Housing Services

PRESENTATION TO
THE HOUSE WELFARE REFORM COMMITTEE

Andy Brown, Deputy Secretary for Programs
Kansas Department for Aging & Disability Services
February 29, 2024

Kansas
Department for Aging
and Disability Services

Kansas Homeless Data

Nexus to KDADS

- 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.
- Nationally there has been a substantial increase among individuals experiencing chronic homelessness since 2020.
- Kansas has a high percentage of homeless that are unsheltered, 29.1%. We rank 16th amongst states in the US.
- Kansas has 465 individuals experiencing chronic homelessness.

KDADS Housing Services

Background and Overview

Funding & services delivered by CMHCs/CCBHCs:

- Options Supportive Housing
- Supported Housing Funds
- KAN-House
- Projects for Assistance in Transition from Homelessness (PATH)

Funding & services delivered by Housing & Homeless Services Entities:

- Housing First Southeast Kansas Initiative
- TRIP 2.0 (Transition In Place)
- Kansas Statewide Homeless Coalition Original Contract
- Pathways Housing First Institute
- Topeka Housing Boundary Spanner
- Wichita Housing Boundary Spanner
- Kansas Balance of State Housing Boundary Spanner
- Destination Home

KDADS Housing Services

Background and Overview

Funding & services delivered by the State:

- Kansas SOAR (SSI/SSDI Outreach, Access, & Recovery)

Funding & services delivered by local governments:

- City of Lawrence Homeless Program Coordinator
- Julia Orlando Consultation

Funding for Legal Services:

- Housing & Employment Initiative- Kansas Legal Services

Supreme Court Olmstead Decision

Supportive Housing in Kansas

Kansas Certified Community Behavioral Health Centers (CCBHCs) are required to provide Assertive Community Treatment (ACT) teams for their service area. These ACT teams are used in the Pathways Housing First model to provide the medically necessary supportive housing services required for individuals with mental health disabilities to find and maintain housing in the least restrictive environment possible.

This strategy is part of the performance improvements required in the pre-litigation agreement between Kansas and parties representing a class of Nursing Facilities for Mental Health (NFMH) patients regarding the Olmstead Decision.

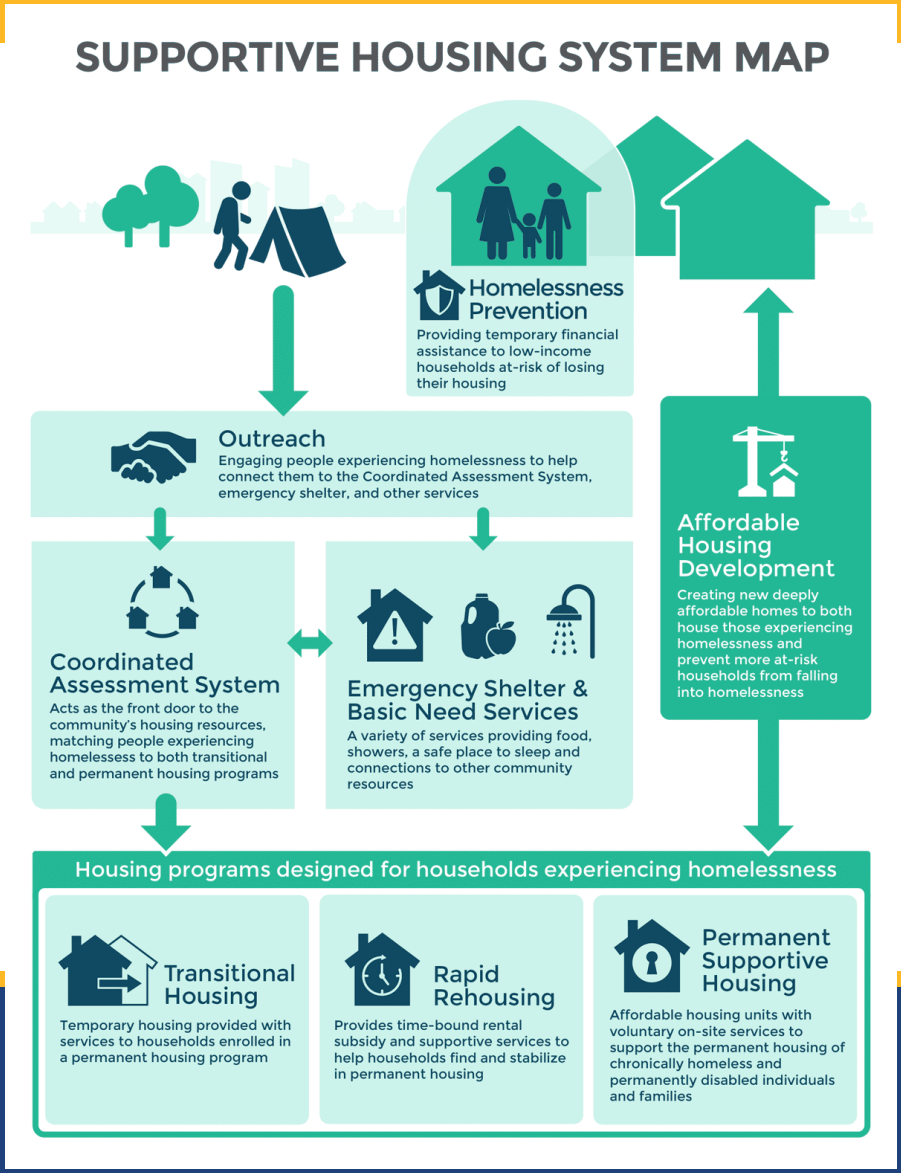
$40M One-Time Appropriation

Background and Overview

- Original request came as letter from Sedgwick County with many co-signers from other units of local government and Legislators to the Governor's Office requesting $50M in one-time funding for infrastructure to address homelessness at the local level.
- Governor Kelly included one-time $40M in her budget recommendations.
- HB 2723 was also introduced with a one-time appropriation of $40M.
- Both the Governor's Budget Recommendation and HB 2723 propose KDADS manage a one-time grant opportunity for local units of government with a 1:1 funding match requirement for specific infrastructure development.

