

Governor's Behavioral Health Services Planning Council
Subcommittee on Housing and Homelessness
2021 Annual Report
September 2021

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*
Doug Wallace, Chair	Sunflower Health Plan	Statewide	Urban, Semi-Urban, Densely-Settled Rural, Rural, Frontier
Simon Messmer, Vice-chair	Aetna Better Health of Kansas	Statewide	Urban, Semi-Urban, Densely-Settled Rural, Rural, Frontier
Theresa Douthart, Secretary	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
Christy McMurphy	Kim Wilson Housing, Inc.,	Statewide	Urban
Elizabeth Worth, Past Chair	Johnson County Mental Health Center	Johnson County	Urban
Eric Arganbright	Kansas Statewide Homeless Coalition	Statewide	Urban, Semi-Urban, Densely-Settled Rural, Rural, Frontier
James Chiselom	Kansas Housing Resources Corporation	Statewide	Urban, Semi-Urban, Densely-Settled Rural, Rural, Frontier
Jean Krahn	Kansas Guardianship Program	Statewide	Urban, Semi-Urban, Densely-Settled Rural, Rural, Frontier
Jonathan Pendergrass	Four County Mental Health Center	Montgomery, Cowley, Wilson, Elk and Chautauqua Counties	Urban, Semi-Urban, Densely-Settled Rural, Rural, Frontier
Kathryn Stefanowycz	Veteran Administration	Northeastern Kansas	Urban, Semi-Urban, Densely-Settled Rural, Rural, Frontier
Kristin Feedback	Osawatomie State Hospital	Statewide	Urban, Semi-Urban, Densely-Settled Rural, Rural, Frontier
Maggie Flanders	COMCARE of Sedgwick County	Sedgwick County	Urban
Mathew Faulk	Bert Nash	Douglas County	Urban
Racheal Holland	Wichita State University	Sedgwick County	Urban

Stephanie Cline	United Health Care	Statewide	Urban, Semi-Urban, Densely-Settled Rural, Rural, Frontier
Tyler Vance	Horizons Mental Health Center	Pratt, Harper, Barber, Kingman and Reno Counties	Urban, Semi-Urban, Densely-Settled Rural, Rural, Frontier
Victor Fitz	Substance Abuse Center of Kansas	Sedgwick County	Urban
Melissa Bogart-Starkey, Erin Olson 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 2020

1. Funding shared with communities through the Continuum of Care (CoC) HUD NOFA funding competition or the state of Kansas supported communities through the following funding allocations:
 - KS-502 – Wichita/Sedgwick County CoC - \$2,849,774
 - KS-503 – Topeka/Shawnee County CoC - \$1,775,569
 - KS-505- Overland Park, Shawnee/Johnson County CoC \$768,911
 - KS-507- Kansas Balance of State CoC - \$2,695,262

Kansas total CoC HUD allocated funding: \$8,089,516

The four active Kansas CoC's addressing homelessness (excluding Wyandotte that is encompassed within the Kansas City, Missouri CoC) actively coordinate care, extend community support and share barriers and challenges through bi-monthly peer to peer CoC coordination calls. These calls highlight specific community challenges such as:

- COVID response
- Availability of affordable housing and rent burden for tenants
- Shelter funding allocation, planning and coordination of efforts
- CoC to CoC transfer plans and coordination of services
- The four CoC's coordinated and worked directly with Kansas Department for Aging and Disability Services to ensure that each local community health departments had the resources, personnel, volunteers, and other necessary supports to oversee COVID testing, vaccinations and other programming and needs to respond to the COVID pandemic.

The Continua 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. 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. Kansas Statewide Homeless Coalition, for the Kansas Balance of State, applied for and was awarded over \$2,000,000 to provide COVID shelter programming for those who were homeless and needed shelter, those who became homeless because of the financial impact of COVID and those who needed shelter for recovery from COVID.

United Community Services coordinated with Johnson County, Kansas municipalities to provide a hotel shelter which secured 145 bed nights and assisted with distribution of CARES Act funding through the United Way of Greater Kansas City. Safe Parking Spaces were also set aside in collaboration with the City of Shawnee and the Johnson County Sheriff's Office. This provided 10 parking spots for the homeless population living in their vehicles. This also allowed those sheltering in their vehicles access to restroom facilities, hygiene items and overall safety.

Through partnership with the Johnson County Housing Authority, Johnson County Mental Health Center was given 10 homeless “set aside” vouchers. Had 90% occupancy, getting ready to be 100%.

