The Benefits of Supportive Housing: Changes in Residents' Use of Public Services

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Prepared by Harder+Company Community Research for

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INTRODUCTION

In California, as across the United States, homelessness is both a complex and expensive social problem. Nonprofit and government agencies have been experimenting for over 20 years on ways to respond to the needs of "long-term" homeless individuals: those who cannot, on the whole, find their way out of homelessness with routine or short-term help. Frequently mentally ill, using drugs and alcohol, and living with chronic health conditions, these individuals eke out a marginal existence on the streets, cycling through hospitals, jails and the lives of anxious relatives and friends. The long-term homeless population incurs significant public expense, while receiving services that are often costly crisis responses rather than long term solutions.

In 1994, the Corporation for Supportive Housing (CSH), a national nonprofit organization that now has offices throughout California, convened a group of housing agencies and local public health officials in San Francisco, to look for solutions to long-term homelessness and its crushing effect on public health costs. They agreed that permanent supportive housing – *affordable, long-term rental housing linked with flexible social and health services* – can offer a way of reaching people with recurrent substance use issues and those reluctant or unready to participate consistently in mental health treatment. At a minimum, such housing can provide a safer place for homeless individuals to live, with constant exposure to opportunities for better health and recovery. Moreover, the group theorized that this model of housing could reduce, if not eliminate, high public costs associated with ineffectual treatment and re-treatment, arrest and release, hospitalization and discharge, and on and on.

In recognition of the potential of permanent supportive housing to reduce long-term homelessness among people with chronic health issues and associated public costs, the California Endowment (TCE) awarded CSH over $6 million in funds between 1999 and 2003 to foster and expand the **Health, Housing and Integrated Services Network (HHISN)**, an initiative of the organization's California office.[1] The HHISN model offers comprehensive primary health care and mental health and substance use treatment in conjunction with permanent, service-enriched housing for formerly homeless individuals suffering from mental illness, chronic health problems and/or substance use issues. At its heart, the HHISN model represents a fundamental shift in

[1] Additional objectives of this funding included advocating for construction of new supportive housing units; increasing access to health care for chronically homeless individuals through re-granting of funds; and providing capacity building grants and technical assistance to participating service providers.

the way health and other social services are delivered to formerly homeless and multiply-diagnosed people. It establishes a coordinated system that enables individuals to access comprehensive, culturally appropriate health care by:

- delivering seamless, integrated health and social services, including client-centered mental health and substance use treatment;
- providing service-enriched housing, training in independent living and personal health care skills, and employment opportunities; and
- leveraging strategic partnerships between health care and other service providers and funding systems.

The HHISN model implements service delivery through multi-agency teams comprised of public and private nonprofit organizations. Staff from agencies participating in the HHISN work together as a team to afford each supportive housing resident access to the particular combination of support he or she needs to stay housed. Presence of both the nonprofit and public sectors on this team is critical to creating important links to larger systems of care in the community that can offer specialty medical services, residential drug treatment and inpatient hospitalization. These links are used to facilitate both access to off-site services for supportive housing tenants, as well as referrals into supportive housing for multiply diagnosed homeless people who might otherwise require care in higher-cost settings. Furthermore, such partnerships assist in moving the mainstream delivery system toward integration and more effective care for homeless and low income adults whose special needs cross the boundaries created by fragmented systems of health care, drug treatment, homeless services, employment services and housing. Public sector partners who realize the benefits of more collaborative systems of care are also more willing to seek out and invest additional funds in this model of service delivery.

ASSESSING THE BENEFITS

As part of this grant, TCE also provided CSH with resources to conduct research regarding the benefits of permanent supportive housing. A limited but growing body of research suggests that stabilizing individuals in supportive housing can reduce their use of expensive public crisis services such as emergency rooms, psychiatric hospitals, jails and substance use treatment programs. Furthermore, these cost decreases may offset a portion of permanent supportive housing expenditures, thus making investment in this housing model attractive to policymakers and others who seek to maximize the value of public resources invested in programs aimed at reducing and eliminating homelessness.

Due to the compelling nature of such research, TCE and CSH agreed to direct evaluation resources toward an in-depth comparison of people's use of public services both before and after entering supportive housing. Obtaining access to service use data from public agency records necessary for such an analysis is a complex and difficult undertaking. Not only does it require the cooperation and participation of various public agencies with relevant data, it also requires the informed consent of supportive housing residents themselves. In addition, the usability of public agency data for measuring changes in an individual's use of services varies widely, given that the primary use of such data is for administration of public services (e.g., billing for reimbursement and/or reporting for accountability to categorical funding streams), not research.

In light of these challenges, only two of the HHISN counties were selected for this evaluation – San Francisco and Alameda. The alternative approach, spreading the evaluation resources across all nine counties, would have traded depth for breadth. By focusing on a limited number of sites, researchers at the University of California at Berkeley were able to produce a detailed, longitudinal evaluation of the effectiveness of supportive housing as an economical alternative to the emergency or fragmented care that most long-term homeless people tend to receive. A previous CSH publication presented preliminary results of this evaluation regarding changes in use of emergency rooms, hospitals and residential mental health programs among residents of supportive housing in San Francisco.[2] This report summarizes findings from this earlier publication and presents new information on changes in use of other mental health services, substance use treatment, and the criminal justice system among this same group of residents in San Francisco. In addition, this report includes an analysis of changes in use of behavioral health care services among residents of supportive housing in Alameda County. Findings from both counties demonstrate that permanent supportive housing can provide a stable alternative to life on the streets; and can do so while reducing costs to government.

The final section of this report provides an overview of the HHISN partnerships supported by CSH with funding from TCE in nine California counties. These summaries include descriptions of local HHISN partners and their roles, information on funding strategies at each site, and demographic data on residents.

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[2] See *Supportive Housing and Its Impact on the Public Health Crisis of Homelessness* (Tony Proscio, May 2000).

EVIDENCE OF A BREAKTHROUGH – SAN FRANCISCO

The San Francisco analysis compares people's use of emergency health care, hospital services, specialized psychiatric programs, substance use treatment services and the criminal justice system, before and after entering supportive housing. It is based on a sample of up to 279 people in two supportive housing programs whose services are delivered through the San Francisco HHISN. Data from the following local agencies was used to analyze changes in service use:

- *Department of Human Services* – diagnoses, demographics and housing tenure
- *San Francisco General Hospital* – inpatient stays and emergency-room visits
- *Community Mental Health Services* – mental health treatment
- *Community Substance Abuse Services* – drug and alcohol treatment services
- *Sheriff's Department / Jail Medical Services* – arrest, conviction and days in jail

The data under examination covers all formerly homeless, disabled single adults who moved into Canon Kip Community House and the Lyric Hotel, two supportive housing programs in San Francisco, between October 1994 and June 1998. Opened in 1994, Canon Kip is a 104-unit building operated by Episcopal Community Services of San Francisco and located in San Francisco's South of Market neighborhood. The Lyric Hotel opened in 1997 and is operated by Conard House, a nonprofit specializing in mental health services. The Lyric has 58 units and is located in the Tenderloin neighborhood. Individuals are eligible to receive housing at either residence if they were currently homeless (e.g., living on the street or in a shelter) and certified with at least two of the following disabilities: substance abuse, mental illness (Axis I or Axis II diagnosis) and HIV/AIDS. To qualify for residence at the Lyric Hotel, one of the three disabilities must be an Axis I diagnosis of mental illness.

