Housing the First 100

Orlando, FL | September 2016

INITIATIVE OVERVIEW

✦ The Orlando Housing First initiative, "Housing the First 100", is a collaborative undertaking in the City of Orlando and tri-county area (Orange, Osceola, and Seminole counties). The project connects high cost, high need, homeless frequent users to housing and services.

✦ The Health Care Center for the Homeless (HCCH) - Orange Blossom Family Health (the local Health Center Program grantee) is the lead agency in this initiative. HCCH is the main service provider and receives and stores data from partners. The current partners include Florida Hospital (the largest hospital system in the area), Homeless Service Network (the local Continuum of Care – a HUD funded program responsible for coordinating homeless services, including housing, in a given region, and a potential health center partner), local law enforcement, and the local government; while outreach to other providers and agencies continues.

✦ The list of targeted participants consists of Florida Hospital's top 100 users. This is compared to law enforcement's list of frequent arrests and encounters, the city's high visibility list (individuals experiencing homelessness who are recognized by local officials as someone who frequents public spaces), and factors such as domestic violence and veterans status.

✦ Through the provision of intensive case management, peer support, and facilitation to access critical benefits, in addition to connection to housing, the initiative has so far resulted in a reduction in incarceration and hospitalization, as well as an increase in individual income and housing retention.

✦ "Housing the First 100" is funded through various sources including the local hospital, local government, and a HUD bonus Continuum of Care Homeless grant. The Central Florida Foundation, a public grant-making foundation and home of over 400 charitable funds, manages funding for the initiative.

✦ Challenges: To implement the Housing First program to fidelity, there had to be a shift in local priorities and philosophy to transition to permanent housing and a harm reduction approach, which is still not accepted by all providers. There is also an insufficient supply of appropriate and interim housing options locally.

✦ Opportunities: Despite the challenges, the Initiative has support from local city and county officials, in part due to the city's adoption of the national Mayor's Challenge to End Veteran Homelessness and past media attention on the issues of homelessness locally.
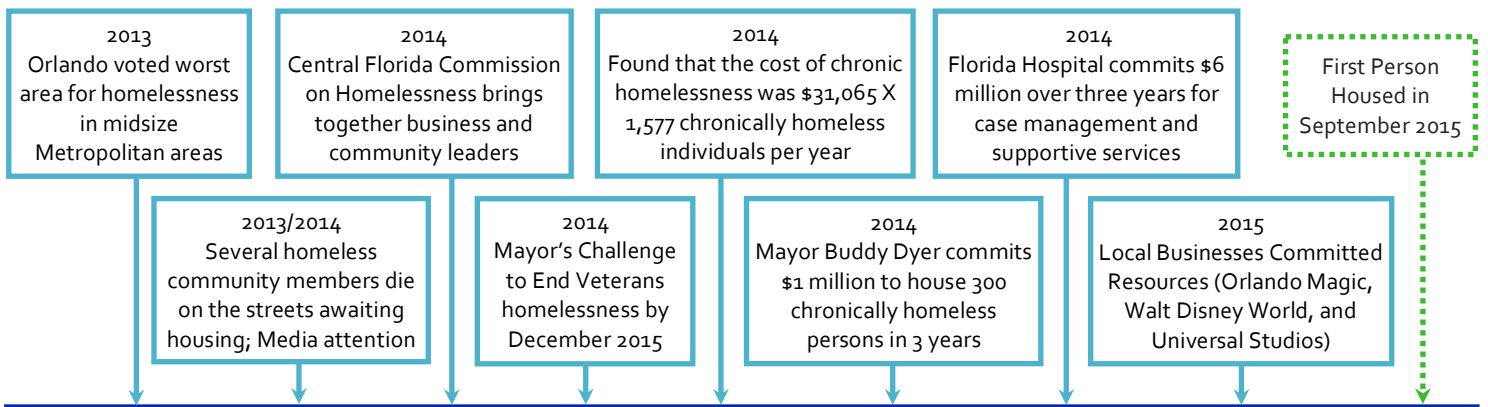
KEY FEATURES & INNOVATIONS

✦ **Community Buy-in:** Various sectors are on board with this initiative including health, housing, law enforcement, and city officials. The initiative has received financial support from one local hospital system, which covers case management and supportive services, and businesses spanning the hospitality industry and local athletic teams.

