

# PERMANENT SUPPORTIVE HOUSING PROGRAM Pilot Implementation Report

Hawai'i, 2012–2013



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## EXECUTIVE SUMMARY

The Permanent Supportive Housing Program (PSHP), established by Hawai'i's Housing First Special Fund (Act 212, SLH 2010), has adopted a housing-first approach that is dedicated to solving the problem of chronic homelessness in our state. From June 2012 to June 2013, the Homeless Programs Office (HPO) of the Department of Human Services (DHS) carried out a special pilot program that provided assistance to 60 chronically homeless households (or 71 individuals) on O'ahu. When the state funding ended, the PSHP providers creatively drew from other resources to continue serving the majority (84.5%) of their clients. As of December 2013, 16 clients (22.5%) remained in the pilot program while 37 clients (52.1%) moved into other permanent housing and 18 clients (25.3%) left the program without achieving permanent housing. A few positive changes were observed in the clients' household income and benefit levels as a result: When exiting the program, an increased number of households reported receiving Medicaid, Social Security, Supplemental Security Income, and job/earned income.

Serving as PSHP providers for this pilot program, the Institute for Human Services (IHS) and the United States Veterans Initiatives (U.S. VETS) were contracted to serve 56 chronically homeless households with a \$1 million budget. The program expenses totaled \$974,314—97.4% of the awarded fund, with two-thirds (66.2%) going to rental and other client assistance, 27.3% towards social and supportive services, and 6.5% for administrative costs.

The University of Hawai'i Center on the Family and the State's Homeless Programs Office (HPO) of the Department of Human Services (DHS) have created this report to present a snapshot of the PSHP's pilot implementation. PSHP providers contributed intake and exit data through the State's Homeless Management Information System (HMIS), allowing for a descriptive summary of the population served, including chronic homeless status, demographic characteristics, and prior homeless program history. In this report, you'll also find program data, such as the length of stay, exit destination, income and benefits received, and program cost. *Please note:* Readers are encouraged to interpret program data with caution due to the short nature of the implementation period. The limitations of this pilot program further stress the importance of addressing the funding, evidence-based practice, and evaluation issues in future implementation of the Permanent Supportive Housing Program.

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### Data Source

The service providers who received PSHP funding were asked to collect and enter client data into the State's Homeless Management Information System (HMIS), the primary source of data presented in this report. An intake form collected client information such as demographics, homeless history, income, employment, and self-reported health and disabling conditions; while an exit form collected data on exit destination, reason for exit, income, employment, and health status at program exit. All records entered by December 31, 2013, were included in this report.



## INTERVIEW

The Permanent Supportive Housing Program (PSHP) was established through the state's Housing First Special Fund (Act 212, SLH 2010) for

the purpose of ending chronic homelessness for the most vulnerable members of our community: persons with disabling conditions, including mental health and substance abuse disorders. The PSHP is focused on creating stability in all areas (including physical and mental health) by first providing clients with housing, and then offering wrap-around services. The PSHP was developed on the premise that when clients achieve stability, the level of care needed will gradually decrease—and some of these clients will eventually be able to maintain housing without external support.

The PSHP operates with a client-centered, low-demand, harm-reduction approach that focuses on securing housing for the most at-risk homeless clientele, where housing is not contingent on complying with program rules. Staff are focused on forming relationships with clients, using trust building, continuous engagement, and encouragement to keep them in stable housing. The scope of care includes intensive housing support services ranging from immediate placement in fully furnished units to a more gradual process of allowing clients to choose from various units and furnishings. The program provides rental subsidies, with clients paying 30% of their income toward rent when applicable. Clients also benefit from landlord services including landlord contracts and referral guidance, landlord liaisons, and lease management services.

The PSHP also offers a wide range of support services to help clients achieve housing stability. These services include aggressive outreach and engagement, access to nutritious food, intensive case management, assistance with applications for mainstream benefits; and supportive services like healthcare and treatment service referral, counseling, basic life skills training, employment support, and transportation. Legal services, treatment and sobriety maintenance, and peer support/self-help assistance are also available.

