

KANSAS MENTAL HEALTH COALITION

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

Housing First: Promoting Recovery and Saving Tax Dollars

Position: The Kansas Legislature should allocate \$500,000 to the Kansas Department of Aging and Disability Services (KDADS), to fund the Housing First Pilot. The pilot serves individuals with chronic conditions and those discharged from inpatient mental health facilities. The Legislature should implement recommendations from the 2018 and 2019 Mental Health Task Force Reports to maximize federal funding and alternative housing opportunities. Housing First is an evidence-based housing intervention that combines non-time-limited affordable housing assistance with wrap-around supportive services for people experiencing homelessness, as well as other people with disabilities. Stable housing helps vulnerable Kansans achieve recovery and avoid costly hospitalization.

From 2014 to 2015, the United States experienced a 15% decrease in homelessness, while Kansas saw a 16.9% increase in chronic homelessness.

The Problem: The federal housing pilot funding has ended. In January 2015, the United States recorded a 15% decrease in the number of people experiencing homelessness since 2014. While Kansas saw a 7% decrease in its total homeless population, it saw a 16.9% increase in chronic homeless individuals during that time – a population that includes people living with a serious mental illness who end up in state hospitals, emergency rooms and jails. Those with complex health, mental health and/or substance use disorders often struggle with homelessness, sub-standard housing, transportation, and social supports that inhibit them from maintaining good health. They are often frequent utilizers of emergency systems, including inpatient hospital stays, emergency room visits, ambulance rides.

Why this matters: Permanent, supportive housing reduces interactions with hospitals, law enforcement, jails, courts, and other public systems and increases consumers' income and social supports. Permanent, supportive housing promotes recovery, saves money and addresses the problem of the revolving door to jails, emergency rooms and state hospitals. Unfortunately, federal support for these programs has not kept up over time and there is minimal state investment. Kansas non-profit housing providers try to address the lack of housing options in Kansas' mental health system by cobbling together different funding streams. Meanwhile, state hospitals strain to serve individuals who could be healthier in their own communities if the gaps in our continuum of care were filled with housing and treatment options.

The bottom line: Kansas needs to fund the Housing First pilot to continue the successes of the federal grant pilot. Housing First works. The Kansas state mental health hospital system is struggling to meet the needs of Kansans. Safe, decent, affordable and permanent housing—along with appropriate services for frequent users of costly medical services—empowers recovery. Investing in high-need areas to provide housing for at risk families or individuals discharged from inpatient treatment is a good first step.

Need more information? Drill deeper into this issue on the back of this page to see program examples.

The rest of the story about promoting recovery through supportive housing

The Governor's Behavioral Health Services Planning Council Subcommittee on Housing and Homelessness, which includes state agencies, non-profit organizations and individuals, agree that all Kansans benefit when they have safe, decent, affordable, and permanent housing. The Subcommittee is committed to the creation of a statewide data-driven program that increases the housing options for people who frequently use costly medical services. They have conducted extensive research on other states and communities that have chosen to implement similar initiatives. These recommendations are supported by the Adult Continuum of Care Report (2015, 2017) and the 2018 and 2019 Reports of the Mental Health Task Force. Following are brief examples of a few of those initiatives.

Missouri's Community psychiatric supportive treatment program: Residential Care in Clustered apartments (RESCA): RESCA provides medically necessary on-site services in a clustered apartment setting for persons who have a history of failure in multiple community settings and/or the presence of an ongoing risk of harm to self or others, which would otherwise require long-term psychiatric hospitalization. RESCA is funded by Medicaid under the code H0037. Kim Wilson Housing (KWH) and Mental Health America in Kansas City, KS provided RESCA services in permanent supportive housing units in Kansas City, Mo for Truman Medical Center's Behavioral Health Department. After two years of providing RESCA services, KWH reported significant total cost savings of 65% for emergency room, jail and inpatient behavioral health visits in the Kansas City, Missouri region and successful transitions to less restrictive settings for many of the RESCA participants.

Tennessee Creating Homes Initiative (CHI): Funded and managed by the Tennessee Department of Mental Health, CHI has created over 8,700 new or improved housing options by leveraging over \$381 million dollars in federal, state, local, public, private, traditional and non-traditional funding sources since 2000. As a result, the re-admission rate to state hospitals decreased by 95%.

Building Tulsa, Building Lives Campaign: The Building Tulsa, Building Lives initiative builds and revitalizes buildings in order to provide safe, affordable housing for people living on the streets and in shelters. Once in secure housing, individuals are provided with support services such as mental health care, substance abuse counseling, and employment services. BTBL's mission was to end chronic homelessness in the city of Tulsa within five years (2007-2012). Tulsa experienced a 22% decrease in homelessness after one year. An analysis conducted by the Chamber of Commerce to predict the economic benefit of this program estimates additional employment income through 2012 at \$12.6 million, local sales and property tax revenues of \$463,000 and state tax and fee revenue of over half a million dollars.