

Governor’s Behavioral Health Services Planning Council
 Subcommittee on Housing and Homelessness
 2020 Annual Report

<p>Outstanding Accomplishments Achieved FY 2020</p>	<ul style="list-style-type: none"> ●CoC’s across the state were awarded 9.8 million dollars in total ● KDADs and KHRC distributed \$500,000 in Emergency Solutions Grant CARES dollars to CMHC’s across the state ●Developed Tent City Project to target homeless populations living in areas of high concentrations COVID 19 transmissions. Used Emergency Supported Housing funds of \$150,000 to assist with this project. ●Expansion of Community Support Medication Program eligible prescriptions ●Increased approval rate of SOAR applications by 7% from the previous year ●Workgroup provided recommendations to enhance the use of OCI codes
	<p style="text-align: center;">Recommendations for KDADS FY 2020</p>
<p>1st Recommendation: <i>Develop State COVID 19 Housing Recovery Plan</i></p>	<ul style="list-style-type: none"> ●Include ability to provide long-term housing support ●Increase funding streams to programs such as State Supported Housing Fund Program (SHF) ●Continue to collaborate with local, state and national partners to leverage addition funds to support housing programs in Kansas.
<p>2nd Recommendation: <i>Add Housing Specialists and Increase Housing First Initiatives</i></p>	<ul style="list-style-type: none"> ● Increase the number of housing specialists in Kansas ● Provide specialized training targeted to providing housing services ●Identify roles and responsibilities for housing specialist training curriculum ●Seek better understanding of housing specialist training needs ●Encourage providers to develop Housing First approach in their programs

<p>3rd Recommendation: <i>Develop Integrated Statewide Data Platform</i></p>	<ul style="list-style-type: none"> ● Create unified data platform for providers across the state ● Ensure standardization of data collection ● Allocate dollars for technology improvements
<p>4th Recommendation: <i>Continue the Supported Housing Program</i></p>	<ul style="list-style-type: none"> ● The SHF program provides affordable housing linked to services for low-income, homeless or potential homeless people with Severe Mental Illness ● The program supports individuals in obtaining and maintain housing when no other resources are available <ul style="list-style-type: none"> - Total amount in FY2019 was \$535,000, and 744 requests submitted for reimbursement <ul style="list-style-type: none"> - Additional \$150,000 in Emergency SHF's were used to assist an additional 67 households
<p>5th Recommendation: Expand and Enhance SOAR Services</p>	<ul style="list-style-type: none"> ● SOAR is a federal program that helps communities increase access to Social Security Disability benefits for people who are homeless or at-risk of homeless and who have a mental illness or co-occurring disorder. <ul style="list-style-type: none"> - KDADS create and maintain a full-time position dedicated to SOAR - KDADS host quarterly meeting for all certified SOAR workers - KDADS explore resources to support smaller communities

FY 2020 Goals

1. The Subcommittee will create a housing crosswalk between HUD, SAMHSA and KDADS to assist the providers and public in utilizing housing resources in the state.
2. The Subcommittee will work with the Governor's Behavioral Health Planning Council to move forward the integrated data platform statewide.
3. The Subcommittee will assist KDADS in developing a fund distribution plan to allocate dollars for the second round of CARES Act as it relates to housing needs in Kansas.

Governor's Behavioral Health Services Planning Council
Subcommittee on Housing and Homelessness
2020 Annual Report
September 2020

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 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	Retired	Shawnee County	Urban
Amy Dean	Kansas Department of Corrections	Statewide	Urban, Semi-Urban, Densely-Settled Rural, Rural, Frontier
Christy McMurphy	Kim Wilson Housing, Inc.,	Statewide	Urban
Doug Wallace, Vice Chair	Sunflower Health Plan	Statewide	Urban, Semi-Urban, Densely-Settled Rural, Rural, Frontier
Elizabeth Worth, Chair	Johnson County Mental Health Center	Johnson County	Urban
James Chiselom	Kansas Housing Resources Corporation	Statewide	Urban, Semi-Urban, Densely-Settled Rural, Rural, Frontier
Kate Watson	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
Leslie Carr	Topeka Public Schools	Shawnee County	Urban
Maggie Flanders	COMCARE of Sedgwick County	Sedgwick County	Urban
Mathew Faulk	Bert Nash	Douglas County	Urban
Michal Enloe	Consumer/ Family Member Representative	Shawnee County	Urban
Nate Miller	Southwest Guidance Center	Seward, Stevens, Meade, and Haskell Counties	Semi-Urban, Densely-Settled Rural, Rural, Frontier
Pamela Burghart	Consumer/ Family Member Representative	Shawnee County	Urban
Racheal Holland	Wichita State University	Sedgwick County	Urban

