**GLOSSARY OF TERMS**

**KAN-HOUSE ARP AGREEMENT/RFA**

**ACT Teams:** ‘Assertive Community Treatment (ACT) and the Intensive Case Management (ICM), can be the same staff trained to conduct outreach and provide support for clients living on the street, or those individuals that are exiting publicly funded institutions and assist them in finding and moving into apartments/permanent supportive housing, and then continue to provide treatment and recovery support services until the client graduates from the program. The ACT program model serves people with severe psychiatric disabilities and the ICM serves people with more moderate disabilities.’ (Pathways Housing First Page 80)

**“At Risk of Homelessness per HUD Emergency Solutions Grant”**: 576.2 Definitions; 

*At risk of homelessness* means:

(1) An individual or family who: (ADULT DEFINITION)

(i) Has an annual income below 30 percent of median family income for the area, as determined by HUD;

(ii) Does not have sufficient resources or support networks, *e.g.*, family, friends, faith-based or other social networks, immediately available to prevent them from moving to an emergency shelter or another place described in paragraph (1) of the “homeless” definition in this section; and

(iii) Meets one of the following conditions:

(A) Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance;

(B) Is living in the home of another because of economic hardship;

(C) Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance;

(D) Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by Federal, State, or local government programs for low-income individuals;

(E) Lives in a single-room occupancy or efficiency apartment unit in which there reside more than two persons or lives in a larger housing unit in which there reside more than 1.5 persons reside per room, as defined by the U.S. Census Bureau;

(F) Is exiting a publicly funded institution, or system of care (such as a Nursing Facility for Mental Health (NFMH) or State Hospital System,); or

(G) Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient’s approved consolidated plan;

**Block Grant:** A block grant is a noncompetitive, formula grant mandated by the U.S. Congress. Eligible entities must submit an annual application to demonstrate statutory and regulatory compliance in order to receive the formula-based funding. (**Purposes of the Block Grant**): Grantees use the block grant programs for prevention, treatment, recovery support, and other services to supplement Medicaid, Medicare, and private insurance services. Specifically, block grant recipients use the awards for the following purposes:

- Fund priority treatment and support services for individuals without insurance or for whom coverage is terminated for short periods of time.
- Fund those priority treatment and support services that demonstrate success in improving outcomes and/or supporting recovery that are not covered by Medicaid, Medicare, or private insurance.
- Fund primary prevention by providing universal, selective, and indicated prevention activities and services for persons not identified as needing treatment.
- Collect performance and outcome data to determine the ongoing effectiveness of behavioral health promotion, treatment, and recovery support services.

**SAMHSA** is responsible for two block grant programs:

**Block Grant Eligibility-Mental Health:**

**Mental Health:**

**Adults with serious mental illnesses (SMI).** Includes persons age 18 and older who have a diagnosable behavioral, mental, or emotional condition—as defined by the Psychiatric Association’s *Diagnostic and Statistical Manual (DSM) of Mental Disorders*. Their condition substantially interferes with, or limits, one or more major life activities, such as:

- Basic daily living (for example, eating or dressing)
- Instrumental living (for example, taking prescribed medications or getting around the community)
- Participating in a family, school, or workplace

**Block Grant Eligibility-Substance Abuse:**

**Substance Abuse:**

Center for Substance Abuse Services (CSAT) with SAMHSA, has defined the target population as individuals that are; Pregnant women and women with dependent children, and Intravenous drug users. Individuals that are low-income and are homeless or at risk of homelessness and at risk of admission to an institution or exiting a State Nursing Facility for Mental Health will also be considered part of the targeted population for programming through Community Integration Housing First. Funding for this agreement must include Recovery Support Services that address crisis response, coaching services and referral for individuals without insurance or for whom coverage has
been terminated for short periods of time, and substance abuse recovery services that are not covered by Medicaid, Medicare or private insurance.

**Community Mental Health Center (CMHC):** Are charged by statute with providing the community-based public mental health services safety net. In addition to providing the full range of outpatient clinical services, Kansas’s 26 CMHCs provide comprehensive mental health rehabilitation services, such as psychosocial rehabilitation, community psychiatric support and treatment, peer support, case management and attendant care.

