

**Governor's Behavioral Health Services Planning Council**  
**Subcommittee on Housing and Homelessness**  
**2023 Annual Report**  
**September 2023**

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

**Vision**

Our vision is that all Kansans experiencing Behavioral Health Issues have access to safe, decent, affordable housing and supportive services.

**Mission**

Our mission is to develop state, regional, and local strategies in accordance with Evidence-based practices and principles of diversity, equity, and inclusion for the expansion of safe and accessible, quality, affordable housing options and supportive services for all Kansans experiencing Behavioral Health Issues.

## Introduction

The Governor's Behavioral Health Services Planning Council (GBHSPC) formed the Subcommittee on Housing and Homelessness (SHH) in 2001 following 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
Simon Messmer	Aetna Better Health	Statewide	Urban, Semi-Urban, Densely Settled Rural, Rural, Frontier
Stephanie Cline	United Health Care	Statewide	Urban, Semi-Urban, Densely Settled Rural, Rural, Frontier
Mary Montague	Sunflower Health	Statewide	Urban, Semi-Urban, Densely Settled Rural, Rural, Frontier
Theresa Douthart	Breakthrough House	Shawnee County	Urban
Al Dorsey	Emeritus		
Amy Dean-Campmire	KDOC	Statewide	Urban, Semi-Urban, Densely Settled Rural, Rural, Frontier
Rachel Erpelding	Wyandotte Community Mental Health Center	Wyandotte County	Urban
Mathew Faulk	Bert Nash Community Mental Health Center	Douglas County	Urban, Semi Urban, Rural
Matt Clark	Johnsons County Community Mental Health Center	Johnson County	Urban
Doug Wallace	Kansas Housing Resource 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
Molly Mendenhall	Kansas Statewide Homeless Coalition	Statewide	Urban, Semi-Urban, Densely Settled Rural, Rural, Frontier

Kathryn Stefanowycz	Veterans Administration	Northeast Kansas	Urban, Semi-Urban, Densely Settled Rural, Rural, Frontier
Victor Fitz	Substance Abuse Center of Kansas/Liaison to Counsel	Sedgwick County	Urban
Jean Krahn	Kansas Guardianship Program	Statewide	Urban, Semi-Urban, Densely Settled Rural, Rural, Frontier
Rob Santel	CrossLines Community Outreach	Wyandotte	Urban
Cole Schnieders	United Way of the Plains	Sedgwick	Urban
Sandra Knox	Valeo Community Mental Health Center	Shawnee County	Urban
Jessica Smith	Kansas Department for Aging & Disability Services, Behavioral Health Services Housing First Initiatives		
Victor Fitz	Liaison to the Counsel		

**\*Defined by Kansas Department of Health & Environment**

<b>Accomplishments/Milestones Achieved During FY 2023</b>
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1. **HUD Annual and Special NOFO Awards Success:** In 2022, the U.S. Department of Housing and Urban Development (HUD) awarded the Kansas Continua of Care Communities a total of \$8,699,549 as part of its annual Notice of Funding Opportunity (NOFO) competition – Wichita/Sedgwick County received \$ 2,801,437; Topeka/Shawnee County received \$1,777,076; Overland Park /Johnson County received \$882,432 and the Balance of State received \$3,238,604. Also in 2022, HUD issued a Special NOFO for Unsheltered and Rural Homelessness. The Kansas Statewide Homeless Coalition, on behalf of the Kansas Balance of State Continuum of Care (KS BoS CoC), applied and won \$2,601.825 to fund four projects, two projects supporting the KS BoS CoC infrastructure and two permanent supportive housing projects located in rural Kansas.
2. **Convened the Statewide Summit on Homelessness and Housing:** Kansas Statewide Homeless Coalition held its first Statewide Summit of Homelessness and Housing in four years. Over 150 homeless service providers, state and city officials, housing providers, landlords, transitional-aged youth and formerly homeless persons attended. Keynote speakers were national experts, HUD technical assistance contractors and local and regional homeless service providers.
3. **Housing First Training and Regional Training for Balance of State and Housing First Progress:** Housing First 101 has been offered and given to the Balance of State CoC. Sam Tsemberis and Kathleen O’Hara were invited to be Keynote Speakers at the Kansas Statewide Homeless Coalition's annual summit and presented on the intersections between Housing First and the Olmstead Decision. The first regional training on Housing First was offered in the Balance of State’s region 8 on August 9, 2023. The rest of the regions will have individualized training and technical assistance with Housing First within the next 12 months.
4. **Implemented Use of Basecamp** Kansas Statewide Homeless Coalition has expanded the +implementation of Basecamp as a tool for the Balance of State. Basecamp was already being used by SOAR providers to come together and problem solve, which has continued. Basecamp is also now being utilized in the training of the Health and Wellness Life Coaches that are part of the Olmstead