✦ **Multi-level Prioritization:** Housing prioritization is determined through a Coordinated Entry process using the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT) assessment. In cases where two individuals have the same VI-SPDAT score, they consider additional data provided by Initiative partners to better assess vulnerability and need.

✦ **Housing First Approach:** A core component of the program design is the Housing First approach, which incorporates voluntary services using a harm reduction model, no sobriety requirement prior to accessing housing, and affordable, permanent housing.

✦ **Housing Vouchers:** The City provided a number of vouchers to get the project started, and the County dedicated tenant based rental assistance (TBRA) funding. HUD funds as well as City funds were also set aside for rental assistance.

✦ **Barrier Buster Fund:** The City of Orlando created a barrier buster fund, which allocates approximately $2,000 per participant and can be used for costs such as security deposits and furniture.

✦ **Low Case Management Ratio:** Intensive case management is a key part of the supportive services provided to participants once they are housed. To keep this level of services manageable, case managers have a low client ratio, averaging approximately 15 clients per case manager.
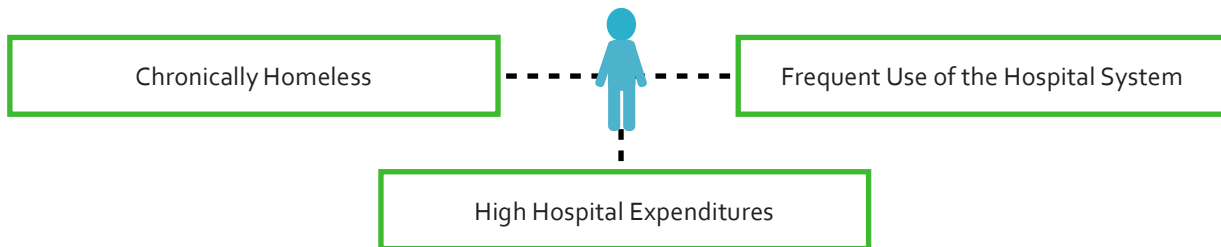
Housing the First 100: Orlando, FL

History

2013	2014	2014	2014	
Orlando voted worst area for homelessness in midsize Metropolitan areas	Central Florida Commission on Homelessness brings together business and community leaders	Found that the cost of chronic homelessness was $31,065 X 1,577 chronically homeless individuals per year	Florida Hospital commits $6 million over three years for case management and supportive services	First Person Housed in September 2015

2013/2014	2014	2014	2015
Several homeless community members die on the streets awaiting housing; Media attention	Mayor's Challenge to End Veterans homelessness by December 2015	Mayor Buddy Dyer commits $1 million to house 300 chronically homeless persons in 3 years	Local Businesses Committed Resources (Orlando Magic, Walt Disney World, and Universal Studios)

Target Population

Chronically Homeless		Frequent Use of the Hospital System

High Hospital Expenditures

Approach

Housing the First 100 is a collaborative effort among various homeless service providers, hospitals, and city and county agencies that is led by the Health Care Center For the Homeless - Orange Blossom Family Health. Participants are identified by outreach workers who conduct the VI-SPDAT vulnerability assessment with individuals they encounter. If they score above threshold, the individuals are placed on the Coordinated Entry prioritization list with the local Continuum of Care. For individuals with the same VI-SPDAT score, additional data is considered in the prioritization, including Homeless Management Information System (HMIS) data, the local hospital's top 100 frequent user list, health center data, the police frequent arrests and incarceration lists, and the city's downtown high visibility list. Once housing is identified, the participant is connected to a SSI/SSDI Outreach, Access, and Recovery (SOAR) specialist (to help enroll them in benefits) and a peer support specialist. Participants are also connected to a case manager who provides intensive case management with an average case management ratio of 1:15 and a maximum ratio of 1:17. The Housing First team consists of one manager of outreach and case management, six case managers, one housing specialist, two peer support specialists, one program specialist, and one disability specialist, in addition to the medical team at the Health Care Center for the

