

Governor's Behavioral Health Services Planning Council
Subcommittee on Housing and Homelessness
2022 Annual Report
September 2022

Presented to:

Wes Cole, Chairperson, Governor's Behavioral Health Services Planning Council
Secretary Laura Howard, Kansas Department for Aging and Disability Services
Laura Kelly, Governor of Kansas

Mission

Our mission is to promote the expansion of safe, decent, affordable, and permanent housing options for all Kansans experiencing Serious Mental Illness (SMI), 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 serious 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 SMI, and by children diagnosed with severe emotional disturbance and their families.

Membership

MEMBER	AGENCY/AFFILIATION	AREA REPRESENTED	POPULATION DENSITY*
	Sunflower Health Plan	Statewide	Urban, Semi-Urban, Densely-Settled Rural, Rural, Frontier
Simon Messmer, Chair	Aetna Better Health of Kansas	Statewide	Urban, Semi-Urban, Densely-Settled Rural, Rural, Frontier
Mathew Faulk, Vice Chair	Bert Nash	Douglas County	Urban
Stephanie Cline	United Health Care	Statewide	Urban, Semi-Urban, Densely-Settled Rural, Rural, Frontier
Theresa Douthart	Valeo Behavioral Health Care	Shawnee County	Urban
Al Dorsey	Retired	Shawnee County	Urban
Amy Dean-Campfire	Kansas Department of Corrections	Statewide	Urban, Semi-Urban, Densely-Settled Rural, Rural, Frontier
Rachel Erpelding	Kim Wilson Housing, Inc.,	Wyandotte County	Urban
Matt Clark	Johnson County Mental Health Center	Johnson County	Urban
Doug Wallace	Kansas Housing Resources Corporation	Statewide	Urban, Semi-Urban, Densely-Settled Rural, Rural, Frontier
Christy McMurphy	Kansas Statewide Homeless Coalition	Statewide	Urban, Semi-Urban, Densely-Settled Rural, Rural, Frontier
Kathryn Stefanowycz	Veteran Administration	Northeastern Kansas	Urban, Semi-Urban, Densely-Settled Rural, Rural, Frontier
Maggie Flanders	COMCARE of Sedgwick County	Sedgwick County	Urban
Jean Krahn	Kansas Guardianship Program	Statewide	Urban, Semi-Urban, Densely-Settled Rural, Rural, Frontier
Kristin Feedback	Osawatomie State Hospital	Statewide	Urban, Semi-Urban, Densely-Settled Rural, Rural, Frontier
Jonathon Pendergrass	Kansas Department for Aging & Disability Services, Behavioral Health Services Housing First Initiatives		
Erin Olson	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 2022

1. **Greater investment in housing, related services and infrastructure** has been a hallmark achievement in 2022. The Housing and Homelessness Subcommittee wishes to call attention to a number of promising developments that are currently in early days of implementation or poised to launch before the new year. These commitments by KDADS and its partners are sure to improve access to housing for behavioral health consumers and strengthen related support service infrastructure. These include:
 - a. **The KAN-HOUSE Request for Funding Assistance (RFA)** available through the American Rescue Plan Act of 2021, Mental Health Block Grant (MHBG) and Substance Abuse Block Grant (SABG). These funds will, totaling more than \$3.4 million, will expand Recovery Oriented Support Services using the Evidenced-Based Model of Housing First, Assertive Community Treatment (ACT), Social Security Outreach Access and Recovery (SOAR; more below), Certified Health and Wellness Life Coaches, Intensive Case Management Teams, Peer Support, to strengthen housing supportive services to the MHBG and SABG populations.
 - b. **A “Bed Board” that will offer a real-time inventory of available housing units and crisis beds** for consumers who are homeless or at-risk. Currently in development by KDADS and the Kansas Statewide Homeless Coalition (KSHC), this platform has long-been a goal of stakeholders who have advocated for integrated data solutions to make the identification of and access to statewide housing opportunities more efficient.
 - c. **The hiring of a KDADS Housing First Project Coordinator** tasked with developing and overseeing new or improved interventions to assist Kansas consumers more quickly access housing opportunities.
 - d. **Funding for Boundary Spanners** to assist in coordinating housing access across Kansas. Managed by KSHC, these coordination efforts will improve collaboration between U.S. Department of Housing and Urban Development (HUD) Continuum of Care (COC) regions and speed consumer access to specialized and mainstream housing.
 - e. **Transition in Place (TriP)**, a partnership between Mental Health America of the Heartland and KDADS, will house and support the integration of former NFMH consumers in the community. A 9-unit pilot was awarded \$747,398 went in July with the first participants entering the program in September.
 - f. **Funding for an expungement program** - allocated from MHBG and SABG, this program will support KDADS and Kansas Legal Services in removing barriers to housing and employment for Kansas consumers with criminal records.

