

County of Santa Clara

Office of Supportive Housing

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February 8, 2022

TO: Board of Supervisors
Housing, Land Use, Environment and Transportation Committee (HLUET)
Committee

FROM: Consuelo Hernandez, Office of Supportive Housing (OSH)

SUBJECT: Supportive Housing System in Santa Clara County

The attached report highlights trends, successes, and challenges of the supportive housing system in Santa Clara County between January 2021 and December 2021. The report's primary function is to communicate how different programs are contributing to an overall reduction in homelessness. The supportive housing system includes housing programs that fall into five main categories: Emergency Shelter (ES), Transitional Housing (TH), Rapid Rehousing (RRH), Permanent Supportive Housing (PSH), and Homelessness Prevention (HP). Additionally, this report provides supplementary data focusing on the County's Reentry Housing Programs and Permanent Supportive Housing Programs.

Supportive Housing System Trends and Highlights

Appendix A highlights data on four of the five overarching targets detailed in the County's [2020-2025 Community Plan to End Homelessness](#) (Community Plan). As shown in Chart 1, the County has housed 5,941 individuals since January 2020, 30% toward the goal of housing 20,000 people by 2025. Chart 2 depicts progress toward the County's goal of reducing the number of newly homeless individuals and families each year by 30%. This target was based on annual inflow prior to the COVID-19 pandemic. Inflow for calendar year 2019 (4,778 people) is used as a baseline. Inflow for the December 2020 to November 2021 yearly reporting period is 3,172 households, exceeding the 5-year goal. While the impacts of the COVID-19 pandemic on homelessness are still being studied, the sharp reduction since 2020 may be related to increased financial assistance programs and/or eviction moratoria. The OSH will continue to monitor trends as local and state moratoria sunset.

Appendix B provides program capacity and utilization for the five program categories outlined above plus the Safe Parking (SP) initiative and the Cold Weather Shelters (CWS). As depicted in the Program Utilization chart at the bottom right, HP (95%) and ES (95%) have the highest utilization for the reporting period. ES utilization is at the highest point in several years. A 95% utilization rate for ES signifies shelters are at capacity, demonstrates the success of the Here4You shelter hotline in ensuring shelter beds are utilized, as well as highlights the need for additional temporary housing, as outlined in the Community Plan.

Appendix C illustrates key system performance measures, benchmarks for which are determined in coordination with community partners on an annual basis. A couple of highlights for the reporting period are provided below.

- Chart 2 provides data on exits to permanent housing destinations by housing type and period. Seventy-nine percent (79%) of households exiting RRH programs exited to for the current reporting period, exceeding the 75% benchmark. Thirty-four percent (34%) of households exiting ES programs moved on to permanent housing, exceeding the County's 30% performance goal.
- Chart 4 provides data on returns to homelessness after exiting a program to a permanent housing destination. Data for 2021 shows decreases in returns at 6-month, 1-year, and 2-year timeframes when compared to previous years.

Appendix D presents data on housing placements and inflow by project type and month. The upper chart indicates the number of households that moved to permanent housing (housing placements), compared to the number of households completing their first assessment (inflow). The inflow is stratified by level of housing intervention – minimal, RRH, or PSH. The lower chart breaks down the housing placements by the type of project from which the household was receiving assistance. The decreasing gap between the number of housing placements and inflow each month is a positive sign in the effort to decrease the total number of individuals experiencing homelessness on a given night.

Reentry Housing Programs

Appendices E through G include data related to the County's programs for the reentry population. These include clients participating in one of one two RRH programs, and/or an emergency financial assistance program designed for those connected to the criminal justice system. Both the Reentry Minimal to RRH and the Reentry RRH Exceptions programs provide case management, housing placement, and a time-limited rental subsidy, but the Minimal to RRH program is a smaller program that provides less intensive case management and is designed to assist lower-acuity clients. The Emergency Assistance Program (EAP) provides one-time rental or other financial assistance.

Some highlights from these programs include those listed below.

- The Reentry Resource Center (RRC) provides services to County residents with recent involvement in the criminal justice system, supporting reentry efforts including helping clients navigate the County's supportive housing system. Chart 1 in Appendix E shows that for clients accessing services at the Reentry Resource Center (RRC) in 2021, 40% were literally homeless, staying in a shelter, motel, or in a place not meant for human habitation. This is a 4% decrease from the previous reporting period. Approximately \$97,000 in direct assistance was provided in 2021, most commonly in the form of rental or security deposit assistance.
- Appendix F, chart 3 shows the intervention breakdown for clients assessed at the RRC. Of the 205 individuals who completed the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) assessment at the RRC in fiscal year 2021, 55% were assessed in the PSH range, 39% in the RRH range, and 6% in the minimal intervention range. When compared to the systemwide needs, individuals assessed at the RRC tend to have slightly higher acuity than the County's systemwide homeless population, for which approximately 49% score in the PSH range and 41% in the RRH range.
- Historically, reentry programs have had a lower rate of successful exits to permanent housing compared to RRH programs overall. Homeless individuals with recent jail or prison experience, including those on probation or parole, face myriad barriers to obtaining and maintaining housing. Successful exits have increased significantly over the last year. For the RRH Exceptions program, exits to permanent housing increased from 59% in 2020 to 80% in 2021. For the Minimal to RRH program, permanent housing exits increased from 47% in 2020 to 65% in 2021.