VI-SPDAT → Coordinated Entry → Prioritization → Housing Location → SOAR/Peer Support / Intensive Case Management

HMIS Data
Hospital Top 100 List
Health Center Data
Police Arrests & Incarceration List
City Visibility List
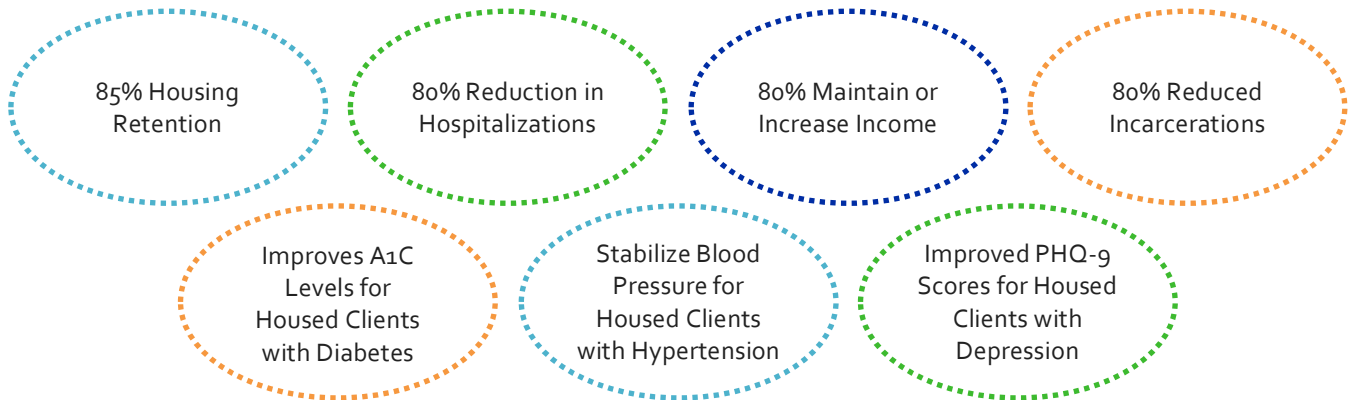
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Housing the First 100: Orlando, FL

Left: Herbert shares his artwork. **Right:** Margaret was the first client housed through the program in September 2015. She's still housed!

OUTCOMES

Goals

To house **100** of the most vulnerable chronically homeless individuals
with the highest expenditures and to retain them in housing in the first year.

Meet thresholds in the following areas:

- 85% Housing Retention
- 80% Reduction in Hospitalizations
- 80% Maintain or Increase Income
- 80% Reduced Incarcerations

- Improves A1C Levels for Housed Clients with Diabetes
- Stabilize Blood Pressure for Housed Clients with Hypertension
- Improved PHQ-9 Scores for Housed Clients with Depression

Outcomes

96 total clients referred to the program:
70 clients housed as of May 2016
26 clients actively case managed while awaiting housing

100% of landlords have 24 hour access to Housing Specialist

85.7% of 70 housed clients maintained or reduced hospitalizations

90% of 70 housed clients demonstrated reduced incarcerations

100% of 96 clients referred through Coordinated Entry

100% of 70 housed clients have maintained or increased income*

100% of program participants have remained housed (70 of 70)

*Note: 67% (47 of the 70 housed) had no income at move-in. 47% (22 of the 47) have applied for disability through the SOAR specialist and are awaiting determinations.

