

**REPORT TO THE TWENTY-NINTH HAWAII STATE
LEGISLATURE 2016**

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

**DEPARTMENT OF HUMAN SERVICES
Benefit, Employment, and Support Services Division
December 2015**

**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.

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 in June, 2014, (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.

Beginning 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 2015, *Partners In Care* providers assessed approximately 5,000 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 allow 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. The rationale for coordinated entry into the system of care is that resources are scarce and should be matched with appropriate needs to avoid over- or under-resourcing of individuals/families. 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 and scaling of Hale O Malama across the State.

The Hale O Malama initiative on Oahu has been maintained throughout 2015 in concert with the national effort to end Veterans' homelessness by December, 2015. Technical assistance from HUD and VA have enhanced local efforts with a focus on data driven results and the implementation of nationally recognized best practices.

DHS Housing First (HF)

As noted in DHS' 2014 Housing First Report to the Legislature, a great deal of coordination and consultation with the Substance Abuse and Mental Services Administration (SAMHSA) and its grantee the State Department of Health's Alcohol and Drug Abuse Division (ADAD), enabled the State's Housing First program to be aligned with the federally funded Hawaii Pathways Project. Additionally, the HF program was also operated to accept intakes in alignment with Hale O Malama, the coordinated entry program. In this way, the State's HF sought to operate its program with the highest fidelity to both the Housing First model and to the coordinated system deemed as a best practice for communities to end homelessness. This alignment ensures that system-wide, the State's HF program is accepting those chronically homeless individuals who are unsheltered and have the highest acuity scores (that is, these individuals/families are the most likely to die on the streets if no intervention is achieved). The Hale O Malama referral process is documented to ensure that only clients who meet the community-established criteria are taken into the program.

The HF program enrolled a total of 77 people during the period from June, 2014-June, 2015, and served an additional 13 individuals who were carried over from the initial HF pilot project that ended in June 2013. A total of 108 people were served, (including 10 unduplicated families with children), with a retention rate of 97%, i.e., 97% of the chronically homeless individuals

and families intake into the program remain in placement with rental subsidies and supportive services attached.

Other measures of program effectiveness include: 9 individuals who voluntarily entered treatment (either substance abuse or mental health); 4 individuals who participated in employment training or educational endeavor; 3 individuals who regained their health enough to secure employment.

Twenty (20) of the housing placements were arranged in conjunction with the Hawaii Pathways Project (HPP), i.e., the State's SAMHSA grant. For those 20 clients, case management and intensive wrap around services are provided by Catholic Charities and Helping Hands Hawaii. Providing the housing voucher to Pathways eligible clients is another avenue for effective leveraging of the federal funds and capacity building for our community.

Annual Cost of Services

Total funding available for Housing First services on Oahu is \$1,500,000, with the balance of \$250,000 designated to services on the neighbor islands.

The most recent analysis of the Hawaii Pathways Project by the University of Hawaii Center on the Family of fifteen (15) Hawaii Pathways Project clients found that "[a]fter obtaining stable housing, the estimated healthcare cost for Hawai'i Pathways clients served through the State's Housing First Program dropped from an average of \$10,570 per client per month to \$5,980. This represents a 43% decrease over a six-month period. The estimated cost savings from reduced healthcare utilization by stably housed clients was \$4,590 per month." Hawaii Pathways Project Evaluation (January 7, 2016), University of Hawaii Center on the Family.

While this preliminary finding is an estimate, it points to the need to build a robust data collection system involving non-government and government entities so that we may measure the effectiveness of the Housing First program. We are reminded that Housing First is only one part of a broader community strategy to end homelessness. Implementing the Housing First program with fidelity will continue to require sustained funding for this vulnerable population, continued supports, and the understanding that for effective long term implementation the availability of different types of affordable housing remains crucial.

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.

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. Typically the sources of such income for HF clients have been (in order of prevalence): Social Security Disability Income (SSDI), General Assistance (GA), Supplemental Security Income (SSI), VA income, and employment. During the program year, 9 clients were able to increase their income and thus make a larger contribution to the cost of their housing. The HF program per client housing cost has been reduced once an individual's placement is stabilized and they are able to apply, and are approved for benefits by the above programs. Currently approximately 84% of clients served (54 people) are contributing to the cost of their rent, with the average rent paid by clients of \$181/month. 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

- 921+permanent supportive housing units (Unit counts may vary depending upon the Fair Market Rent).*
- 541 VASH vouchers
- 173 City funded Housing First beds

Neighbor Islands

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

*Counts based on the 2015 Housing Inventory Count (HIC)