

Interim Joint Committee on Health Welfare & Family Services

June 3, 2019

Testimony by Adrienne Bush, Homeless and Housing Coalition of Kentucky, concerning the intersection of mental illness and homelessness

Good morning. My name is Adrienne Bush, executive director at the Homeless and Housing Coalition of Kentucky. Thank you, Chair Moser and LRC staff, for inviting me to testify today.

In Kentucky, the number of people literally homeless on the street or fleeing domestic violence has decreased from 2014 to 2018 - from four thousand nine hundred ninety-eight to three thousand six hundred eighty-eight. In 2018, about a quarter were counted in Louisville, a little less than a quarter in Lexington, and slightly over half were homeless in the one hundred eighteen counties. These figures are derived from the state's annual Point-in-Time Count coordinated by Kentucky Housing Corporation. Looking at the number of people who self-report severe mental illness (SMI), the number has decreased from one thousand seventy-five in 2014 to six hundred fifteen in 2018. By this measure, people who have mental illness represent 17% of the overall homeless population in Kentucky, down from 22% in 2014. However, the number of persons with SMI remain essentially unchanged from 2017 to 2018.

To the extent that homeless service providers have managed to make inroads into the challenges associated with SMI and homelessness, it is due largely to implementation of the Housing First model, notably championed by President Bush's homeless czar, Philip Mangano fifteen years ago. Housing First does not mean housing only or housing without consequences; it is instead a recognition that it is at best difficult and at worst impossible to really address issues with people until they are in a stable place to live. There also is a misconception that Housing First only works in large cities on the coasts. I am here to report that is not true, in our experience. In Kenton County, the number of people dropped from two hundred ninety-one in 2014 to one hundred sixty-one in 2018. This is due in part to implementing a coordinated system of prioritizing vouchers for the highest need people, instead of on a first-come, first-served basis, and developing housing-focused case management services to empower people to retain their homes in the community.

Another solution already endorsed by the General Assembly is to work on the front end - to prevent people with SMI from becoming homeless in the first place. In 2005, legislation sponsored by then Representative and current Secretary Brinkman, established a pilot program in two communities - Louisville and the Lake Cumberland region. For a small investment of \$48,000 in each community annually, this program allows housing stabilization for people

exiting out of institutions, as well as youth aging out of foster care and people exiting the corrections system. Over the past four years, the projects have served one hundred forty-two people. In the last year, 73% have exited to a positive housing destination. This pilot was reaffirmed in 2016, when Senate Bill 225 sponsored by Senator Smith, was passed to make the project permanent and allow for expansion into other communities should funding become available. We would strongly urge the General Assembly, and members of this committee, to consider expansion as part of the 2020 biennial budget. It has demonstrated successful outcomes for a very small cost.

Another solution involves homeless youth aged sixteen and seventeen. In the 2019 regular session, the General Assembly passed House Bill 378, sponsored by Speaker Pro Tem Meade, to address the needs of youth experiencing homelessness. However, one piece that was dropped was the ability for unaccompanied youth sixteen and up to consent for shelter, housing, and mental health services. We urge the General Assembly to revisit this piece. Since the end of session, I have had inquiries from partners in Owensboro who want to address youth homelessness and think this change in statute is critical to making their local initiative successful.

Finally, I would urge the General Assembly to take up legislation to expand the ability of communities to address their affordable housing supply. No county in Kentucky has sufficient rental homes available or affordable to the lowest-income individuals. One piece of legislation we strongly endorse is the creation of a state Affordable Housing Tax Credit, filed as HB 488, sponsored by Rep. Bridges. This would spur the private development of more affordable homes, with preferences for project that address health care needs, including mental health, and other populations including youth aging out of foster care. It is nearly impossible to meaningfully address mental illness while people are under a bridge or on a riverbank. For our most vulnerable neighbors, we need to make sure we are creating a housing environment where they can be successful