Settlement. Kansas Statewide Homeless Coalition is utilizing Basecamp for various committees as well.

5. **Johnson County Migrating to Clarity: Access to Geocodes/Outreach Module:** In 2023, the Johnson County Continuum of Care voted to change their Homeless Management Information System (HMIS) Lead to the Kansas Statewide Homeless Coalition. As part of the HMIS Lead transition, the Johnson County CoC migrated to Clarity Human Services HMIS instance, used by the Ks BoS CoC. New to Clarity, homeless outreach providers can use its embedded outreach module to document locations where unsheltered persons camp using a Geocode mapping system, thus improving outreach efforts.
6. **Homeless and Housing Strategic Planning Efforts: Douglas County, Shawnee County, BoS CoC, and Wichita Strategic Plans (Salina?)** Johnson County's new Housing Coordinator started in January with a focus on three priorities: address homelessness, preserve existing affordable housing, and develop attainable housing and homeownership opportunities. In support of the homelessness priority, the county approved nearly \$6 million toward the establishment of a permanent, year-round non-congregate shelter for adults. A feasibility study was completed for the shelter and recommendations include a capacity of 40-50 shelter beds and up to 20 transitional beds with on-site wrap-around services. The county is currently working on establishing a location for the shelter and drafting an RFP for a lead agency to handle shelter operations. Douglas County is in the process of completing nearly three years of work to realize a comprehensive housing and homeless strategy that sets goals to increase affordable housing and services for the spectrum of need over the next 5-8 years. A significant goal of this project is the creation of 1500 new affordable housing beds across the county. The final version will be presented to the City of Lawrence and Douglas County commissions for review and adoption in late 2023 or early 2024. Other regions, such as Wichita are also actively engaged in developing Strategic plans but are not far enough along to report on specific recommendations and goals.
7. **United Political Advocacy in response to HB 2430 and Other Harmful Legislative Processes:** Kansas advocates from across the state united and organized for effective change in response to House Bill 2430, if passed would have criminalized homelessness. This specific bill was under review by the House Special Committee on Welfare Reform. In response, 1 proponent and 30 opponents appeared in person. 36 testimonies were submitted consisting of 1 proponent and 35 in opposition.
8. **BoS CoC and Statewide Learning Management System:** Kansas Statewide Homeless Coalition purchased a subscription to a Learning Management System with the goal to offer training courses for the KS BoS CoC members and for others in the state who are interested in improving their knowledge of homelessness of affordable housing, and the CoC system.

<b>KDADS Accomplishments</b>
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1. **SSI/SSDI Outreach, Access, and Recovery (SOAR):** This year, Kansas along with several other states took part in an opportunity with the SOAR TA Center focusing on the integration of SOAR and Peer work. KDADS sent 3 individuals to the SOAR Leadership Academy, one from Substance Abuse Center of Kansas, the second from NAMI Kansas, and the third from Johnson County Mental Health Center.
2. **KDADS Boundary Spanners:** KDADS has now funded 3 Crisis Housing Boundary Spanners covering 103 counties across the state with negotiations beginning in the last 2 counties. 219 individuals with serious

mental illness and/or co-occurring impairments were referred to the KDADS Crisis Housing/Boundary Spanner in efforts to combat Homelessness.