Systems Mapping

What is missing locally?



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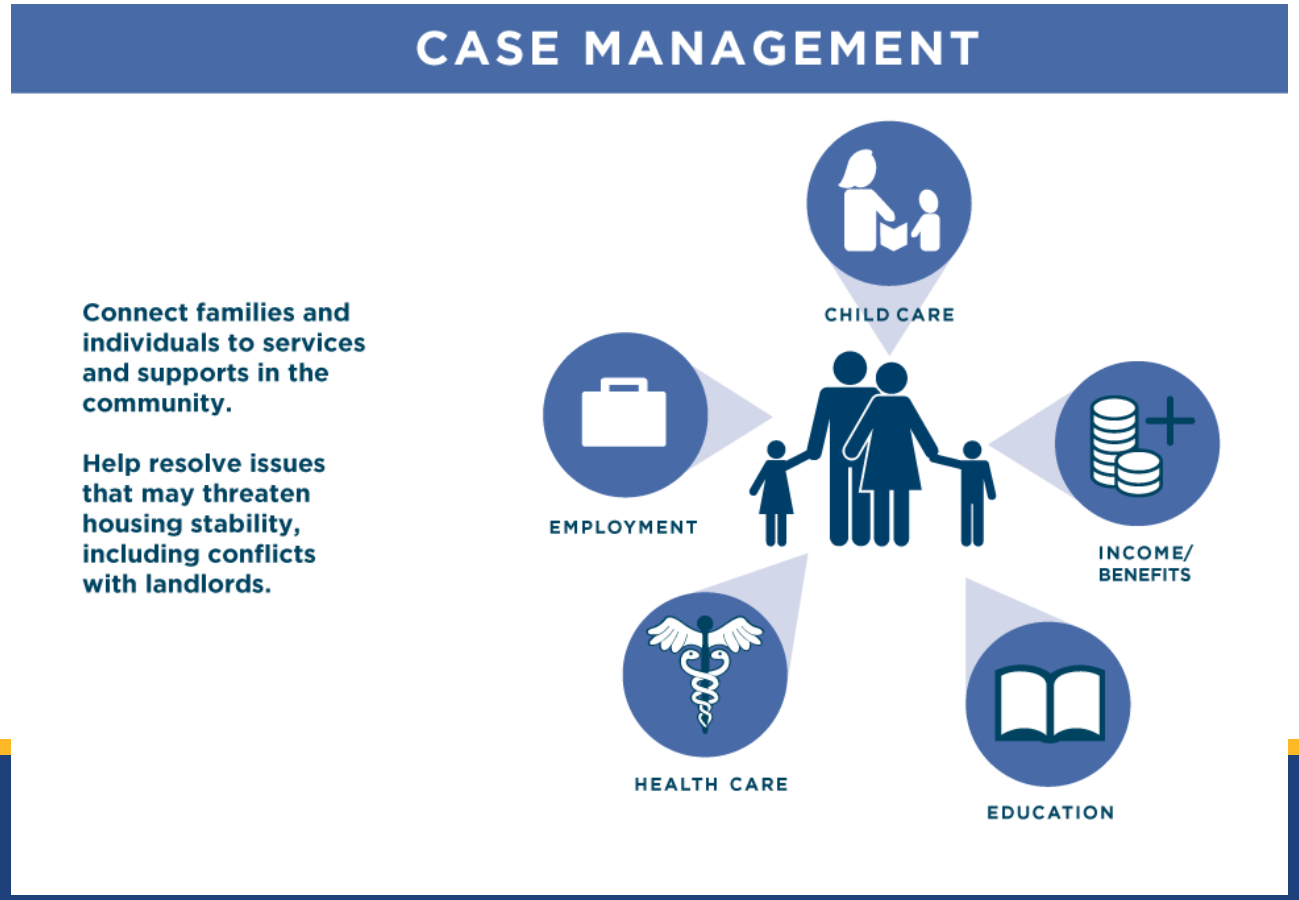
Systems Mapping

Case Management

Types of services that CCBHC case managers may connect parents of children with Severe Emotional Disturbance (SED) to prevent homelessness.



KDADS Consultants

Both Dr. Sam Tsemberis and Julia Orlando are psychologists and national subject matter experts that have worked with KDADS to:

