

**COUNTY OF SAN LUIS OBISPO BOARD OF SUPERVISORS
AGENDA ITEM TRANSMITTAL**

(1) DEPARTMENT Social Services	(2) MEETING DATE 10/25/2016	(3) CONTACT/PHONE Laurel Weir 781-1833	
(4) SUBJECT Status report on the implementation of the contract with Transitions Mental Health Association for the 50 Now Program, which provides housing and supportive services for chronically homeless individuals, and request for direction on the program. All Districts.			
(5) RECOMMENDED ACTION It is recommended that the Board: 1. Receive and file the 50 Now program status report, and 2. Provide direction to staff on the program.			
(6) FUNDING SOURCE(S) N/A	(7) CURRENT YEAR FINANCIAL IMPACT \$648,323	(8) ANNUAL FINANCIAL IMPACT \$648,323 (estimated)	(9) BUDGETED? Yes
(10) AGENDA PLACEMENT <input type="checkbox"/> Consent <input type="checkbox"/> Presentation <input type="checkbox"/> Hearing (Time Est. ____) <input checked="" type="checkbox"/> Board Business (Time Est. <u>45 min</u>)			
(11) EXECUTED DOCUMENTS <input type="checkbox"/> Resolutions <input type="checkbox"/> Contracts <input type="checkbox"/> Ordinances <input checked="" type="checkbox"/> N/A			
(12) OUTLINE AGREEMENT REQUISITION NUMBER (OAR) N/A		(13) BUDGET ADJUSTMENT REQUIRED? BAR ID Number: <input type="checkbox"/> 4/5 Vote Required <input checked="" type="checkbox"/> N/A	
(14) LOCATION MAP N/A	(15) BUSINESS IMPACT STATEMENT? No	(16) AGENDA ITEM HISTORY <input type="checkbox"/> N/A Date: <u>01/12/16</u> _____	
(17) ADMINISTRATIVE OFFICE REVIEW Morgan Torell			
(18) SUPERVISOR DISTRICT(S) All Districts			

County of San Luis Obispo



TO: Board of Supervisors

FROM: Social Services / Lee Collins

DATE: 10/25/2016

SUBJECT: Status report on the implementation of the contract with Transitions Mental Health Association for the 50 Now Program, which provides housing and supportive services for chronically homeless individuals, and request for direction on the program. All Districts.

RECOMMENDATION

It is recommended that the Board:

1. Receive and file the 50 Now program status report, and
2. Provide direction to staff on the program.

DISCUSSION

Background

On August 26, 2014, the Board of Supervisors approved a three year contract with Transitions Mental Health Association (TMHA) in the amount of \$1,860,098 to carry out the 50 Now program, a pilot program to place 50 vulnerable, chronically homeless individuals into housing and provide intensive supportive services for those individuals to help them maintain their housing. The 50 Now program is a partnership between the County, TMHA, and the Housing Authority of the City of San Luis Obispo (HASLO). This is the third presentation to your Board to report on the progress of 50 Now program implementation.

The 50 Now program uses a "Housing First" approach, which is considered a best practice by the Federal government for addressing chronic homelessness. Housing First programs provide permanent housing with intensive supportive services to stabilize individuals and families in housing. Program participants enter permanent housing straight from the streets or emergency shelter with few barriers to housing entry and are offered services (though participation is not required), and there is no time limit in the length of stay in the housing. Participants in Housing First programs still must agree to meet regularly with their case manager, pay their rent on time, comply with the terms of their lease, and allow their neighbors the peaceful enjoyment of their own premises.

To ensure the rent is affordable, HASLO has agreed to provide federal Housing Choice Vouchers (formerly known as Section 8 vouchers) to up to 50 participating households. After clients are enrolled in the 50 Now program, HASLO screens them for eligibility for Housing Choice Vouchers and if they are eligible, enrolls them in the Housing Choice Voucher program. Vouchers may be used to help pay for apartments, rooms in shared housing, or other housing where the rent is at or below 40% of the Fair Market Rent for the county and where the units meet minimal habitation standards. Voucher payments are made directly to landlords.

Program Participant Selection

50 Now program participants are selected through the use of a standardized assessment tool, called the Vulnerability Index-Services Prioritization Decision Assistance Tool (VI-SPDAT). The VI-SPDAT is recognized by the U.S. Department

of Housing and Urban Development as an approved tool for prioritizing participants for available, permanent supportive housing.