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. Community responses to the COVID-19 pandemic:

In 2020 and 2021 our communities were faced with unprecedented needs. People experiencing homelessness found it more difficult to get into homeless shelters or to access resources. During this time, unique partnerships were formed to meet the needs of the people experiencing homelessness. During the subcommittee meetings, we highlighted these partnerships to educate committee members of the resources. Below are four examples of the resources created during this pandemic.

- The Human Services Department within Johnson County Government used CARES Act dollars to provide a safe place for people to stay who were homeless and not able to get into the Project 10/20 cold weather shelter. They served approximately 145 individuals including many children during the Pandemic.
- The Woody Park city sanctioned camp program in Douglas County was operated from November 2020 until March 2021. To provide this service, funding was used to install utility services on a designated property, purchase tents and camping supplies, and purchase latrine, laundry, and shower trailers for use at the site.
- The City of Wichita partnered with Humankind Ministries to purchase the 316 Hotel with \$4.2M in CDBG-CARES and ESG-CARES funds. In January 2021, the property was opened as an expanded emergency shelter for women. The property is being completely rehabilitated, converting the hotel rooms into studio apartments adding, kitchenettes and updated fixtures. In September 2021 the property, renamed The Studios at Humankind, will open as permanent supportive housing for persons coming from homelessness.
- Valeo Behavioral Health Care, Topeka Rescue Mission, Shawnee County Health Department, Stormont Vail Health and the Topeka Police Department has formed the Mobile Access Partnership. MAP is a unique partnership that creates a mobile continuum of social, health and behavioral health services to the unsheltered homeless and those living in poverty. MAP inspires hope by providing a comprehensive response that focuses on the social determinants of health and their impact on overall health and well-being.

4. 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 caseworkers 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, the 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 caseworkers, 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.

2021 SOAR outcomes report for Kansas:

- 118 SOAR applications were submitted
- 91 received favorable determinations
- The approval rate for the state of KS increased 7% from the previous year to 77%.
- Although the nation's numbers have suffered due to the pandemic, Kansas has adapted to the challenges and risen to be a top 10 state.

*final report not yet released at the time this report was finished.

One positive change is the expectation that SOAR-trained caseworkers 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. The subcommittee applauds KDADS' continued efforts to improve the SOAR program. Another positive change is adding language in the CMHC contracts that require all CMHCs to have a certified SOAR trained case worker.

This Year's Achievements:

- Commissioner Brown found a way to allow additional use of Basecamp with the purpose of connecting all SOAR caseworkers and supervisors to a centralized training forum.
- Local leads have begun hosting quarterly statewide meetings with the purpose of providing teachings covering all aspects of the SOAR process, Q&A sessions, and bringing in guest speakers from agencies like SSA and DDS as well as teams from KDHE PMDT.
- SOAR-specific Medicaid process changes have drastically reduced the time it takes to get critical medical coverage for those who are being served by SOAR caseworkers.
- Agency-to-agency training has been carried out by Four County Mental Health Center and Crosswinds Counseling and Wellness to assist agencies around the state with (re)establishing SOAR programs.
- Kansas received recognition from the SAMHSA SOAR TA Center for becoming one of the top ten states in the nation and one of the few to improve during the pandemic. Kansas SOAR TA Liaison writes "I think the work you all are doing to hold regular meetings and provide more support to caseworkers, along with strong communication in Basecamp has been a huge contributing factor to the increased approval rate."

5. 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 2022**

1. Affordable Housing allocations and oversight

Kansas communities have not been immune to the housing crisis that has spread through the nation. It is imperative that affordable and low-income housing is identified, secured, and made available to individuals and families in crisis. The current availability of rental units is limited, and especially for those 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 essential that:

- Oversight and limits be placed on development and use of housing and rental units that have been historically used for low-income households.
- Affordable housing protections must be put in place to reduce 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.

Effects of the rent moratorium

Although the intent of the rent moratorium was to address and overcome financial hardships for renters directly related to COVID caused financial strains, the opposite long-term affect is becoming apparent. Though the moratorium has successfully stayed or delayed many evictions, it ultimately has caused a distrust between landlords and municipalities and landlords and renters to create even more stringent rental guidelines and requirements.

To address this immediately and to reduce the continued damage with landlords it is necessary to:

- Create direct marketing and incentives for landlords are needed along with intentional aggressive campaigns to repair these relationships and create a network of landlords willing to work with low-income residents.
- Provide oversight and limits through affordability measures to address the amount of rental-cost burden that is permitted on a statewide level. HUD defines rental cost-burden as those “who pay more than 30% of their income for housing” and may “have difficulty affording necessities such as food, clothing transportation, and medical care.”
- Ensure that day, night and long-term shelters are available to communities. Currently most communities are required to share one shelter across a 100 mile or greater radius. Without emergency or day shelters, there is limited access to engage those who are homeless or who have recently become homeless. Day shelters must be equipped to assist with basic needs, food, medicine and medical care and access to assistance.