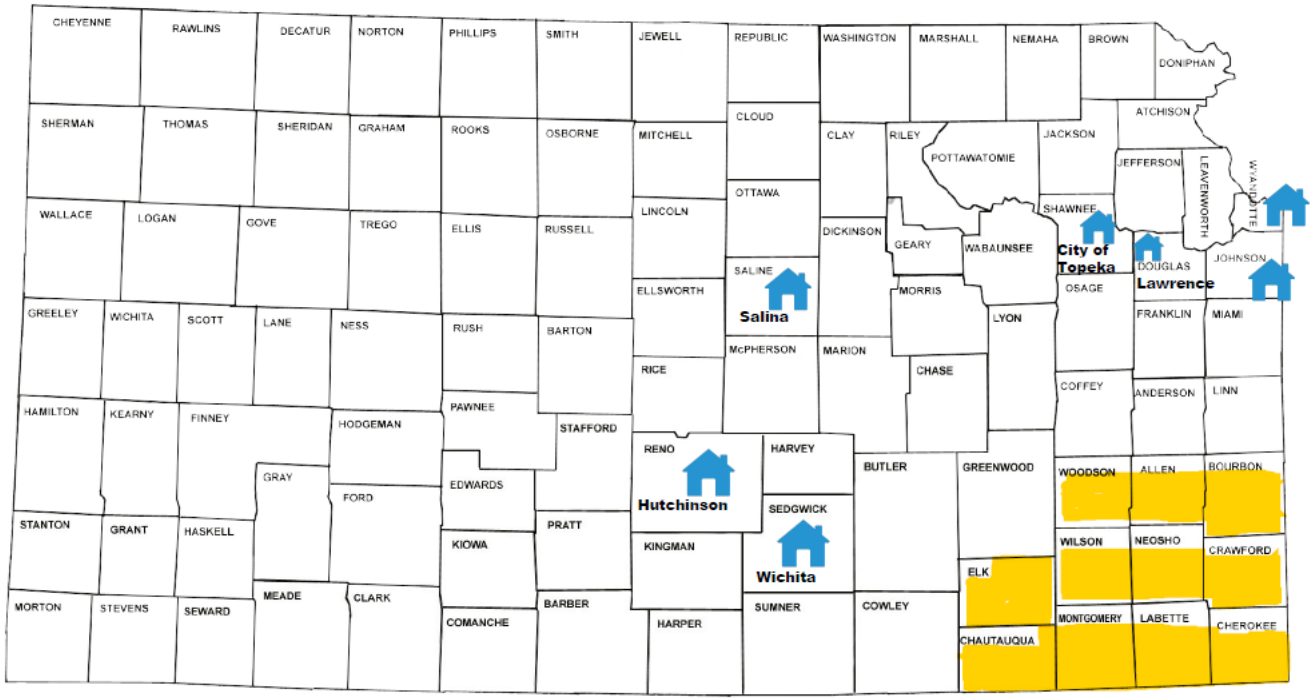
- help develop policies and procedures
- provide trainings and presentations
- engage with providers and communities across Kansas
- develop community strategies
- advise on implementation
- promote evidenced-based models for eliminating chronic homelessness

KDADS Consultants

Assisting Communities

KDADS Community & Consultant Collaborations

Presented to: House Welfare Reform Committee



Current Projects:

- ~ Wichita / Sedgwick County
- ~ Wyandotte County
- ~ Johnson County
- ~ Lawrence / Douglas County
- ~ Salina
- ~ Hutchinson
- ~ Southeast Kansas Continuum of Care - Represents 11 counties: Allen, Bourbon, Chautauqua, Cherokee, Crawford, Elk, Labette, Montgomery, Neosho, Wilson, Woodson *(regional leader for Balance of State COC)*
- ~ City of Topeka
- ~ Balance of State Continuum of Care - Represents 101 counties

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KDADS Consultants

Dr. Sam Tsemberis, PhD

Dr. Sam Tsemberis, clinical psychologist, developed the Pathways to Housing First model. The Pathways model operates on the belief that housing as basic human right and provides recovery focused supports. Pathways programs operate across the US, Canada, many EU countries, Australia, and NZ.

Dr. Tsemberis is Founder and CEO of the Pathways Housing First Institute which provides consultation, technical assistance, presentations and workshops— in person and online across the globe. Dr. Tsemberis is author of Housing First, The Pathways Model to Ending Homelessness for People with Mental Health and Substance Use Disorders Hazelden Publishing as well as many research articles and book chapters.

KDADS Consultants

Dr. Sam Tsemberis, PhD

The Pathways model is fundamental to most local national plans to end chronic homelessness. It is an evidenced-based program with a robust research evidence base. Findings from several randomized control trials report an 80% rate of housing stability in Pathways programs compared to 40% housing stability for traditional homeless programs. Studies have been conducted in the US, Canada and France (SAMHSA NREPP; Mental Health Commission of Canada and Un Chez Soi D'Aboard).

Dr. Tsemberis also serves as the Executive Director for the Greater Los Angeles VA-UCLA Center of Excellence for Training and Research on Veterans Homelessness and Recovery and serves on the faculty at UCLA Department of Psychiatry and Biobehavioral Sciences.

Dr. Tsemberis honors and awards include the Distinguished Contribution to Independent Practice award from the AMERICAN PSYCHOLOGICAL ASSOCIATION (2016) and the Meritorious Service Cross awarded by the Lieutenant Governor of Canada (2018).

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Julia Orlando

Ms. Julia Orlando, psychologist, is the Director of the nationally recognized, and award-winning Bergen County Housing, Health, and Human Services Center in Hackensack, NJ.

In 2016, Julia steered the successful, community-wide effort to end Veteran Homelessness in Bergen County as part of the National Mayors Challenge.

Bergen County is the first jurisdiction in the state, and among the first nationally to achieve this goal, as well as the first community in the nation in 2017 to successfully reach functional zero for chronic homelessness.

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Julia Orlando

Julia has been recognized for her work at a national and state-side level, and is the recipient of numerous awards, including the 2019 Hometown Hero Award, the 2017 "Distinguished Citizen of the Year" Award from the Hackensack Chamber of Commerce, and the 2017 "Woman of Action" Award from the YWCA of Bergen County.

Julia's additional credentials include: Certified Rehabilitation Counselor; Certified Disaster Response Crisis Counselor; Mental Health First Aid trainer.
Julia promotes the Built for Zero model for ending chronic homelessness.

KDADS Consultants

Substance Abuse & Mental Health Services Administration (SAMHSA)

Expanding Access to and Use of Behavioral Health Services for People Experiencing Homelessness offers evidence-based practices for behavioral health providers to directly support and maintain relationships with people experiencing homelessness, provide mental health and substance use treatments, and boost retention in treatment services.

The Projects for Assistance in Transition from Homelessness (PATH) supports outreach and engagement, case management, and housing assistance for individuals.

