

Oversight Committee Report

Presented to:
Sedgwick County Board of County Commissioners
and
City of Wichita City Council

March 2013



*Sedgwick County...
working for you*



History of the plan development:

We are currently in year 5 (2013) of the 10 year plan.

In 2006, the City of Wichita and Sedgwick County joined together at the urging of nonprofit and faith-based organizations to form the Taskforce to End Chronic Homelessness (TECH). TECH was charged with developing a plan to end chronic homelessness in Sedgwick County to include short, intermediate, and long range strategies, as well as potential funding options as appropriate and a mechanism for reporting on goal attainment.

The term “chronically homeless” as defined by the U.S. Department of Housing and Urban Development (HUD) in 2009, describes an unaccompanied person who has a disabling condition *and* has also been either continuously homeless for at least a year OR has had at least four episodes of homelessness in the past three years.

As a population, the chronically homeless have the highest rates of use of shelter and services, including ambulance rides, emergency room visits, police and EMS calls, jail time, and the court system. Consequently, they incur some of the highest associated annual costs per person. Frequent, repetitive use of these systems has not only enormous financial cost to the community, but places a significant psychological burden on providers. This financial and psychological drain has an immeasurable detrimental impact on our community.

TECH was comprised of representatives from various community sectors including business, the public school system, non-profits, people who experienced homelessness, faith communities, civic leaders, an urban neighborhood, and city and county governments. TECH met over a period of 16 months and conducted its work in four phases:

- 1) Studying Homelessness and Available Resources in Wichita
- 2) Identifying Gaps in Service to the Chronically Homeless
- 3) Researching Best Practices Nationally
- 4) Developing Strategies to End Chronic Homelessness

Responsibilities of the Oversight Committee

The Oversight Committee is responsible for working toward achieving success with ending chronic homelessness through the Sedgwick County 10 Year Plan to End Chronic Homelessness. They will ensure implementation of this Plan and its subsequent amendments by establishing standards and outcomes, overseeing the management of contracts, and monitoring/reporting progress. The Oversight Committee is responsible for increasing community awareness and raising financial/in-kind donations.

Responsibilities include:

- Development of the Resource and Referral Center
- Implementing a Housing First Program
- Identify Emergency Housing options
- Identify sustainable funding sources

UMOD Resource and Referral Center

Over one year ago, United Methodist Open Door opened the new Resource and Referral Center, located at 402 E. Second Street. The new facility houses the agencies' administrative offices and nearly all of the Open Door ministries—the Klothes Kloset, housing programs and an expanded homeless ministry.

The new and inclusive Homeless Resource Center replaces the former Drop-in Center, offering additional facilities and improved services, such as addition shower facilities, brand new washers and dryers, and expanded secure storage.

Sedgwick County COMCARE, which provides mental-health and substance-abuse services, and the Wichita Sedgwick County Housing First program, which seeks to end chronic homelessness are leasing space in the building. Partnering with other agencies in the same building essentially creates a “one-stop” resource center.

Housing First Program

The Housing First philosophy is to provide housing first, and then combine that housing with access to supportive treatment services in the areas of mental and physical health, substance abuse, education, and employment.

Criteria for eligibility:

- Must meet the HUD definition of chronically homeless
- Must have a disabling condition
 - A diagnosable mental illness
 - A physical illness
 - A substance abuse diagnosis
 - A chronic physical illness, or
 - A developmental disability
- Must agree to weekly in home case management visits

Housing First Program figures as of March 1, 2013:

- ✚ 145 persons have been housed (since March 2009)
- ✚ 45 have left the program successfully (through various means such as gaining a steady source of income, no longer requiring the assistance of the program, receiving a Section 8 voucher, receiving a HUD-VASH voucher, entering into an in-patient treatment facility, or moving to be near their family)
- ✚ 62 people remain successfully housed; 43 have been housed for over one year
- ✚ 39 different apartment complexes/property owners have been utilized
- ✚ 10 zip codes are represented
- ✚ 32 individuals are contributing to their rent and/or utilities

Housing First Works! Success Stories

- Since becoming housed In August 2009, “James” has experienced problems related to mental health, criminal tendencies, and addiction. James had a history of resistance toward applying for SSI/SSDI benefits and other services available through COMCARE.

James recently met with the SOAR case manager to begin the benefit application process and is now working with a Supported Employment staff. James’s case manager also reported another milestone for James -“he has finally quit sleeping on the pallet on his living room floor and is sleeping in his queen sized BED!”

- “Sean” was housed in July 2009 and suffered a stroke nearly one year ago. Sean has had difficulty performing tasks associated with managing a home—including trash removal and washing dishes. Case management noticed that Sean’s lack of cleanliness was becoming increasingly worse and sought assistance from other agencies. Property management conducted an inspection and later issued a formal notice stating that if the home was not clean within 14 days, he would have 30 days to vacate the property.