**Continuum of Care (COC):** Group responsible for the implementation of the requirements of HUD’s (COC) Program Interim Rule. The COC is composed of representatives of organizations, including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons.

**Coordinated Entry System:** A standardized access, assessment, and referral process for housing and other services across agencies in a community. Other frequently used terms include “centralized or coordinated assessment” HUD programming.

**Crisis Stabilization Bed/Unit:** This continuum of services is to support and stabilize an individual, improve psychological symptoms of distress, and to engage them earlier in the process of a mental health or a substance use crisis. Designed to increase 24 Hour community options for individuals who hospitalization.

**Crisis Intervention Teams (CIT):** A CIT team develops a select group of patrol officers to become specialists in responding to mental health calls for service and works with community resources to identify appropriate resolutions.

**Evidenced Based Practice (EBP):** EBPs integrate clinical expertise; expert opinion; external scientific evidence; and client, patient, and caregiver perspectives so that providers can offer high-quality services that reflect the interests, values, needs, and choices of the individuals served.

**HHS definition of disabled:** Persons who lack the income or insurance to pay for recovery supportive services as defined by HHS, “Individuals with disabilities are defined as persons with a physical or mental impairment which substantially limits one or more major life activities. People who have a history of, or who are regarded as having a physical or mental impairment that substantially limits one or more major life activities, are also covered.”
HUD ESG definition of Homeless: (ADULT DEFINITION)

(1) An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

(i) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;

(ii) An individual or family living in a supervised publicly or privately-operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals); or

(iii) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;

(2) An individual or family who will imminently lose their primary nighttime residence, provided that:

(i) The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;

(ii) No subsequent residence has been identified; and

(iii) The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing;

(3) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:


(ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;
(iii) Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and

(iv) Can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse (including neglect), the presence of a child or youth with a disability, or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment; or

(4) Any individual or family who:

(i) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;

(ii) Has no other residence; and

(iii) Lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, to obtain other permanent housing. : [https://www.ecfr.gov/current/title-24; eCFR :: 24 CFR Part 576 -- Emergency Solutions Grants Program]

**Housing First Evidenced Based Practice (EBP):** Housing First is an approach that offers permanent, affordable housing as quickly as possible for individuals and families experiencing homelessness, and then provides the supportive services and connections to the community-based supports people need to keep their housing and avoid returning to homelessness.

**Housing and Urban Development HUD:** is the federal executive division responsible for carrying out government housing and community development programs. HUD works to ensure equal access to housing and community-based employment opportunities; finances new housing, public housing, and housing rehabilitation projects; insures mortgages for single-family homes and multifamily units; and carries out programs that serve the housing needs of low-income and minority families, the elderly, disabled, and mentally ill. HUD housing offices also work to protect consumers against fraudulent practices by land developers, ensure the safety of manufactured (mobile) homes, and defend home buyers against abusive mortgage-loan practices.

**Integrated IPS Supported Employment EBP:** Is an evidence-based approach to supported employment for people who have a severe mental illness. IPS stands for Individual Placement and Support. IPS supports people in their efforts to achieve steady employment in mainstream competitive jobs, either part-time or full-time.

**Intensive Case Management Teams:** The Intensive Case Management (ICM) and (ACT) teams can be the trained staff that can conduct outreach and provide support for clients living on the street, or those individuals that are exiting publicly funded institutions and assist them in finding and
moving into apartments/permanent supportive housing, and then continue to provide treatment and recovery support services until the client graduates from the program. The ACT program model serves people with severe psychiatric disabilities and the ICM serves people with more moderate disabilities.’ (Pathways Housing First Page 80)


**Housing First Evidence Based Practice:** Housing First is an approach that offers permanent, affordable housing as quickly as possible for individuals and families experiencing homelessness, and then provides the supportive services and connections to the community-based supports people need to keep their housing and avoid returning to homelessness.