In August 2014, the first VI-SPDAT survey for the 50 Now program was conducted across the county at homeless service agencies, meal programs, the jail, selected street locations, French Hospital, and health care programs for homeless or low income persons. VI-SPDAT results were used to determine vulnerability and a list of the 53 persons rated most vulnerable was provided to TMHA. The three additional persons were provided on the assumption that at least some of the initial 50 persons would not be available to participate in the program. TMHA staff then attempted to reach out to all 53 persons on the list. Thirty seven of the most vulnerable persons were housed from that initial list, along with three family members, and 16 from the original list were determined not to be available. Reasons persons were determined not to be available included death, placement in housing through other programs, inability to qualify for Housing Choice Vouchers, or because the persons could not be found.

In May and June 2015, a second VI-SPDAT survey was conducted at the same or similar locations as the August 2014 survey around the county. New survey sites included Twin Cities Hospital, Arroyo Grande Hospital, and the County Mental Health office in Atascadero. In the May/June 2015 survey, persons were prioritized based on their VI-SPDAT score and a list of 24 additional names was provided to TMHA. In the summer of 2016, the County began accepting completed VI-SPDAT surveys on an ongoing basis from social workers and case managers at local nonprofits and public health and safety agencies that serve homeless persons. Additional names were provided to TMHA in June 2016 and September 2016 as openings came available.

Goals and Outcomes

According to the terms of the Contract, TMHA would seek to achieve the following milestones:

1. Within 9 months, TMHA would permanently house 17 individuals
2. Within 15 months, TMHA would permanently house 34 individuals (cumulative)
3. Within 21 months, TMHA would permanently house 50 individuals (cumulative)

As of October 11, 2016, a total of 64 persons on the lists have been placed into housing, along with six family members (70 total). Of those placed into housing, 54 (77%) have remained in 50 Now Housing or moved to other, permanent housing situations. Twelve persons (17%) have left the program voluntarily or been terminated, and four persons (6%) have passed away.

As of October 12, 2016, of the 54 people who were placed into housing at least six months ago, 39 (72%) have remained in housing for at least six months.

In addition to the milestones noted above for housing, the contract with TMHA also listed ten performance objectives, listed below.

Table A: Contract Performance Objectives*

Performance Objective	Target	Outcome to Date	Explanation of how outcome data was obtained	Comments
i.50% of successfully housed participants will report improved self-sufficiency via a standardized assessment tool within 12 months of being housed.	50% will show improvements in self-sufficiency	100% showed improvements in self-sufficiency	Progress was measured using a standardized self-sufficiency measurement tool	None.

ii. Housed participants with a history of incarceration will demonstrate a 50% reduction in number of bed days in an incarceration setting, in the first 12 months of being housed compared to the previous 12 months.	50% reduction in bed days	98% reduction in bed days	Jail data was obtained from the County Sheriff's office	Data was gathered for 34 individuals who signed releases, not all of whom had arrest records. Total number of bed days in the one year before housing was 231, and the total number of bed days post-housing was 5.*
iii. Housed participants with a history of citations and arrest will demonstrate a 50% reduction in number of citations and arrests, in the first 12 months of being housed compared to the previous 12 months.	50% reduction	97% reduction	Jail data was obtained from the County Sheriff's office	Of the 34 individuals that provided releases for this information, 10 had been arrested within a one year period immediately prior to be housed, for a total of 35 arrests in the one year prior to housing. Post-housing, there was only one arrest among the participants.*
iv. Housed participants with a history of emergency (ER) and hospital stays will demonstrate a 50% reduction in the number of bed days in ER and hospital settings, in the first 12 months of being housed compared to the previous 12 months.	50% decrease	84% increase in days hospitalized; 52% decrease in total ER visits	Aggregate data was obtained using managed care insurance data on hospital and emergency room utilization	<p>Releases were obtained from 38 participants who were CenCal members. Releases were not obtained for non-CenCal members because CenCal does not have data for non-members. Some clients had private insurance coverage or were receiving health care from VA Medical Centers.</p> <p>A total of 58 ER visits were reported for the "pre" time period and 28 ER visits were reported for the "post" time period, representing a 52% decrease in the number of visits. The number of days hospitalized for the "pre" time period was 31 days and "post" time period was 57 days. TMHA reports that the increase in the number of hospital bed days occurred in some cases because medical exams identified serious health issues that required surgical treatment, or in other cases, serious illnesses that resulted in repeat hospitalizations.</p> <p>Unlike other outcomes, data for this was provided for fixed time periods rather than tied to an individual's date of housing. The list was divided into four cohorts. For persons housed from the August 2014 list, "pre" data was provided for the time period of January 1, 2014 -December 30, 2014 and "post" was provided from December 31, 2014-to July 1, 2016. For persons housed from the May/June 2015 list, "pre" data was provided for the July 1, 2014-June 30, 2015 time period and "post" data was provided from July 1, 2015-July 1, 2016. For persons housed in late 2015 or in the first half of 2016, the "pre" time period was from January 1, 2015 to December 23, 2015 and the "post" time period was from December 24, 2015 until July 1, 2016. For persons housed after the May 2016 list refresh, the</p>