Rationale:

Safe, affordable housing leads to improved mental and physical health, reduced health care costs and an improved quality of life. Cost burdened households and/or people experiencing homelessness often have higher health care costs or increased contact with emergency services. They often must choose between paying their housing costs and paying for food or healthcare. It is imperative that affordable housing and low-income housing is identified and made available to individuals and families in crisis. Additionally, it is imperative steps are taken to mitigate the distrust between landlords and the tenants.

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 work to change its strategy for (a) engaging service providers to increase the use and implementation of Evidence Based Practices (EBP's) and (b) administering the associated fidelity standards and review processes. Explicitly, the committee advises the state to develop and implement a strategy and administrative process of partnership, rather than one of oversight.

From this new perspective, state officials and staff would seek to partner with providers to increase the use/implementation of Evidence Based Practices (EBP's) and the quality of associated service provision across the state.

This will explicitly require that state staff view and treat the associated fidelity models and scales as a tool for quality improvement, and the fidelity review as a quality improvement process, rather than a pass/fail regulatory assessment that triggers punitive measures.

In this model, the fidelity review is administered as a partnership between state staff and service providers who work as a team to evaluate performance (based on fidelity standards), and work to develop and implement strategies to achieve the outcome of service quality improvement over time (measured by increased fidelity scores in subsequent assessments).

This shift will help address a culture of discouragement and reluctance on behalf of service providers to adopt and implement (EBP's) for fear of resulting punitive actions due to assessed low fidelity/performance.

This will also require the state to develop explicit language, literature, and training for staff to develop the skills of partnering, as opposed to regulating, and explicitly communicate this shift in strategy with service providers. Fidelity review teams would also serve as a resource for service agencies to utilize and contact for assistance in improving service quality.

Additionally, the state must work to make the requisite resources available for agencies operating and implementing EBP's to successfully operate and provide a given EBP. For example, agencies who seek to implement the Pathways Housing First EBP and fidelity standards must have resources to provide expeditious housing access and provision, and to provide sufficient supportive services staffing to meet the level of need in the region.

Additionally, the committee advises the state to partner with the university system to enhance and expedite the implementation of this strategy and approach and stand up the associated fidelity review and service quality improvement teams. And the committee advises the state to include the Pathways Housing First model as a priority EBP and fidelity and quality improvement team.

Rationale:

Evidence-based practices are models that have been studied and proven successful. Even though evidenced-based practices have demonstrated good outcomes, several providers have been reluctant to adopt them. One of the barriers is the State's approach for oversight of the EBP implementation. Service providers may be discouraged or reluctant to adopt an EBP out of fear of punitive actions due to assessed low fidelity. In order to expand the use of EBPS, the State must change their strategy from oversight to partnership. The fidelity review team would serve as a resource to the provider for assistance in improving fidelity. Additionally, the state needs to work to make resources available for the successful implementation of the EBPS.

3. Develop Integrated Statewide Data Platform

As in 2020, the Subcommittee on Housing and Homelessness recommends departments of the state work together to create an Integrated Statewide Data Platform. The Subcommittee on Housing and Homelessness participated in conversations with representatives from 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.

The GBHSPC's Subcommittee on Housing and Homelessness recommends:

- KDADS, in partnership with other state departments, hire a consultant to provide Kansas technical assistance on how to move forward with developing this integrated data platform.
- KDADS ensures standardization of data collection so information can be compared statewide.
- KDADS allocate dollars for technology improvements for the state agencies so that data can be collected and used in a meaningful way.

Rationale:

Developing an integrated statewide data platform could open additional funding opportunities for the state of Kansas and/or providers and could allow easy access to statewide data when responding to the public and/or legislature inquiries. The integrated statewide data platform would improve cross-system communication and efficiency.

4. Continue the Supported Housing Program

The GBHSPC Subcommittee on Housing and Homelessness recommends that KDADS continue to support the funding of Supported Housing Funds to assist those experiencing Severe and Persistent Mental Illness (SPMI), Serious Mental Illness (SMI) and/or Serious Mental Illness with co-occurring disorder, or youth who have a serious emotional disturbance (SED) aged 18-21, in obtaining or maintaining housing in the community as they are integral to the work being done by the housing specialists

The total amount of Supported Housing Funds has been \$535,000 for the past several fiscal years. This fund reimbursed this volume of requests per corresponding fiscal year:

- FY2018: 744
- FY2019: 907
- FY2020: 855

The Supported Housing Fund also contributed \$9520.20 in FY2021 to the Topeka Housing First Project (Tent City Project) as this project was prolonged due to the COVID Pandemic.