CHARACTERISTICS OF STUDY PARTICIPANTS

According to data maintained by the San Francisco Department of Human Services, the majority of Canon Kip and Lyric residents were living in a shelter (62 percent) or on the streets (28 percent) at intake. While residents had to have been homeless for a minimum of eight months in order to qualify for housing, the majority had experienced homelessness for much longer. Nearly 60 percent of study participants were identified as homeless in city public health records two to eight years prior to entering permanent supportive housing. All participants had a documented disability at move-in. As Exhibit 1 illustrates, 92 percent of residents had a current or past substance abuse diagnosis, 87 percent had an Axis I or Axis II mental health

diagnosis, and 14 percent were diagnosed with HIV or AIDS. Nearly 79 percent of residents were dually diagnosed (e.g., concurrent substance abuse and mental illness). The majority (80 percent) of residents who entered supportive housing at Canon Kip or the Lyric remained housed after one year.

Exhibit 1: Diagnoses of Lyric and Canon Kip Residents

Diagnosis (n=279)	*N*	*(%)*
Substance Abuse	258	92.5
Severe Mental Illness	243	87.1
AIDS/HIV	39	14.0

Study participants were primarily male (72 percent). Over half were African-American (54 percent), 31 percent were white, 8 percent were Latino, 5 percent were Native American, and 2 percent were Asian / Pacific Islander. The median age of residents at time of entry into supportive housing was 43. Exhibit 2 summarizes demographic characteristics of the 279 people in the study sample.

Exhibit 2: Demographic Characteristics of Lyric and Canon Kip Residents

Characteristic (n=279)	*N*	*(%)*
Gender		
Male	202	72.4
Female	76	27.2
Transgender	1	0.4
Ethnicity		
African-American	151	54.1
White	86	30.8
Latino	22	7.9
Native American	13	4.7
Asian / Pacific Islander	5	1.8
Other	2	0.7
Veteran	59	21.1
Age at Move-in		
Median:		*43*
Range:		*21 – 78*

To see what happens when people go from homelessness to stable housing, this evaluation compares data on the 279 residents' use of publicly funded health services during the year before entry into supportive housing to use of such services in the year after entry into supportive housing. Changes in use of mental health care and substance use treatment, as well as changes in criminal justice outcomes, are examined for a smaller sub-sample of residents. The results of this analysis show that

the combination of supportive housing and HHISN's integrated services is now proving itself in the lives of hundreds of San Franciscans for whom other forms of services, shelter and care weren't working.

CHANGES IN THE USE OF PUBLIC SERVICES

Residents in the sample were high users of publicly funded services prior to their entry into supportive housing. Ninety-five percent of study participants used public health services during the two years before entering housing. Seventy-six percent used outpatient or inpatient services at the local public hospital; 47 percent used city-funded substance use treatment services; 65 percent used publicly funded mental health services outside of the hospital system; and 40 percent received health care during a stay in county jail.

When looking specifically at public health services, San Francisco's homeless population has a strikingly disproportionate impact on this system of care relative to their representation in the city population. The estimated 12,500 people who are homeless in San Francisco comprise 1.6 percent of the city's total population.[3] However, they comprise 10 percent of all unduplicated patients seen annually by the Community Health Network, a consortium of community-based outpatient clinics, an emergency department, and hospital and psychiatric facilities. They comprise 19 percent of inpatients, 22 percent of annual hospital admissions, 24 percent of emergency room visits, and 26 percent of hospital days. The combined inpatient-related charges for fiscal year 1999 amounted to roughly 69 million dollars. Seventy percent of these charges are not sponsored, meaning that the public health system is not reimbursed for its costs by Medicaid or any other insurance. In the face of such staggering figures, it is heartening to note that the need for such services was greatly reduced for the supportive housing residents in the study sample.

An estimated 12,500 people are homeless in San Francisco

- ***1.6%*** of the City's population
- ***26%*** *of hospital days*
- ***24%*** *of emergency room visits*
- ***22%*** *of hospital admissions*

1. A 56 percent decline in emergency room use

Treatment in emergency rooms is a good measure not only of the incidence of crisis in someone's life, but of the likelihood that such crises are being dealt with inconsistently or belatedly, and at great cost. Among the 279 people who moved into

[3] While estimates of San Francisco's homeless population vary, this is the official figure submitted by the City and County of San Francisco to the federal government in its 2000 McKinney application.

Canon Kip or the Lyric, the probability that study participants had visited the emergency department of San Francisco General Hospital (SFGH) at least once during the year prior to entering supportive housing was 53 percent. During the year following stable housing, this probability fell to 37 percent. The average resident had been treated in the emergency room on two occasions in the year before moving in (1.94 visits). Within one year of entering housing, average ER use fell to 0.86 visits per person per year. The total number of emergency room visits for this group declined significantly from 457 in the year before supportive housing to 202 visits in the year afterward – *a 56 percent decrease*.

Exhibit 3: Emergency Room Use
Before & After Entering Supportive Housing

Emergency Room Use (n=279)	*Probability of a visit*	*Total # of visits*	*Mean # of visits*
Emergency Room Visit			
One year prior	53%	457	1.94
One year post	37%*	202*	0.86*
Medical emergency room visit			
One year prior	48%	378	1.60
One year post	31%*	154*	0.65*
Psychiatric emergency room visit			
One year prior	17%	79	.33
One year post	11%	48*	.20*

As Exhibit 3 illustrates, when ER visits were stratified by type of service, participants experienced significant declines in the mean number of both medical and psychiatric visits (from 1.60 to .65 and from .33 to .20, respectively). Medical emergency visits declined 59 percent, from 378 total visits to 154. Psychiatric emergency visits, on the other hand, declined somewhat less steeply, from 79 total visits to 48 (a 39 percent decrease).

Part of the reason for the greater reduction in medical emergency visits, as opposed to psychiatric, may lie in data on patient diagnoses. This data reveals large reductions in diagnoses for conditions that can be exacerbated by homelessness or lack of access to ongoing primary care (see Exhibit 4). In contrast, diagnoses associated with psychiatric emergency visits do not decrease as much and sometimes increase after people move into supportive housing. This may be because individuals are more likely to gain access to psychiatric care in true emergencies when they are living in supportive housing as opposed to when they are living on the street.

[*] An asterisk indicates a statistically significant difference ($p<.05$) between one year prior and one year post.

Exhibit 4: Reduction in Emergency Room Use by Diagnoses			
Emergency Room Use (n=279)	*Year prior to housing*	*Year after housing*	*Percent change*
Diagnoses			
Colds	19	1	-95%
Vein and artery	11	1	-91%
Repeat prescription	31	4	-87%
Skin diseases	18	4	-78%
Diabetes	13	3	-77%
Dental problems	8	2	-75%
Chest pain	24	7	-71%
Accidents	17	5	-71%
Abscesses	33	10	-70%
Fight / assault	29	23	-21%
Overdose	13	11	-15%
Suicide	6	5	-13%
Affective psychoses	40	35	-13%
Schizophrenic psychoses	27	34	+26%

Overall, the benefit of decreases in emergency visits is not only in relieved demand on San Francisco General Hospital's emergency facilities. Data suggested longer-lasting benefits exist – people are healthier, and being treated consistently, preventively, and without the costly infrastructure of emergency care. These are benefits that accumulate over time.

2. A 37 percent reduction in hospital inpatient days

A similar pattern emerges when data on hospital inpatient services are examined. The probability that tenants were hospitalized at least once during the year prior to entering supportive housing was 19 percent, nearly a one in five likelihood. During the year following stable housing, the probability of being admitted to the hospital fell to 11 percent. For those tenants who used hospital inpatient services, the number of days they were hospitalized each year also dropped dramatically. The total number of days spent in inpatient care for this group *was down by 37 percent in a single year*, to 278 days from 441.

The aggregate cost of hospital services for the study participants during the year before entering supportive housing was over $737,000. A year later, these costs were reduced to roughly $403,000 – *a savings of over $334,000*. Exhibit 5 summarizes data on hospitalizations.