Permanent Supportive Housing

Appendices H through M provide data and outcomes related to the County's PSH programs. PSH provides longer-term rental assistance, case management and supportive services to the most vulnerable chronically homeless individuals and families in the community. It is guided by the principles of Housing First and harm reduction. Housing First focuses on providing housing to homeless people as quickly as possible, and then providing supportive services tailored to the needs of each client. The harm reduction model is used in the context of homeless people who engage in substance abuse. It focuses on serving the client while also reducing the negative consequences of the client's substance use.

Appendices H and G provide capacity, enrollment, and demographic data for all PSH programs. Highlights include the following:

- Chart 2 in Appendix H shows that of the 2,198 enrollments in PSH programs that are tracked in HMIS, 95% of the people enrolled are currently housed.¹ The remaining clients are in the housing search process or waiting for their unit to be ready.
- Most PSH program participants (75%) report at least one type of mental health disability (Appendix H, Chart 3), and approximately half (51%) indicate substance abuse. Most participants (71%) report two or more (co-occurring) disabilities. These data reflect the population for whom PSH services are intended – individuals who will require long-term assistance due to a chronic disabling condition.

Over half of the County’s PSH program capacity consists of Care Coordination Project (CCP) programs (see Appendix H, Chart 1). The CCP is a multi-agency initiative developed to ensure the effectiveness of case management for the most vulnerable members of the County’s homeless population. It is designed to coordinate, prioritize, and deliver permanent supportive housing to these highly vulnerable chronically homeless individuals and families.

Appendices J through M provide data and outcomes for participants in CCP-specific programs, which include both Scattered-Site and Project-Based Voucher (PBV) programs². Highlights from the charts in Appendix J, which focus on CCP enrollments and retention, are as follows:

- From July 1, 2011, through December 31, 2021, the CCP enrolled 2,635 chronically homeless households (a total of 3,246 individuals) into intensive case management services and housed 2,378 households.
- The lower chart shows the annual CCP housing retention rate for 2021. The housing retention rate (defined for CCP as 12 consecutive months of housing) for the period is 95.5%.

Clients’ utilization of County health, social service, and criminal justice services are key outcome metrics as it relates to both costs and client health. Service utilization data was obtained for CCP participants through records at the Santa Clara Valley Medical Center (SCVMC), Behavioral Health Services Department (BHS), Social Services Administration (SSA), and Criminal Justice Information Control (CJIC). Data in Appendices K through M

¹ Note that this excludes Housing and Urban Development – Veterans Affairs Supportive Housing (HUD-VASH) program participants; data for this program are not currently recorded in our Homeless Management Information System (HMIS).

² Scattered-Site PSH provides housing to participants via private market housing units dispersed throughout the community, with mobile or off-site support services. Project-Based PSH provides housing at a central multi-unit development, with support services provided on-site.

reflect utilization data for 1,596 individuals who were housed in the CCP between July 2011 and October 2020, and who remained housed for a period of one year or more.

Changes in these clients' utilization of County services over a six-year period pre- and post-housing are shown. The pre-housed data show the utilization of services for a period of three years prior to the date they were housed. The post-housed data show the utilization of services for the same individuals for a period of three years after the date they were housed.

Trends and highlights from the charts in Appendices K, L, and M are as follows:

- Charts 1 and 2 in Appendix K provide data on outpatient services encounters in four health service areas: Outpatient Mental Health, Outpatient Drug and Alcohol Services (DADS), Santa Clara Valley Medical Center (SCVMC) Emergency Room, and Emergency Psychiatric Services (EPS). As seen in Chart 1, the highest utilization of mental health outpatient services occurred in the first 12 months after being housed. This is a positive indication, as clients are encouraged to seek mental health services and get stabilized once they are housed. As expected, mental health services utilization decreased significantly over time post-housing. DADS service encounters were highest in the 12 months prior to being housed, with a steady decline in these encounters at each post-housing time interval. A similar trend is seen for SCVMC Emergency Room and EPS admissions. Housing, coupled with supportive services, provides significant stability to clients who have been homeless for many years. The data show that the longer clients are stably housed, the less they utilize these services.
- Chart 3 in Appendix K shows counts of clients served in each of the four health service areas described above. Similar to what is seen in Charts 1 and 2, the largest number of clients are served in Mental Health in the first 12 months after being housed, while DADS, SCVMC Emergency Room, and EPS data show a substantial reduction in the number of clients served in the post-housed period. These reductions continue the longer clients are stably housed. Clients are connected to primary care providers and receive care through regular office appointments, reducing the burden on emergency services.
- Appendix L illustrates a similar trend with respect to facility stays, general assistance services, arrests, and days incarcerated. Chart 1 illustrates that the number of days clients spend as an inpatient in the Hospital, Psychiatric Inpatient Unit, and Mental Health-Residential Care Facility (RCF) all decrease post-housing. The frequency of arrests as well as the number of days spent incarcerated (Charts 3

and 4, respectively) show substantial decreases in the post-housed period, with continued reductions the longer the client is stably housed.

The chart in Appendix M provides pre- and post-housing healthcare costs for 825 clients who were housed through the CCP prior to October 1, 2019. County staff linked these individuals' information with service utilization and cost data from the County Emergency Department (ED), VMC Inpatient, Barbara Aaron Pavilion (BAP), EPS, County Mental Health Outpatient (MH-OP) and Residential Programs and contracted psychiatric hospitals.

In total, the healthcare costs for these clients were about \$25.5 million for the three-year period pre-housing, and \$28 million for the three-year period post-housing. This increase appears to be related to VMC inpatient costs over the last two years for patients with COVID as the primary diagnosis. Inpatient care for clients with COVID-19 diagnoses will likely continue to have an impact on the costs and the OSH will continue to monitor these trends.