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 function which has been a growing problem/concern for CMHC Housing Specialists and community landlords. The additional funding would be used to reimburse landlords, up to \$1000, for repairs due to damages caused by consumers.

Rationale:

The Supported Housing Fund (SHF) program provides affordable housing linked to services for low-income, homeless or potentially homeless people with Serious Mental Illness (SMI) and/or Serious

Mental Illness with co-occurring disorder, or youth who have a serious emotional disturbance (SED) aged 18-21. 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 Supported Housing 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

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:

New/Continued Goals:

- KDADS create and maintain a full-time position in KDADS dedicated to SOAR. This position would be the SOAR State Lead and would be responsible for coordinating SOAR activities and training across Kansas.
- KDADS continues to explore resources to support the provision of SOAR in smaller communities, including resources to help fund SOAR activities. a. Goal partially met, continued efforts, still in process.
- Funding be made available for the purpose of sending Kansas SOAR Local leads to YTI Online WIP-CTM training to become a Work Incentive Practitioner.
- KDADS continue to fund Base Camp to support communication and training for all certified SOAR specialist in the state.

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. A myth often believed is that those who are on disability can no longer work. With the goal of training SOAR Leads to also be 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. As the Behavioral Health System in Kansas is moving toward the CCBHC program model, the need for Certified Benefit Specialists is increasing. The committee would like to ensure that all of our SOAR local leads are given the opportunity to advance their knowledge by attending the C-WICK training offered through Cornell University. The cost of this program would be \$1,525.00 for each local lead- so the committee is asking that KDADS allocate \$7,000.00 for this expense and begin working on integrating Benefits Specialist into the ACT and IPS supported employment teams within the State of Kansas

6. Comprehensive, State Wide, Housing and Homelessness Plan/Strategy

The Governor's Behavioral Health Counsel Subcommittee on Housing and Homelessness recommends the State of Kansas engage in utilizing the recently completed KHRC housing market

study to expeditiously develop a comprehensive, statewide homeless and housing strategic plan. This strategy should address immediate and short term, as well as long term needs. This strategy should seek to 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 SPMI 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. 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.

Rationale:

Creating a comprehensive housing and homelessness plan will ensure individuals and families will have access to affordable housing that meets their unique needs. It is critical the State of Kansas develop a comprehensive plan to develop a spectrum of housing options. This plan should include strategies for homeless prevention and address socio-economic inequities.

7. Transitions from State Institutions to the Community

Consumers transitioning from state funded institutions (correctional facilities, state mental health hospitals, etc.) back to the community often face multiple barriers. The Subcommittee on Housing and Homelessness recommends KDADS work with the subcommittee to explore these barriers and solutions for resolving them.

Examples of barriers for people discharging from institutions:

- Individuals who have resided in institution for multiple months must reapply for their disability payments and Medicaid. The process of getting their payments and insurance reinstated could take several days up to several weeks. This can lead to individuals discharging from institutions without income and without insurance coverage. Not only does this impact their ability to secure safe and decent housing, it creates delays in receiving needed supportive services. This situation is exacerbated when the individuals have a criminal history. People with felonies are often excluded from low income housing projects.
- The Kansas Continuum of Care communities receive funding from HUD to provide resources for people experiencing homelessness. People seeking assistance must go through the CoC's coordinated entry system and be added to the By Name List. Applicants on the By Name list are prioritized according to the results of the coordinated entry assessment. Resources are distributed according to this list. In some communities, only people who are sleeping outdoors or in a homeless shelter are prioritized enough to receive help. This process can exclude consumers discharging from institutions since they may not be considered homeless or are considered a low priority on the By Name list.

- There has been a large amount of funding distributed across the state to help people who have been financially impacted by COVID including funds to help people with rent and utility assistance. The funding is targeted to individuals who have experienced a financial hardship due to COVID. Consumers discharging from institutions may not be eligible for the COVID relief funds as they are not able to demonstrate a financial hardship caused by COVID.
- Service providers across Kansas have experienced a staff shortage. The staff shortages can impact the consumer's ability to access needed services in a timely manner. The staff shortages have also impacted supportive housing programs. Housing providers are not able to accept as many residents due to staff shortages. Transitional housing programs that offer short term housing coupled with supportive services also struggle with reimbursement rates for the services. The current rates often do not fully pay for the staffing levels needed in the housing program.
- Rural communities often lack transitional housing programs and other needed resources. The lack of resources and transitional housing programs in rural communities leads to people being discharged to these larger cities so that they can access resources.