Exhibit 5: Hospital Use Before & After Entering Supportive Housing			
Hospital Use (n=279)	*Probability of a stay*	*Total inpatient days*	*Mean # of admissions*
Hospital Stay			
One year prior	19%	441	0.34
One year post	11%*	278*	0.19*
Medical Hospital Stay			
One year prior	11%	153	0.19
One year post	7%*	117*	0.11*
Psychiatric Hospital Stay			
One year prior	9%	288	0.15
One year post	6%	161*	0.08*

When hospitalizations were stratified by type of service, participants experienced declines in the mean number of both medical and psychiatric visits (from .19 to .11 and from .15 to .08, respectively). The total number of *medical* inpatient days declined 24 percent, from 153 to 117 days. The total number of *psychiatric* inpatient days declined more steeply, from 288 to 161 days (a 44 percent decrease). The decline in psychiatric inpatient care was associated with dramatic reductions in inpatient days for non-psychotic disorders (an 87 percent decline). The reductions in inpatient care for psychotic disorders declined more modestly (24 percent). As patients with less severe mental health issues gain access to ongoing and preventive mental health services, they may be less likely to experience severe crises that require hospitalization.

3. A *near total elimination* of residential mental health care outside of hospitals

Data on mental health and substance use treatment services are subject to legal safeguards of confidentiality requiring, among other things, that the data not be released to researchers unless each individual in the study first consents in writing. Of those living at the Lyric and Canon Kip, 177 of the 279 study participants provided the written authorization that would permit their data to be included in this evaluation.[4] Analysis of this data reveals some dramatic results. Total use of residential treatment programs among this sub-group *fell to zero* once people entered supportive housing. Whereas the probability of receiving residential treatment was seven percent in the year prior to supportive housing, none of the residents in the sample accessed this form of treatment. The total public costs eliminated in this

[4] Researchers only asked current residents for consent. During the two rounds of consent collection, a total of 221 residents lived in the two buildings. All were offered the opportunity to participate in the study – 80% (177) responded and signed consents.

process are also dramatic. The aggregate cost of residential mental health treatment for the study participants during the year before entering supportive housing was over $50,000. A year later, this cost had been eliminated entirely. As people gain access to ongoing and preventive treatment options linked to supportive housing, their reliance on costly residential mental health services declines.

Exhibit 6: Use of Mental Health Services
Before & After Entering Supportive Housing

Mental Health Service (n=177)	*Probability of use*	*Total # of service units*	*Mean # of service units*
Residential Treatment			
One year prior	6.8%	415	34.6
One year post	0.0%*	0	0.0
Day Treatment			
One year prior	4.0%	449	64.1
One year post	1.1%	30	15.0
Therapy			
One year prior	41.8%	2,039	27.6
One year post	44.6%	3,074	38.9
Crisis Care			
One year prior	29.4%	140	2.7
One year post	28.8%	158	3.1
Assessment and Evaluation			
One year prior	50.3%	647	7.3
One year post	37.9%*	359	5.4
Medication Management			
One year prior	26.6%	548	11.7
One year post	23.7%	432	10.3
Administrative Days			
One year prior	5.1%	46	5.1
One year post	4.0%	34	4.9

When taking into account changes in the full range of publicly-funded mental health services available to individuals both before and after entering supportive housing (Exhibit 6), *an overall cost savings of approximately $98,000* was realized. Increases in costs associated with therapy and other preventive services were offset by just relatively small decreases in emergency and residential care, which are generally much more expensive. Once again, what is beneficial for the individuals living in supportive housing is also cost-effective for the public systems that provide mental health care and services.

4. An 89 percent decline in days spent in residential alcohol and drug treatment

Among the 279 people who moved into Canon Kip or the Lyric, 92 percent had a certified substance abuse diagnosis. Despite this high rate, a relatively small proportion of the 179 residents in the sub-sample accessed substance use treatment services before or after entering supportive housing. Nevertheless, analysis of data pertaining to use of residential treatment, detoxification, methadone maintenance, and outpatient treatment reveals some interesting trends.

The probability that tenants entered residential drug or alcohol treatment at least once during the year prior to entering supportive housing was five percent. During the year following stable housing, the probability of entering residential treatment fell significantly to one percent. For those tenants who used such treatment, the number of days spent in residential treatment each year also dropped dramatically. The total number of days spent for this group *was down by 89 percent in a single year*, to 24 days from 217. The probability of entering a detoxification program also decreased significantly, falling from 17 percent to eight percent. The total number of days spent in detoxification was cut in half (149 days in the year after entering permanent supportive housing compared to 320 days in the year before).

Exhibit 7: Use of Substance Use Treatment Before & After Entering Supportive Housing

Substance Use Treatment (n=177)	*Probability of use*	*Total # of days*	*Mean # of days*
Residential Treatment			
One year prior	4.5%	217	27
One year post	1.1%*	24	12
Detoxification			
One year prior	16.9%	320	11
One year post	7.9%*	149	11
Outpatient Treatment			
One year prior	8.5%	676	45
One year post	13.6%	434	18
Methadone Maintenance			
One year prior	13.6%	5452	227
One year post	15.3%	7679	284

These changes were accompanied by an increase in the probability that residents at Canon Kip and Lyric accessed outpatient substance use treatment programs, a less costly alternative to crisis-oriented residential treatment and detoxification programs. In the year prior to housing, the probability that a resident was participating in an

outpatient substance use treatment program was nine percent. After entering housing, this probability increased to 14 percent. Use of methadone maintenance programs also increases after moving into permanent supportive housing, both in terms of the probability that residents will access services, and the consistency with which they participate in treatment (an average of 227 days in the year before housing versus 284 days after). As people gain access to outpatient treatment options linked to permanent supportive housing, their reliance on costly residential services declines. Taken all together, the services and stability that permanent supportive housing offers to its residents has an important impact on use of treatment by previously homeless individuals struggling with substance use issues and chronic health problems.

5. High users of health services exhibit large reductions in service use

As the previous data reveals, in spite of the high rate of substance use problems identified when homeless people moved into supportive housing, individuals had low rates of utilization of substance use treatment prior to entering housing. Many individuals received no services, while others received only detoxification with low levels of follow-up or ongoing treatment. At the same time, many of the individuals who moved into supportive housing were using emergency room and hospital services for medical problems resulting from, or complicated by, substance use.

In order to better understand these trends, CSH sponsored a second study of 119 residents who moved into Canon Kip between October 1994 and August 1999. This study uses records of tenant service utilization both on site at Canon Kip and in the Public Health Department's Community Health Network (CHN) to: 1) examine the types of services integrated service teams were delivering to tenants, and 2) explore the relationship between these services and changes in the use of CHN services. The following exhibit illustrates the change in use of services provided by CHN by degree of on-site service utilization at Canon Kip.

Exhibit 8: Change in CHN Service Use by Onsite Service Utilization

Canon Kip Service Use	*Low change*	*High change*	*Totals*	*High changers as a % of Canon Kip service users*
Lowest users	20	9	29	31.0%
Low users	16	14	30	46.7%
High users	11	19	30	63.3%
Highest users	11	19	30	63.3%
Total	**58**	**61**	**119**	

As Exhibit 8 demonstrates, the highest users of on-site services exhibit the most dramatic reductions in use of crisis-oriented services provided by CHN (i.e., inpatient stays, visits to the emergency room, detoxification days, and mental health crisis days). Interestingly, a large proportion of the on-site services at Canon Kip were focused on assisting tenants with substance use issues. Overall, the data suggest that access to on-site substance use treatment services can play an important role in reducing tenants' use of hospital care.