2. **SSI/SSDI Outreach, Access, and Recovery (SOAR)** is a SAMHSA endorsed promising practice for helping states increase access and re-connection to mainstream benefits for people who are experiencing homelessness or at risk of homelessness through strategic planning, training, and technical assistance. Nationally, SOAR has developed into a best practice for assisting eligible individuals with accessing Social Security disability programs. SOAR-trained caseworkers assist eligible individuals with submitting successful SSI/SSDI applications that are approved quickly and without going through a lengthy appeals process. Kansas SOAR trained providers also submit Presumptive Medicaid applications using an expedited process specifically created for SOAR applicants. The Kansas SOAR program has expanded to all CMHC’s, state mental health hospitals, Kansas Department of Children and Family Services, Kansas Department of Corrections and a variety of other agencies including several of the HUD COC’s.

Through this collaborative effort, SOAR trained case workers have an expedited process to assist individuals with applying for Medicaid in conjunction with their SSI/SSDI application.

As of August, 2022 (numbers are not finalized until late September) SOAR's outcomes include:

- 194 SOAR applications were submitted
- 109 received favorable determinations
- 97 individuals were assisted with Medicaid applications through the SOAR process
- KDADS SOAR teams increased submissions by 32 as opposed to last year's total.

In addition to these quantitative outcomes, a number of qualitative goals were also achieved in 2022:

- KDADS continued to expand the number of new SOAR providers in the state
- Due to increased SOAR work, KDADS has had to split the SOAR State Lead responsibilities across two commissions to focus on KDHE reintegration program and CMHC SOAR program
- One new SOAR local lead has been added to BHS Children's division to focus on the Transition Aged Youth population
- Secured funding through ARP Employment First funding to send SOAR providers for training as a work incentives counselor.

Recommendations

1. Affordable Housing allocations and oversight

The Housing Homelessness subcommittee takes seriously its role in supporting Mental Health and Substance Abuse Block Grant Funding along with other critical KDADS support services. However, it believes that support services alone, while necessary, are not sufficient to meet the needs of homeless and housing unstable Kansas consumers. Access to affordable housing continues to be a significant barrier. The current availability of rental units is limited, especially for the many Kansas consumers who are in households identified as extremely low income (ELI), those whose incomes are at or below the poverty guideline or 30% of their area median income. To achieve this, it is imperative that KDADS:

- a. Work closely with other State agencies to influence the development and preservation of housing and rental units that have been historically used for low-income households.
- b. Support affordable housing protections to prevent developers buying low-cost, affordable properties, doing high-end renovations, and increasing rents by over 400%, displacing low-income residents and reducing the availability in these communities of low-income housing.
- c. Continue to invest directly in innovative housing programs such its new Transition in Place (TriP) and Douglas County Housing First Initiative;
- d. Continue to work to align SAMHSA and other support services resources with the direct affordable housing opportunities offered by the U.S. Department of Housing and Urban Development (HUD) and similar key housing funders.
- e. Housing Division team should continue to work closely with its Block Grant team to maximize block grant funding is targeted to supported/ive housing programming and practices that are evidence-based.

2. Evidence Based Practices and Fidelity Reviews:

The Governor’s Behavioral Health Services Planning Council’s Subcommittee on Housing and Homelessness recommends the State of Kansas continue working to disseminate Evidence Based Practices (EBP’s), in particular Housing First model currently being supported by Pathways and Dr. Sam Tsemberis. As has been true thus far, these approaches should continue to be approached with a spirit of collaboration by the KDADS Housing Division, behavioral health and housing providers.

3. Continue the Development of Integrated Systems and Statewide Data Platform

Investment in a “Bed Board” and funding for cross-COC Boundary Spanners will be critical first steps in creating integrated data systems to improve housing and support service delivery. The GBHSPC’s Subcommittee on Housing and Homelessness further recommends:

- a. KDADS work to integrate its data with those of other state agencies to make progress towards a universal data platform;
- b. KDADS ensures standardization of data collection so information can be compared statewide;
- c. KDADS allocate dollars for technology improvements for the state agencies so that data can be collected and used in a meaningful way.
- d. Support efforts by the COCs to create a single portal or data warehouse to track and share homelessness/housing information
- e. Allocate funds in the amount of \$80,000 per year to make the Boundary Spanners program permanent.