Recommendations:

1. The Subcommittee on Housing and Homelessness applauds KDADS for the funding awarded to the Bridge pilot projects. The subcommittee recommends KDADS allocate a permanent funding stream for the original Bridge pilot projects as well as funding to develop new projects throughout Kansas.
2. The subcommittee requests support from KDADS to gather data on discharges from state funded institutions for the last five years. The subcommittee would like to analyze the discharge data to look for trends on discharges.
3. Kansas needs alternate funding streams for transitional housing programs and services. The subcommittee recommends KDADS explore additional funding streams to provide these needed resources.
4. Over the last several years there have been multiple task forces / committees that formed to examine the current infrastructure in Kansas and to make recommendations for improvement. Examples of these committees is the Adult Continuum of Care committee, NFMH workgroup and the Mental Health Task Force. The subcommittee requests KDADS publish a report summarizing the recommendations from these committees including progress made toward the recommendations.
5. The subcommittee requests KDADS examine current policy and procedures for reinstating disability payments and Medicaid coverage for people exiting state institutions to look for opportunities to reduce gaps in coverage.
6. The subcommittee plans to develop a training for community mental health centers and community housing providers on HUD terminology. This training will reduce misconceptions or misunderstanding of eligibility criteria for HUD funded programs.

Rationale:

It is important for individuals with behavioral health disorders who are transitioning from state institutions to community housing to have access to affordable housing coupled supportive services. Having no income or medical coverage creates a barrier for these individuals to access the supportive housing that is needed. Delays in funding and medical coverage are system level barriers that should be addressed by the State of Kansas. The federal housing and homelessness

resources have specific definitions and/or processes that can be a barrier for individuals transitioning out of the state institutions. Education and advocacy is needed to help open these resources for individuals transitioning out of state institutions.

8. Workforce Development, Academic Credentialing & Peer Expertise Utilization:

The Governor’s Behavioral Health Services Planning Council’s Subcommittee on Housing and Homelessness recommends leveraging collaborative partnerships with existing platforms, state colleges and universities to develop strategies that will enhance economic viability by expanding employment possibilities for people who have lived experience of homelessness and providing workforce training that will build capacity to overcome labor shortages.

Through internships, mentoring, technologically accessible and applied learning opportunities, academic programming will:

- clearly delineate a career path for homelessness focused service roles, specializations, and technical certifications for cross-discipline or intersectional fields of study
- provide "basic" training, including terminology and eligibility criteria, for professionals and organizations engaged in providing services to people experiencing homelessness
- improve employability and employment outcomes for people with disabilities and co-occurring conditions
- both increase the number of workers available to fill employment demands and strengthen the skills of these employees in addressing homelessness

Rationale:

Peer mentoring certifications already exist for mental health and substance use disorder specialists and could be emulated to extend the expertise of individuals who have experienced homelessness, as well. Similarly, the technology used to deliver SOAR certification to caseworkers also exemplifies a successful delivery model and demonstrates the need for practical education across intersecting disciplines. The Try-Out Employment model in Southeast Kansas has also met with measurable success. Furthermore, according to the “The Challenge to Compete Kansas Workforce 2020” Report (updated August 2021) “social assistance” roles are “among the largest private sector industries [in which] employment growth was concentrated,” “even at full staff, Vocational Rehabilitation only has capacity to serve about five percent of working-age Kansans with disabilities,” and “find[ing] specialized partners in rural areas is much more difficult.”

<https://www.ksn.com/wp-content/uploads/sites/13/2021/08/2021-Kansas-Workforce-The-Challenge-to-Compete-Report.pdf>

Subcommittee on Housing and Homelessness Goals

1. The Subcommittee will create a guide to help people experiencing homelessness access services/resources. The guide will provide information on agencies that can be contacted in most Kansas counties for assistance. It will also provide tips and guidance for how to access assistance.
2. Recruit and sustain a diverse membership including persons with lived experience
3. The Subcommittee will work with the Governor’s Behavioral Health Planning Council to move forward the integrated data platform statewide.
4. 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.
5. The Subcommittee will develop a training on federal housing programs that will include an overview of eligibility criteria and other program specific terminology.

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:

Doug Wallace –Chair

douglas.d.wallace@sunflowerhealthplan.com

Simon Messmer-Vice Chair