## *Pilot Implementation: June 2012 – June 2013*

After being on hold for approximately one year pending funding appropriation, Governor Abercrombie released the funding for the PSHP in July 2011, and additional setbacks pushed the program start to June 2012. Unfortunately, the short implementation period of 13 months limited the program's ability to demonstrate significant impact, as the target population often requires longer-term housing and supportive services.

The Homeless Programs Office (HPO) of the Department of Human Services (DHS) collaborated to plan the PSHP program strategy in partnership with members of Partners in Care (PIC)—Honolulu's Continuum of Care. Through the State's procurement process, two service providers on Oahu—the Institute for Human Services (IHS) and the United States Veterans Initiatives (U.S. VETS)—were awarded the contract to provide PSHP services.

IHS identified their target clientele as individuals and families experiencing chronic homelessness, with single adults as the primary focus. With a funding award of \$450,000, they set the goal of serving 32 households in urban Honolulu and transitioning 27 households into other permanent housing by the contract's end date. IHS screened and assessed people who sought emergency shelter, as well as those encountered by the outreach team, and an in-depth eligibility determination process was used to verify length of homelessness and disability. Individuals with the greatest need were prioritized for the appropriate services.

With a funding award of \$550,000, U.S. VETS chose to target older single adults who were experiencing chronic homelessness, regardless of whether they were veterans or not. They set the goal of serving 24 clients, with a focus on seniors 60 years of age or older. The organization collaborated with Waikiki Health Center Care-A-Van in their outreach and supportive housing efforts, and recruited clients through Hawai'i's Homeless Management Information System (HMIS). A unique feature of the program allowed them to place clients in as little as one hour into desirable housing choices that were pre-leased by U.S. VETS.

# CLIENT CHARACTERISTICS

## Chronic Homeless Status

During the 13-month pilot implementation, the PSHP exceeded the number of households served by four (60 compared to 56). Of the 60 households served, 57 (95.0%) were single-person households and three (5.0%) were households with children (including two single-parent households and one two-parent household). Chronic homelessness was a prerequisite for entering the program. Two thirds of these households (40) had been continuously homeless for 12 months or more prior to entering the program: 38.3% reported one to two years of continued homelessness and 28.3% reported three years or more. One third of the households (20) had a shorter duration of their current homeless episode, but had experienced four or more homeless episodes in the past three years. All single individuals and at least one member in a family household reported suffering from a disabling condition. Over two thirds of those reporting a disabling condition indicated having either a mental disorder (30.0%), a substance abuse disorder (11.7%), or both (26.7%); 28.3% had a physical or other disability; and 3.3% were unspecified. About one third of all single-person and family households (31.7%) reported the current homeless episode as their first. Prior to entering the program, about two-thirds (61.7%) slept in emergency shelters, and about one-third (36.7%) lived outdoors or in places not intended for human habitation, such as a park or the beach.

	#	%
<b>TOTAL NUMBER OF HOUSEHOLDS</b>	<b>60</b>	<b>100.0%</b>
<b>Type of Household</b>		
Single person	57	95.0%
Single-parent	2	3.3%
Two-parent	1	1.7%
<b>Chronic Homelessness<sup>1</sup></b>		
<i>Chronicity</i>		
Have been continuously homeless for 12 months or more	40	66.7%
Have experienced 4 or more episodes of homelessness in the past 3 years (with the current episode shorter than 12 months)	20	33.3%
<i>Disabling condition</i>		
Mental disorder alone	18	30.0%
Substance abuse disorder alone	7	11.7%
Substance abuse and mental disorders	16	26.7%
Physical or other disability	17	28.3%
Unspecified	2	3.3%
<b>First Time Homeless</b>		
Yes	19	31.7%
No/Unknown	41	68.3%
<b>Length of Current Homeless Episode<sup>2</sup></b>		
2 days to < 1 month	2	3.3%
1 to 11 months	18	30.0%
1 to 2 years	23	38.3%
3 years or more	17	28.3%
<b>Prior Residence<sup>3</sup></b>		
Unsheltered	22	36.7%
Emergency shelter	37	61.7%
Unknown	1	1.7%

Note: This table presents unduplicated counts of households who received Permanent Supportive Housing Program (PSHP) services in the 2013 fiscal year.