Grants for the Benefit of Homeless Individuals (GBHI) supports treatment and recovery services, housing services, and health insurance enrollment guidance.

Treatment for Individuals Experiencing Homelessness (TIEH) promotes access to treatment services, peer support, and resources for permanent housing.

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Substance Abuse & Mental Health Services Administration (SAMHSA)

Supplemental Security Income/Social Security Disability Insurance Outreach, Access, and Recovery (SOAR) aims to increase Social Security disability benefits for eligible children and adults with medical impairments and co-occurring disorders.

The Certified Community Behavioral Health Clinic (CCBHC) program addresses disparities in the behavioral health care system by increasing access to high-quality, coordinated comprehensive behavioral health care to individuals regardless of their age, ability to pay, or place of residence – including individuals experiencing homelessness. CCBHCs also provide housing assistance and 24/7 crisis intervention services for individuals experiencing a mental health or substance use crisis.

KDADS Consultants

Substance Abuse & Mental Health Services Administration (SAMHSA)

The Assertive Community Treatment (ACT) and Assisted Outpatient Treatment (AOT) grant programs aim to reduce homelessness, hospitalization, and mental and substance use disorders.

Lastly, the Homeless and Housing Resource Center (HHRC) provides accessible, no-cost training for health and housing professionals in evidence-based practices on housing stability, recovery, and homelessness to effectively meet the needs of individuals experiencing homelessness.

Assisted Outpatient Treatment

Assisted outpatient treatment (AOT) is the practice of providing community-based mental health treatment under civil court commitment, as a means of:

(1) motivating an adult with mental illness who struggles with voluntary treatment adherence to engage fully with their treatment plan; and

(2) focusing the attention of treatment providers on the need to work diligently to keep the person engaged in effective treatment.

Kansas uses Outpatient Treatment Orders to require individuals to comply with community-based treatment and medication. KDADS currently has federal funding to expand AOT programs and has been working to improve the process by which judges may utilize Outpatient Treatment Orders with our new CCBHC system and their Assertive Community Treatment teams.

Assisted Outpatient Treatment

Essential Elements

- identify individuals within the service area who appear to be persistently non-adherent with needed treatment for their mental illness and meet criteria for AOT under state law;
- ensure that whenever such individuals are identified, the mental health system itself takes the initiative to gather the required evidence and petition the court for AOT, rather than rely on community members to do so (although community members should not be impeded from initiating an AOT petition or investigation where permitted by state law);
- safeguard the due process rights of participants at all stages of AOT proceedings;
- maintain clear lines of communication between the court and the treatment team, such that the court receives the clinical information it needs to exercise its authority appropriately and the treatment team is able to leverage the court's powers as needed;
- provide evidence-based treatment services focused on engagement and helping the participant maintain stability and safety in the community;
- continually evaluate the appropriateness of the participant's treatment plan throughout the AOT period, and make adjustments as warranted;
- employ specific protocols to respond in the event that an AOT participant falters in maintaining treatment engagement;
- evaluate each AOT participant at the end of the commitment period to determine whether it is appropriate to seek renewal of the commitment or allow the participant to transition to voluntary care;
- ensure that upon transitioning out of the program, each participant remains connected to the treatment services they continue to need to maintain stability and safety.

Built for Zero

Overview

- Built for Zero is a movement, a methodology, and proof of what is possible. Over 100 cities and counties (including Greater Kansas City and Douglas County in Kansas) have committed to measurably ending homelessness for entire populations.
- Of those 42 have achieved a substantial reduction and 14 have reached functional zero for one or more populations, 3 have reached functional zero for both chronic and veteran populations.
- Using data, these communities have changed how local homeless response systems work and the impact they can achieve. Together, they are proving that we can build a future where homelessness is rare overall and brief when it occurs.