CHALLENGES AND OPPORTUNITIES

Challenges

✦ **Housing First:** The Housing First model was new to the Orlando area and required a shift in the way the community provided services. Some organizations were not on board with this model for fear of funding shifts that may impact their current structure. This transition required education and training to try to get everyone on the same page.

✦ **Interim Housing:** The transition from the street to a permanent housing unit can take time while the Housing First team locates housing. The community found that they did not have enough bridge housing for people during the search period. The City and program staff are working to identify options to break down barriers and shorten this time frame.

✦ **High Need Population:** Working with a high need population can sometimes mean that individuals will require a level of care that is not offered in supportive housing. For example, it has been difficult to find placements for individuals who are experiencing chronic homelessness but need a level of care provided in assisted living. Accessing such services are particularly challenging when many providers offering these services have not adopted a harm reduction approach.

✦ **Finding Placements:** Certain individuals have been more difficult to place into housing due to a variety of circumstances. This includes finding housing for unmarried couples and people with a criminal background, specifically those who have a sex offense or felony on their record. In addition, it has been challenging to find accessible units for individuals with limited mobility.

✦ **Undocumented Homelessness:** For some of the individuals encountered, outreach workers have been able to determine that an individual is chronically homeless, but they may not have the ability to document the length or number of episodes of homelessness. This creates additional challenges when determining eligibility and priority for housing under HUD programs.

✦ **Technology:** Ideally, the health center would like to create a system that would allow their electronic health system (EHS), the local Homeless Management Information System (HMIS), and hospital records to interface. Since this is currently not the case, cross-referencing data and tracking consumers across systems has proved to be a challenge.

Opportunities

✦ **National Emphasis:** Orlando joined the Mayor's Challenge to End Veterans Homelessness, which provided a basis for moving the Housing First initiative forward.

✦ **Financial Support:** Through the backing of City and tri-county officials, local hospitals, and businesses, the community has been able to create a barrier buster fund, designate housing resources, and cover the cost of housing support. This initial investment and the program results will help to build the case for further investment in the program.

✦ **Media Attention:** When Orlando was voted the worst midsize city to be homeless and following the unfortunate series of deaths in the homeless community, the local media attention brought city government, residents, and area businesses to the table to address the issues.

✦ **Collaborations:** The Initiative has helped Health Care Center for the Homeless - Orange Blossom Family Health build collaborations with local law enforcement, local hospitals, and the Continuum of Care. The partners are working on a mechanism to share information to better target frequent users. So far, they have gained access to HMIS data to improve data sharing and are hoping to establish a form of Health Information Exchange, still to be determined, with the local hospitals in the future.

✦ **Staff Capacity:** Since the initiation of this program, Orange Blossom Family Health has been able to bring on a SOAR specialist. This is a major opportunity moving forward as it increases access to income and health coverage through SSI (Florida has not yet expanded Medicaid).

Dave, pictured signing the lease to his new apartment, lived in the woods for 6 years with deteriorating health problems. Now housed, Dave regularly visits HCCH primary care clinic and has seen improvements in his health.

Housing the First 100: Orlando, FL

Left: Herbert, who lived under a bridge and doubled up with others for many years, poses with one of many bikes donated by local transit company for housed clients.
Right: Jane Ann shows off her new dentures and apartment.

INITIATIVE PARTNERS

Health Center: Health Care Center for the Homeless (HCCH) - Orange Blossom Family Health

Roles:
- HCCH is the lead service agency for the Housing First program.
- Staff conducts outreach and engages individuals who are identified as hospital frequent users.
- HCCH provides medical, dental, mental health and substance use services to clients, including those in the Housing First program.
- HCCH provides wraparound services to clients referred to them for permanent supportive housing.