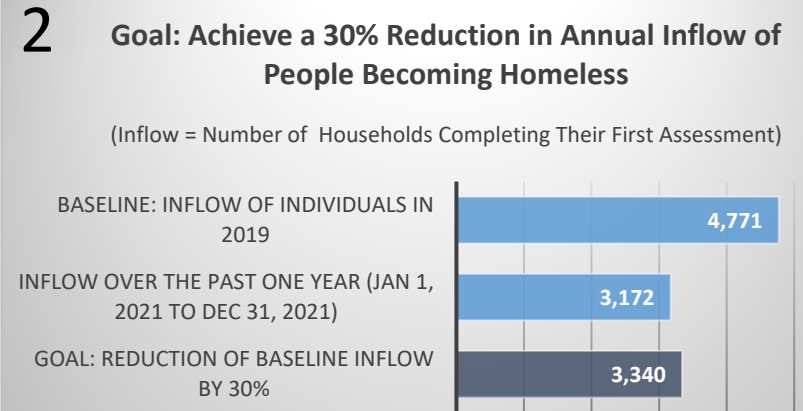
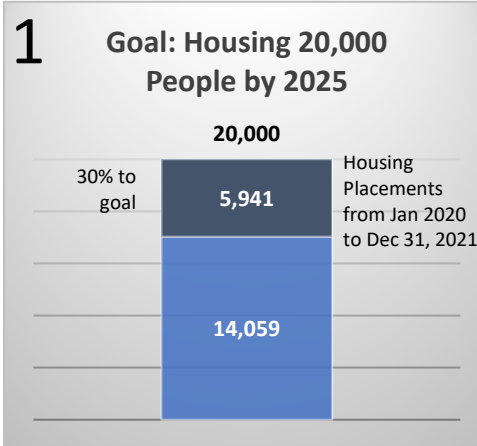
Office of Supportive Housing
Supportive Housing System
Dashboard

January 1, 2021 –
December 31, 2021

The 2020-2025 Community Plan to End Homelessness

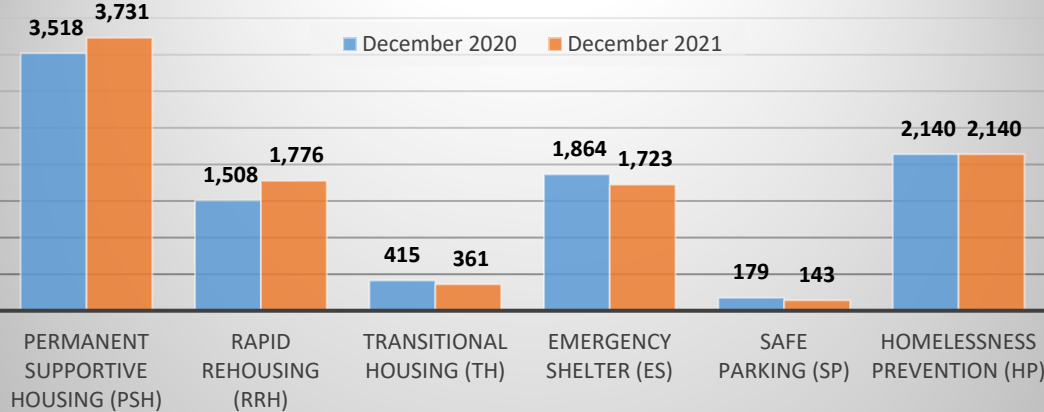
The county-wide plan is our roadmap for ending homelessness in Santa Clara County. The 2020-2025 plan sets aggressive targets designed to reverse the current growth in homelessness and bring us one step closer to our collective goal of eliminating homelessness in our community. Appendix A will highlight specific goals related to this plan.

Appendix A: Community Plan Goals



Appendix B: Capacity and Utilization as of 12/31/2021

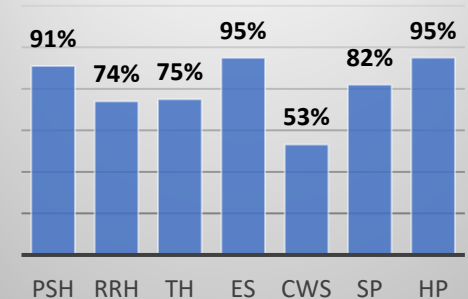
Program Capacity (Units or Households)



1,138 Total Housing Units (694 PSH, 369 RRH, and 75 VASH) Under Construction or in the Pipeline Approved by the Board

