

Report to the Twenty-Ninth Hawaii State Legislature 2018

In Accordance with
Section 346-378, Hawaii Revised Statutes, on the Housing First Program

Benefit, Employment, and Support Services Division
Homeless Programs Office
Department of Human Services
December 2017

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.

HF was fully implemented on Oahu in 2014, prioritizing services to chronically homeless who have the highest assistance needs. The rural counties, the neighbor islands of Hawaii, Kauai and Maui, have subsequently implemented HF in 2017.

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 program on Oahu and the rural counties required compliance with HUD's definition in determining priority for permanent housing. At the same time, the DHS realized that there are those who do not reach the required level of "chronicity," but who are extremely vulnerable and desperately need housing and supportive services. Hence, the DHS offered an alternative eligibility process in consideration of homeless individuals and families who do not quite meet the criteria of the "chronically homeless" definition. Services Providers who recognize these attributes in their clients may request approval from the DHS Homeless Program Office (HPO) for placement in

permanent housing through the HF program. Service providers are expected to do their due diligence by completing the required paperwork. Each request is on a case by case basis, and utilized sparingly.

Coordinated Entry System (CES)

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.

The DHS and the two (2) Continuum of Care (CoCs) in the State, Partners in Care (PIC) and Bridging the Gap (BTG), continue to make progress in coordinating homeless services through the establishment of a Coordinated Entry System (CES) and case conferencing (CC) process. The CES process begins with assertive community outreach to identify and engage the homeless, then utilizing the VI-SPDAT to assign a vulnerability score. VI-SPDAT is a common assessment tool to ensure those with greatest needs are prioritized for assistance. Based on vulnerability score and other prioritization factors, a “by-name list” (BNL) of homeless individuals and families is generated.

As of December 2017, the BNL report showed that 5,728 homeless individuals and 1,378 families residing in unsheltered conditions and homeless shelters were assessed and prioritized: 4,527 individuals and 1,057 families on Oahu; 192 individuals and 120 families on the Hawaii Island; 100 individuals and 26 families on Kauai; and 459 individuals and 165 families on Maui.

Currently, the BNL is generated, updated, and monitored by a neutral entity in each county: Oahu individual BNL by Aloha United Way (AUW); Oahu family BNL by Protecting Hawaii’s Ohana Children Under Served Elderly and Disabled (PHOCUSED); the Hawaii Island individual and family BNL by Hawaii County Office of Housing & Community Development; Kauai individual and family BNL by the Kauai County Housing Agency; and Maui individual and family BNL by the Maui County Homeless Program Division.

The above entities then convene and lead CC meetings regularly for their county. CC is the venue where client needs are discussed and services are offered to meet those needs. CC also provides the opportunity for communities to assess the needs of the homeless and begin to document the gaps that exist in the service system. Within the CoCs, it is known that the current supply of affordable housing does not meet the demand for those most in need, making the need for an efficient coordinated entry process that much more important.

As mentioned in last year's report, the data from the Homelink database was migrated to the Homeless Management Information System (HMIS) in November 2016. HMIS is an electronic data system required by the U.S. Department of Housing & Urban Development (HUD) 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 input VI-SPDAT data directly into HMIS.

Among the CoCs, there was a desire to increase HMIS participation from public and community health providers. The use of HMIS was expected to increase. With the 2016 Proclamation from the Office of the Governor to address homeless issues, funds were provided to enhance the HMIS administrative and support services for both PIC and BTG. The HMIS capabilities have been expanded for: State contracts' operations; help desk, webinar and training; administrative compliance; and research and reporting. 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/ CES trainings were conducted by Iain De Jong, President and Chief Executive Officer of OrgCode Consulting, and creator of the VI-SPDAT. Service providers and stakeholders benefitted from the intensive two-day, in-person trainings in anticipation of the CES implementation in each county. Topics included diversion; coordinated entry and prioritization; measuring performance and making program adjustments; and programs and policies with intended outputs and outcomes.

In 2017, Iain De Jong conducted another series of trainings for service providers and stakeholders: "Rural Homelessness Solutions, Street Outreach to Housing, and Being an Awesome Shelter," "Motivational Interview, and Promoting Wellness and Reduction Harm," and "Housing Stabilization That Works and Effective Continuum of Care." Topics included effective engagement, prioritizing service delivery, appropriately linking into coordinated entry, preparing participants for housing stabilization, establishing expectations in a shelter rather than rule enforcement, structuring housing teams, and CoC governance.

