

**REPORT TO THE TWENTY-EIGHTH HAWAII STATE
LEGISLATURE 2015**

**IN ACCORDANCE WITH THE PROVISIONS OF
SECTION 346-378, HAWAII REVISED STATUTES ON THE
HOUSING FIRST PROGRAM**

**DEPARTMENT OF HUMAN SERVICES
Benefit, Employment, and Support Services Division
December 2014**

REPORT ON THE HOUSING FIRST PROGRAM PURSUANT TO SECTION 346-378 HAWAII REVISED STATUTES

Section 346-378(d), Hawaii Revised Statutes (HRS), requires the Department of Human Services (DHS) to submit an annual report on the implementation of Housing First to include:

- (1) Total number of participants in housing first programs;
- (2) Annual costs of the programs;
- (3) Types of support services offered; and,
- (4) Duration of services required for each participant.

Per section 346-378(b), HRS, the principles of the Housing First (HF) program include:

- (1) Moving chronically homeless individuals into housing directly from streets and shelters, without a precondition of accepting or complying with treatment; provided that the department may condition continued tenancy through a housing first program on participation in treatment services;
- (2) Providing robust support services for program participants, predicated on assertive engagement instead of coercion;
- (3) Granting chronically homeless individuals priority as program participants in housing first programs;
- (4) Embracing a harm-reduction approach to addictions, rather than mandating abstinence, while supporting program-participant commitments to recovery; and
- (5) Providing program-participants with leases and tenant protections as provided by law.

Per section 346-378(e) "chronically homeless individual" means a homeless individual who has an addiction or a mental illness, or both.

Housing First Pilot

In June 2012, the department's Homeless Programs Office (HPO) implemented the Housing First Pilot project (hereafter "**HF Pilot**") with total funding of \$1 million. DHS contracted services for 13 months with two providers, Institute for Human Services (IHS) and U.S. Vets, for \$450,000 and \$550,000 respectively. The HF Pilot program geographically focused services on the chronically homeless encountered in Waikiki and downtown Honolulu. Agencies provided a wide array of services to clients, including intensive case management, housing placement (assisting clients locate suitable rentals), rent subsidy, and access to services such as mental health or substance abuse treatment, if sought by the client. To sustain clients' financial and health care needs, the agencies provided referral services to public benefits programs such as Social Security and other financial programs, SNAP (food stamps) and QUEST coverage.

The University of Hawaii, Center on the Family, collected and analyzed the HF Pilot data. During the 13 months of the HF Pilot, the agencies served a total of 71 people (57 single adults and three families comprised of 14 individuals). Of those 71, 67% (~48) exited to permanent housing. To clarify, when funding for the HF Pilot ended, clients were transitioned to other supportive housing programs such as the former Shelter Plus Care program. Approximately, 10.9% (~7.7) of those served through the HF Pilot left homelessness into placements in institutions/foster/care homes or transitional shelters. One client died while involved in the program. Seven (7) individuals returned to homelessness. Following the completion of the HF Pilot's contract, U.S. Vets, used other funds that it had leveraged to continue to pay an additional year of rent for 14 individuals (or 22% of the HF Pilot original group of 71) to remain in stable housing.

Collaboration with the Department of Health

In 2013, DHS collaborated with the Department of Health (DOH) in DOH's successful application for a three-year grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to implement an evidenced-based Housing First program, **Hawaii Pathways Project (HPP)**, for individuals with substance abuse and/or co-occurring substance abuse and mental health issues. This important collaboration is part of the State's overall effort to develop a coordinated approach to end homelessness, and the Legislature's Housing First mandate to the department to incorporate and develop "support services to move program-participants toward self-sufficiency." (See §346-378(c)(3)(E), HRS.) Like DHS's Housing First program, HPP's initial target population is chronically homeless individuals with substance abuse or co-occurring substance abuse and mental health issues. The SAMHSA grant provides funds for services; it does not provide funding for housing costs. To best leverage these SAMHSA federal funds, as part of the grant application DHS worked with DOH and various community partners to commit DHS HF funds to the housing component of the SAMHSA grant. Additionally, DHS provided data and technical information in support of the DOH grant application.

In September 2013, SAMHSA awarded DOH approximately \$1.2 million, and DOH executed its contract for **Assertive Community Treatment (ACT)** team services in the spring of 2014. The contract provides for case management, wrap around services, and links to Medicaid and other public benefits once in housing.

For the housing component, DHS followed with its Request For Proposal (RFP) which included mandates for agencies awarded DHS funds to collaborate with the HPP so that housing costs for the HPP target population would be paid for with DHS HF funds. This is one approach to leveraging available funding resources and building capacity for intensive, holistic care paired with housing services.

