Good Afternoon,

On behalf of the Lexington-Fayette Continuum of Care –

Thank you Senator Alvarado, Representative Moser and members of the Interim Joint Committee for allowing me to have a brief moment of your time today.

First let me be clear, our community believes that a person should never have to change who they are to get what they need.

This motto shapes who we are as a community and allows us to remember we are honored and humbled to serve those in need.

In 2018, Fayette County's homeless system provided services to over thirteen hundred individuals self-reporting a mental illness, about 25 percent of our overall population.

That number has doubled since 2014 and is likely under reported.

So, how can it be that we as a community have come together and effectively ended veteran homelessness, decreased overall homelessness and chronic homelessness by 48 percent – but still see an increase in mental illness among those experiencing homelessness?

Clearly, we are missing something.

We have a system design that is flawed at the state level.

When analyzing how we have been able to have such great success in other areas, one fact remained glaringly clear.

The answer, so simple in nature, it is easily missed.

Housing. Permanent Housing.

The only alpha by which we are able to assist our consumers in their recovering from homelessness.

Fayette County has been so successful in effectively ending veteran homelessness and reducing overall and chronic homelessness because we had a systematic shift to housing first.

We built a system that meets the consumer where they are, houses them with no pre-conditions, and provides as much or as few supports as wanted/needed.

We place very little expectations on the consumer but place great responsibility on providers.

So let's take a minute and compare that to the structure of the current KRS mental health system.

Grave, at times life or death, responsibility is placed on the consumer, not a provider.

If a consumer is experiencing homelessness and has a mental illness the following are responsibilities placed on that consumer in

order to end their homelessness and start mental health recovery:

1. The consumer must show up for all appointments. Multiple appointments are needed in order to even establish care.
2. The consumer must complete the paperwork, on time.
3. The consumer must voluntarily ask for help and assistance.
4. The consumer must come to us.
5. The consumer must come to us and do what we say.

Housing is treated as a gift from providers.

The mental health system uses housing as leverage.

A tool that is weaponized and hung-over consumers heads in an effort to induce compliance.

Put yourself in the position of an individual experiencing homelessness with a mental illness.

You must do all of the aforementioned while wondering where you will sleep,
How will you eat and drink,
Will you be safe,
Will someone attack you,
Will someone steal all your belongings including your ID, SS card and paperwork that are need for mental health treatment.

Shelter, Food, Water, Sleep, Air

Now meet all the requirements to establish treatment by KRS and also maintain your basic needs.

while simultaneously fighting against yourself because you have no control over your malfunctioning brain.

The current mental health system offers no solutions for permanent stabilization of basic needs prior to accessing treatment or recovery for those with a mental illness.

Housing First, permanent housing needs to be the alpha by which all mental health systems are built.

Because Housing First is modeled after Maslow's hierarchy of needs

slowly working from basic needs to the highest social integration;

our Housing First programs have outstanding performance for some of our hardest to serve consumers.

On an acuity scale of 0-16, the following outcomes were from consumers that were assessed as most critical, acuity scores of 14 to 16.

Of the consumers housed through the Housing First programs dedicated to those with serious mental illness –

Over a four year analysis - 81 percent are still housed with the respective programs or have moved onto independent permanent housing options.

Consumer also show reductions in:
Substance Use
Crisis Homeless services,
hospital stays,
incarceration days, and
police interaction

We also see an increase in
engagement in mental health treatment and recovery.
Income
Non-cash benefits
And social integration

Meaning, they have stopped using a revolving door, circling the drain.

They have stopped just surviving in their homelessness and

are on the path to their recovery.

So let's talk dollars:

For every $10 dollars invested in Housing First, the community saves an average $21.72.

Consumers costing our community an average of $144,000 per year in crisis services,

Now cost the community an average of $18,500.

In Lexington alone, 112 individuals cost an estimated 16.4 million in FY17. With permanent housing, costs are estimated for the same 112 individuals, to be $2 million all services and housing included =

a savings of 14 million dollars to tax payers per year.

We have built a system of good intention, not good results.

We fail to see that the consequences far outweigh the intent.

So how can Kentucky start to redevelop a mental health system that will actually provide positive outcomes for consumers.

- Reduce costs on hospitals and acute care

And

- Reduce and end mental illness within homelessness

We are asking you to develop a Mental Health Block Grant given to the Continuum of Care lead organizations

to competitively fund Housing First model programs serving all those with mental illness--not just serious mental illness.

Allow the local communities to go to the consumers and meet them where they are, provide the basic need of safe and stable housing, and move towards recovery.

The structure of this legislation should be very similar to that of proposed HB 378 for youth.

All funding should be competitive and based solely on outcomes, not outputs.

This block grant can be written with edits to current legislation under KRS 194A.735 or KRS 202A.

In conclusion,

At the end of the day, you can change and adapt the system to remove small barriers, but without providing the basic need of housing –

we will continue to see mental health and homelessness crash into each other at an increased rate.

And we will continue to see individuals cycling through the system – costing tax payers hundreds of thousands of dollars each year per client.

Lexington has clearly demonstrated over the last 5 years that we can come together as a community to implement high performing, performance based programs that are ending and reducing homelessness.

We, however, are unable to continue to meet the demand that the mental health system continues to place on us.

The state needs to provide the housing capacity necessary for all those suffering from mental illness and homelessness.

We need the state to structure KRS with housing as the alpha to

end mental illness within the homelessness community.

Thank you for your time.