Local Continuum of Care: Homeless Services Network (HSN)

Roles:
- HSN manages the local Coordinated Entry System (CES), which prioritizes individuals for housing.
- They also manage the Homeless Management Information System (HMIS).
- They provide housing location services, manage housing inventory in the region, and coordinate referrals to other appropriate participating permanent supportive housing (PSH) programs in the Continuum of Care (CoC).
- HSN instituted the Housing First model adopted by the community.

Hospital Partner: Florida Hospital

Roles:
- Florida Hospital identified their top 100 chronically homeless frequent users of the hospital system.
- The hospital recognizes the importance of financially supporting case management services for program participants.

Local Law Enforcement

Roles:
- Law enforcement works with HCCH and HSN to identify individuals who are chronically homeless and on the police list of frequent encounters and arrests.

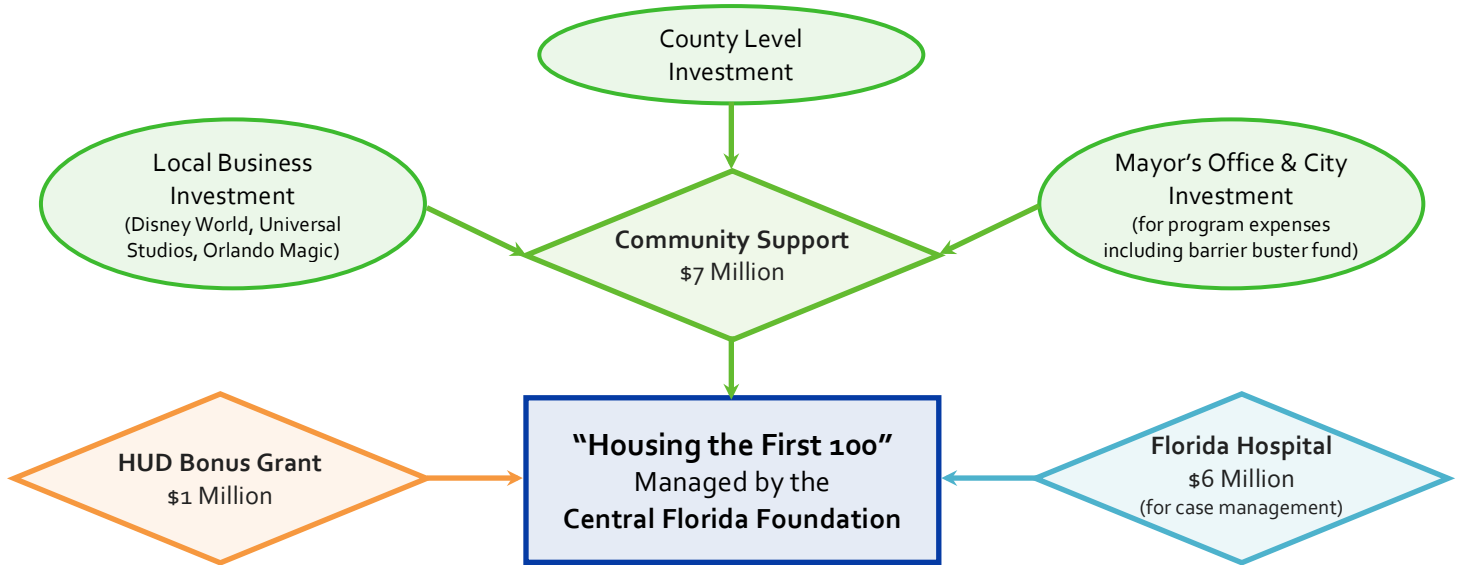### City of Orlando/Orange County

Roles:
- The City worked with local partners to create a barrier buster fund to aid the transition to housing. This fund covers one-time costs such as security deposits and household items. HCCH works with the Central Florida Foundation to access this funding.
- The City also provided a list of high visibility individuals experiencing homelessness in the downtown area to help prioritize these individuals for housing.
- The City and County have provided rental subsidy resources.

