STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
Benefit, Employment, and Support Services Division
Homeless Programs Office

Report to the Hawaii State Legislature on the Housing First Program pursuant to section 346-378, Hawaii Revised Statutes

December 2016

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 (HF) 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 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.

Note: The U.S. Department of Housing and Urban Development (HUD), in its final rule on "Defining Chronically Homeless," additionally requires that an individual or head of household to have been living in a place not meant for human habitation, in an emergency shelter, or in a safe haven for at least twelve (12) months either continuously or cumulatively over a period of at least four (4) occasions in the last three (3) years.

State fiscal year (SFY) 2017 Requests for Proposals (RFP) for the State HF Programs on Oahu and the rural counties will require compliance with HUD's definition in determining priority for permanent housing. DHS anticipates posting the Oahu and neighbor island RFPs in early 2017.

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 DHS HF contract in June 2014, (see discussion below), DHS, the Hawaii Interagency Council on Homelessness (HICH), and Partners in Care (PIC), a Continuum of Care (CoC) of service providers in the City and County of Honolulu, adopted **Hale O Malama.** Hale O Malama is a data-driven system of coordinated access to homeless resources. 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). VI-SPDAT is "a triage tool that is designed to be used by all providers within a community to quickly assess the health and social needs of homeless persons and match them with the most appropriate support and housing interventions that are available."[1] VI-SPDAT survey responses prioritizes 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 2016 (from VI-SPDAT's inception in late 2013), PIC providers assessed approximately 5,171 homeless singles and 904 families residing in unsheltered conditions and homeless shelters on Oahu. The non-profit PHOCUSED (Protecting Hawaii's Ohana Children Under Served Elderly and Disabled) collected Hale O Malama's data generated from the VI-SPDAT and entered them into the Homelink database (see discussion below). The data allow providers to identify individual and global needs, and to prioritize and target services for those with the greatest need. Providers using the VI-SPDAT as the common assessment tool created a quantifiable process for determining acuity and prioritization so that homeless individuals and families receive services appropriate to their level of need. The rationale for coordinated entry into the system of care is that community resources are scarce and should be matched with appropriate needs to avoid over- or under-resourcing of individuals and families.

Bridging the Gap (BTG), the CoC for Hawaii, Kauai and Maui counties, has also adopted "housing first" as a philosophical premise to end homelessness in the rural counties. They recognized that providing support for stable housing is an important first, rather than last step in a transition to independently sustained permanent housing. Moreover, BTG has also selected VI-

[1] For more information on VI-SPDAT, see http://www.orgcode.com/wordpress/wp-content/uploads/2014/08/VI-SPDAT-Manual-2014-v1.pdf.

SPDAT as its common assessment tool, and completed a substantial number of assessments using the pre-screening tool in 2016 screening approximately 209 singles and 33 families.

In November 2016, the data from the Homelink database was migrated to the Homeless Management Information System (HMIS). HMIS is an electronic data system that contains client level data about persons who access the homeless services system through a CoC and is federally required for communities by the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009. A robust HMIS is a valuable resource with a capacity to aggregate and unduplicate data from all homeless assistance and homelessness prevention programs in a CoC; data which assists to understand patterns of service use and measures of effectiveness. DHS Homeless Programs Office (HPO) is the lead agency managing the administration of the HMIS on behalf of PIC and BTG. Service providers are now able to input VI-SPDAT data directly into HMIS. When the data system reaches its full potential, one expectation for HMIS is the automation of scoring and referrals without human interpretation and subjectivity.

Developing a robust HMIS requires regular training of providers. In December 2016, a series of VI-SPDAT/Coordinated Entry System (CES) trainings were conducted by Iain De Jong, President and Chief Executive Officer of OrgCode Consulting, and creator of the VI-SPDAT. Hawaii, Kauai and Maui county service providers and stakeholders benefitted from the intensive two-day, in-person trainings in anticipation of the CES implementation in each county.

DHS Housing First (HF)

As described in the 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 (HPP). In addition, the HF program accepted clients through the Hale O Malama coordinated entry process. In this way, the State's HF operated 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. The Hale O Malama referral process is documented to ensure that only clients who meet the eligibility criteria are taken into the program.

DHS contracted with the non-profit U.S. Vets to administer the HF program on Oahu. In SFY 2016, twenty-three (23) of the housing placements were arranged in conjunction with the Hawaii Pathways Project, i.e., the State's SAMHSA grant. Five (5) participants were approved for specialized behavioral health services through the DHS Med-QUEST Division's (MQD) Community Care Services (CCS) program. Thirteen (13) participants are pending approval for the same specialized services. Four (4) individuals were deemed stable and do not require Assertive Community Treatment (ACT) level services (intensive, highly individualized mental

health service). One (1) client has been unaccounted for and numerous attempts to locate him have been unsuccessful.

HPP will conclude its term in March 2017, so a transition plan has been executed by U.S. Vets to provide continued assistance to its participants. Services will be maintained for five clients approved for CCS to sustain their needs. U.S. Vets and its subcontractor, Kalihi Palama Health Center, will absorb the four clients who do not require ACT-level services due to their current stability. An alternative plan is being developed in the event the remaining clients pending approval for the CCS program are declined. Most are expected to be approved, while the remainder will be engaged by U.S. Vets. A follow-up meeting will be held in January 2017 to discuss other strategies and resources to ensure the best quality service to those clients in transition.