				“pre” housing period covered from June 1, 2015 to May 9, 2016, and the post data was gathered for the time period beginning May 10, 2016 through July 1, 2016.
v. Housed participants with a history of Psychiatric Health Facility (PHF) stays will demonstrate a 50% reduction in number of bed days in San Luis Obispo County PHF, in the first 12 months of being housed compared to the previous 12 months.	50%	69%	Aggregate data was reported by County Mental Health	In one year pre-housing, there were 5 PHF admissions for a total of 13 bed days.** As of August 20, 2016, there were two PHF admissions for a combined total of four days among 34 persons placed into housing for whom releases could be obtained.*
vi. In the first 12 months, 30 of 50 participants will be screened for case management	30 out of 50	44 out of 50	Data was reported by TMHA	None.
vii. In the first 12 months, 30 of 50 participants will be assessed for Affordable Care Act qualifications and apply for benefits if appropriate.	30 out of 50	44 out of 50	Data was reported by TMHA	None.
viii. 60% of participants housed will remain in housing for at least 6 months.	60%	72%	Data reported by TMHA for all persons placed into housing at least 6 months prior to the report.	Out of 54 persons placed into housing six months or more prior to October 12, 2016, 72% (39) have remained in permanent housing as of October 12, 2016, with 7% having left for other, permanent housing with family.
ix. 50% of successfully housed participants will be offered opportunities for educational development, participation in TMHA’s Supported Employment Program or other employment opportunities, and/or involvement with peer education activities.	50%	100%	Data was reported by TMHA	For most participants, the focus of services in the first six months is on stabilization in housing. Additionally, many participants have disabilities that may significantly limit future work potential.
x. In the first 12 months, 60% of participants will increase or maintain income entitlement benefits; in months 13-24, 80% will increase or maintain income (General Assistance, SSI, SSDI, and CalFresh).	80%	84%	Data was reported by TMHA	Data was provided for all participants.

*Information for some performance measures could only be collected with signed consent from 50 Now clients. Due to privacy laws, releases for certain types of information must expire within one year or less. That necessitates obtaining new consent each year. Some clients who entered the program since the program are no longer in the program, for the reasons noted above (e.g. death, moving from the area, program departure, etc.), and are thus not available to provide written consent. As a result, the number of occurrences in outcome measures 2, 3, and 5 are less than the previous report.

**In the May 2015 report to the Board, pre-housing data was reported for the time period of January 1, 2012-December 31, 2013.

Challenges

TMHA reports that the lack of affordable housing continues to be a challenge countywide, particularly units that are at or below 40% of the Fair Market Rent for the county and where the landlords are willing to accept Housing Choice Vouchers. Affordable, accessible units and units that accept pets are particularly difficult to find.

The County continues to work with partner agencies and cities in identifying ways to secure more permanent supportive housing. For example, in 2015, the County partnered with the Family Care Network to purchase nine affordable units to house homeless families. The County also submitted an application for funding from the U.S. Department of Housing and Urban Development under the 2016 Continuum of Care competition that would, if awarded, create additional permanent housing beds for chronically homeless individuals.

Costs and Services Impacts

Cost data was collected for the services reported in the performance objectives, as well as certain other public costs for which data could be obtained.