3. **SPARKS Funds Project Awards:** SPARKS funding awards constitute a significant step to enhance the state's health care system by creating needed additional inpatient psychiatric bed space for adults and youth, enhancing the stated health care workforce training and education system, and improving elderly and illness management care across the state.
4. **Expanded KDADS staffing:** Kansas Department for Aging and Disability Services (KDADS) expanded its staff in the form of a Housing First Project Coordinator, Olmstead Navigators, Destination HOME Program Manager (hired by the Kansas Statewide Homeless Coalition). These additional positions will provide crucially needed help to further and execute existing initiatives across the state.
5. **CCBHC Initiation:** The transition of the state's Community Mental Health system to the Certified Community Behavioral Health Clinic (CCBHC) operational model will significantly enhance the state's mental health care system. Implementing this transition has been a significant undertaking and accomplishment on behalf of KDADS, the state of Kansas, and the network of CMHC's.
6. **Transitional-Aged Youth Training Series to Prevent Substance Use and Homelessness:** KDADS contracted with the Kansas Statewide Homeless Coalition to provide regional training for transitional-aged youth, aged 16-24, on the prevention of substance use and homelessness. Other training topics are obtaining housing, employment, health and wellness, education, and safety. From May 2022 to October 2023, nine training seminars were held, one virtually and eight in-person or hybrid. The in-person seminars were in Altamont, Wichita, Hutchinson, Lawrence, Manhattan, Salina, Hays, and in southwest Kansas.

<b>2023 Point in Time Count</b>
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**Balance of State CoC (101 Counties)**

Sheltered: 806

Unsheltered: 276

Region of highest Need in BoS:

Douglas County: 256 Sheltered (31% of BoS) 95 Unsheltered (34% of BoS)

**Johnson County**

Sheltered: 120

Unsheltered: 50

**Sedgwick County**

Sheltered: 550

Unsheltered: 150

**Shawnee County**

Sheltered: 194

Unsheltered: 157

Transitional: 61

**Wyandotte County**

Sheltered: 47

Unsheltered: 122

Transitional: 41

<b>Summary of Recommendations</b>
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For the 2023-2024 year, the Subcommittee on Housing and Homelessness seeks to highlight that sufficient availability of appropriate housing type is equally important as supportive services for households experiencing Severe Mental Illness and housing instability to achieve positive outcomes. Improving health and integrating into the community requires a stable, healthy home. To improve outcomes for Kansas households across the state will require making strategic investments in long-standing and promising new housing initiatives to strengthen Kansas' Behavioral Health System.

**Summary of recommendations:**

1. Invest in affordable housing development by allocating funds to support new construction and rehabilitation, including the strategy of committing state funds to enhance the affordable housing trust.
2. Re-instate the Kansas Interagency Council on Homelessness to promote greater partnership between all state agencies, health care providers and HUD Continua of Care funded programs.
3. Increase Supported Housing Funds by \$150,000.00, allocating \$685,714.00 in total annually.
4. Increase the state contribution to PATH to \$300,000.00 and expand PATH grant eligibility to non-CMHC agencies.
5. Continue disseminating Evidence Based Practices, specifically focusing on the further implementation of Pathways Housing 1<sup>st</sup> practices as defined by Dr. Sam Tsemberis.
6. Increasing Options housing funds by \$100,000.00, allocating \$192,500.00 in total annually.
7. Enhance/Expand SOAR services across the state by providing funds to support SOAR staff in non-CMHC organizations.
8. Work to create a statewide Housing and Homeless strategy, incorporating existing regional and CoC strategies.
9. Strengthen services to better support households exiting NFMH facilities, for example, by creating a state funded voucher program to support this process.
10. Work with CCBHC's to participate in the CoC Coordinated Entry System.
11. Include homelessness as a consideration in expedited HCBS waiver access.
12. Fully incorporate OCI into the CCBHC list of qualified services.