<sup>1</sup> Chronic homelessness is defined as someone with a disabling condition who has been homeless continuously for a year or more, or had at least four episodes of homelessness in the past three years. Examples of disabling conditions include: a diagnosable substance abuse disorder, HIV/AIDS, or a disability as defined in the Social Security Act.

<sup>2</sup> "Length of Current Homeless Episode" is based on self-reports regarding the duration of current homelessness at the time of program entry.

<sup>3</sup> "Prior residence" refers to the place where a household lived and slept most of the time prior to entering the program. "Unsheltered" refers to individuals who lived outdoors or in places not intended for human habitation, such as a park or the beach.

## Demographic Profile

Of the 71 individuals served in the PSHP, three-fourths (76.1%) were male and about one-fourth (22.5%) were female. Over half of the clients (56.3%) were 40-59 years old, one-fifth (19.7%) were 60 years and over; and the remainder consisted of children (9.9%), young adults aged 18-24 (7.0%), and adults aged 25-39 (7.0%). The major racial group was Caucasian (45.1%), followed by Hawaiian/Part Hawaiian (26.8%), Other Pacific Islander (11.3%), Filipino (5.6%), Other Asian (5.6%), Black (4.2%), and Native American (1.4%). The vast majority (90.1%) were U.S. citizens, one (1.4%) was a non-citizen, and six (8.5%) were citizens of the Compact of Free Association. Among the 64 adults served (90.1% of the total), 87.5% were unemployed, and 75.0% had a high school diploma/GED or post-secondary education. Over two thirds of adults (68.8%) reported living in Hawai'i for more than 20 years. One fourth of the adults served (25.0%) were veterans.

**Table 2**  
**Demographic Profile of PSHP Clients, FY 2013**

	#	%		#	%
<b>TOTAL NUMBER OF CLIENTS</b>	<b>71</b>	<b>100.0%</b>	<b>TOTAL NUMBER OF ADULTS (18 YEARS &amp; OLDER)</b>	<b>64</b>	<b>100.0%</b>
<b>Gender</b>			<b>Employment Status</b>		
Male	54	76.1%	Unemployed	56	87.5%
Female	16	22.5%	Employed	7	10.9%
Other/Unknown	1	1.4%	Unknown	1	1.6%
<b>Age</b>			<b>Educational Attainment</b>		
17 years and below	7	9.9%	< high school diploma	15	23.4%
18 to 24 years	5	7.0%	High school diploma/GED	43	67.2%
25 to 39 years	5	7.0%	Some college or more	5	7.8%
40 to 59 years	40	56.3%	Unknown	1	1.6%
60 years and over	14	19.7%	<b>Hawai'i Residency</b>		
<b>Ethnicity</b>			> 1 year and < 10 years	9	14.1%
Caucasian	32	45.1%	10 years to < 20 years	2	3.1%
Hawaiian/Part Hawaiian	19	26.8%	20 years and over	44	68.8%
Other Pacific Islander	8	11.3%	Unknown	9	14.1%
Filipino	4	5.6%	<b>Veteran Status</b>		
Other Asian	4	5.6%	Yes	16	25.0%
Black	3	4.2%	No/Unknown	48	75.0%
Native American	1	1.4%			
<b>Citizenship Status</b>					
U.S. citizen	64	90.1%			
Non-U.S. citizen	1	1.4%			
Compact of Free Association	6	8.5%			

Note: This table presents unduplicated counts of individuals who received PSHP services in the 2013 fiscal year.

## Previous Participation in Homeless Programs

The PSHP served five chronically homeless individuals (7.0% of clients) who had never participated in any publicly funded homeless program before. At the other end of the spectrum, eleven clients (15.5%) had been served by six or more emergency or outreach programs prior to enrolling in PSHP. The majority of clients had participated in various homeless service programs over a long period of time without achieving stable housing. For instance, almost half of those who had received homeless services before (43.9% of 66 clients) had their first documented service encounter three years ago or earlier. Over half of the clients (56.1%) were last served by an emergency shelter program, and the remainder were served by an outreach program (42.4%) or a transitional shelter (1.5%).