Jonathan Pendergrass	Four County Mental Health Center	Montgomery, Cowley, Wilson, Elk and Chautauqua Counties	Urban, Semi-Urban, Densely-Settled Rural, Rural, Frontier
Simon Messmer	Aetna Better Health of Kansas	Statewide	Urban, Semi-Urban, Densely-Settled Rural, Rural, Frontier
Stephanie Cline	United Health Care	Statewide	Urban, Semi-Urban, Densely-Settled Rural, Rural, Frontier
Theresa Douthart	Valeo Behavioral Health Care	Shawnee County	Urban
Victor Fitz	Substance Abuse Center of Kansas	Sedgwick County	Urban
Misty Bosch-Hastings and Sarah Hussain	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 2019

1. Continuum of Care (CoC) communities of Johnson County, Wichita/Sedgwick County, Topeka/Shawnee County and the Balance of State (101 counties) were awarded \$7,774,792 in FY2020. Wyandotte County/Kansas City (part of the Greater Kansas City CoC) was awarded \$2,048,355 in FY2019. In total, Kansas CoC communities brought in \$9,823,147 for housing and services in FY2020. In addition, the Kansas Statewide Homeless Coalition contract has been amended to include educational opportunities with the Balance of State CoC's. This is the first step in an effort to span systems and provide training to enhance collaboration across the Balance of State CoC with behavioral health providers and HUD grantee sites. 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. Sixty-nine percent of the Subcommittee on Housing and Homelessness members are actively involved in at least one Continuum of Care community. The Subcommittee's statewide representatives are also involved in either a supporting and/or funding role.

In addition to funding for households who are homeless, many CMHC/communities are actively involved in the response to COVID 19 and are now providing homeless prevention services for households affected by COVID 19. Homeless prevention funds are being distributed by local and state governments along with private foundations.

2. Kansas Department of Aging and Disability Services and Kansas Housing Resources Corporation partnered to distribute \$500,000 in Emergency Solutions Grant CARES dollars to Community Mental Health Centers around the state of Kansas. This allowed CMHC's to apply for funds for Rapid Re-housing, Homeless Prevention, Street Outreach and Shelter. These dollars are targeted to the homeless population in Kansas.
3. Tent City Project: This project was developed in response to COVID 19 by KDADS utilizing Emergency Supported Housing Funds. The funds totaled \$150,000 and were targeted to the communities of Lawrence and Topeka, utilizing Community Mental Health Centers in these areas to target homeless populations living in areas of high concentrations of COVID transmissions. The grant assisted a total of 67 street homeless individuals/families to find permanent housing.
4. KDADS and CMHC's across the state worked to expand the eligible prescription list for the Community Support Medication Program. This allowed consumers who are homeless or at risk of homelessness access to more medications at zero cost while waiting on Medicaid and SSA determinations.
5. SSI/SSDI Outreach, Access and Recovery (SOAR) is a SAMHSA endorsed approach 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 case workers assist eligible individuals with submitting successful SSI/SSDI applications that are approved quickly and without going through a lengthy appeals process. In 2009, the Kansas Department of Social and Rehabilitation Services

(KDADS) led an effort to expand SOAR across Kansas. Through these efforts the Kansas SOAR program has expanded to all CMHC's, a variety of other community agencies, state mental health hospitals, Department of Children and Family Services and the Kansas Department of Corrections. With the implementation of SOAR in Kansas, a collaboration has developed between KDADS, KDHE, SOAR trained case workers, the Social Security Administration, Kansas Disability Determination Services and the SOAR TA Center. Through this collaboration, the SOAR program in Kansas has become an effective model for helping eligible individuals access and re-connect to the Social Security Administration, and Title 19 Medicaid disability benefits.