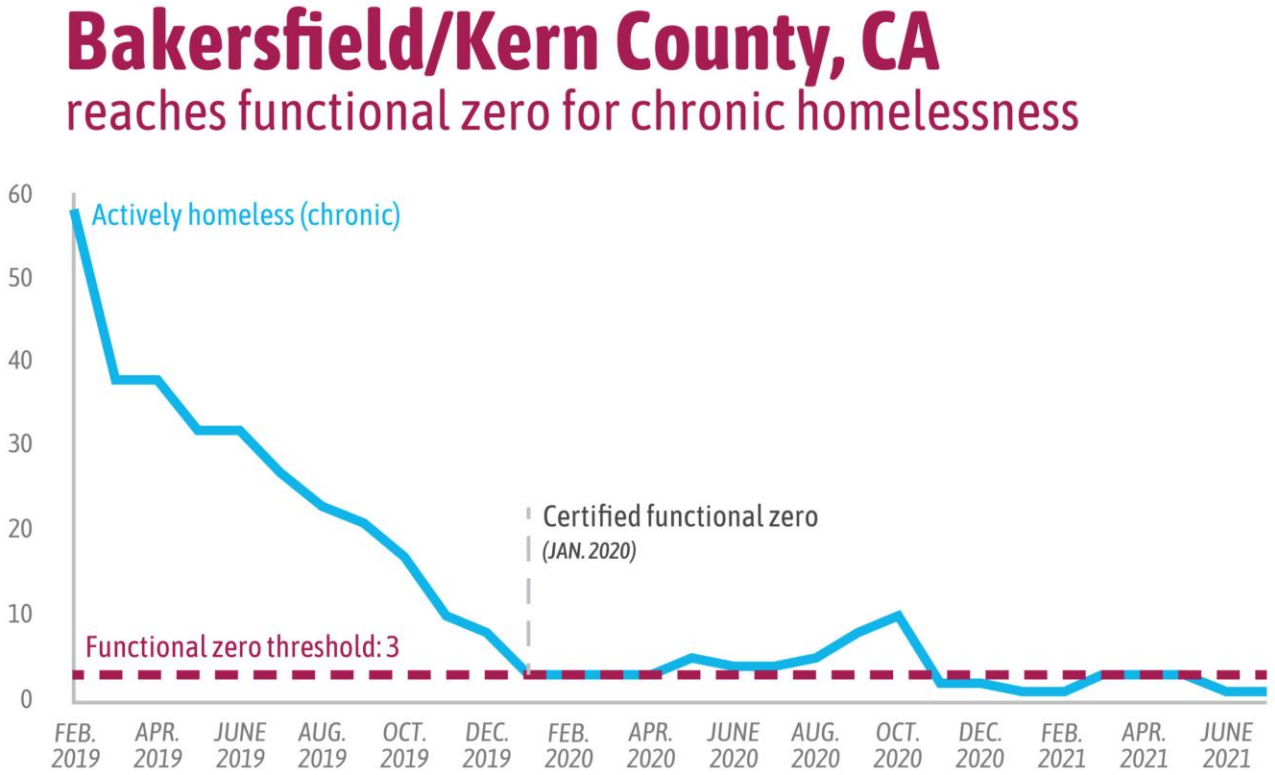
Built for Zero

Functional Zero

- Creating a shared definition of the right end state.
- Community-level measurement, measured monthly.
- Success is measured by the total number of people experiencing homelessness, not by program outcomes. Data enables communities to rapidly test new ideas and understand if those efforts are working.
- Functional zero is a milestone, which must be sustained, that indicates a community has measurably solved homelessness for a population. When it's achieved, homelessness is rare and brief for that population.
- Functional zero for chronic homelessness means there are fewer than 3 people experiencing chronic homelessness at any given time.

Built for Zero

Example of Tracking Measurements



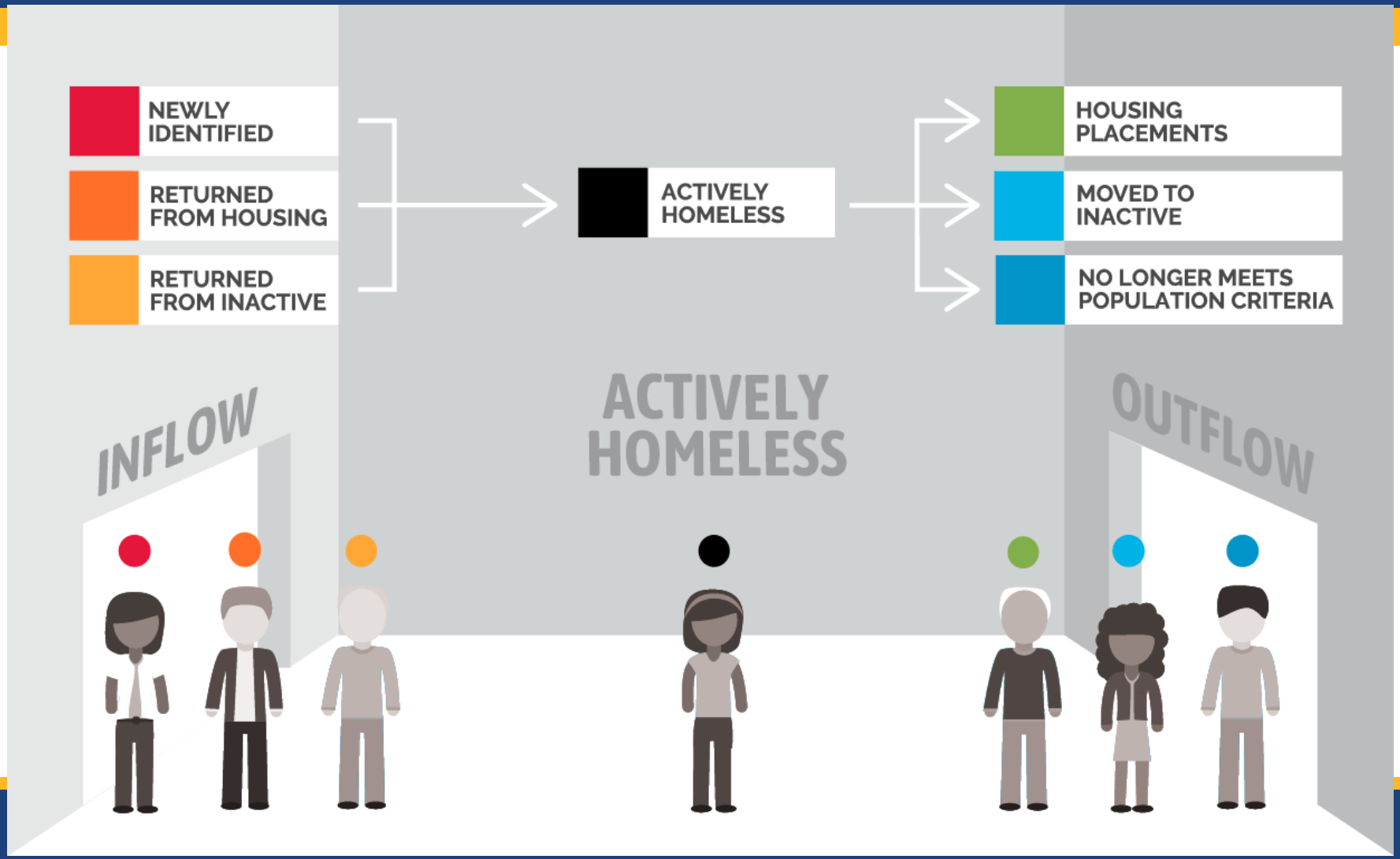
Built for Zero

Successes

Five communities have solved chronic homelessness using the Built for Zero approach by reaching & maintaining functional zero:

- Rockford, Winnebago & Boone Counties, IL combined pop. 485K
- Lancaster City & County, PA pop. 553K
- Bergen County, NJ pop. 953K
- Abilene, TX pop. 125K
- Bakersfield, Kern County, CA pop. 917K

Built for Zero



Kansas Department for Aging and Disability Services

Built for Zero

Inflow

When a person enters into homelessness, they're part of what we call inflow. Inflow data captures people who are:

- Newly identified, or new to homelessness
- Returned from housing, or people who experienced homelessness before, got connected with housing, and now are homeless again
- Returned from Inactive, or people who experienced homelessness before and exited to unknown destinations (left town, were institutionalized for 90+ days, etc), and now are homeless again

Built for Zero

Actively Homeless

- People who are currently experiencing homelessness are categorized as being actively homeless.
- These are the people who appear on the By-Names-List.
- The continuum of care staff regularly meet to review the cases on the By-Names-List and to connect them with available resources.
- Working with CCBHC Outreach Teams, ACT or AOT
- Service & Referral tracking in HMIS, connected to SOAR for benefits
- Moved through continuum of care and into housing, limited amount of time spent unsheltered.

Built for Zero

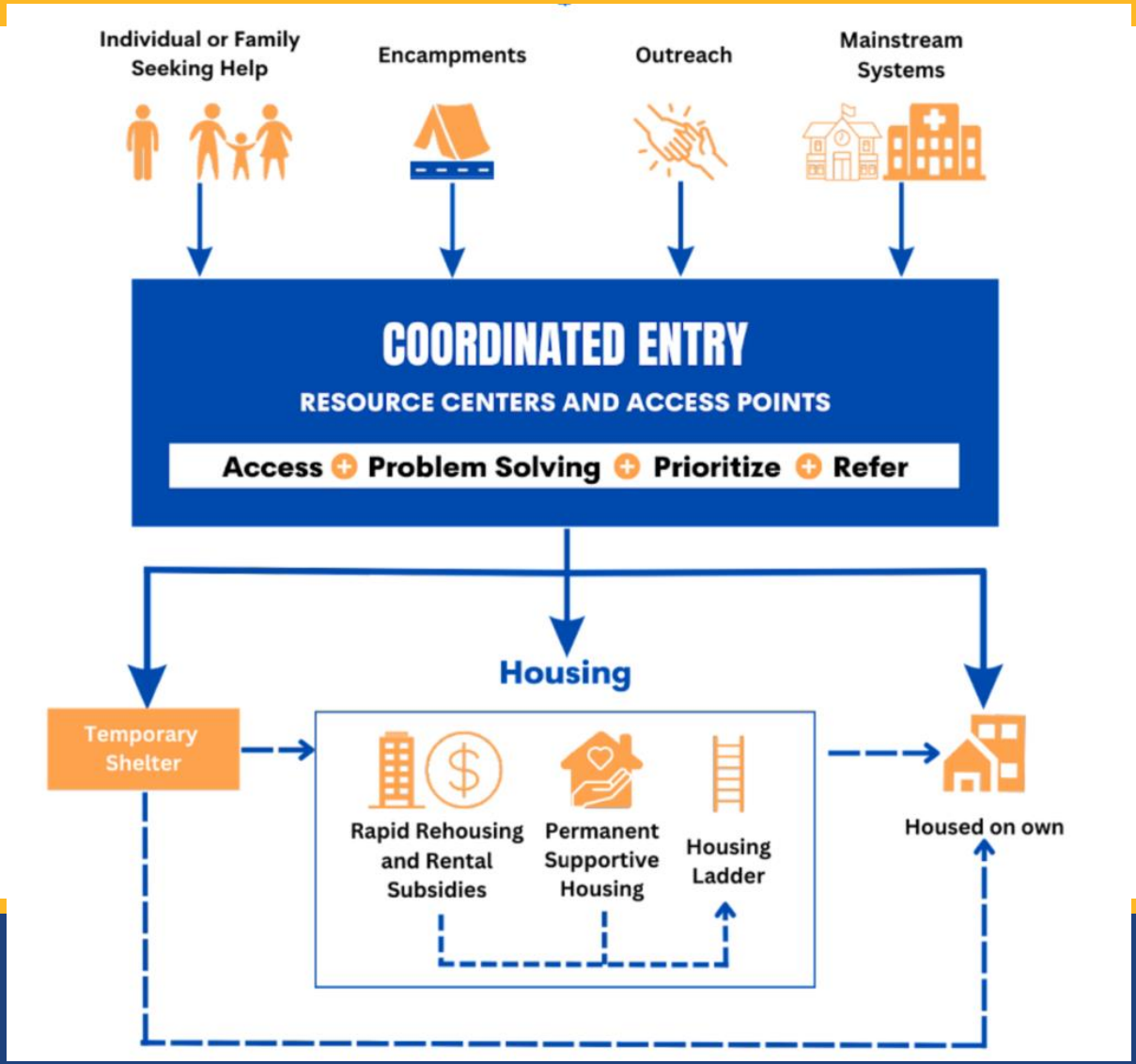
Outflow

Outflow refers to people who have exited homelessness. This typically includes two groups:

- Housing placements, or people who have been connected to permanent housing
- Moved to inactive, or people who exit homelessness without support from the homeless response system, such as finding their own housing, moving out of the community, or entering a long-term stay in an institution

Built for Zero

Controlled Entry



Kansas Department for Aging and Disability Services

Built for Zero

Community-wide Accountability Team

- Assemble an integrated, command center team.
- Key agencies, like the Continuum of Care, the housing authority, local government, and the Veteran's Administration, work together consistently toward comprehensive goals.
- Meet weekly.
- Review the By-Names-List, make referrals.
- They can see the system as a whole and collectively remove barriers that are impacting the whole population of people experiencing homelessness.