Hale O Malama

Section 346-378(c)(1)-(2), HRS, directs the department to identify target populations, specifically chronically homeless individuals, and to develop assessments for the chronically homeless population. During the interim between the HF Pilot and the execution of the current DHS HF contract (see discussion below), DHS, along with the

Hawaii Interagency Council on Homelessness (HICH), and *Partners in Care*, a Continuum of Care of service providers in the City and County of Honolulu, adopted **Hale O Malama**. Hale O Malama is a data-driven system of coordinated entry to homeless resources. The U.S. Department of Housing and Urban Development (HUD) and the U.S. Department of Veterans Affairs (VA) provided tremendous support to Hale O Malama's development of Oahu's coordinated system of homeless services.

In October 2013, Hale O Malama implemented the use of a common assessment survey called the **VI-SPDAT** (Vulnerability Index Service Prioritization Decision Assistance Tool) to determine the level of acuity or needs of a homeless individual or family. Based upon the VI-SPDAT survey responses, the tool triages an individual or family into one of three levels of care: 1) Permanent Supportive Housing (PSH), 2) Rapid Re-Housing (RRH), and 3) Mainstream/Usual Care (Main).

As of December 9, 2014, *Partners In Care* providers assessed approximately 1,802 homeless people residing in unsheltered conditions and homeless shelters on Oahu with the VI-SPDAT. The non-profit PHOCUSED (Protecting Hawaii's Ohana Children Under Served Elderly and Disabled) collects Hale O Malama's data generated from the VI-SPDAT. The data allows providers to identify individual and global needs, and to prioritize and target services for those with the greatest need. Utilizing the VI-SPDAT as the common assessment tool created a quantifiable process for determining acuity and prioritization so that homeless individuals and families will receive services appropriate to their level of need. Hale O Malama's success with the VI-SPDAT is being scaled statewide through VI-SPDAT training on all neighbor islands. DHS is contributing other funds toward training.

As part to the Hale O Malama initiative, since February 2014, PHOCUSED has tracked, on a weekly basis, emergency shelter vacancy rates. With this information, it is now possible on Oahu for providers to match individuals and their shelter needs with available shelter resources.

FY 2014 DHS Housing First (HF)

For FY 2014, the legislature appropriated an additional \$1.25 million to the department for HF. Following an intense period of planning with the DOH and other partners, in June 2014, DHS contracted with U.S. Vets for \$1.25 million for Housing First on Oahu. Unlike the HF Pilot, this contract expanded services across Oahu. An additional \$250,000 will be procured for services on the neighbor islands. HPO has been in discussion with *Bridging the Gap*, the Continuum of Care of service providers for the neighbor islands, to ensure that funding provisions reflect the services most needed for those communities.

Since the current DHS HF contract was issued, 38 people, including one family of two, have been successfully housed by the department's HF program and the Hale O Malama process. Fourteen individuals from the HF Pilot continue to be housed and receive rental subsidies. These same 14 people are included in the 38 person total. Housing costs have averaged about \$1,100/month per client. U.S. Vets, the current HF

provider, is constantly searching for units priced at or below HUD's Fair Market Rent (FMR). Additionally, there have been 23 referrals to the DOH's HPP for those homeless clients with substance abuse and co-occurring mental illness.

Duration of Services: a difficult question to answer

Given the complexities of addressing the acuity and unique needs of homeless individuals, and the community's housing and service issues, it is challenging to determine the duration of services individuals need to transition out of homelessness. HF funded services include: assistance with locating temporary/permanent rental placement, case management, employment assistance, housing subsidies, referral to the DOH HPP, and referral to public benefits. We know and continue to learn that many clients served in permanent supportive housing programs require on-going housing subsidies and access to services such as case management, mental health treatment, and some require assistance with regular self-care. For the 14 individuals carried over from the HF Pilot, we can say they will likely continue to require additional housing subsidies for approximately 24 months. Data from the HF Pilot suggests that some clients (8 individuals) were able to stabilize their housing sufficiently and move towards sustainability through employment, and others (32 individuals) gained financial and medical stability by successfully applying for public and other eligible benefits such as Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), VA pensions, and Medicaid.

Key performance measures for the HF program are assisting clients gain employment (to the extent possible) and the application for public or other financial benefits to increase and stabilize income. The HF program per client housing cost can be reduced once an individual's placement is stabilized and they are able to apply, and are approved, for benefits by the above programs. Once employed or approved for financial assistance through federal or other eligible financial programs, the individuals are asked to pay no more than 30% of their income toward housing costs.

The HF program provides supportive housing and intensive services to clients. Other community sources of permanent supportive housing include HUD's Shelter Plus Care (now known as the Continuum of Care program) and the HUD-Veterans Affairs Supportive Housing (VASH) programs. All three programs require permanent housing placement and on-going support services to ensure client success at staying stably housed.

The current inventory of permanent supportive housing available statewide is:

Oahu

- 616+ permanent supportive housing units (Unit counts may vary depending upon the Fair Market Rent).
- 243 VASH vouchers

Neighbor Islands

- 269+ permanent supportive housing units (Unit counts may vary depending upon the Fair Market Rent)
- 92 VASH vouchers.

*HUD and the VA have announced that another 74 VASH vouchers will be made available in Hawaii in November, 2014.