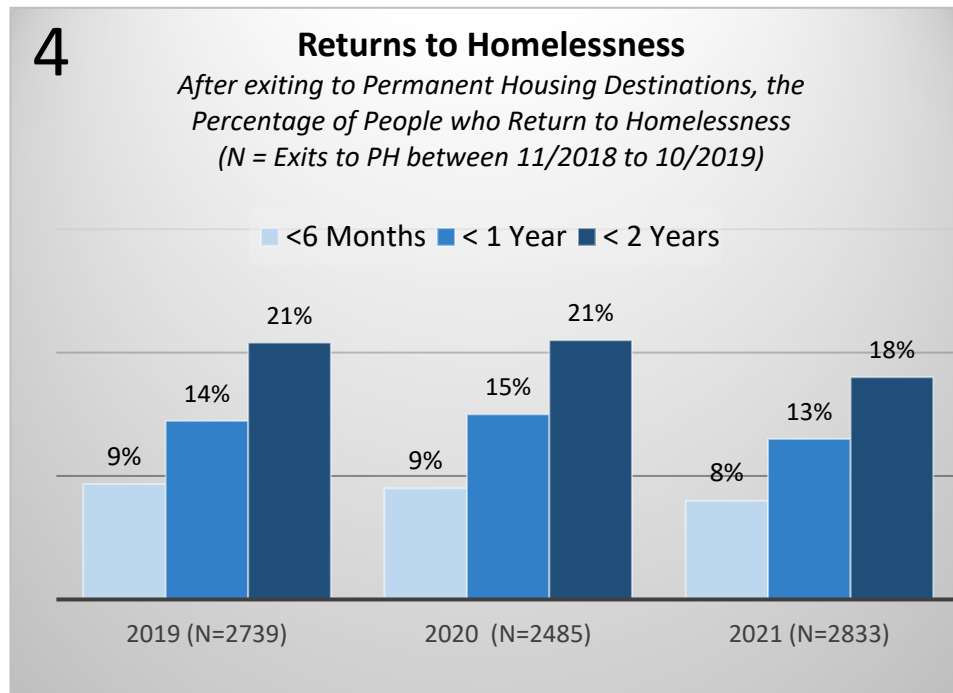
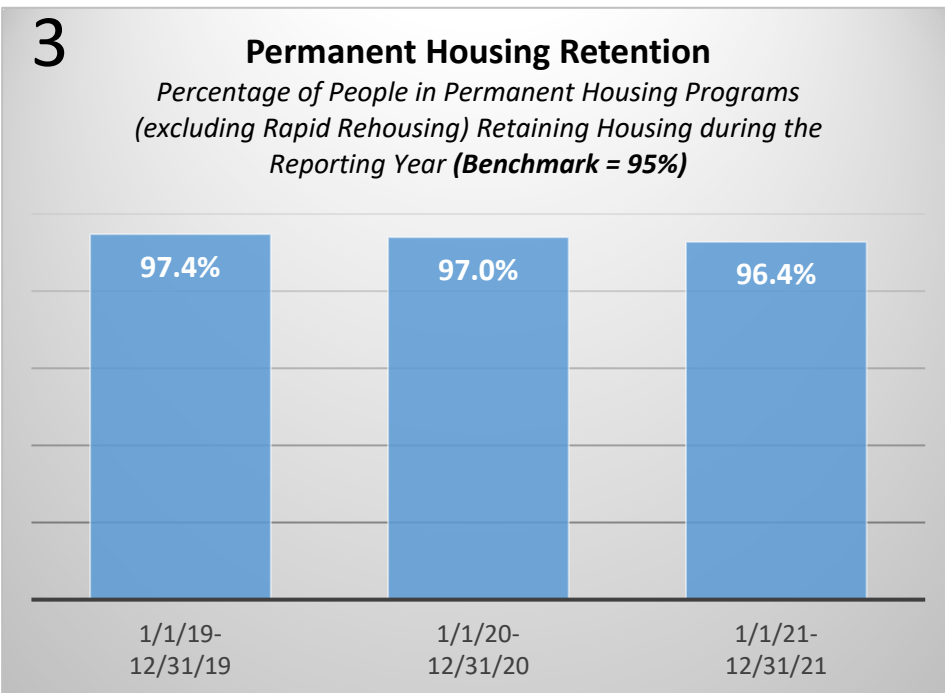
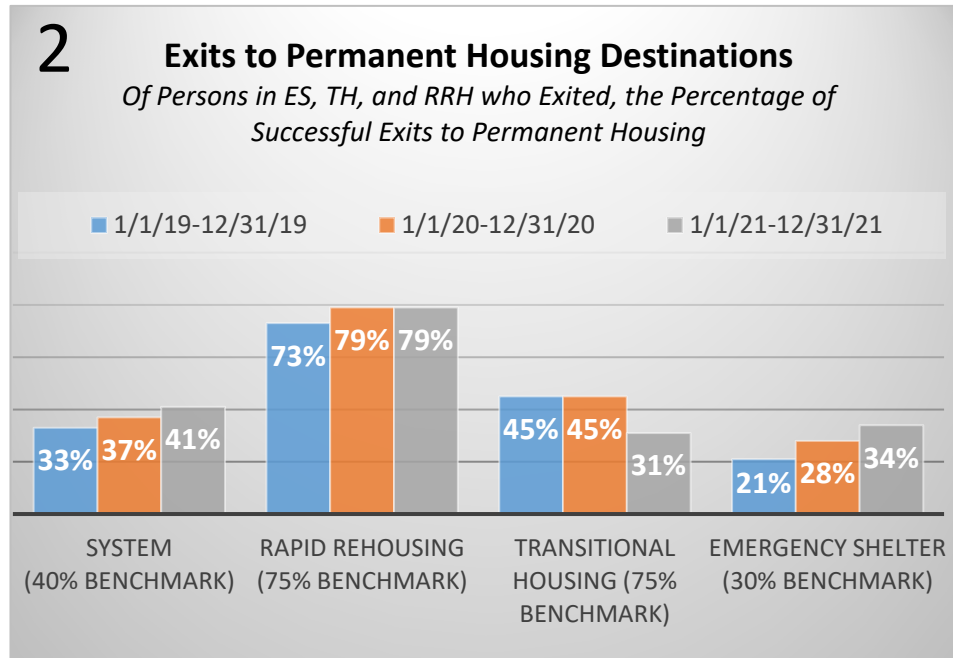
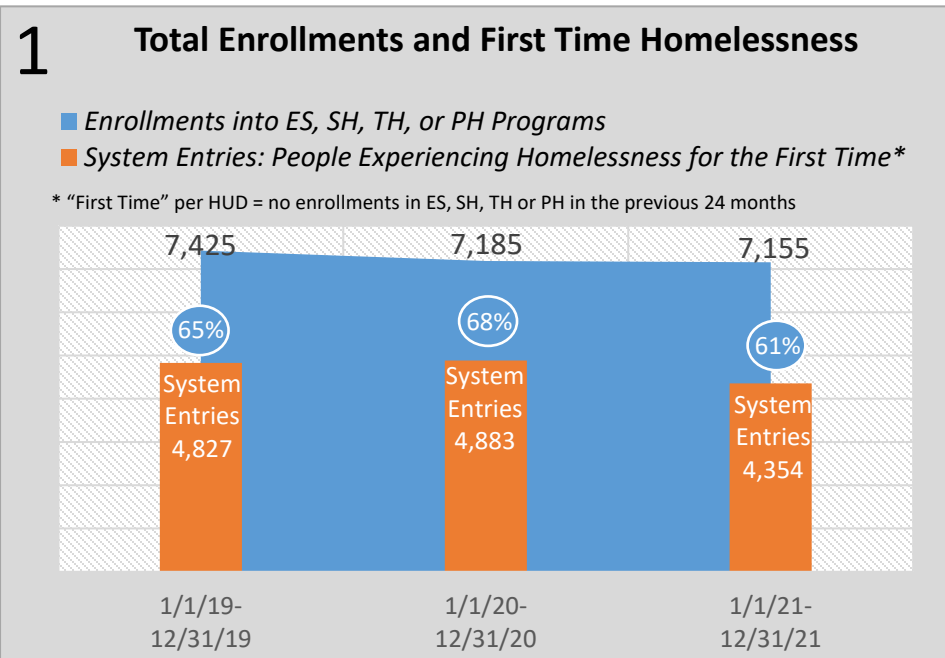