**Table 3**  
**Previous Participation in Homeless Programs, FY 2013**

	#	%
<b>TOTAL NUMBER OF CLIENTS</b>	<b>71</b>	<b>100.0%</b>
<b>Number of Homeless Program Intakes Prior to PSHP</b>		
0	5	7.0%
1	11	15.5%
2-3	24	33.8%
4-5	20	28.2%
6+	11	15.5%
<b>TOTAL NUMBER OF CLIENTS WHO PREVIOUSLY PARTICIPATED IN HOMELESS PROGRAMS</b>	<b>66</b>	<b>100.0%</b>
<b>Year of First Program Intake</b>		
FY 2010 & prior	29	43.9%
FY 2011	11	16.7%
FY 2012	16	24.2%
FY 2013 (Prior to PSHP)	10	15.2%
<b>Type of Homeless Program Last Participated</b>		
Outreach program	28	42.4%
Emergency shelter	37	56.1%
Transitional shelter	1	1.5%

Note: A client's previous participation in homeless programs is determined by whether there is any prior intake record to shelter and outreach programs in the HMIS since FY 2006. The "year of first intake" and "program last participated" are based on the first and last intake records, respectively, between FY 2006 and the period prior to PSHP enrollment. Some clients had a service break between the last homeless program participated and PSHP enrollment.

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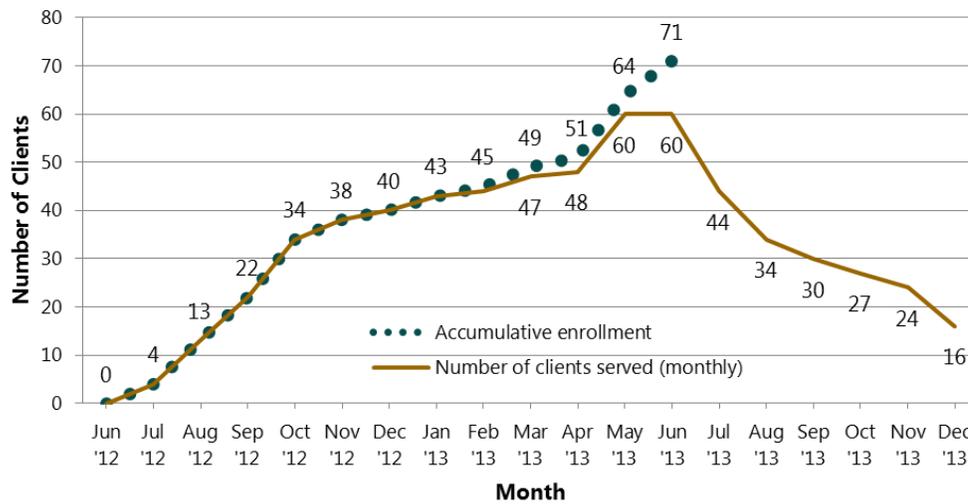
## ROGRAM CHARACTERISTICS

### Intake and Exit Records

The monthly intake statistics reveal that it took about six months for the pilot program to reach half of its serving capacity (i.e., 38 clients or 53.5% enrolled by November 2012). Client enrollment began in the second month (July 2012) and continued through the last month (June 2013), with the two highest monthly enrollment numbers occurring in October 2012 and May 2013 (12 and 13 clients, respectively). Twenty-two clients (30.0%) were enrolled in the last three months of the pilot program. At end of the funding period (June 2013), eleven clients (15.5%) had exited the program, while the remaining 60 clients (84.5%) continued to be served using other resources that the PSHP providers had. Six months later, only 16 clients (22.5%) remained in the program. Overall, the majority of clients (85.9%) were served for six months or more, and the length of stay ranged from 7 days to 510 days with a mean of 272 days (about nine months).