Built for Zero

Real-Time Data

- Comprehensive, real-time, by-name data.
- Built for Zero communities know everyone experiencing homelessness by name, in real time. The result is more tailored solutions for individuals and a clearer picture of the system as a whole.
- Using information collected and shared with their consent, each person on the list has a file that includes their name, homeless history, health, and housing needs.
- With this by-name list — updated monthly, at a minimum — the community is able to better match housing solutions with the needs of the individuals.
- At the population level, this information enables them to prioritize resources, test changes to their system, and understand whether their efforts are driving overall homelessness toward zero.

Built for Zero

By-name List vs. HMIS

- A Homeless Management Information System (HMIS) is a database communities use to track how people experiencing homelessness interact with services. Communities incorporate this data into their by-name list.
- By continually consolidating data from HMIS and local partners outside of the HUD-funded homeless-response system, plus constant outreach to individuals that might be disconnected from supportive services, communities have found it possible to identify everyone experiencing homelessness and support them from first contact all the way to achieving permanent stable housing.
- This continual, by-name approach gives all stakeholders a clear understanding of the community's unique homelessness crisis in real time, allowing quicker case resolution for individuals and more efficient resource allocation across the community.

Built for Zero

Data Driven Housing Investments

- Strategic, data-driven housing investments.
- Built for Zero communities use real-time data to secure the housing resources they need and target them for the greatest possible reductions in homelessness.
- With the real-time understanding of changing dynamics of homelessness within a city or county, partners can work together to make strategic investments that will contribute to population-level results, like community infrastructure and affordable housing.
- Paired with Housing Trust Funds and Federal funding opportunities.

Continuum of Care

Kansas Department for Aging and Disability Services

Continuum of Care

Types of Housing

- Our Chronic Homeless category makes up about 17% of our total Kansas homeless population.
- That category accounts for more than 50% of our annual shelter bed nights in Kansas.
- Our emergency shelters end up full because people are not effectively moving on from emergency shelter, transitional housing, to supported housing.
- HUD recommends Moving On strategies in communities for clients in permanent supportive housing (PSH) who may no longer need or want the intensive services offered in PSH but continue to need assistance to maintain their housing.
- Moving On strategies challenge a community to create partnerships between the Continuum of Care (CoC) and mainstream housing programs, such as public housing, the Housing Choice Voucher (HCV) program, and HUD-funded multifamily housing providers.
- Opening the backdoor for PSH allows new patients access to PSH and creates flow through the continuum of care to reduce the number of unsheltered homeless.

Pathways Model in Kansas

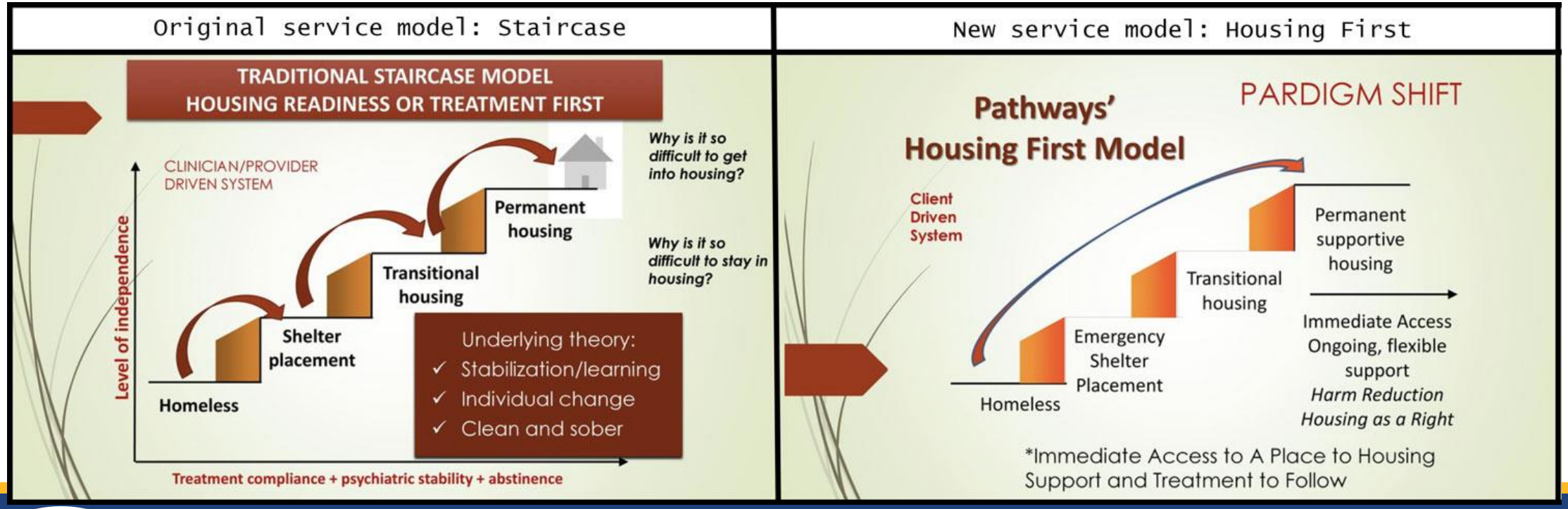
All Pathways Housing First Clients have two basic requirements before they can participate in the program:

1) They must have a weekly home visit from the program staff, a member of the Assertive Community Treatment team from the CCBHC.
2) They must sign a lease and abide by all the terms and conditions of the lease, including paying 30% of their income towards the rent.

Using this model in Kansas, Medicaid can only be billed for supportive housing services by Mental Health and Substance Use treatment providers treating patients with a diagnosed MH or SUD disorder and either a history or risk of homelessness and/or institutionalization.

Pathways Model in Kansas

How Pathways Housing First prevents shelter crowding and chronic homelessness for people with disabilities.