Program Utilization, December 2021



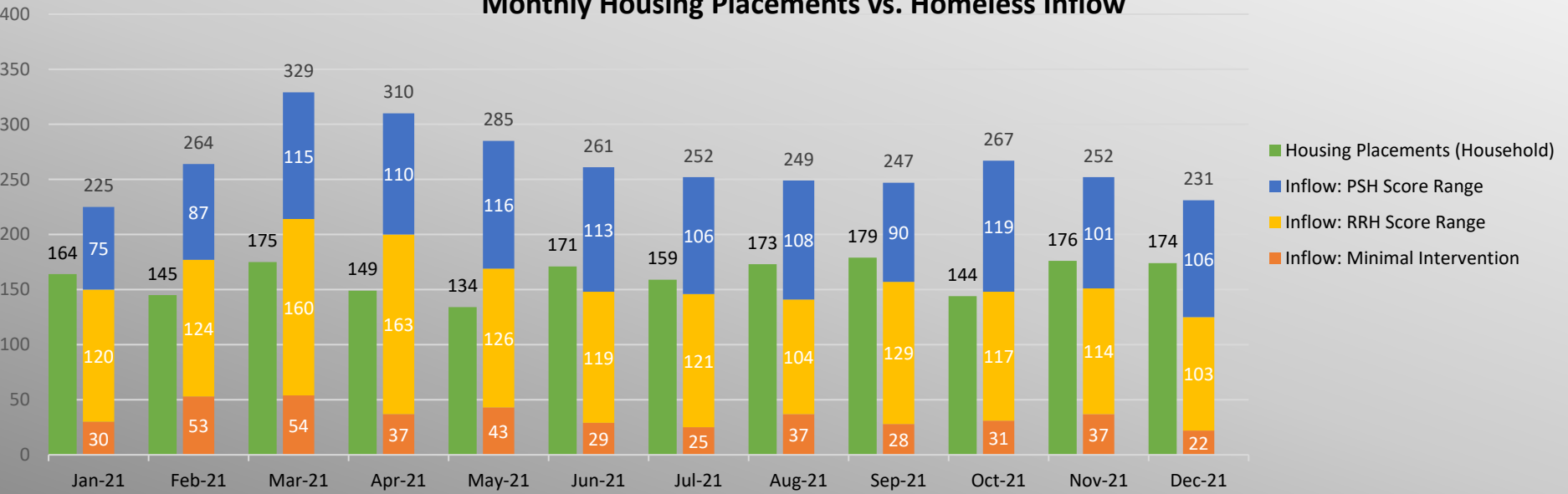
- Utilization: PSH, RRH are point-in-time utilization on December 31, 2021. TH and ES data reflects utilization for the month of December, and SP and HP utilization are based on the last 12 months
- Program utilization is based on households enrolled in programs that are tracked in HMIS.
- PSH programs that are not tracked in the Homeless Management Information System (HMIS) include HUD Veterans Affairs Supportive Housing (VASH), consisting of 1,222 units, and other programs which comprise 53 units. PSH capacity includes 40 units which are Permanent Housing with services (no disability required).
- For Safe Parking programs, one parking space is the equivalent of one unit of capacity with an estimated 2.5 individuals per vehicle.