13. Continue working towards a statewide data platform and statewide integration of data.

<b>Recommendations</b>
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**1. Affordable housing allocations and oversight**

***The GBHSPC Subcommittee on Housing and Homelessness recommends the following actions to increase affordable housing development across the state and increase housing eligibility for low-income households:***

- a. Create a statewide, state defined housing voucher for individuals with behavioral health issues exiting institutions (research Georgia’s voucher program)
- b. Commit state funds to enhance/increase the annual funding available through the Affordable Housing Trust. Funding use requirements should be aligned with the federal requirements. This could be sustained by a 0.2% tax on all rent revenue received exceeding Fair Market Rent per unit.
- c. Adopt source of income discrimination protections. Sources of income protection are being adopted by local regions. These protections require landlords to accept the monetary value of benefits, such as food assistance or HUD housing subsidies, as income when assessing if the household meets income requirements.
- d. Adopt statutes that allow civil eviction records to be sealed after a set period, similar to expungement processes with criminal records. This includes the record of charges filed.
- e. 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.
- f. Support affordable housing protections to prevent developers buying low-cost, affordable properties, performing high-end renovations, and increasing rents by over 400%, displacing low-income residents and reducing the availability in these communities of low-income housing.
- g. Continue to invest directly in innovative housing programs such as Transition in Place (TriP), Housing First initiatives, rehabilitation and repurposing of existing infrastructure to create affordable housing, donating or dedicating state property or land to affordable housing development;
- h. 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.
- i. The Housing Division team should continue to work closely with its Block Grant team to maximize block grant funding targeted to supportive housing programming and evidence-based practices.

The Mental Health and Substance Abuse Block Grant Funding and other KDADS support services are critical and necessary, but they are not sufficient to meet the needs of Kansas households experiencing homelessness and significant housing instability. Access to affordable housing continues to be a significant barrier to recovery and stability because availability of affordable rental units and home ownership is severely 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. The average cost of rent in the state of Kansas has been documented as increasing by over 4% from 2022-2023. National rent averages have increased over 30% over the last 10 years. Incomes for the target population have not kept pace with this level of inflation, increasing the number of households who cannot afford the cost of living throughout the state.

## **2. Re-instate the Kansas Interagency Council on Homelessness**

***The Housing and Homeless Subcommittee recommends that KDADS promote the re-instatement of the Kansas Interagency Council on Homelessness (KICH), first enacted by Governor Sebelius, to ensure that at all levels of state and local government are working in unison with HUD's Continuum of Care communities so that all Kansans have a safe, stable accessible, and affordable homes.*** Furthermore, we recommend that KICH mirror the U.S. Interagency Council on Homelessness and adopt the goals *in: The Federal Strategic Plan to Prevent and End Homelessness*. Ending homelessness in Kansas requires partnerships between all levels of state and local government, health care providers, and HUD CoC communities.

## **3. Expand the Supported Housing Funds (SHF) Program**

***The GBHSPC Subcommittee on Housing and Homelessness recommends that KDADS increase the state Supported Housing Fund amount by \$150,000.00, increasing the total annual SHF funding amount from \$535,714.00 to \$685,714.00.***

Supportive Housing Funds are a critical state housing service utilized to help prevent or alleviate homelessness for at-risk, low-no-income Kansas households experiencing behavioral health challenges. State Supported Housing Fund had been experiencing a steady increase in annual requests for assistance until the recent COVID pandemic, where substantial federal funding is attributed to a decrease in requests during the 2021-2022 fiscal year. However, a marked increase in requests during the 2022-2023 fiscal year resulted in SHF funds being depleted by April of 2023. As federal funding decreases and anticipated federal spending cuts are implemented, state and local funds such as SHF will be increasingly utilized. It will be imperative that these funds are sufficient to support the existing level of need during a time of unprecedented levels of homelessness for many regions of the state.

The SHF program provides a low-barrier, affordable housing resource to homeless or potentially homeless individuals with incomes at or below 110% of the federal poverty rate and who:

- a. exhibit a mental or behavioral health impairment that substantially limits one or more major life activities; or individuals with a record of such impairment;
- b. (with KDADS approval) individuals regarded as having an impairment such as:
  - o Causing or at serious risk of causing serious harm to themselves or others due to behavioral health impairment that substantially limits one or more life functions;
  - o Likely to experience serious deterioration in their behavioral health if they do not receive community mental health, person center, self-directed services and supports;
  - o Homeless or at risk of homelessness (precariously housed) due to their behavioral health impairment;
  - o At risk of being admitted to a publicly funded institution due to their behavioral health impairment;
  - o 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 increase in funding would support implementing a landlord risk mitigation strategy. Funds would be utilized to make landlord whole who incurred a financial loss from renting to households who have poor rental histories and tenant practices due to mental health issues. Risk mitigation funds would be used to reimburse landlords up to \$2000 for repairs due to damages caused by consumers or lost revenue from unpaid rent. Risk mitigation expenses have been approved on a limited basis during past years and were met with overwhelming success and positivity. The results included new landlord connections, repairing strained relationships, strengthening relationships between CMHC/CCBHC Housing Specialists and community landlords, and halting eviction proceedings. Risk mitigation increases the Supportive Housing Fund's capacity to help individuals maintain housing, prevent future funding needs, and preserve 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 street homelessness or entering/reentering higher cost institutional settings such as Nursing Facilities for Mental Health.