6. A 44 percent reduction in days sentenced to incarceration

Of residents living at the Lyric and Canon Kip, 139 of the 279 study participants provided written authorization allowing data on their experiences with the criminal justice system to be included in this analysis.[5] A full 40 percent of these residents were incarcerated in San Francisco County Jail during the two years prior to entering supportive housing. According to data from Jail Medical Services, there was very little difference between patterns of arrest and conviction during the 12 months before and after entering supportive housing.[6]

However, there was a dramatic change in the number of days that individuals were sentenced to incarceration and probation. The total number of days residents were incarcerated *fell 44 percent*, from 220 days to 124 days, while the days residents were sentenced to probation jumped from 4,380 in the year before entering supportive housing to 8,250 in the year afterward – an increase of 88 percent. Although the percent increase in days sentenced to probation was greater than the decrease in days sentenced to jail, the costs of community-based probation are far less than those of residential incarceration in a county jail facility.

Another noteworthy trend revealed by the analysis concerned a small group of individuals who were high users of the criminal justice system. Of the 139 study participants in the criminal justice sub-sample, 13 individuals exhibited extremely high engagement with the criminal justice system, as measured by six or more arrests in a one-year period. These 13 individuals were associated with almost half of all arrests (47 percent) in the sub-sample. Not only was supportive housing successful in stably housing these individuals, but the group comprised of high users of the criminal justice system exhibited some of the most dramatic reductions in use of

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[5] Consent to access criminal justice records were asked of only those residents currently living at either building during the second round of consent collections. Of 162 current residents eligible, 85% (139) agreed to participate in the study.

[6] There is however, some change in the crimes for which residents were convicted. Specifically, the number of property crime charges decreased from 15 charges in the year before supportive housing to 7 in the year afterward, while the number of drug sale charges increased from 3 charges to 10.

hospital inpatient days. The probability that these individuals accessed hospital inpatient services fell from 23 percent to *zero* in the year following entry into supportive housing. This probability decreased more modestly among individuals in the sample who were not high users of criminal justice services, from 17 percent to 10 percent. This small group of individuals (nine percent of the study sample) who were high users accounted for 17% of the total reduction in hospital inpatient days observed.

In conclusion, data on residents of Canon Kip and the Lyric suggest that supportive housing is a humane and cost-effective way of providing health, mental health, substance use and social services to homeless individuals suffering from serious health, mental health and substance use problems. The next section of this report examines changes in use of behavioral health care services among a small selection of residents living in supportive housing in Alameda County.

EVIDENCE OF A BREAKTHROUGH – ALAMEDA COUNTY

The Alameda County analysis compares people's use of behavioral health care services, including use of psychiatric hospitals, day treatment services, crisis services, and emergency visits, during the year before and the year after entering supportive housing. It also assesses the change in total costs of services during these two time periods. The analysis is based on data available for 30 seriously mentally ill, formerly homeless individuals participating in the Alameda HHISN Pathways Project. As described in the final section of this report, the primary health and social service providers in the Alameda HHISN are Lifelong Medical Care, a provider of primary care services, and Bonita House, a provider of mental health and substance use treatment services. The partnership also includes the housing developers Resources for Community Development, Oakland Community Housing, Inc., and Mercy Housing, which provide the housing units for HHISN participants. Overall, the Alameda HHISN funds support services for 494 units of permanent supportive housing at 7 sites located in Oakland and Berkeley, California.

Data from Alameda County Behavioral Health Care Services was analyzed to examine changes in service use among 30 formerly homeless, disabled single adults who moved into supportive housing units served by the Alameda HHISN Pathways Project between January 1999 and July 2002. Individuals are eligible for this housing if they were currently homeless (e.g., living on the street or in a shelter) or at risk of homelessness, and had an Axis I diagnosis of mental illness. Only individuals who were currently homeless at the time of enrollment in the project were included in the analysis presented here. Findings reveal that supportive housing can be a cost-effective way of treating individuals suffering from severe mental disorders.

CHARACTERISTICS OF STUDY PARTICIPANTS

According to data maintained by Alameda County Behavioral Health Care Services, all of the Pathways Project residents participating in the study were dually diagnosed (e.g., concurrent substance abuse and mental illness). Study participants were primarily male (53 percent). The majority was African-American (70 percent), 23 percent were white, three percent were Latino, and three percent were "other." The median age of residents at time of entry into supportive housing was 44. Exhibit 9 summarizes demographic characteristics of the 30 people in the study sample.

Exhibit 9: Demographic Characteristics of Pathways Project Study Participants		
Characteristic (n=30)	*N*	*(%)*
Gender		
Male	16	53.3
Female	14	46.7
Ethnicity		
African-American	21	70.0
White	7	23.3
Latino	1	3.3
Other	1	3.3

CHANGES IN USE OF COUNTY BEHAVIORAL HEALTH SERVICES

The majority (70 percent) of the 30 Alameda residents whose data was included in this analysis had used behavioral health care services (mental health services and drug and alcohol treatment) during the year before entering supportive housing. During the year after entering supportive housing, residents shifted use away from inpatient psychiatric hospitalizations and day treatment services toward crisis intervention services, crisis residential days and psychiatric emergency visits. As discussed below, this shift resulted in a cost savings for the county agency providing behavioral health care services.

1. An 84 percent decline in days spent in day treatment

Alameda Behavioral Healthcare Services provides a range of mental health and substance use treatment services, including emergency visits, inpatient care, short-term residential services and day treatment. All in all, residents shifted use away from inpatient psychiatric hospitalizations and day treatment services. As Exhibit 10 illustrates, use of day treatment by the 30 supportive housing residents fell dramatically, from 349 days to 57 – *an overall decline of 84 percent*.

Exhibit 10: Use of Day Treatment Services Before & After Entering Supportive Housing		
Day Treatment Services (n=30)	*Total #*	*Mean #*
Day Treatment Days		
One year prior	349	11.6
One year post	57	1.9

2. A 48 percent reduction in inpatient psychiatric hospital days

The number of psychiatric inpatient hospital days consumed annually also declined, falling from 60 to 31 – *a 48 percent decrease* (see Exhibit 11). When only those study participants who used inpatient psychiatric care during the year before moving into permanent supportive housing (n=5) are included, the reduction in inpatient hospital days is even more dramatic, falling from 60 *to zero* in the year after entering housing.

Exhibit 11: Use of Inpatient Psychiatric Services Before & After Entering Supportive Housing		
Inpatient Hospital Stays (n=30)	*Total #*	*Mean #*
Inpatient Hospital Days		
One year prior	60	2.0
One year post	31	1.0

3. A shift in use of behavioral health care services results in a cost savings

As Exhibit 12 illustrates, decreases in the use of day treatment and psychiatric hospital days were accompanied by increases in the use of crisis intervention services, crisis residential days and psychiatric emergency services. One possible reason for this trend is that case managers and outreach workers rely on these services to avoid long-term hospitalizations.

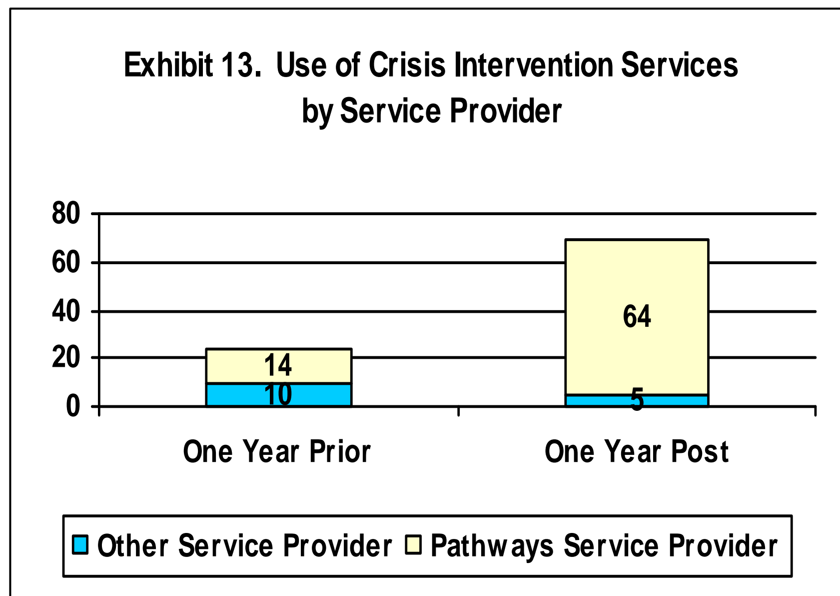
Exhibit 12: Use of Other Behavioral Health Care Services Before & After Entering Supportive Housing		
Behavioral Health Care Service (n=30)	*Total #*	*Mean #*
Crisis Intervention Service Units		
One year prior	24	0.8
One year post	69	2.3
Crisis Residential Days		
One year prior	13	0.4
One year post	27	0.9
Psychiatric Emergency Visits		
One year prior	3	0.1
One year post	10	0.3

This pattern generally reflects a shift toward less expensive services, with the exception of the increase in psychiatric emergency visits. Even taking into account the increase in these visits, it is important to note that the cost decrease resulting from the reductions in use of inpatient and day treatment services more than offsets costs

incurred due to increases in use of other behavioral health care services. Total costs fell from $211,368 to $180,462 – a cost decrease of 15%.