Appendix C: System Performance Measures

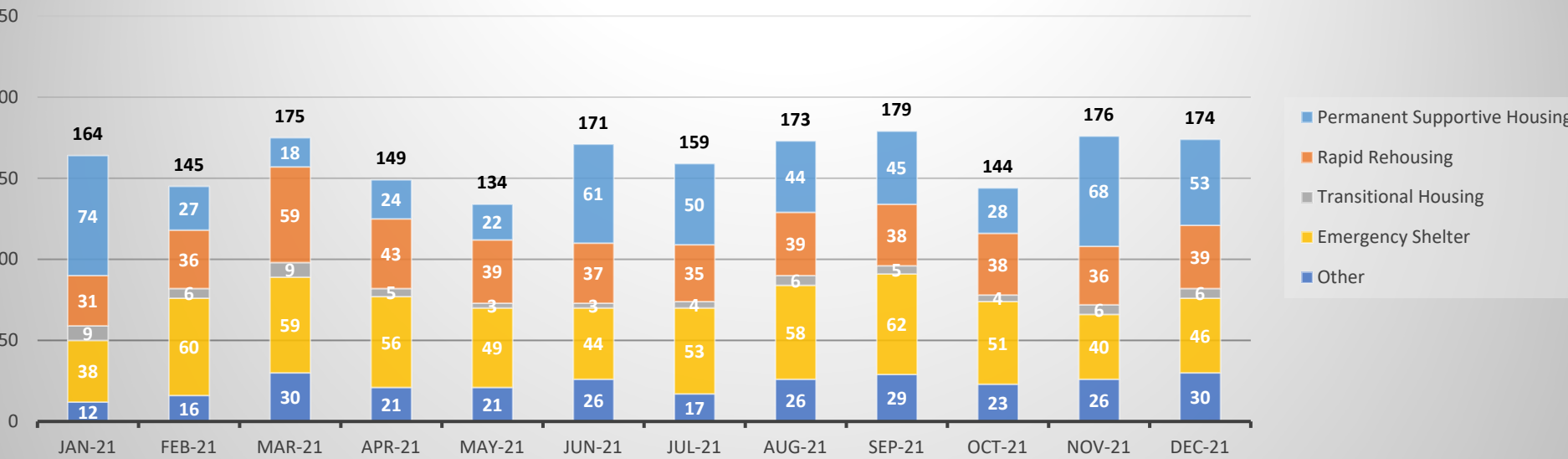


Appendix D: Housing Placements and Inflow by Month

Monthly Housing Placements vs. Homeless Inflow



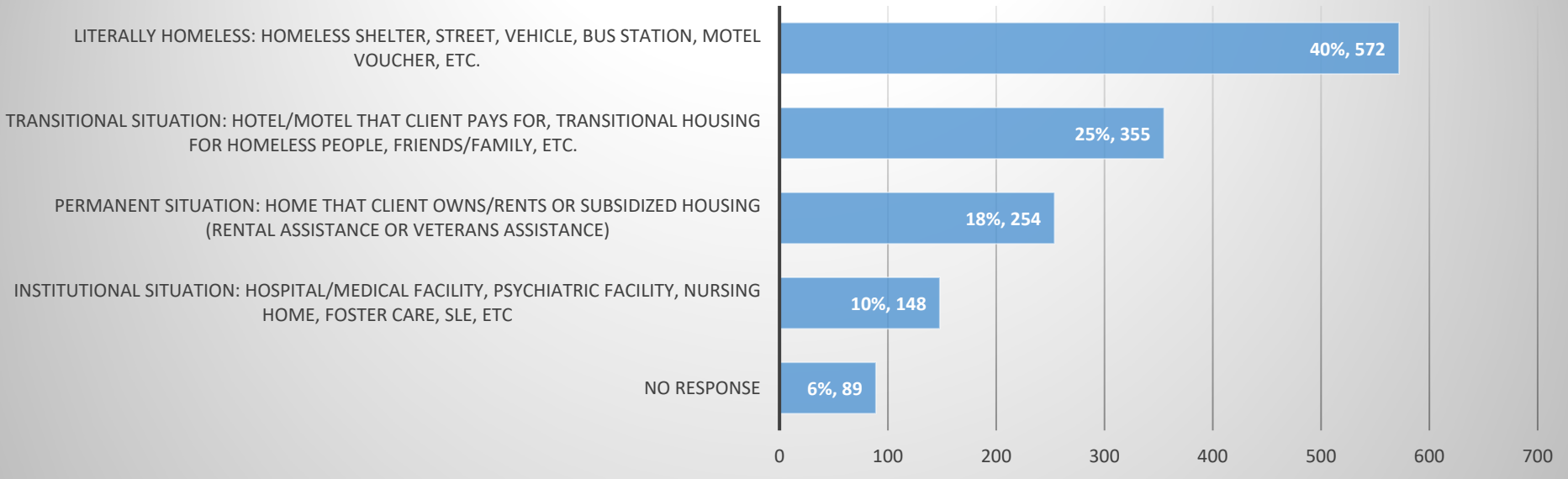
Monthly Housing Placements from Project Types



Appendix E: Reentry Resource Center (RRC) Housing Status and EAP Program Utilization, CY2021