Kansas Department for Aging and Disability Services

Wrap Around Services

Housing Services Provided Currently

- Assistance in performing, coaching and skill building around basic daily living and social skills.
- Coaching and skill building regarding symptom management and community integration.
- Prompting and skill building for conflict resolution.
- Collaboration and consumer participation in HUD's Coordinated Entry System.
- Recovery coaching and relapse prevention planning.
- Case Management support to assist consumer with linkage to community resources to obtain and sustain safe, affordable housing.
- Providing landlord/tenant dispute resolution to reduce the risk of eviction or other adverse action.
- Assistance with entitlement advocacy and the application process by a certified SOAR staff member to support community integration.

Warp Around Services

Housing Services Provided Currently

- Direct face-to-face interventions with consumers to assist with budget development, budget management, and provide education on the benefits of a budget.
- Referral and collaborative supports to assist consumer with barriers regarding legal issues.
- Direct supports, prompting and skill building to address anger management issues that interfere with consumers ability to successfully integrate into the community through interventions and guided by SAMHSA's Cognitive Behavioral Therapy Intervention work-book.
- Assistance with medication management (which may include Medication Assisted Treatment).
- Assistance with housing option searches, housing applications and securing permanent housing.
- Coordination with social supports and activities that will improve community integration.
- IPS Supported Employment EBP programming for consumers wanting to obtain employment to support community integration.
- Assistance with creating and developing a housing support crisis plan to address symptom management while reintegrating and residing in the community.
- Mobile Crisis response and stabilization services and/or collaboration with CIT teams-will allow the provider to begin crisis assessment where the at-risk consumer is located.

Evidence Based Practices

Cost Savings & Diversions

When EBP models are followed communities have shown reductions in the number of:

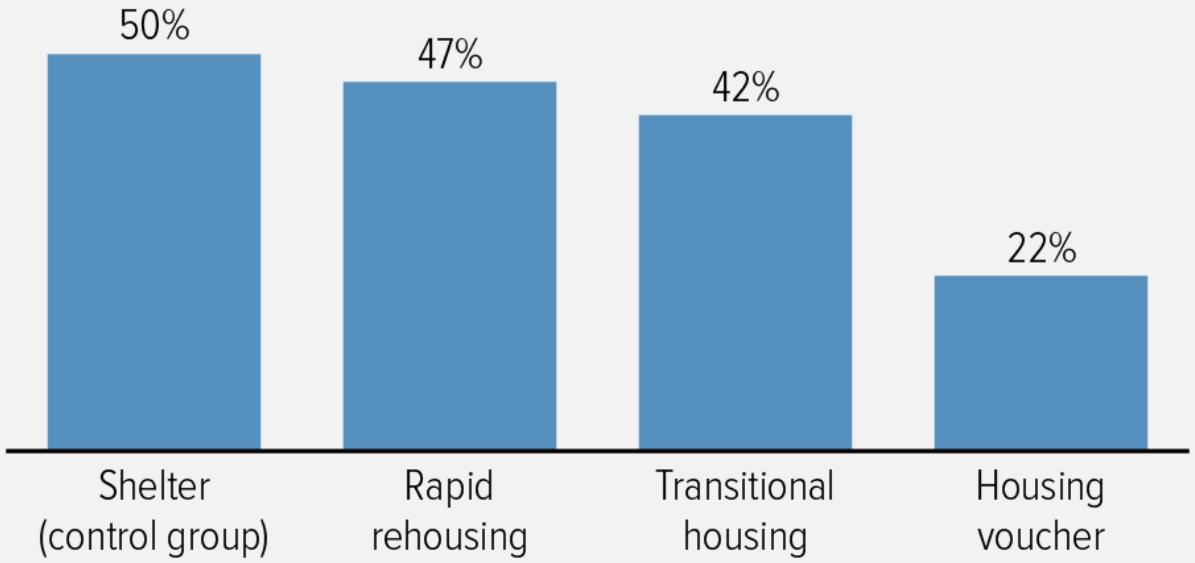
- EMS & Police dispatches from 911 calls
- Emergency Department admissions
- Psychiatric Hospital admissions
- Nursing Facility admissions
- Total number of days spent in institutions
- Average annual cost savings vary by study, but most indicate between $4K to $8K per individual served

Evidence Based Practices

Most Effective Outcomes for Families

Housing Vouchers Most Effective Way to Reduce Homelessness for Families in Shelters

Share of families reporting, 18 months after receiving assistance, that they had recently been homeless or living doubled up with others



Note: The difference in outcomes for families receiving rapid rehousing assistance and those in shelters was not statistically significant.

Source: Department of Housing and Urban Development, "Family Options Study: Short-Term Impacts of Housing and Services Interventions for Homeless Families," Exhibit ES-5

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HB 2723

Grantee Requirements

(1) Propose a building plan or improvement plan for a congregate or non-congregate shelter that provides services for homeless individuals and families and persons at risk of homelessness;
(2) provide wraparound housing services to homeless individuals and families and persons at risk of homelessness;
(3) collect data required by the department of housing and urban development;
(4) prioritize long-term wraparound services for persons who are Kansas residents or have proof of presence within Kansas for eight consecutive months
(5) provide long-term wraparound services prioritized for Kansas residents; and
(6) enforce local ordinances regarding camping and vagrancy.

HB 2723

KDADS RFA Process

KDADS would draft and release a RFA that:

- Establishes the types of shelter and services eligible for funding under the grant.
- Applicants would be required to demonstrate their need for funding and their ability to match the requested funds.
- Applicants would be required to describe how the proposed shelter and services would meet the community needs.
- Applicants would be required to demonstrate how they intend to sustain the shelter and services after FY25.
- KDADS will evaluate applications, awarding funds based on applications received.