2020 SOAR outcomes report for Kansas:

- 270 SOAR applications were submitted
- 161 received favorable determinations
- The approval rate for the state of KS increased 7% from the previous year

Another positive change is the expectation that SOAR trained case workers also assist individuals with applying for Medicaid in conjunction with the SSI/SSDI application. This will help vulnerable adults across Kansas have access to mainstream benefits necessary to help them in their path towards recovery. Five of our SOAR Local Leads located within the CMHC systems of COMCARE; Four County Mental Health Center; Cross-Winds, and Bert Nash have been able to bring in a total of \$517,683.00 in Medicaid Services Billing.

The subcommittee applauds KDADS' continued efforts to improve the SOAR program. One positive change is adding language in the CMHC contracts that require all CMHCs to have a certified SOAR trained case worker. In the 2019-2020 fiscal year, 68 people completed the SOAR web-based training to become SOAR certified. This fiscal year KDADS had a total of 31 Certified SOAR workers who actively submitted data into the Federal OAT system.

6. On July 1, 2019 the State of Kansas opened four per diem codes to "enhance community supportive services" for high risk behavioral health consumers experiencing homelessness. The per diem codes reimburse providers for the provision of intensive support services needed to improve independent living skills. Due to the slow adoption of the OCI codes, KDADS solicited feedback from various stakeholders, including the three KanCare Managed Care Organizations and the Subcommittee on Housing and Homelessness on potential barriers for implementing the codes. In response to the request from KDADS, the Subcommittee on Housing and Homelessness developed a goal in 2020 to explore the barriers for the OCI codes and to look at opportunities to expand the utilization of the codes.

The workgroup developed four objectives to accomplish its goal:

1. Research/recommend a Housing First fidelity scale
2. Advertise successes to CMHCS /SUD providers to help expand the use of the codes
3. Identify and gather information from last needs assessment
4. Change language in the OCI policy to eliminate/reduce misinterpretations.

In order to alleviate misinterpretation of the OCI policy, the Subcommittee on Housing and Homelessness and the Managed Care Organizations have provided feedback to KDADS on the OCI policy. These changes have been sent to the Commissioner for further follow up with KDHE.

**Recommendations for KDADS
for FY 2020**

1. Develop State COVID-19 recovery plan, include housing recovery for displaced households

- A) Develop a plan that includes the ability to provide long-term support until there are significant indications that the housing market has recovered, and the unemployment rate has been reduced to healthy levels. Possible methods of support to prevent widespread housing loss include: indefinite suspensions of mortgage payment requirements for households whose income loss was a result of COVID; long term suspension of evictions for households whose income loss was a direct result of COVID; or long term rental and mortgage assistance for households whose income loss was a direct result of COVID. In addition, support for housing providers will also be needed. Widespread decreases in mortgage and rental payments will result in significant loss of revenue for banks, property management companies, and landlords, as well as utility companies, food production and distribution and others.
- B) Increase funding streams to programs such as the State Supported Housing Fund Program (SHF).
- C) KDADS should continue efforts to collaborate with local, state and national partners to leverage additional funds to support housing programs in Kansas.

Rationale: Due to the economic impacts of the COVID-19 pandemic significant numbers of businesses have and will continue to make cuts to their work force or go out of business. In turn, high numbers of households have and will continue to experience a significant loss of income. A primary effect of income loss is a severe decrease in the household's ability to afford the cost of living, including the cost required to maintain housing, utilities, and nutrition.

To prevent or significantly reduce a secondary public health emergency of widespread housing and utility loss and nutritional deficits, substantial long-term policy changes, resources, and programmatic planning to help prevent homelessness, utility loss, and nutritional deficits will be required. These supports will be needed until lost employment opportunities are replaced and households are able to re-obtain income.