4. Expand the Supported Housing Funds (SHF) Program

The GBHSPC Subcommittee on Housing and Homelessness recommends that KDADS increase funding of SHF for homeless or at-risk Kansans experiencing behavioral health challenge. These funds are critical to maintaining or establishing housing in the community. The Supported Housing Fund (SHF) program provides a low-barrier, affordable housing resource to low-income, homeless, or potentially homeless individuals including:

- a. individuals with a mental or behavioral health impairment that substantially limits one or more major life activities;
- b. individuals with a record of such impairment; or
- c. individuals who is regarded as having such an impairment such as examples listed below (KDADS approval required).
 - Causing or at serious risk of causing serious harm to themselves or others due to their behavioral health impairment that substantially limits one or more life functions
 - Likely to experience serious deterioration in their behavioral health if they do not receive community mental health person center self-directed services and supports;
 - Homeless or at risk of homelessness (precariously housed) due to their behavioral health impairment;
 - At risk of being admitted to a publicly funded institution due to their behavioral health impairment;
 - Transitioning from one community housing arrangement to another (from Residential Care Facility, Transitional or Bridge Housing to independent living, from independent

living into a Residential Care Facility, etc.) to divert placement in a publicly funded institution.

The total amount of Supported Housing Funds has been \$535,714 for the past several fiscal years. This fund had been experiencing a steady increase in the number of annual requests for assistance until the recent COVID pandemic. The slight decrease in requests can be explained through the substantial, yet temporary, assistance in Federal funding opportunities.

The GBHSPC Subcommittee on Housing and Homelessness recommends that KDADS add an additional \$50,000 to the Supported Housing Fund. The increase in funding would support a risk mitigation strategy to incentivize landlords' willingness to offer leases to Kansans with problematic rental histories and to prevent evictions. The additional funding would be used to reimburse landlords, up to \$1000, for repairs due to damages caused by consumers. Risk mitigation expenses were approved on a limited basis during the past fiscal year, and this response was met with overwhelming success and positivity. The results included new landlord connections, the repairing of strained relationships, and the strengthening of relationships between the CMHC/CCBHC Housing Specialists and their community landlords. Another positive result has included the cancellation of pending eviction proceedings which allowed individuals to maintain their housing therefore preventing future funding needs and saving other community resources.

The additional requested funding will also be used to provide temporary housing (via motels/hotels) for homeless consumers who need immediate and/or ADA accommodations. Behavioral health consumers with physical disabilities, often part of the aging population, have utilized this support in communities that lack safe, accessible sheltering/temporary housing options. Utilizing Supported Housing funding for temporary housing has prevented consumers from entering (or reentering) costly institutionalized settings

5. Increased support for Projects for Assistance in Transition of Homelessness (PATH)

PATH is a SAMHSA administered biennial grant that was created as part of the Stewart B. McKinney Homeless Assistance Amendments Act of 1990 (P.L. 101.645). The goal of PATH formula grants is to reduce or eliminate homelessness for individuals with serious mental illnesses (SMI) and co-occurring substance use disorders (COD) and who are experiencing homelessness or at imminent risk of becoming homeless. PATH funds are used to provide a menu of allowable services, including outreach, case management, and direct care supports and housing supportive services.

PATH funding for each state is based on a legislatively determined formula with Kansas most recently receiving \$377,391 in federal funds. States have the responsibility to provide cost sharing and match funding, and Kansas currently contributes an additional \$125,797 to the PATH budget. KDADS then allocates this funding to CMHC/CCBHC's after a Request for Application (RFA) process where applicants must include a plan to reach the areas in the state where the greatest number of individuals who are experiencing homelessness and need mental health, substance use disorder, and housing services.

The GBHSPC Subcommittee on Housing and Homelessness recommends that Kansas increase its contribution to PATH by \$50,000. These additional funds will sustain existing programs experiencing cost increase and allow for a needed expansion of PATH funded activities in rural parts of Kansas. Eastern Kansas communities are experiencing an increase in their homeless population in response to

recent legislation in Missouri making unauthorized camping illegal on state-owned property. This legislation is new, but there has been a noticeable impact along the ten (10) counties that border Missouri; eight (8) of which are considered rural counties.