1

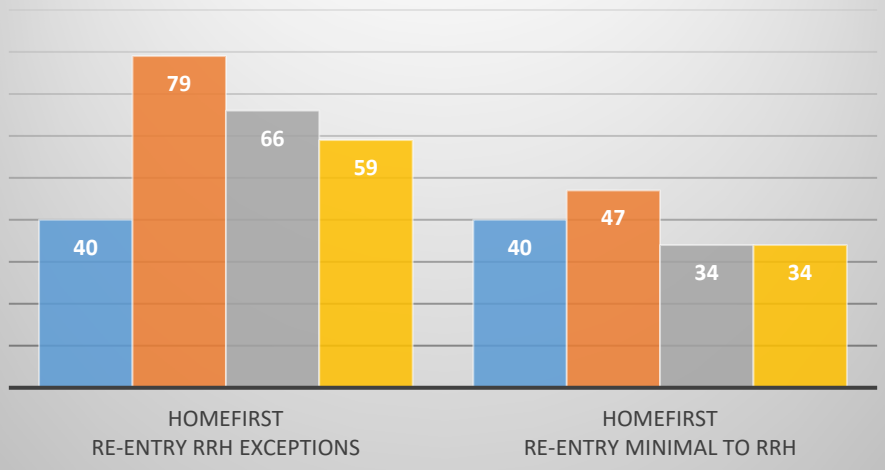
Housing Status of 1,418 Clients Accessing Services at the Reentry Resource Center, CY2021



2

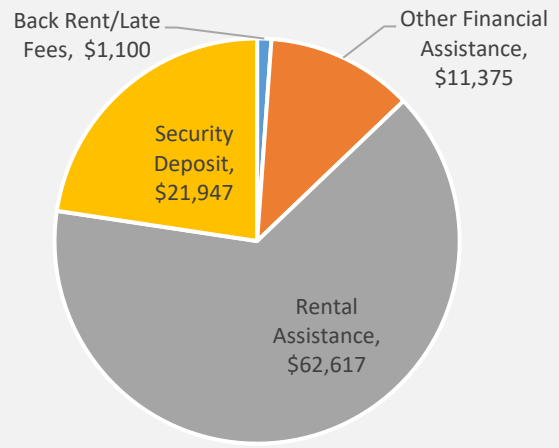
Rapid Rehousing Reentry Programs, CY2021