*Continued on Page 7*

**Figure 1**  
**Accumulative Enrollment and Number of PSHP Clients Served Per Month, June 2012 – December 2013**



Note: Accumulative enrollment is reported for the funding period from June 2012 to June 2013. Number of clients served is the number of clients who were in the program on the last day of each month.

### Exit Destination

Six months after the funding ended, the PSHP providers reported that the majority of the clients (55 or 77.5%) had left the program. Most of those who left (37 clients or 67.3%) were able to obtain other stable housing: 14 clients (25.5%) moved into rental housing without subsidy, 10 (18.2%) rented housing with subsidy, 1 (1.8%) moved in with family/friends (permanent tenure), and 12 (21.8%) participated in another permanent housing program for formerly homeless persons. Six clients (10.9%) were either institutionalized (1 or 1.8%) or exited to other known destination (5 or 9.1%). Unfortunately, seven clients (12.7%) left the program and became homeless again, and five clients left to an unknown location (9.1%). The most common reason for exiting to homelessness or an unknown destination was “reaching maximum time allowed by the project” (8 of 12 clients). The second most commonly cited reason was “disagreement with rules/persons in the program” (3 clients).

**Table 4**  
**Exit Destination of PSHP Clients, as of December 31, 2013**

	#	%
<b>TOTAL NUMBER OF EXITING CLIENTS</b>	<b>55</b>	<b>100%</b>
<b>Exit Destination</b>		
<i>Permanent Housing</i>		
Unsubsidized rental housing	14	25.5%
Subsidized rental housing	10	18.2%
Living with family or friends, permanent tenure	1	1.8%
Perm. housing for formerly homeless persons	12	21.8%
<i>Other Destination</i>		
Institutions	1	1.8%
Group home, other temp. housing, deceased	5	9.1%
<i>Homelessness</i>		
Transitional shelter	3	5.5%
Emergency shelter	2	3.6%
Place not meant for human habitation	2	3.6%
<i>Unknown Destination</i>	5	9.1%
<b>Main Reasons for Exiting to Homelessness</b>		
Reached maximum time allowed by project	5	71.4%
Disagreement with rules/persons	2	28.6%
<b>Main Reasons for Exiting to Unknown Destination</b>		
Reached maximum time allowed by project	3	60.0%
Disagreement with rules/persons	1	20.0%
Unknown/disappeared/abandoned unit	1	20.0%

Note: Exit information is based on exit records in the HMIS as of December 31, 2013.

## Change in Income and Benefits

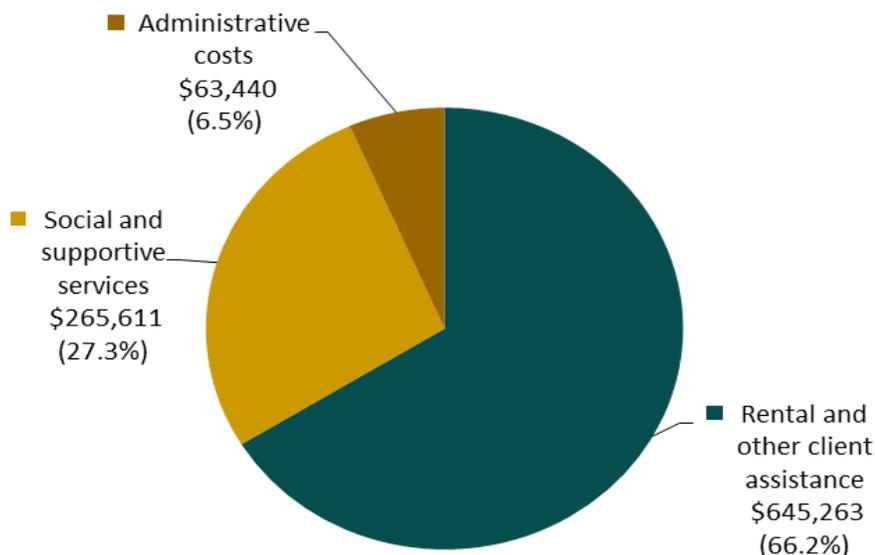
Even though the pilot program was limited to 13 months, a number of positive changes were observed in the clients' household income and benefits levels. Of the 44 households (or 55 clients) that exited the program, an increased number of households reported the following sources of income at exit compared to intake: Social Security (from 0 to 3 households), Supplemental Security Income (from 11 to 14), and job/earned income (from 7 to 8). For the non-cash benefits, a significant increase was observed at exit in the number of households receiving Medicaid (from 1 to 13 households). There was a decrease in the report of certain income and benefit categories at exit. A trivial decrease was found in the number of households with income, from 38 (86.4%) at intake to 37 (84.1%) at exit. Fewer households reported the following sources of income and non-cash benefits: Government assistance (from 18 to 12), Social Security Disability Income (from 3 to 2), and SNAP (from 30 to 27).