#### **4. Increased support for Projects for Assistance in Transition of Homelessness (PATH)**

***The GBHSPC Subcommittee on Housing and Homelessness recommends that Kansas increase its contribution to the PATH program to \$300,000.00 and expand PATH grant eligibility to non-CMHC agencies.*** PATH is a critical outreach and supportive service to connect Kansans experiencing homelessness and a Severe Mental Illness and/or a co-occurring disorder with needed mental health, substance use treatment, housing, and other services and benefits.

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 experience homelessness or are at imminent risk of homelessness. PATH funds are used to provide a menu of allowable services, including outreach, case management, and direct care support 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 are responsible for cost sharing and match funding, with Kansas currently contributing an additional \$125,797 to the PATH budget. KDADS then allocates this funding to CMHC/CCBHC's after a Request for Application (RFA) process consisting of the applicant's demonstrated plan for utilizing PATH funds to serve areas in the state with the greatest number of individuals experiencing homelessness and who need mental health, substance use disorder, and housing services.

Additional funding will sustain existing programs experiencing cost increases, allow for a needed expansion of PATH-funded activities in rural areas, which would assist the KS BoS CoC outreach efforts, and allow the state to expand PATH programming into non-CMHC/CCBHC organizations. Eastern Kansas communities are experiencing an increase in homelessness in response to recent legislation in Missouri

making unauthorized camping illegal on state-owned property in Missouri. 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.

## **5. 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), specifically Housing First 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.

## **6. Strengthen Options Housing Program**

***The GBHSPC Subcommittee on Housing and Homelessness recommends the state allocate \$100,000.00 in additional funding (increase total funding to \$192,500.00 annually) to support the continuation and expansion of the Interim Housing program (Newly Branded as Options).*** 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.

There are currently 4 contracts with 4 vendors to provide a total number of 17 beds across the state.

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 help the community address affordable housing access for consumers exiting institutions.

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

***the GBHSPC’s Subcommittee on Housing and Homelessness recommends the following to continue enhancing the SOAR program across the state and ensure that all persons eligible for Social Security Disability benefits are receiving them:***

New/Continued Goals:

- a. Allocate funds to provide 100% support for SOAR staffing through non-CMHC agencies. CMHC’s can independently support SOAR staffing through Medicaid reimbursement. However, CMHC’s must prioritize services for SPMI CMHC consumers to receive Medicaid reimbursement. SOAR services are needed to assist Kansas residents who are not CMHC consumers but who experience a disabling condition that prevents them from working.

- b. 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.
- c. 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.
- d. 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.

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.

## **8. Comprehensive Statewide Housing and Homeless Strategic Plan for Low/Extremely Low-income households**

***The Governor's Behavioral Health Counsel Subcommittee on Housing and Homelessness recommends the state develop a comprehensive homeless and housing strategic plan that incorporates existing, regionally developed strategic plans, and strategic plans developed by the various HUD Continuums of Care; and the state should work directly with local regions to incorporate and implement the developed plan.*** 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. A sufficient 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 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**

***The Subcommittee on Housing and Homelessness strongly recommends the following to help KDADS strengthen the continuum of services and supportive housing options to meet the acute needs of NFMH residents as they reintegrate into Kansas communities.***

- a. Create and maintain a state funded housing subsidy voucher system targeted for households exiting NFMH facilities and reintegrating back into the community.
- b. Provide funding to develop non-profit run supportive housing targeted for individuals exiting state institutions.
- c. Establish a permanent funding stream for the original Bridge pilot projects as well as funding to develop new projects throughout Kansas.
- d. 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.
- e. Continued development of funding streams for programs such as TriP (see above) and other transitional housing programs and services outside of HUD COC systems.
- f. Allocate funds sufficient to make the Boundary Spanners program permanent.