Furthermore, some of the crisis intervention services that were provided on-site to residents participating in the Pathways project were supported by new state funding aimed at expanding on-site services for formerly homeless residents of permanent supportive housing. Consequently, if residents access crisis intervention services from Pathways providers, the costs of these services do not represent new costs to the county behavioral health care system. In order to better understand the cost data, use of crisis intervention services was analyzed by type of provider.

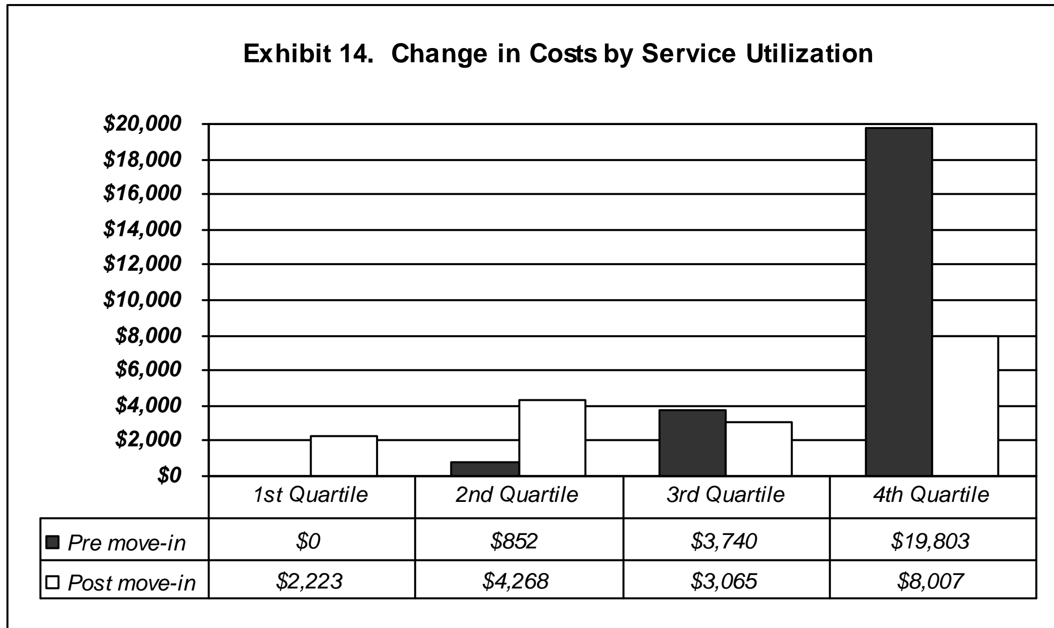
The analysis reveals that the increase in use of crisis intervention services appears to be driven by increased use of Pathways Project services supported by new state funding, rather than by increased use of other county behavioral health care service providers. As Exhibit 13 demonstrates, use of Pathways Project crisis intervention services increased sharply, from 14 episodes in the year before entering housing to 64 episodes the following year. Use of these services at other behavioral health care agencies actually decreased from 10 to 5 episodes during the study period.



When the costs of services provided by Pathways service providers are excluded, the intervention produced an even larger overall cost savings. Total costs fell from $143,818 to $112,582 – *a cost decrease of 22%.* The intervention produced a total annual savings of $30,943, approximately $1,031 per resident.

4. The highest users of behavioral health care exhibit the most dramatic reductions in use

Similar to San Francisco, high users of behavioral health care services exhibit the largest reductions in use of services and result in some of the largest costs savings for the system. The following exhibit illustrates the change in costs of service use by degree of service utilization before and after entering supportive housing.



	1st Quartile	2nd Quartile	3rd Quartile	4th Quartile
Pre move-in	$0	$852	$3,740	$19,803
Post move-in	$2,223	$4,268	$3,065	$8,007

As Exhibit 14 illustrates, a small cohort of individuals was responsible for a large portion of the costs of service utilization prior to moving in to supportive housing. Use of services among this group decreased dramatically, resulting in a cost savings of more than $11,000 total for this cohort. As patients with less severe health issues gain access to ongoing and preventive mental health services, they may be less likely to require costly service interventions. On the other hand, there was another group of individuals (those in the first and second quartile) who were extremely low-cost users of behavioral health care services. Service use actually increased among this group. This suggests that some individuals with untreated mental health problems may be more likely to obtain services while living in supportive housing than while homeless. This is an equally important outcome despite increase in costs.

A Closer Look at HHISN Partnerships

The previous pages provide important evidence that affordable housing linked to a carefully managed network of focused medical, social and psychological services aimed at preventive care and timely response offers a successful and cost-effective approach for reducing long-term homelessness among individuals with chronic health, mental health and substance use problems. While the analysis examined the impact of the HHISN model in just two counties, CSH used funding from TCE to foster and expand HHISN partnerships in a total of nine California counties between 1999 and 2003.

This section of the report provides an overview of each of these partnerships, including descriptions of local HHISN partners and their roles, and information on funding leveraged within each county. Where data was available, information is also provided on characteristics of residents at each HHISN site.[7]

ALAMEDA

The HHISN partners in Alameda at the start of the TCE grant period consisted of Lifelong Medical Care, City of Berkeley Mental Health, East Bay Community Recovery Project, Catholic Charities of the East Bay and Building Opportunities for Self Sufficiency. In the early years of this project, additional partners also included Alameda County Health Care for the Homeless Program and West Oakland Health Council. Current partners now include Lifelong and Bonita House. In addition, housing developer partners Resources for Community Development, Oakland Community Housing, Inc., and Mercy Housing provide the housing units for HHISN participants.

- **Lifelong Medical Care (Lifelong)** is an intergenerational health center with the mission of promoting the long term health and well-being of people of all ages, origins, and races in the East Bay, especially but not solely the economically at risk, through a continuum of quality health care and social services.

[7] As a condition of grant funding, CSH required some HHISN projects to submit data that was then maintained in an internal database system. In other counties, CSH did not require data submission. This primarily occurred when TCE funding was leveraging commitments from other funding sources with rigorous data and reporting requirements, and CSH did not wish to impose duplicative requirements. As fund leveraging increased over time, CSH ceased to require data from counties previously submitting it.

- **Bonita House** offers intensive residential treatment, supported independent living and case management services for adults dually diagnosed with severe and persistent psychiatric disabilities and substance use issues.
- **City of Berkeley Mental Health** provides a range of community-based mental health services to Berkeley and Albany residents.
- **East Bay Community Recovery Project (EBCRP)** is a nonprofit organization that provides mental health, substance use treatment and HIV services.
- **Building Opportunities for Self-Sufficiency (BOSS)** administers a wide array of programs, including emergency shelters; a multi-service center; transitional housing; and educational, vocational and employment services.

