues, including the parameters for the housing options that they believe should be available. The purpose of the discussion is to develop a unified strategic direction that will move the Kansas behavioral health system forward.

Summary

The Kansas State Psychiatric Hospital system is chronically over census. If Kansas invests in safe, decent, affordable and permanent housing- and pays for appropriate services for frequent users of costly medical services- the state and local communities will likely experience fewer hospital admissions and incarcerations.

The state and local communities will have fewer hospital admissions and incarcerations consequently saving taxpayers money. Taxpayers ultimately benefit through reduced community costs.