Sean realized the impact his unkempt home was causing and made a significant effort towards cleaning his home. He enlisted the help of a family member however the desire to live independently continues to motivate Sean to perform as many daily living skills as possible on his own. Through case management, work continues with other agencies to secure long term support to aid Sean in successfully maintaining his home.

- In 2011 the City of Wichita was awarded a \$13,000 grant from the AT&T Foundation to implement an Education, Training and Employment (ETE) program which would help to support a focused employment program for Housing First participants. All Housing First participants received a letter inviting them to participate.

In that program participants receive one-one case management services to help search for employment and/or further their education. Participants also attend the *Success Through Achievement and Responsibility (STAR) program, a two-week session which provides all of the tools necessary to prepare for job search, interview and securing employment. Housing is not contingent upon one's participation, yet all were encouraged to participate in this unique opportunity.

After remaining successfully housed for over three years, "Clint's" self confidence has increased and he has taken significant steps towards his goal of becoming self-sufficient. Besides being employed, Clint started to receive GED preparatory assistance provided through the ETE program. On September 13, 2012, six months after beginning the ETE program, Clint took the GED test and passed!! After the test, Clint told his case manager, "the test wasn't so bad, I should have taken it three years ago. I think I may now want to pursue my RN degree." Due to Clint's hard work and the staff support and financial assistance provided by the Housing First and ETE programs, a goal Clint once thought to be unattainable has been achieved!

Emergency Housing Options

The Wichita area has had an overflow shelter since the winter of 1990. Early on, the City of Wichita, Sedgwick County and the United Way of the Plains helped provide funding for the shelter. Area churches provided shelter and Inter-Faith Ministries administered operations.

For four years, Advocates to End Chronic Homelessness (AECH) worked with Inter-Faith Ministries (IFM) in planning the overflow shelter for homeless people in the Wichita area. In the fall of 2011 AECH announced it would no longer take the lead. AECH and Interfaith Ministries planned and executed the shelters at no expense to the City or the County. Over \$92,000 was raised by AECH. The City, County, and United Way previously contributed \$12,500 respectively to fund the annual emergency shelter.

In 2012, Inter-Faith Ministries (IFM) took over operations of the shelter. The shelter operates every year from November 1 through March 31 in downtown Wichita, using local churches to provide meals and places to stay.

"The Warming Souls Winter Shelter," said Anne Corrison, executive director of Inter-Faith Ministries, "is a natural fit for Inter-Faith Ministries. IFM has had a significant role in the physical management of the overflow sites for many years. The overflow shelter can be the front door leading to recovery and regained stability for people experiencing homelessness. Inter-Faith Ministries will accept every opportunity to improve the lives of people in need."

SSI/SSDI Outreach, Access and Recovery (SOAR)

Nationally, only about 30 percent of individuals who apply for SSI/SSDI are approved on initial application. For people who are homeless and have no one to assist them, that percentage is cut by more than one half. When applications are denied, appeals can take an average of *one year* to complete, and in that time applicants often give up hope. With income support and Medicaid/Medicare health insurance, benefit recipients are able to access housing and physical/behavioral health care services, allowing them to pursue other life goals, including employment.

States and communities utilizing the SOAR approach report average approval ratings of over 70% in only 3 months.

The national success rate on initial applications for SSI and SSDI for all applicants is 37% with only 11% of the homeless population is estimated to receive SSI. SRS Kansas has provided training to over 300 individuals throughout the state. In most states, once an individual is approved for SSI and Medicaid their treatment providers are able to retroactively bill Medicaid for services provided up to 90 days prior to the date of their SSI application. This means reimbursement for previously uncompensated care as well as payment for ongoing treatment.

Medical Providers and Hospitals can also receive Medicaid/Medicare reimbursement, often retroactively, for medication and direct service costs that would otherwise remain uncompensated. ER and inpatient units, the most expensive medical settings, are those most commonly used by those who are homeless and have no insurance.

COMCARE'S SOAR Case Manager has been successful in securing benefits for clients which has allowed COMCARE to retroactively bill and secure reimbursement of over \$425,000, for medication and direct service costs incurred by clients who may have been homeless and uninsured at the time of service

2011 National SOAR Outcomes*

- In 2011 alone, SSI/SSDI brought over \$85 million into the state and local economies of participating states.
- Since 2006, there have been nearly 15,000 decisions on initial SSI/SSDI applications reported by 44 states using the SOAR approach for people who were homeless or at risk for homelessness. This is an increase of nearly 6,000 decisions over the prior year.

* 2012 National SOAR Outcomes have not yet been published.

Sustainable Funding Sources

The Oversight Committee continues with its efforts of identifying sustainable funding options.