Housing the First 100: Orlando, FL

FINANCES

Funding Sources

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                          │   County Level   │
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  │ Local Business   │      ◇─────────────◇       │ Mayor's Office & │
  │ Investment       │────▶ Community Support ◀────│ City Investment  │
  │ (Disney World,   │      $7 Million            │ (for program     │
  │ Universal        │      ◇─────────────◇       │ expenses         │
  │ Studios, Orlando │             │              │ including barrier│
  │ Magic)           │             ▼              │ buster fund)     │
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  ◇──────────────◇        │  First 100"      │        ◇──────────────◇
   HUD Bonus Grant ──────▶│ Managed by the   │◀──────  Florida Hospital
   $1 Million             │ Central Florida  │         $6 Million
  ◇──────────────◇        │ Foundation       │         (for case
                          └──────────────────┘         management)
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Program Costs

$766,762: Health Care Center for the Homeless (HCCH) - Orange Blossom Family Health's portion of this funding

Grant Breakdown

76% — $587,543
Personnel: Case management, Peer Support, Housing Specialists, SOAR Specialists, Supervisor

22% — $169,704
Program Expenses: Occupancy, Transportation, Office supplies, Training, Supplies, etc.

1.3% — $10,000
Client Emergency funds: substance abuse services and additional enabling and supportive services

Barrier Buster Fund:
Total budget: **$200,000** for First 100 clients.
($80,000 for first 40 housed, then $120,000 for next 60)

To date spend down:
$69,000 for first 65 housed.

Per Person Average Annual Community Cost of: **$31,065**

X 1,577 Chronically Homeless Individuals

Estimated at **$48,989,505 Dollars** Per Year for the Tri-county Continuum of Care

One goal of 'Housing First 100' is to reduce and redirect the overall annual cost the local Continuum of Care spent on individuals experiencing chronic homelessness **before** implementing Housing First. To date, cost savings have been observed but are not yet quantifiable as this is the first year of the program.

Housing the First 100: Orlando, FL

Left: HCCH outreach staff and Jane Ann in the woods where she lived.

Center: HCCH Housing the First 100 staff and health center leadership show their commitment to the program.

Top Right: Jona in her new home. She previously lived under a bridge for 2 years.

All photos depict staff or consumers receiving services from Health Care Center for the Homeless - Orange Blossom Family Health.

ABOUT CSH

CSH transforms how communities use housing solutions to improve the lives of the most vulnerable people. We offer capital, expertise, information and innovation that allow our partners to use supportive housing to achieve stability, strength and success for the people in most need. CSH blends over 20 years of experience and dedication with a practical and entrepreneurial spirit, making us the source for housing solutions. CSH is an industry leader with national influence and deep connections in a growing number of local communities. We are headquartered in New York City with staff stationed in more than 20 locations around the country. Visit csh.org to learn how CSH has and can make a difference where you live.

ABOUT NHCHC

The National Health Care for the Homeless Council is a network of doctors, nurses, social workers, patients, and advocates who share the mission to eliminate homelessness. Since 1986 we have been the leading organization to call for comprehensive health care and secure housing for all. We produce leading research in the field and provide the highest level of training and resources related to care for persons experiencing homelessness. We collaborate with government agencies and private institutions in order to solve complex problems associated with homelessness. Additionally, we provide support to publicly funded health centers and Health Care for the Homeless programs in all 50 states. Visit nhchc.org to learn more.

Top Left: Dave in his new apartment.

Bottom Left: Michael was chronically homeless for years and had almost $700,000 in hospital costs in 15 months before being housed. He wanted to give back to others, so he dressed as Santa for kids in the park.

Top Right: This couple lived in the woods for five years. They declined housing at times unless their dog could come with them. With their Housing First philosophy, HCCH found them a landlord that would take a large dog.

CSH
The Source for
Housing Solutions

NATIONAL
HEALTH CARE
for the
HOMELESS
COUNCIL