6. Strengthen Interim Housing

Interim Housing is short-term, project-based housing that provides immediate, community-based housing for adult individuals who are homeless or at-risk of homelessness due to exiting a publicly funded institution. Individuals participating in the Interim Housing program are regarded as having a behavioral health impairment, are frequently uninsured or under-insured, and lack a source of income at the time of entry into the program. Interim Housing programs provide supportive services and assistance in obtaining Medicaid, a form of income, and if eligible, a connection to HUD's Coordinated Entry System for permanent supportive housing services and programming. The GBHSPC Subcommittee on Housing and Homelessness recommends additional funding to support the continuation and expansion of the Interim Housing program. *The GBHSPC Subcommittee on Housing and Homelessness recommends additional funding to support the continuation and expansion of the Interim Housing program in the amount of \$75,0000.*

The current Interim Housing program receives \$92,500 per year. This budget has historically supported five (5) interim houses and provided for 17 contracted beds. The funding for this program has been exhausted each year as it supports the rent, utilities, and basic household items for the individuals in the program. The increases in rent and utility costs have put a great deal of stress on this program. If the Interim Housing program does not receive additional funding, the program risks losing the number of providers and/or the number of contracted beds that can be financially supported. The Subcommittee recommends a funding increase to sustain current activities and allow for the expansion of Interim Housing to at least one more community.

7. Expand and Enhance SOAR (SSI/SSDI Outreach, Access, and Recovery) Services

For people with behavioral health disorders, receiving SSI/SSDI and Title 19 Medicaid 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. A myth often believed is that those who are on disability can no longer work. With the goal of training Work Incentive Planners or Benefit Specialists, agencies can work to dispel this myth while assisting those who are disabled on their path to recovery by taking steps towards employment without losing the benefits that are difficult to obtain.

The GBHSPC's Subcommittee on Housing and Homelessness applauds KDADS efforts to advance the provision of SOAR Program services 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 cooccurring disorders. In order to continue to grow the SOAR program in the state and to ensure that all persons eligible for Social Security Disability benefits are receiving them, the GBHSPC's Subcommittee on Housing and Homelessness recommends that:

New/Continued Goals:

- a. Create a partnership with DCF/DDS to ensure that State of Kansas SOAR claims are assigned to a single point of contact within Kansas who only handles SOAR claims. Several of the SOAR cases are being sent to the State of Colorado, Missouri, and Arizona for processing and determination.

- b. KDADS create and maintain a full-time position in KDADS dedicated to SOAR that is funded 100% through SAMHSA Block Grant administrative dollars. This position would be responsible for coordinating SOAR activities related to the CMHC Contract, data collection/reporting national outcomes and training across Kansas.
- c. KDADS continues to explore resources to support the provision of SOAR in rural and frontier communities, especially within the underserved Substance Abuse population, including resources to help fund SOAR activities.

8. Comprehensive, State-wide, Homelessness Plan/Strategy

Governor's Behavioral Health Counsel Subcommittee on Housing and Homelessness values the recent work done to conduct the state-wide housing needs assessment. Building on this accomplishment, KDADS should leverage its unique authority and staff expertise to develop a statewide strategy to specifically address homelessness. This strategy should address immediate and short term, as well as long term needs among behavioral health consumers. It should also work with each region in the state (frontier, rural, urban, and mixed), to expeditiously develop/create a spectrum of quality, accessible, affordable housing stock to meet the various local needs for affordable housing. For example, a spectrum of housing options should include: robust, damage resistant, eviction proof permanent supportive housing for SMI households who cannot maintain market based housing; master leasing programs to provide expedited access for households who have barriers to accessing market rate housing on their own; permanently dedicated income based housing for set, low income households, including more robust, accessible, and numerous rental subsidy programs; risk mitigation funding to incentivize landlords to rent with higher risk households; low income home ownership programs; low income rent to own options; workforce housing development initiatives

A comprehensive plan should also include strategies and priorities for addressing housing cost inflation in respect to slower increases in median income for the various state regions. It should also include strategies for homeless prevention and upstream interventions and acknowledge, as well as address the relationship between housing stability and socio-economic inequities and include strategies for overcoming these inequities.

The creation of a comprehensive strategy and interventions will require the integration of presently fragmented systems and greater flexibility than that offered by federal funding sources. The Subcommittee recommends that KDADS work with other state agencies to explore the creation of a Special Office that can span and unify the many systems needed to create housing initiatives that reflect state and local needs.