Providing the housing voucher to HPP eligible clients has been another avenue for effective leveraging of the federal funds and capacity building for our community.

ADAD has identified state general funds to assist with the short-term transition, and is working closely with the MQD on longer-term strategies to sustain case management services. The longer-term strategies include technical assistance from the Centers for Medicare and Medicaid Services (CMS) Medicaid Innovation Accelerator Program (IAP) Community Partnership track to develop an integrated behavioral and other health services plan for Housing First participants. It is important to note that Medicaid benefits cannot be used to pay for room and board, however, there are particular mechanisms that may be used for supportive housing services, such as case management.

Total Number of Participants in HF Programs

The HF program enrolled a total of seventy-five (75) veteran and non-veteran households during the period from July 2015-June 2016. Eleven (11) additional households were served with short-term supplemental state funds made available through Governor David Ige's Emergency Homeless Proclamation. A total of 117 individuals were served, (including 9 unduplicated families with children). These individuals and heads of households were assessed with the VI-SPDAT and received a range of scores indicating eligibility for permanent supportive housing (PSH). The retention rate of 92.2% reflects the percentage of the participating chronically homeless individuals and families who sustained placement in permanent housing with the assistance of rental subsidies and supportive services.

Other HF Program Outcomes

Other measures of program effectiveness include: 7 individuals voluntarily entered treatment for either substance abuse or mental health services; 6 individuals participated in employment training or an educational endeavor; 13 individuals obtained employment; and 40 landlords were recruited to provide rental units for HF clients.

As of this writing, the HF Program is at 95% capacity (82/86) with four (4) vacancies. It is important to note that referrals for all of the vacancies are pending document readiness.

However, if a document ready household is referred for a vacant unit, that household will have priority over those households with documents pending.

The success of the program utilizing the Housing First model of service has been significant. The U.S. Vets HF Program Overview table (attached) illustrates the rate of housing retention over the four year period since the inception of the state's HF program. The outcomes data has steadily shown that 90%+ of veteran and non-veteran HF participants have maintained their housing status. The case management approach is adjusted to each individual to strengthen their ability to be re-housed. It is also noteworthy that those who were evicted from their housing continued to receive services to mitigate the potential of return to the streets.

Annual Cost of Services

The initial funding for Housing First services on Oahu during SFY16 was $1,250,000; this amount was subsequently supplemented with an additional appropriation of $312,000 for a total of $1,562,000. Currently, $1,500,000 is designated to implement HF programs on the neighbor islands, in addition to $1,500,000 to sustain HF services on Oahu. Two Requests for Proposals for the neighbor islands and Oahu will be issued in early 2017 for a total of $3,000,000 in statewide HF funding.

The Homeless Service Utilization Report, which is anticipated to be released in early 2017, will include updated data and analysis of the Housing First Program. The most recent analysis of the Hawaii Pathways Project by the University of Hawaii Center on the Family, based upon reports of the fifteen (15) initial HPP 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 per client per month. 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 is critical to build a robust HMIS data collection system involving non-government and government entities so that the actual effectiveness of the HF program may be measured. While HF is very successful, HF is only one part of a broader community strategy to end homelessness. Implementing the HF 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 families, combined with 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 also require assistance with regular self-care.

Key performance measures for the HF program include: assisting clients to gain employment to the extent possible, and assisting with their 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, 15 clients were able to increase their income and thus make a larger contribution to the cost of their housing. Approximately 70% of clients served (58 people) are contributing to the cost of their rent; the average rent paid by clients is $188/month. The HF program per client housing cost is 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, 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 remaining stably housed.

The current inventory of permanent supportive housing available statewide

Oahu

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

Neighbor Islands

- 389++ permanent supportive housing units (Unit counts may vary depending upon the Fair Market Rent)*
- 125 VASH vouchers (approximate)**

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

** Number of vouchers can change as vouchers are used, returned or re-located.

HF Program Overview

- State HF Program by year

	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017
Total Households To Serve	24 Vet & Non-Vet	24 Vet & Non-Vet	75 Vet & Non-Vet	75 Vet & Non-Vet	86 Vet & Non-Vet
Eligibility	CH, vulnerable according to the 100,000 Homes Campaign assessment	CH, vulnerable according to the 100,000 Homes Campaign assessment	VI-SPDAT score indicating PSH range	VI-SPDAT score indicating PSH range	VI-SPDAT score indicating PSH range
Partnerships	Waikiki CAV C. Peraro Consulting	Waikiki CAV C. Peraro Consulting	Waikiki CAV, KPHC, CCH & HHH (HPP) C. Peraro Consulting	KPHC, CCH & HHH (HPP) C. Peraro Consulting	KPHC, C. Peraro Consulting, HHH (HPP)
Housing Retention Outcome	Six-month retention: **90%** (1 individual passed away) Twelve-month retention: **84%**		**98.5%** (1 individual passed away & 1 transitioned to another PH program)	**92.2%** (2 transitioned another PH program, 1 individual passed away, 3 evicted, 1 incarcerated, 1 d/c for violence)	N/A
Other	N/A	N/A	N/A	Short-Term Supplemental Funding Received to serve additional 18 households	N/A