2. Add Housing Specialists and Increase Housing First Initiatives

- A) Increase or initiate initiatives to add to the number of Housing Specialists within the Kansas community, including Substance Use Disorder Providers.
- B) KDADS and KHRC will collaborate to develop or arrange for specialized training based on national models such as Housing First and/or specialized training targeted to providing housing services to specific populations or programs.
- C) KDADS, KHRC and other state partners will continue to clearly identify roles and responsibilities for the implementation of the housing specialist training curriculum.
- D) KHRC in collaboration with KDADS and community partners will continue to seek a better understanding of the training needs for housing specialists
- E) KDADS and KHRC should encourage their providers to develop the Housing First approach in their programs.

Rationale: Housing Specialists focus on assisting community members and service providers with locating affordable housing and navigating affordable housing resources. Housing Specialists also work with local communities to develop new affordable housing opportunities and/or increase the affordable housing stock available within the community. Increasing the number of Housing Specialists is identified as a key factor in assisting communities in addressing and/or meeting their affordable housing needs.

3. Develop Integrated Statewide Data Platform

- A) Create a unified data platform for the state of Kansas to increase data driven decisions and increase public access to information.
- B) Ensure standardization of data collection so information can be compared statewide.
- C) Allocate dollars for technology improvements for the state agencies so that data can be collected and used in a meaningful way.

Rationale: In March the Council gathered all Subcommittees together to discuss goals for the year. One of the results was that all subcommittees stood united in the goal of the creation of a unified data platform. The Subcommittee on Housing and Homelessness participated in subsequent conversations with other states in the region and their KDADS equivalents. These conversations suggest that data platform improvement and integration is feasible. This would open funding streams for the state of Kansas, provide data quickly when applying for grants as a state and for individual sites, allow easy access to answer questions from the public and/or legislature, and support cross-system communication and efficiency. As we learned during COVID 19 with the unemployment system, the infrastructure of our state data platforms are outdated and unable to keep the pace of modern data needs.

4. Continue the Supported Housing Program

The GBHSPC Subcommittee on Housing and Homelessness recommends that KDADS-BHS continue to support the funding of Supported Housing Funds to assist those experiencing Severe and Persistent Mental Illness (SPMI) or 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.

Rationale: The Supported Housing Fund (SHF) program provides affordable housing linked to services for low-income, homeless or potentially homeless people with Severe Mental Illness (SMI). The goal is to provide persons with SMI the help and support they need to stay housed and live more independent, healthy, productive, and fulfilling lives. The SHF program supports eligible individuals 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 total amount of Supported Housing Funds for FY2018 was \$535,000 and there were 744 requests submitted for reimbursement. With the additional \$150,000 in emergency Supported Housing Funds allocated to the City of Lawrence and City of Topeka, an additional 67 households were assisted.

5. Expand and Enhance SOAR Services

The GBHSPC’s Subcommittee on Housing and Homelessness applauds KDADS efforts to advance the provision of SOAR (SSI/SSDI Outreach, Access, and Recovery) 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 co-occurring 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:

1. KDADS create and maintain a full-time position in KDADS – BHS dedicated to SOAR. This position would be the SOAR State Lead and would be responsible for coordinating SOAR activities and training across Kansas.
2. KDADS host a quarterly meeting for all certified SOAR trained case workers. KDADS could use these meetings to share updates and to provide training to the SOAR workers. It would also provide a forum for the SOAR workers to share about their successes and to seek clarification on SOAR in Kansas.
3. KDADS continue to explore resources to support the provision of SOAR in smaller communities, including resources to help fund SOAR activities.

Rationale: 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.

Subcommittee on Housing and Homelessness FY 20 Goals

1. The Subcommittee will create a housing crosswalk between HUD, SAMHSA and KDADS to assist the providers and public in utilizing housing resources in the state.
2. The Subcommittee will work with the Governor’s Behavioral Health Planning Council to move forward the integrated data platform statewide.
3. The Subcommittee will assist KDADS in developing a fund distribution plan to allocate dollars for the second round of CARES Act as it relates to housing needs in Kansas.

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.

For further questions please contact:

Liz Worth-Chair Elizabeth.Worth@jocogov.org

Doug Wallace-Vice Chair douglas.d.wallace@sunflowerhealthplan.com