9. Transitions from State Institutions, including NFMHs

Consumers transitioning from state funded institutions (correctional facilities, state mental health hospitals, etc.) continue to face barriers to housing and community support services. The need to focus on this issue was heightened by the 2021 pre-settlement agreement reached by KDADS and the Disability Rights Center to integrate residents of NFMHs back into the communities of their choice. The terms of that agreement closely align with the current and historic objectives of the Subcommittee, in particular increased investment in supportive housing and community-based services for those at-risk of homelessness and institutionalization. The Subcommittee on Housing and Homelessness strongly recommends that KDADS work closely with it to strengthen the continuum of services and supportive

housing options to meet the acute needs of NFMH residents as they reintegrate in Kansas communities. Other recommendations to support these and other institutional transitions include:

- a. Permanent funding stream for the original Bridge pilot projects as well as funding to develop new projects throughout Kansas.
- b. KDADS integration and BH housing division teams continue to provide reports on progress being made on the NFMH settlement agreement and report barriers and successes.
- c. Continued development of funding streams for programs such as TriP (see above) and other transitional housing programs and services outside of HUD COC systems.

10. Improved access to Home and Community Based Services (HCBS) for homeless and housing insecure individuals

Homeless service and behavioral health providers are reporting a growing number of consumers who are physically disabled or frail and elderly. Meeting the needs of these consumers is a significant challenge and would be best met by services and supports that are available not only in the behavioral health system, but also through HCBS. However, accessing HCBS waivers can be difficult and collaboration between physical and behavioral health systems requires focused intent. The Subcommittee recommends that KDADS and KDHE work to develop expedited procedures for waiver access that take into consideration homelessness.

The work of KDADS Housing Division, a unit of the Behavioral Health Commission, has proved critical in helping stakeholders to meet the needs of homeless individuals with physical health challenges. The Subcommittee recommends the creation of a similar role or team in aging and HCBS. This role would serve as a liaison to the Housing Division and its partners and better ensure that HCBS recipients have access to available housing resources.

11. OCI implementation support

Governor's Behavioral Health Council Subcommittee on Housing and Homelessness values the spirit of the Operation Community Integration (OCI) initiative and the functional outcomes where OCI has been implemented and adopted. The Subcommittee recommends the state continue to pursue implementing OCI across the region and explore how OCI will function under the CCBHC model of care.

The Subcommittee recommends the state utilize the expertise of the agencies who have implemented and are currently utilizing OCI in the further development of OCI implementation and operational practices.

Goals

1. Create a data sharing warehouse
2. Develop a workgroup to support Destination Home, CMS-required transition planning, OCI implementation and other trainings, including those targeted to Housing Specialists and PATH providers
3. Promote and support homeless summit
4. NFMH ad Housing 1st oversight/influence
5. Expand support for CoCs at the state-level and beyond KDADS
6. Support the efforts of the Boundary Spanners, review outcomes and make recommendations for program improvement and expansion

Summary

The Subcommittee on Housing and Homelessness is pleased by the way KDADS has utilized American Recovery Plan, MHBG, SABHG and other funds to address housing and homelessness needs in the last year. Continued strategic investment in long-standing and promising new housing initiatives will further strengthen Kansas' Behavioral Health Systems and improve the lives of Kansans.

The Subcommittees specific recommendations for 2023:

1. Continue to invest directly in affordable housing programs
2. Sustain the implementation of Housing 1st practices
3. Continue and expand data and system integration
4. Make the Boundary Spanner program permanent and expand to all COCs with a commitment of \$400,000/year
5. Increase funding for SHF by \$50,000
6. Strengthen SOAR with the creation of a dedicated KDADS position and the identification of HCBS and DCF/DDS single points of contacts
7. Increasing funding for PATH by \$50,000
8. Increase funding for Interim Housing by \$75,000
9. Strengthen Work Incentive Practitioner programming
10. Develop a homelessness-specific housing statewide strategy
11. Streamline RFA processes and make strategic housing investments
12. Utilize the HH Subcommittee as a resource in strengthening housing for those exiting NFMHs
13. Expand funding for housing targeted to former NFMH residents
14. Include homelessness as a consideration in expedited HCBS waiver access
15. Develop a housing resource team or role for aging consumers and HCBS waiver recipients
16. Explore and disseminate OCI program model that are compatible with CCBHC and PPS structures

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