Purpose of Grant Funding

CSH awarded the Lifelong Medical Center over $2 million (approximately $1.2 million of this was from US Department of Housing and Urban Development Supportive Housing Program funding, the rest was from TCE) for the purpose of funding a portion of the costs of (1) personnel and operating costs for primary care services, (2) administrative costs for financial and administrative management services, and (3) contract costs for mental health and substance use treatment services provided by Bonita House and the City of Berkeley Mental Health at supportive housing sites participating in the Alameda HHISN. This grant funded support services for 494 units of permanent supportive housing at 7 sites located in Oakland and Berkeley, California. Exhibit 15 provides summary data on residents served by the Alameda HHISN from October 1995 through September 2001.

Exhibit 15: Residents Served by Alameda HHISN

Characteristic (n=836)	*N*	*(%)*
Gender		
Male	563	67.3
Female	273	32.7
Ethnicity		
African-American	631	75.5
White	127	15.2
Latino	25	3.0
Asian / Pacific Islander	14	1.7
Native American	1	0.1
Other / Unknown	38	4.5
Age at Move-in		
Mean:		*43*
Median:		*44*
% Housed after One Year *(n=815)*		85.9%

In Fall 2000, CSH worked closely with the Alameda HHISN partners to restructure the collaborative in order to improve services for residents. At that time, the partners agreed to a transition plan that included expanded staffing, clearer delineation of partner roles, and expanding the role of Lifelong Medical Center as the lead agency.

Funding Leveraged

The CSH grant was supplemented by funding from the US Department of Housing and Urban Development (HUD), the State of California's Supportive Housing Initiative Act (SHIA), the California State Department of Mental Health, and the County of Alameda. Continuing funding for the activities supported by TCE has been provided for by a grant from the Federal Substance Abuse and Mental Health Services Administration (SAMHSA).

CONTRA COSTA

The HHISN partners in Contra Costa County established two teams, the West County Integrated Services Team and the Central/East County Integrated Services Team. The two teams' partner organizations include the following:

- **Contra Costa County Health Services Department Mental Health Division (Contra Costa MHD)** serves over 10,000 people each year who have serious and persistent mental illnesses. Services include inpatient mental health services, crisis stabilization, outpatient mental health services, medication support, case management brokerage, day treatment, crisis and other residential services, institutions for mental disease, homeless multi-service centers and emergency shelter services, and vocational rehabilitation services.
- **Rubicon Programs** is a nonprofit community service agency that provides community-based services for persons with mental disabilities in West Contra Costa County.
- **Phoenix Programs** is a community-based mental health corporation that provides comprehensive rehabilitation services to disabled persons, primarily those with severe and persistent mental illness.

Additional partners include:

- **Contra Costa County Health Services Department Public Health Division, Homeless Program Office**, which currently serves as the lead agency and employs the HHISN Program Director,

- **Mental Health Consumer Concerns**, a consumer-run patients' rights organization that provides the peer counselor positions, and
- **SHELTER, Inc.**, a nonprofit housing development and property management organization that master leases units for tenants in the program and provides a Housing Specialist staff person.

Purpose of Grant Funding

CSH awarded the Mental Health Division of the Contra Costa County Health Services Department a total of $575,947 over four years to fund personnel costs and expenses associated with service delivery for 145 tenants living in scattered site housing. A separate grant for $28,000 was awarded to the Public Health Division of the Contra Costa County Homeless Program housed at the Contra Costa County Health Services Department. This grant covered a portion of the costs associated with employing a Manager for Supportive Housing Programs, who served as the Program Director for the Contra Costa County HHISN. Exhibit 16 provides summary data on demographics and outcomes for residents served by this HHISN from September 1994 through April 2002.

Exhibit 16: Residents Served by Contra Costa HHISN

Characteristic (n=234)	*N*	*(%)*
Gender		
Male	104	44.4
Female	130	55.6
Ethnicity		
White	103	44.0
African-American	102	43.6
Latino	7	3.0
Asian / Pacific Islander	8	3.4
Native American	4	1.7
Other / Unknown	10	4.2
Age at Move-in		
Mean:		*42*
Median:		*42*
% Housed after One Year *(n=278)*		70.5%

The West County Integrated Services Team (IST) has been in place since early 1998, and the Central/East County IST began providing services in the fall of 1999. This HHISN model is a rich example of providing supportive housing in scattered sites. Policies, procedures and service delivery strategies developed in this project have helped inform work in other regions, particularly in non-urban settings. The program serves 145 individuals. At the point of entry, all clients must be homeless or at

imminent risk of homelessness, and have at least one special need. Funding awarded through the State Department of Mental Health required that at least 50 of the clients be diagnosed with serious, persistent mental illness, with or without co-occurring special needs such as HIV/AIDS, substance abuse, and other chronic health conditions. IST staff assists individuals who are homeless upon entry to HHISN to access available set-aside rental vouchers or rental subsidies and secure housing in nonprofit owned and managed buildings or privately owned units. These units are scattered throughout Contra Costa County.

Funding Leveraged

The CSH grant was critical in helping leverage additional funding from the State of California Department of Mental Health's PATH grant, HUD McKinney funds, a SHIA grant, 50 set-aside Shelter Plus Care Tenant Based Vouchers, and Contra Costa County funds. Continuing funding for the activities covered by TCE is coming from a recently awarded Initiative to End Chronic Homelessness (ICH) grant jointly funded by three Federal departments, HUD, HHS and the VA.

FRESNO

The HHISN partners in Fresno include the Housing Authorities of the City and County of Fresno, Turning Point of Central California and the Fresno County Department of Adult Services. This Collaborative represents major partners who are interested in creating more permanent supportive housing in Fresno.

- **The Housing Authorities of the City and County of Fresno** provides the planning, financing, constructing, purchasing, and management of properties using a variety of affordable housing funding programs.
- **Turning Point of Central California** is a nonprofit corporation that provides community-based treatment and rehabilitation services to disabled homeless adults through grants and contracts with various government entities.
- **Fresno County Department of Adult Services** provides mental health and social services to adults in Fresno County. This Department carries out programs supported by SHIA funding and the AB2034 program (Integrated Services for Homeless Mentally Ill Adults).

Purpose of Grant Funding

CSH awarded the Housing Authorities of the City and County of Fresno a $90,000 grant to provide funding to hire a full time program coordinator, and related

operational costs for the County's Beyond Housing Program. The program provides case management services to 75 households in scattered site supportive housing units. The target population is low-income adults who have one or more disabilities, including mental illness, HIV or AIDS, substance abuse, or other chronic health conditions. Program participants included individuals with developmental disabilities, families with children, elderly persons, young adults aging out of the foster care system, individuals exiting from institutional settings, and veterans.

The coordination of services is managed through the HHISN model and all partners participate in monthly oversight meetings and day-to-day meetings when needed. Turning Point of Central California provides a comprehensive array of supportive services delivered through Personal Services Coordinators in a one-stop delivery model. The Fresno County Department of Adult Services (SHIA grantee) provides services such as mental health services, community health services, job assistance services, and family support services. The Housing Authority provides the Beyond Housing Vouchers, supervises the program coordinator, and provides the housing location and case management services in coordination with the SHIA staff.

Funding Leveraged

The CSH grant leveraged $945,000 in Beyond Housing Section 8 vouchers contributed by the Housing Authorities of the City and County of Fresno, plus $1.2 million in SHIA funds. Continuing support for the activities funded by TCE will come from the Housing Authority.

MARIN

The organizations funded through CSH in Marin County included the Division of Community Mental Health Services, Marin County Department of Health and Human Services and the Marin Housing Authority. This partnership represented a shift in the lead agency in Marin. Prior to July 1999, CSH funded Buckelew Programs, a nonprofit organization providing direct services and housing to mentally ill individuals to lead the effort. While Buckelew remains one of many nonprofit partners in this partnership, shifting the lead agency to the Housing Authority offered evidence that the HHISN program was being mainstreamed into existing systems of care to achieve its systems change goal of promoting inter-governmental partnerships and service integration. This shift was also reinforced when the Community Mental Health Services became a partner. Additional partners include Ritter House and Homeward Bound of Marin. In Marin, the HHISN program is known as the Shelter Plus Care Expanded Team.

