

KANSAS MENTAL HEALTH COALITION

.....Speaking with one voice to meet the critical needs of people with mental illness

Fund and Expand Access to Housing – Oppose Policies that Add Barriers to Housing

Statement/Position: The Coalition supports expanded access to housing and opposes proposals that increase barriers to housing, including mandated citations and criminal charges for non-violent offenses. State laws should encourage collaboration with local governments and financially support their efforts to provide affordable accessible housing. KMHC supports HB 2723 but recommends expanding beyond emergency shelter beds to include transitional and permanent supportive housing.

The Problem: Cities are struggling to increase access to affordable housing while also addressing public safety concerns associated with unhoused people. People who are unhoused or lack stable housing and those leaving unsafe homes, jails, prisons, psychiatric facilities, and nursing homes often need supportive housing. Agencies that provide this support often encounter barriers when a person is ready to engage in treatment and supports because of their past interactions with law enforcement.

Cities and community-based agencies need access to state and federal funding and support for their efforts – not mandates that are counter-productive and create barriers for individuals to access housing.

In addition to people who are unhoused at any time, many individuals are at imminent risk of losing their housing. Mental illnesses and substance use conditions, and other disabilities, create additional challenges for those who lack stable housing.

Why this matters: Individuals who are unhoused are more prone to become involved with the criminal justice system – often being arrested for non-violent “crimes of survival” particularly trespass. Unhoused individuals are also more apt to become victims of crime. Additionally, in many states, there are more people with mental illnesses in prisons and jails than in the public and private mental hospitals combined. Supportive Housing programs are effective when implemented using Housing First principles – but must rely on public funding to provide affordable apartments and houses along with treatment and supports. More people receive housing vouchers than available housing units accepting those vouchers. Kansas needs additional affordable housing units across the state.

Housing First does not mean housing only. Housing First programs provide mental health services in concert with housing, and are an evidence based/proven strategy to assist persons with mental health conditions, even those with severe symptoms, to live safely in the community and avoid homelessness, psychiatric hospitalizations, and involvement in the criminal justice system.

The bottom line: Linking people with mental health and substance use conditions to Supportive Housing is an evidence-based practice for recovery in the community. The Coalition urges the Kansas Legislature to support access to permanent and transitional supportive housing, increase availability to a full array of housing options, and increase support for mental health and addictions services needed to ensure persons with mental health conditions can access and maintain housing.

The rest of the story about KDADS Housing Programs:

According to the agency, the 2023 Point in Time Count 2,636 homeless individuals in Kansas: • 40% of individuals experiencing homelessness reported having a disability. • 21% of individuals experiencing homelessness reported having a serious mental illness. • 16% reported having a substance use disorder.

It is important to understand that KDADS programs serve only Kansans who are eligible for the agency's housing programs – mostly defined by the federal grant requirements associated with those programs. KDADS does not build and/or operate housing units. The matching grant proposal before the 2024 Legislature also does not anticipate the state building or operating housing units. It is an infrastructure matching grant to be provided to local governments who offer their own matching funds to create these resources within their communities.

Interim Housing (IH)

Interim Housing (IH) projects assists homeless persons experiencing Serious Mental Illness (SMI) who may also have a co-occurring substance use disorder (SUD) or youth who are 18 to 21 years of age with Serious Emotional Disturbance (SED). SMI is defined as a diagnosable mental, behavioral, or emotional disorder of sufficient duration to cause serious functional impairment in an individual's major life activities.

Interim Housing projects are short-term (up to nine months), project-based housing that provides immediate community-based housing for persons who are homeless with an emphasis on those who are homeless and being discharged from inpatient or residential mental health or substance use treatment facility (e.g., a state psychiatric hospital (SPH), nursing facility for mental health (NFMH), SUD facility or community hospital inpatient psychiatric program).

The goal of the IH grant is to provide immediate community-based housing to prevent discharging individuals from inpatient or residential mental health or substance use treatment facilities to homeless shelters or to street homelessness.

Supported Housing (SHF)

The Supported Housing Fund Program (SHF) program provides affordable housing linked to services to low-income, homeless, or potentially homeless individuals experiencing Severe Mental Illness (SMI). The goal is to provide people 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.

Housing First v. Housing Ready

Housing First is the practice of housing an individual to enable treatment and recovery and provide support for living independently. Housing Ready policies are counter-productive because they will only provide housing to those who are already free of behavioral health symptoms and compliant with recommended treatment. Housing ready policies ignore the vital role of housing in providing stability, reducing stress and decreasing symptoms, so that people are able to engage in productive treatment and support options. Requiring a person to be "housing ready" results in long stays in psychiatric hospitals or other institutional settings when they could live safely in the community. This violates the community inclusion mandate of the Americans with Disabilities Act as interpreted by the U.S. Supreme Court in Olmsted v. L.C.