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.

## **10. CCBHC Participation in HUD Continuum of Care Coordinated Entry System**

***The Governor's Behavioral Health Services Planning Council's Subcommittee on Housing and Homelessness recommends the state require CCBHCs to participate in the HUD Continuum of Care Coordinated Entry System by ensuring that persons experiencing homelessness are referred to the Coordinated Entry System in their chosen community. Furthermore, we recommend the state require CCBHCs to refer persons to the Coordinated Entry System who are discharged from an institution into homelessness that have been in an institution for 90-days or less.***

The HUD Coordinated Entry system is the primary HUD program to connect persons experiencing homelessness with HUD Continuum of Care and Emergency Solutions Grant funded affordable housing. The Coordinated Entry system is also a statewide process for identifying the number of persons experiencing homelessness and reporting the level of need to HUD for potential funding allocations to

the state, tracking individual progress through the various service networks to alleviate homelessness, and tracking system wide progress towards successfully reducing homelessness in the state of Kansas. It is increasingly important that the various components of the state service and care network participate in the Coordinated Entry system to maximize HUD funding opportunities, provide accurate data about homelessness across the state, and accurately track progress or the lack of progress towards alleviating homelessness in Kansas.

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

***The Subcommittee recommends that KDADS and KDHE work to develop expedited procedures for waiver access that take homelessness into consideration as a qualification for expedition. The Subcommittee also recommends the creation of a team in the aging and HCBS department that is targeted at assisting with housing related issues, similar to the KDADS Housing Division.*** 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.

Homeless service and behavioral health providers report 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 support 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.

#### **12. OCI implementation support**

***The Housing and Homeless Subcommittee recommends that KDADS accept or qualify all OCI services (ICI and ICRP services) as CCBHC approved/reimbursable services. The subcommittee also recommends that KDADS establish modifiers for CPST and TCM services indicating that when non-OCI supportive service is provided in the context of a supportive housing service.***

Operation Community Integration represents progress within the health care system to acknowledge housing and a significant social determinant of health, and the need to provide supportive housing services to help improve the health and stability of the Kansas community of persons receiving mental health services. However, OCI has not been fully integrated with the CCBHC model. Specifically, the reimbursement process of CCBHC will in many cases dis-incentivize CCBHC providers from implementing or providing OCI services.

Supportive housing is a crucial service to assist households experiencing a Severe Mental Illness maintain community tenure. The level of supportive service provided is also a direct indicator of the level of housing instability within the population of households receiving community based mental health services. Collecting more accurate data on the level of supportive housing provision across the state will help leadership and administrative personnel better understand shifting and evolving housing needs across the state's mental health system.

#### **13. Continue the Development of Integrated Systems and Statewide Data Platform**

***The GBHSPC’s Subcommittee on Housing and Homelessness recommends the following to continue improving data and reporting quality, and ease of service coordination between agencies and sectors across the state.***

- a. 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;
- b. KDADS working to integrate its data with those of other state agencies to make progress towards a universal data platform;
- c. KDADS ensures standardization of data collection so information can be compared statewide;
- d. Streamline data reporting requirements by assessing and prioritizing what data is most important to collect and report and eliminate reporting on data sets that get weeded out. Data collection and reporting requirements have ballooned to the point that extensive data collection is inhibiting service provision.
- e. Allocate dollars for technology improvements for the state agencies so that data can be collected and used in a meaningful way.
- f. Support efforts by the COCs to create a single portal or data warehouse to track and share homelessness/housing information.

<b>2023-2024 Goals</b>
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- 1. Promote and support annual homeless summit
- 2. Promote the implementation of Housing First across the state and provide feedback to leadership about necessary changes to improve efficacy
- 3. Work to expand support for CoCs at the state-level and beyond KDADS
- 4. Support the efforts of the Boundary Spanners, review outcomes and make recommendations for program improvement and expansion
- 5. *Work to re-instate the Kansas Interagency Council on Homelessness (KICH)*

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