- **The Division of Community Mental Health Services (CMHS)** assists adults with severe mental disabilities in developing the skills and acquiring the supports and resources they need "to succeed where they choose to live, learn and work, and to maintain responsibly as members of the community." CMHS provides inpatient and outpatient care, crisis intervention, day treatment, residential services, supportive housing, case management.
- **The Marin Housing Authority (MHA)** serves as the lead agency for the Shelter Plus Care Expanded Team. MHA develops, acquires and manages housing for people with low and moderate incomes. MHA staffs the program manager and the case manager positions, and is responsible for facilitating collaborative meetings, developing policies and procedures together with the collaborative partners, and preparing the reports for the project's funders.

Purpose of Grant Funding

CSH awarded the Division of Community Mental Health Services, Marin County Department of Health and Human Services a $126,000 grant to provide funding to hire a part time psychiatrist and a part time licensed nurse practitioner, and to fund a portion of the costs to hire a full time peer counselor for the Shelter Plus Care Expanded Team. The team used this funding to increase the number of tenants receiving supportive services residing in scattered site units to 90 tenants up from 55 tenants. Since that time, the program expanded its capacity through the assistance of AB2034 funds to be able to serve an additional 30 people. Exhibit 17 provides summary data on demographics and outcomes from residents served by the Marin HHISN from February 1999 through February 2000.

Exhibit 17: Residents Served by Marin HHISN

Characteristic (n=37)	*N*	*(%)*
Gender		
Male	21	56.8
Female	16	43.2
Ethnicity		
White	26	70.3
African-American	5	13.5
Latino	1	2.7
Asian / Pacific Islander	1	2.7
Native American	1	2.7
Unknown	3	8.1
Age at Move-in		
Mean:		*46*
Median:		*45*
% Housed after One Year *(n=38)*		81.6%

The Shelter Plus Care Program uses a multi-disciplinary, multi-agency approach to support clients in obtaining and retaining permanent scattered site housing. It recognizes that financial security, physical and mental health stability, social connections and community integration are positively correlated with housing retention. The staff assists clients with addressing their basic needs including safe, affordable housing, personal care, proper nutrition, adequate financial resources, and transportation. All services are voluntary and client driven.

Funding Leveraged

The CSH grant was supplemented by funding from HUD, the State Department of Mental Health, Medicaid revenues, and in-kind contributions from partner agencies. Continuing funding for the activities covered by TCE is coming from the County's Division of Community Mental Health Services and the State Department of Mental Health's AB 2034 program.

SACRAMENTO

The Sacramento HHISN is referred to as the SRO Services Collaborative and includes these partners: Transitional Living and Community Support; Crossroads Employment Services; Volunteers of America; County of Sacramento Division of Public Health; Vietnam Veterans of California; and Bridges Professional Treatment Centers.

- **Transitional Living and Community Support (TLCS)** is an established provider of services to homeless people with psychiatric disabilities, with or without substance use issues, in Sacramento County.
- **Crossroads Employment Services** develops and operates programs and services which provide opportunities for disabled, displaced workers and for the socially/economically disadvantaged to attain personal and career goals.
- **Volunteers of America** provides support services and case management for families, children and seniors who are homeless and mentally ill, re-entry programs for the formerly incarcerated, recovery programs for alcohol and drug users and shelter for the homeless.
- **County of Sacramento, Division of Public Health** has experience partnering with nonprofit agencies to provide health services to the homeless population.
- **Vietnam Veterans of California** provides services to the veteran population.
- **Bridges Professional Treatment Centers** is a nonprofit organization that operates an outpatient treatment program.

Grant Purpose

CSH awarded Transitional Living and Community Support three grants totaling $313,090 over three years for the purpose of employing a Project Coordinator for the SRO Services Collaborative, to provide alcohol and drug services to the SRO Services Center, to conduct tenant outreach, and to provide coordination of the services being provided by Collaborative partners. The SRO Collaborative is an innovative concept and became a high profile model for bringing services into a downtown with a considerable SRO housing stock. A unique feature of this model is that it brings services to residents of privately owned, for-profit buildings and as such, fosters coordination and partnership with the business community in a desire to address the needs of the area's homeless and disabled.

The SRO Services Center opened in March of 2002. It provides services to the residents of four SRO buildings in downtown Sacramento, totaling approximately 300 residents. Activities and services include: outreach, linkages with primary medical services, and assessment (general, mental health, substance use, employment and physical health, case management, group and individual counseling, and transportation assistance).

Funding Leveraged

Since January 1, 2002, Transitional Living and Community Support received a $120,000 Community Development Block Grant distributed through the Sacramento Redevelopment Agency. This grant is expected to be renewed on a yearly basis. In addition, the SRO Services Collaborative was awarded $812,000 in SHIA funding.

SAN DIEGO

The HHISN partners in San Diego include the Alpha Project, Family Health Centers (FHC) of San Diego, Telecare Corporation, County of San Diego, Health and Human Services Agency, Mental Health Services Administration, San Diego Housing Commission, Traveler's Aid, and Episcopal Community Services.

- **The Alpha Project** was founded in 1986 to provide work opportunities for homeless men. Today, it operates ten programs from three locations for homeless men and women.
- **Family Health Centers (FHC) of San Diego** is a Federally Qualified Health Center and the lead agency for the local Health Care for the Homeless.

- **Telecare Corporation** is a contractor for the AB2034 program in San Diego. Telecare is a major, for-profit mental health services corporation located throughout California.
- **County of San Diego, Health and Human Services Agency, Mental Health Services Administration** is the sponsor of the AB2034 program, called the Integrated Services Program.
- **Traveler's Aid** provides transportation services for residents in the program.
- **Episcopal Community Services** received a contract from the county to be involved in AB2034 and provided some coordinated services for the HHISN.

Purpose of Grant Funding

CSH awarded the Alpha Project for the Homeless a $25,000 grant to hire a full time special needs housing coordinator to oversee the start up of HHISN in downtown San Diego. In 2002, it awarded the Alpha Project another grant of $52,000 to renew and expand support for its original program. The Alpha project built a network of supportive services for residents of the Hotel Metro (193 units) and for residents living in 50 scattered-site, Project-Based Section 8 units in the downtown area. It also played a central role in the local AB2034 program by providing 100 units of permanent supportive housing to AB2034 clients.

The Alpha Project developed a HHISN type collaborative to coordinate property management, recovery and mental health services, health care and employment services for residents. The Alpha Project does outreach to residents of the hotel and arranges for limited health and employment services that have on-site presences.

Funding Leveraged

The CSH grant leveraged $25,000 (in 2001) from the San Diego Housing Commission to help support the Special Needs Housing Coordinator position. Simultaneously, in 2001, the County of San Diego received $10 million over 3 years from the state of California AB2034 program to provide 250 single adults with integrated mental health, psycho-social and rehabilitative services and case management. San Diego's program is called "REACH" and the Alpha Project in a major partner in that effort as well.

Activities originally funded by TCE are now being funded through a blend of resources from the State of California. These include AB2034 funds for integrated services for homeless adults with a mental illness and funding from the Supportive

Housing Initiative Act. Alpha Project is exploring other opportunities to continue funding using mainstream services resources.

SAN FRANCISCO

The HHISN partners in San Francisco consist of the San Francisco Department of Public Health, Tom Waddell Health Center, Baker Places, Conard House and Episcopal Community Services. The housing developers that are in the partnership include Mercy Housing and Chinatown Community Development Corporation.