Additionally, in summer 2017, consultants from Housing Innovations, Suzanne Wagner and Andrea White, conducted a series of trainings for service providers and stakeholders on Housing First approach. Topics included Housing First principles and practices; Housing First for outreach, shelter and permanent housing; organizational supports for the practice; housing access and stabilization; and Crisis Response System.

DHS Housing First (HF)

In SFY 2017, DHS contracted with the non-profit United State Veterans Initiative (USVI) to administer the HF program on Oahu. For the first time, the State provided Housing First funding (\$1.5 million) to the neighbor island counties. In mid-2017, DHS contracted with the non-profit Family life Center, Inc. on Maui; HOPE Services Hawaii, Inc. on the Hawaii Island; and

Catholic Charities Hawaii on Kauai. This unprecedented effort reflects the State's priority on permanent housing for chronically homeless individuals and families.

On Oahu, since the federally funded Hawaii Pathways Project (HPP) was extended, the State HF Program aligned with HPP to focus on providing permanent supportive housing to chronically homeless individuals struggling with substance use or substance use with mental illness. A total of four (4) individuals were placed in permanent housing coordination with HPP in SFY 2017. At the same time, a transition plan has been prepared by USVI to provide continued assistance to the clients in case the HPP is not extended. One of the plans is that clients will be served by the State HF program. Monthly meetings are planned in 2018 to discuss other strategies and resources to ensure the best quality service to those clients in transition.

Total Number of Participants in HF Program

In SFY 2017, the HF program on Oahu enrolled a total of 100 veteran and non-veteran households. A total of 131 unduplicated individuals were served, (including 10 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 96.7% 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.

From May to December 2017, a total of 181 unduplicated households and 241 unduplicated individuals were served: 87 unduplicated households and 125 unduplicated participants on Oahu; 75 unduplicated households and 88 unduplicated participants on the Hawaii Island; six (6) unduplicated households and seven (7) unduplicated participants on Kauai; and 13 unduplicated households and 21 unduplicated participants on Maui.

Other HF Program Outcomes

Other measures of program effectiveness include in SFY 2017: 10 individuals voluntarily entered treatment for either substance abuse or mental health services; one (1) individual participated in employment training or an educational endeavor; five (5) individuals obtained employment; and five (5) new landlords were recruited in addition to the 40 already providing rental units for HF clients.

Key performance measures and outcomes 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 SFY 2017, two (2) clients were able to increase their employment income; 27 clients increased their assistance income (e.g. SSI, SSDI, VA); and three (3) clients increased their public

non-cash benefits (e.g. SNAP, IWC). The income alleviates the cost of their housing. 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.

Annual Cost of Services

The funding for Housing First services on Oahu during SFY 2017 was \$1,500,000. Requests for Proposals for Oahu and the neighbor islands were issued in early 2017 for a total of \$3,000,000 in statewide HF funding: \$1,500,000 is to sustain HF services on Oahu; \$1,500,000 is designated to implement HF program on the neighbor islands.

The analysis of the Hawaii Pathways Project (HPP) 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 HPP 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 based on client report, it is critical to continue to enhance and expand HMIS data collection involving non-government and government entities so that the actual effectiveness of the HF program may be measured and reported. 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 chronically 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, re-housing, and referral to public benefits.

The DHS knows and continues 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. Upon discharge or service termination, service providers are expected to provide information to clients how they can access assistance from the program again, if needed, and what kind of

follow-up assistance may be available. In instances when a client is at imminent risk of returning to homelessness, programs either have the capacity to directly intervene or provide referral to another prevention resource. Service providers are required to make at least monthly attempts to contact discharged clients to assess on-going service needs and connect clients to appropriate services as necessary for at least three (3) months post discharge. Providers are also required to meet in client's homes at least every three (3) months to review housing maintenance, health, safety, and quality. Providers are expected to make at least one additional contact attempt at approximately six (6) months post-discharge to ensure housing stabilization.

The current inventory of permanent supportive housing available statewide

Oahu

- 1,451 permanent supportive housing units (Unit counts may vary depending upon the Fair Market Rent) *
- 492 VASH vouchers (32 families and 460 individuals) **
- 109 City funded Housing First beds

Neighbor Islands

- 348 permanent supportive housing units (Unit counts may vary depending upon the Fair Market Rent) *
- 125 VASH vouchers (10 families and 115 individuals) **

*Counts based on the 2017 Housing Inventory Count (HIC)

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