

Governor's Behavioral Health Services Planning Council
Subcommittee on Housing and Homelessness
2015 Annual Report
May 2015

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.

The Subcommittee would like to thank Secretary Bruffett and Commissioner Gina Meier-Hummel for taking time to meet with the Subcommittee last year to discuss their vision of recovery for people experiencing behavioral health issues, including the parameters for the housing options they believe should be available.

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 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, 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
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 (CoC) 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 **\$9 million every year** for 61 projects that provide housing options, services and planning resources for Kansans who are homeless. Of those projects, 59 provide housing options which range from permanent supportive housing (33), rapid rehousing (5), transitional housing (17), safe haven (1). Three CoCs have homeless management information systems, and two CoCs have planning grants. 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. 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 subcommittee has developed the Supported Housing Fidelity Scale and Toolkit to support the promising practice in housing services. The University Of Kansas School Of Social Welfare is reviewing the promising practice of supportive housing to evaluate the feasibility of implementing the components of the promising practice within the community mental health centers.

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 2014, Kansas' cumulative approval rate for initial SSI/SSDI applications was 81%. 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 for FY 2015

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 Specialists. More specifically we recommend that KDADS-BHS:

- 1) Develop 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 explore the possibility of establishing 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 65% approval rate. In 2009, the SOAR Across Kansas Initiative received 549 decisions from Disability Determination Services with 443 approvals which is an 81% cumulative allowance rate. In 2014, Kansas achieved a 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.

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 has not dedicated sufficient resources to ensure all Kansans with behavioral health disorders have access to safe, decent, affordable and permanent housing. If this investment is made the state and local communities will likely experience fewer hospital admissions and incarcerations, resulting in a cost savings for taxpayers. Kansas taxpayers ultimately benefit through reduced community costs.

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.