- **San Francisco Department of Public Health (SFDPH)** has made major strides in the last several years to integrate the provision of housing into its overall strategy to improve public health. One of its central goals is to direct housing investments toward programs that more directly assist DPH in achieving its larger goals of reducing high utilization of high cost institutions and effective provision of health care to people with chronic health issues.
- **Tom Waddell Health Center** is a comprehensive clinic offering primary care and specialty clinics focused on special needs populations including HIV, substance use, mental health, dermatology, women, transgender, and Latinos. The Tom Waddell Health Center provides staffing for the onsite medical clinics located at a number of the HHISN housing sites.
- **Baker Places** provides residential and day treatment, transitional and permanent housing, and case management services to assist clients with serious mental illness, HIV/AIDS, and substance use issues.
- **Episcopal Community Services (ECS)** is one of San Francisco's largest nonprofit organizations providing services to homeless and extremely low-income individuals. ECS operates two large shelters with case management and support services.

Purpose of Grant Funding

CSH awarded the San Francisco Department of Public Health, Housing and Urban Health Section a total of $285,000 over three years to fund the various partner organizations of the HHISN to serve 440 supportive housing tenants at Canon Kip Community House, the Cambridge, the Hamlin, the Lyric, the Pacific Bay Inn and the Rose. The HHISN project in San Francisco continues to provide an excellent example of multi-disciplinary on-site integrated services in housing. This model helps the partner organizations gain more experience and knowledge. Policies, procedures and service delivery strategies continue to evolve throughout this project and further CSH's goal of quality service provision in housing.

Residents of the HHISN sites in San Francisco are largely from streets and shelters and the majority struggle with mental illness, substance use issues and/or HIV/AIDS. The services are geared towards keeping the individuals in housing while promoting the greatest level of independence. Services are provided by a multidisciplinary team on each site and include vocational, mental health, case management and health services. Site services are coordinated between the service providers, property management and site sponsors in weekly team meetings.

SFDPH's Tom Waddell Health Center, Baker Places, Conard House and ECS are very active participants in the planning and implementation of the HHISN. All participate in the operations group and the oversight meeting to ensure the quality of integrated services offered at HHISN supportive housing sites.

Funding Leveraged

The CSH grant was supplemented by a HUD grant awarded to the City and County of San Francisco. Continuing funding for activities covered by the TCE grant is coming from a variety of sources, most notably from a commitment from the San Francisco Department of Human Services, the Department of Public Health and MediCal revenues that are being generated by the HHISN staff. In addition, the HHISN in San Francisco has expanded significantly. In particular, ECS, Baker Places and the Department of Public Health have developed additional supportive housing sites together based on the HHISN model.

SAN MATEO

The HHISN partners in San Mateo include: the Mental Health Association of San Mateo County, the Mid Peninsula Housing Coalition (MidPen) and San Mateo County Mental Health Division.

- **The Mental Health Association of San Mateo County (MHA)** is a service agency providing services, housing and advocacy to those with psychiatric disabilities in San Mateo County.
- **MidPeninsula Housing Coalition (MidPen)** is a non profit organization that develops high quality affordable housing, professionally manages the properties in those communities, and provides services to residents.
- **San Mateo County Mental Health Division (CMH)** provides services to people with mental illness and emotional problems in the county.

Purpose of Grant Funding

CSH awarded the Mental Health Association of San Mateo County a total of $98,976 over three years to continue its services to 25 tenants at the St. Matthew's Hotel and to expand the delivery of services to an additional 31 tenants. MHA staff focus on service planning, active substance and alcohol use, and development of strategies to help with the employment needs of the tenants at St. Matthews. CMH provides primary medical care, psychiatric assessment, medication management, representative payee, and other services needed by tenants with mental illness. MidPen handles the property management of the St. Matthew's Hotel. The management supervisor attends weekly tenant meetings, and a building superintendent lives on-site.

The partner organizations work together to serve the tenants at St. Matthew's. The social service plan addresses the following tenant needs: 1) crisis stabilization, development of independent living skills, and access to medical health services for those with psychiatric disabilities; 2) prevention and early intervention services for tenants at high-risk for homelessness; 3) facilitation of regular forums with property management; and 4) social and recreational activities. Exhibit 18 summarizes data residents served by the San Mateo HHISN from June 1997 through January 2000.

Exhibit 18: Residents Served by San Mateo HHISN

Characteristic (n=67)	*N*	*(%)*
Gender		
Male	46	68.7
Female	21	31.3
Ethnicity		
White	42	62.7
African-American	11	16.4
Latino	5	7.5
Asian / Pacific Islander	4	6.0
Unknown	5	7.5
Age at Move-in		
Mean:		*50*
Median:		*47*
% Housed after One Year *(n=53)*		86.8%

Funding Leveraged

The CSH grant leveraged $15,000 per year from MidPen. This funding stream continues to be contributed to partially cover the cost of services. Continuing support for the activities funded by TCE is being sought from foundation grants.

SANTA CLARA

The Palo Alto Housing Corporation, the Alliance for Community Care and the Veteran's Administration comprise the Barker Hotel Integrated Service Team (Barker HHISN Team).

- **The Palo Alto Housing Corporation (PAHC)** develops housing, provides property management services and coordinates resident services.
- **The Alliance for Community Care** is the largest not-for-profit, private mental health agency in Santa Clara County.
- **The Veteran's Administration** offers medical and psychiatric care to eligible veterans, and assistance in obtaining all the benefits to which a veteran is entitled from both state and federal agencies.

Purpose of Grant Funding

CSH awarded the Palo Alto Housing Corporation a total of $96,152 over three years to fund the HHISN team's coordination and delivery of supportive services to the 24 tenants of the Barker Hotel, as well as to expand services to 24 tenants at Alma Place, another PAHC housing site.

Exhibit 19: Residents Served by Santa Clara HHISN

Characteristic (n=85)	*N*	*(%)*
Gender		
Male	60	70.6
Female	24	28.2
Other	1	1.2
Ethnicity		
White	25	29.4
African-American	6	7.1
Latino	4	4.7
Other / Unknown	50	58.8
Age at Move-in		
Mean:		*51*
Median:		*51*
% Housed after One Year *(n=24)*		83.3

Services for the Barker Hotel and Alma Place include tenant outreach, individual service planning, coordination of tenant services, tenant referral to community-based services, transportation, and participation in monthly operations meetings with

property management and other team members. Funds also supported some recreational activities, and concrete needs such as food, medication, clothing, and other limited special need considerations at both sites. Exhibit 19 summarizes demographic data on residents from March 1995 through March 2002.

Funding Leveraged

The CSH grant leveraged a local city commitment of approximately $50,000 per year in Community Development Block Grant (CDBG) funds for services at the Barker Hotel. Continuing support for the activities funded by TCE is coming from local CDBG and other private foundation funding.

CONCLUSION

With funding from TCE, CSH has supported model HHISN partnerships aimed at stabilizing long-term homeless individuals struggling with mental illness, chemical addictions and chronic health problems in eight California counties. This report provides an overview of these partnerships and documents the benefits of supportive housing not just for residents, but also for the public service system that provides care to this population. TCE funding has had an important impact on housing and services for homeless individuals in the nine counties that received funding for HHISN partnerships. This impact is now being sustained by new funding from federal and state sources, as well as financial commitment of public and private funds locally.

All of our responses to homelessness bear a cost. However, the cost of "treating" long-term homelessness among individuals with chronic health, mental health and substance use issues in the usual ways – by responding to its emergency side effects, by arresting and jailing people, or by simply ignoring it – can be considerable. These costs can be reduced by coordinating housing, services, medical and psychiatric care, and addiction treatment in a carefully managed package. This report presents compelling information for policymakers and others who seek to maximize the value of public resources aimed at reducing homelessness, while also documenting the significant impact of funding from TCE on the lives of hundreds of formerly homeless Californians and the local communities that provide care to them.