Table B. Changes in Annual Costs from One Year Pre-Housing to One Year Post-Housing

Cost Measure	Average Cost Per Event	Bed Day Costs for 50 Now Clients One-Year Before Housing (based on average costs)	Bed Day Costs for 50 Now Clients One-Year Post Housing (based on average costs)	Change -(decrease) or increase
Jail Days	\$120.39 per bed day ¹	\$27,448.00 (228 days)	\$601.95 (5 days)	(\$26,846.05)
Psychiatric Health Facility Stays	\$1,500 per bed day ²	\$19,500 (13 days)	\$6,000.00 (4 days)	(\$13,500.00)

In addition to the services noted above, there were cost changes for 50 Now clients in several other health care services. Law Enforcement Medical Care costs an average of \$16.96 per day at the jail. Additionally, Emergency Room (ER) visits typically average approximately \$1,392 per visit³ (source: October 11, 2016 in person interview with Barbara Curry, principal economist at UpAnalytics). There were 58 ER visits pre-housing and 28 ER visits post housing, reducing the ER costs for 50 Now clients by more than 50% based on the average cost.

Housing clients was also associated with a reduction in the need for Adult Protective Services investigations. Out of a universe of 36 clients, the County Department of Social Services reported that the total number of Adult Protective Services (APS) referrals decreased by 67% after clients received housing -from a total of 21 investigations at an estimated \$11,353.23 pre-housing to five investigations at an estimated \$2,703.15 post-housing based on average costs.⁴

The reduction in in-patient stays at the Psychiatric Health Facility suggests that clients in housing were accessing mental health services before a crisis occurred. CenCal Health reported that primary care visits also increased by 65% from 52 visits pre-housing to 86 visits post housing (out of 38 persons for whom data was available) while visits to the Emergency Room decreased as noted in Table A above. TMHA reports that in a few cases, access to medical care provided by the program resulted in the identification of health issues that required treatment, such as surgery, in the hospital.

Opportunities

The VI-SPDAT survey process, in addition to being used to identify 50 Now participants, has provided opportunities to screen homeless persons for other resources for which they may be eligible. Persons who identified themselves as veterans during the 2015 and 2016 surveys were asked to sign releases and were referred to a Supportive Services for Veteran Families program, a rapid rehousing program for homeless veterans, for eligibility screening for that and other programs for homeless veterans.

¹ Based on San Luis Obispo County Fiscal Year 2015-2016 actual costs through May 30, 2016 and an average daily population of 604.

² FY 2014-15 costs in San Luis Obispo County.

³ Average cost estimate derived from the Denver Housing First Collaborative: Cost Benefit Analysis and Program Outcomes Report (2006), adjusted for inflation and scaled for San Luis Obispo County using scaling ratios provided by the Office of Enterprise Data and Analytics within the federal Centers for Medicare and Medicaid Services.

⁴ Estimate derived from FY2015-2016 actual annual expenditures, divided by 12 for monthly average cost and using the Jan. 2016 to June 2016 average monthly number of investigations (114).

List Refresh

The County will continue to maintain a list of vulnerable, chronically homeless persons who have been surveyed using the VI-SPDAT. The County will provide training for interested staff or volunteers from homeless service agencies, local hospitals, and others who have frequent contact with vulnerable homeless persons on how to administer the VI-SPDAT. Persons trained in the use of the VI-SPDAT will be permitted to survey people and provide the survey to DSS for ranking. DSS will maintain a current, ongoing list of vulnerable homeless persons. Should any additional beds become available or should any currently housed persons leave their housing, the County will fill those slots from the updated list.

Contract Timing

The contract with TMHA was effective on August 26, 2014 and it is in the third and final year of the three year contract. However, the contract provides for three optional one-year renewals. Should the contract be renewed, the amount payable for each one year extension shall be negotiated and agreed upon by both parties at least 60 days prior to expiration of the contract. Due to the three year contract expiring in August, 2017, your Board could consider providing staff direction on the continuance of the program through the FY 2017-18 budget development process.

OTHER AGENCY INVOLVEMENT/IMPACT

TMHA has worked with several other agencies since the program's inception, including Community Action Partnership of San Luis Obispo County, the 5Cities Homeless Coalition, the El Camino Homeless Organization (ECHO), SLO Housing Connection, the County Health Agency, the County Department of Social Services, and the Community Action Team from the City of San Luis Obispo's Police Department.

FINANCIAL CONSIDERATIONS

There is no impact to the County General Fund from this report. The current contract amount with Transitions Mental Health Association totals \$648,323, and is paid with Realignment funds. Should the Board consider renewing the contract for additional fiscal years, the funding source and costs could be determined on an annual basis.

RESULTS

The intent of the program is to permanently house and provide intensive supportive services to 50 of the most vulnerable, chronically homeless individuals in the county. The results are included in the body of the report.

ATTACHMENTS

N/A