The principles behind this approach are:

1. Move people into housing directly from streets and shelters without preconditions of treatment acceptance or compliance;
2. The provider is obligated to bring robust support services to the housing. These services are predicated on assertive engagement, not coercion;
3. Continued tenancy is not dependent on participation in services;
4. Units targeted to most disabled and vulnerable homeless members of the community;
5. Embraces harm-reduction approach to addictions rather than mandating abstinence. At the same time, the provider must be prepared to support resident commitment to recovery;
6. Residents must have leases and tenant protections under the law;
7. Can be implemented as either a project-based or scattered site model

**Medical Necessity:** a legal concept which refers to the health care services or products provided by a physician to a patient. It is provided for the purpose of preventing, diagnosing, treating an injury or disease in accordance with generally accepted standards of medical practice. CMS Defined

**Medication Assisted Treatment (MAT):** Is an evidence-based practice that combines pharmacological interventions with substance abuse counseling and social support.

**Mobile Response and Stabilization Services (MRSS):** Is an intervention service that offers short-term, flexible service coordination to assist in stabilizing youth and caregivers in their community setting.

**Nursing Facility for Mental Health (NFMH):** Provide Residential Care and rehabilitation treatment for persons experiencing severe symptoms of mental illness. They provide round-the-clock supervision and care for persons with mental illness needing this level of service.

**Operation Community Integration Program (OCI):** Program targeted with our State Medicaid plan in which two Community Psychiatric Support Treatment (CPST) Codes have been opened up to
include a Per Diem Rate to support, Intensive Community Integrative Housing Supports Programming. These two per diem program codes were designed to assist high risk behavioral health consumers with intensive support services necessary to improve independent living skills and reduce symptoms that will interfere with a consumer’s ability to sustain safe and stable permanent community housing.

**Peer Support:** Peer support services are an evidence-based behavioral health model of care provided by individuals who have lived experience with Mental illness, Substance Use-Mis-Use, or co-occurring disorders. The core element of this service is the development of a peer-to-peer relationship based on shared lived experience and mutuality between the provider and the individual. Peers share recovery stories and strategies to help overcome challenges to living a full and meaningful life in recovery. Peer support is person centered and supports dignity, self-advocacy, and empowerment.

**Permanent Housing:** Community-based housing without a designated length of stay, and includes both permanent supportive housing and rapid rehousing. To be permanent housing, the program participant must be the tenant on a lease for a term of at least one year, which is renewable for terms that are a minimum of one month long, and is terminable only for cause.

**Promising Practice:** Programs and strategies that have some scientific research or data showing positive outcomes in delaying an untoward outcome, but do not have enough evidence to support generalizable conclusions.

**Serious Emotional Disturbance (SED):** Children and adolescents up to age 18 (or up to age 22 with Waiver exception approval by KDADS) who currently or at any time during the past year have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified in the current Diagnostic and Statistical Manual and resulted in functional impairment that substantially interferes with or limits the child’s role or functioning in family, school, or community activities.

**Serious Mental Illness (SMI):** As defined by SAMHSA: SAMHSA Definition: Serious Mental Illness (SMI) is defined when an individual who is over 18 years of age, has had a diagnosable mental, behavioral or emotional disorder within the past year that causes serious functional impairment in one or more life activities.

**Severe Persistent Mental Illness (SPMI):** “Severe and persistent mental illness” is a term that is commonly used to refer to a collection of mental disorders that usually affect people in early adulthood and often have profound effects on family relations, educational attainment, occupational productivity, and social role functioning over the life course.

**STREET OUTREACH TEAMS AS DEFINED BY HUD EMERGENCY SOLUTIONS GRANT (ESG):** Essential Services provided by Case Managers that work with Community Mental Health Centers (CMHC’s and HUD Programs). Case Managers reach out to unsheltered homeless individuals and families, connecting them with emergency shelter, housing, or critical services, and providing them with urgent, non-facility-based care.
**SOAR: SSI/SSDI Outreach, Access, and Recovery (SOAR):** is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and is a national program designed to increase access to the disability income benefit programs administered by the Social Security Administration (SSA) for eligible adults who are experiencing or at risk of homelessness and have a serious mental illness, medical impairment, and/or a co-occurring substance use disorder.

**United States Health and Human Services, (HHS):** The mission of the U.S. Department of Health and Human Services (HHS) is to enhance the health and well-being of all Americans, by providing for effective health and human services and by fostering sound, sustained advances in the sciences underlying medicine, public health, and social services. U.S. Department of Health and Human Services | USAGov