**Table 5**  
Income and Benefits at Intake vs. Exit  
Exiting PSHP Households, as of December 31, 2013

	At Intake	At Exit
<b>TOTAL NUMBER OF EXITING HOUSEHOLDS</b>	<b>44</b>	<b>44</b>
Number of exiting households with income	38	37
Percent of exiting households with income	86.4%	84.1%
<b>Source of Income of Exiting Households</b>		
Job/Earned income	7	8
Supplemental Security Income	11	14
Social Security Disability Insurance	3	2
VA disability payments	1	1
Government assistance	18	12
Social Security	0	3
VA pension benefits	1	1
<b>Source of Non-Cash Benefits of Exiting Households</b>		
SNAP	30	27
Medicaid	1	13
VA medical services	1	1

Note: This table presents income and benefit sources for households who exited PSHP by December 31, 2013.

**Figure 2**  
Program Expenditure, FY 2013



## Program Cost

The PSHP budget was \$1 million, of which \$974,314 (97.4%) was utilized. Out of the total expenditure, two-thirds (66.2%) was spent on rental and other client assistance, 27.3% was used for social and supportive services, and 6.5% went toward administrative costs.

Note: Only state funds are reported. Homeless service providers utilized other resources to serve the clients who remained in the program after the funding period ended in June 2013; therefore, the actual costs of the program should be higher than the numbers reported above.

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## ISCUSSION

The results of the pilot implementation of the Permanent Supportive Housing Program must be interpreted with caution, as the program length was too short to allow for an adequate examination of community impact. Chronically homeless clients typically require longer-term systemic support to achieve housing stability and make progress in other areas of their lives; however, the clients in the PSHP had an average length of stay of only nine months. The majority of the clients would not have been deemed appropriate for leaving the program if funding had continued.

The PSHP adopted two different approaches to both the recruitment and housing placement processes in order to understand the strengths and weaknesses of each. One approach to identifying chronically homeless individuals involved using the Homeless Management Information System, and the other approach recruited through street outreach and emergency shelter activities. The first method of placement utilized pre-lease housing, whereas the other approach did not. Due to the short program period and the lack of detailed data about these processes, these aspects of the program could not be

properly evaluated for this report. The lack of data also prevented us from assessing the PSHP's overall quality.

The limitations of this pilot implementation heightened the importance of addressing the following issues during future implementation:

- **Sustainable Funding:** Sustainable funding is critical for the success of programs serving chronic homeless individuals, as it would allow for the provision of uninterrupted and stable housing and supportive services.
- **Evidence-based Practice:** Evidence-based practices should be identified and adopted for screening, referral, client engagement, and service delivery to improve the program's quality.
- **Comprehensive Evaluation:** To accurately assess the program's quality and impact, future implementation should have a comprehensive evaluation plan that guides the collection of client and program data. The data should include, but not be limited to, baseline and annual reports of health assessment, emergency services used, police encounters, mainstream program enrollment, housing stability, and supportive services received.

### *Acknowledgement*

This report would not have been possible without the generous support of U.S. Department of Housing & Urban Development and U.S. Department of Agriculture's Smith-Lever Formula Grant.

### *Report Citation*

Yuan, S., Vo, H., & Garcia, L. (2015). Permanent Supportive Housing: Pilot Implementation Report, Hawai'i 2012–2013. Honolulu: University of Hawai'i, Center on the Family.

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