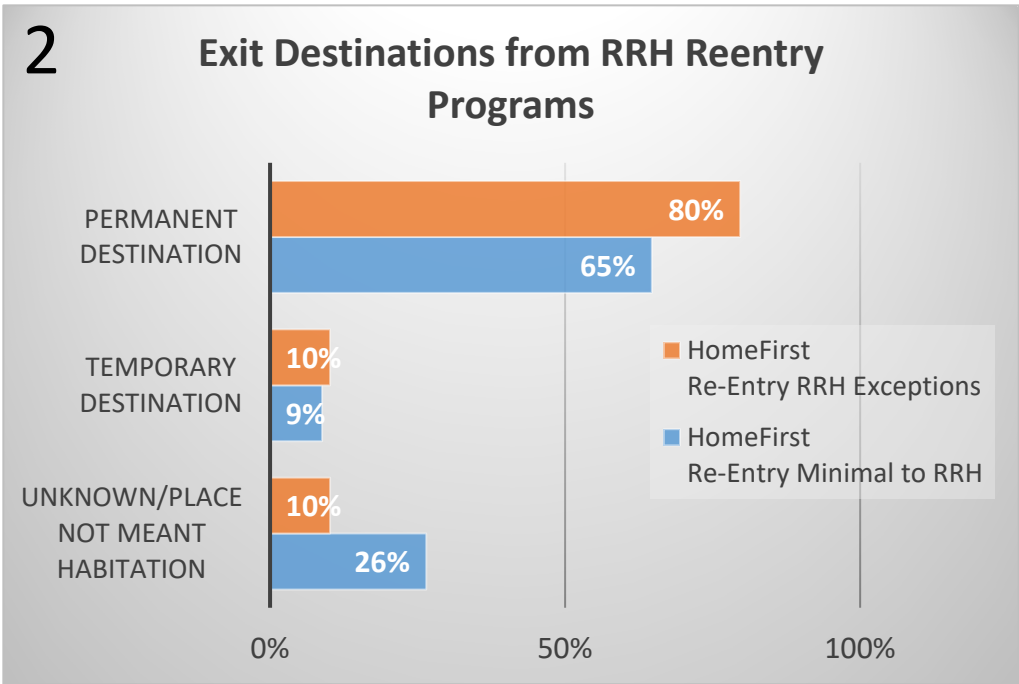
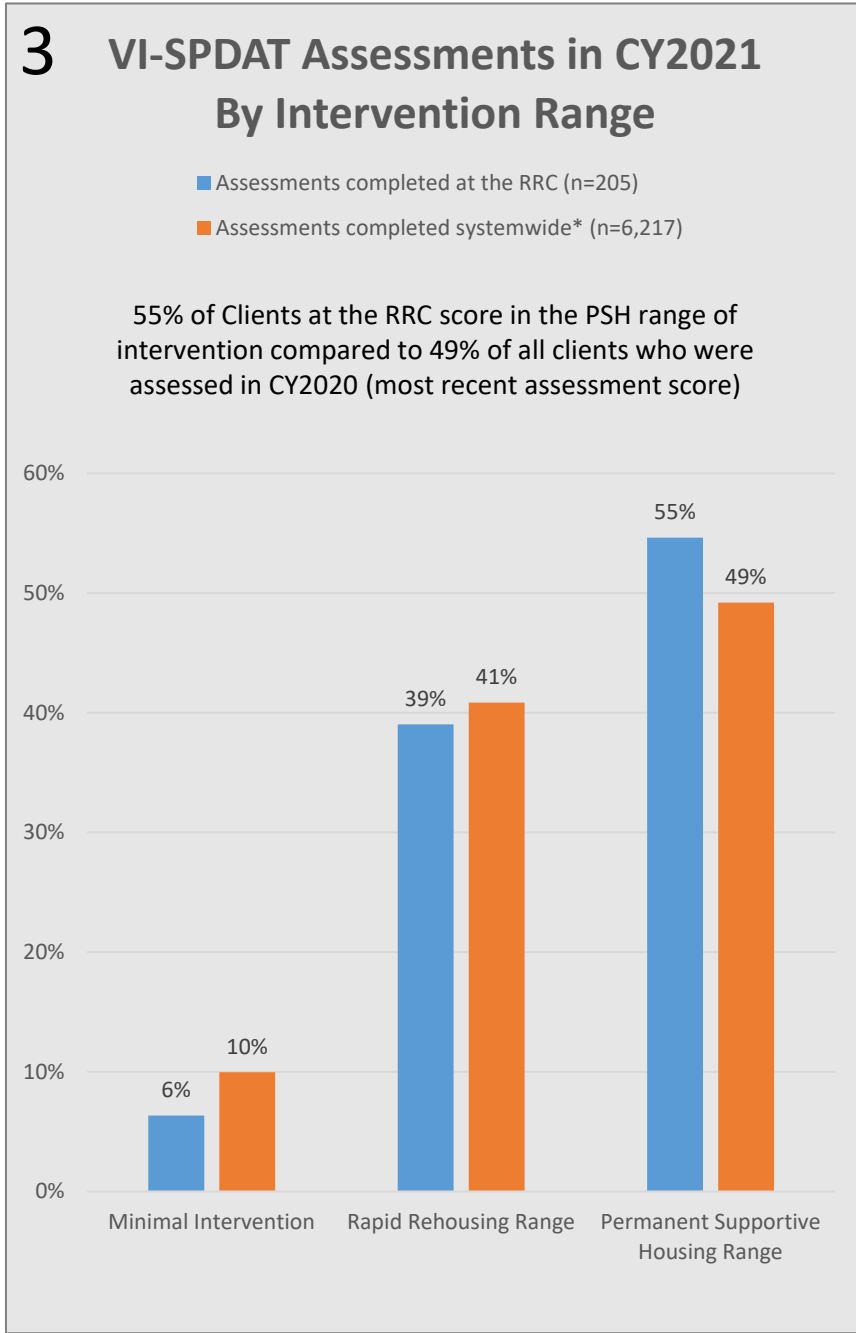
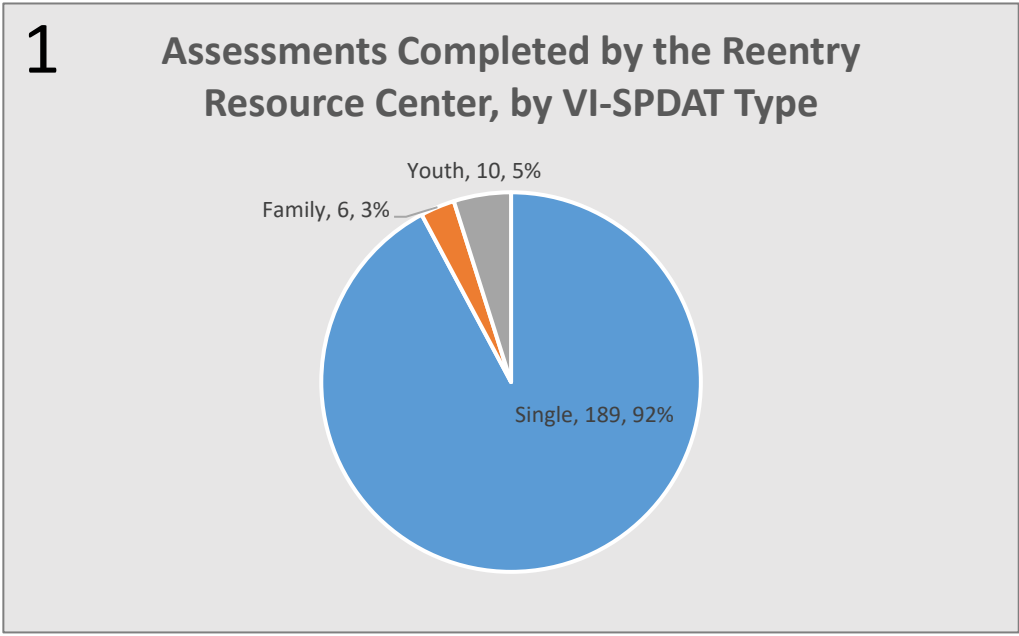
■ Annual Capacity ■ Enrolled ■ Housed ■ Exits



3

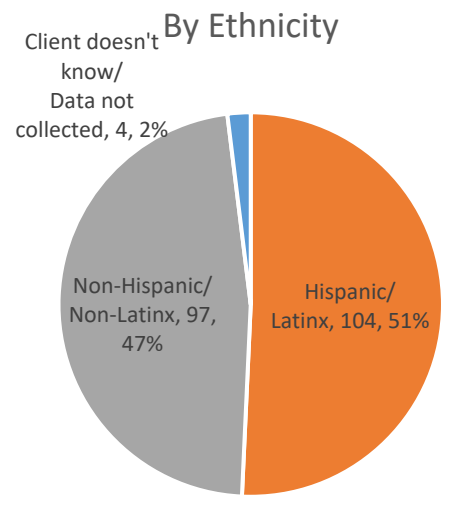
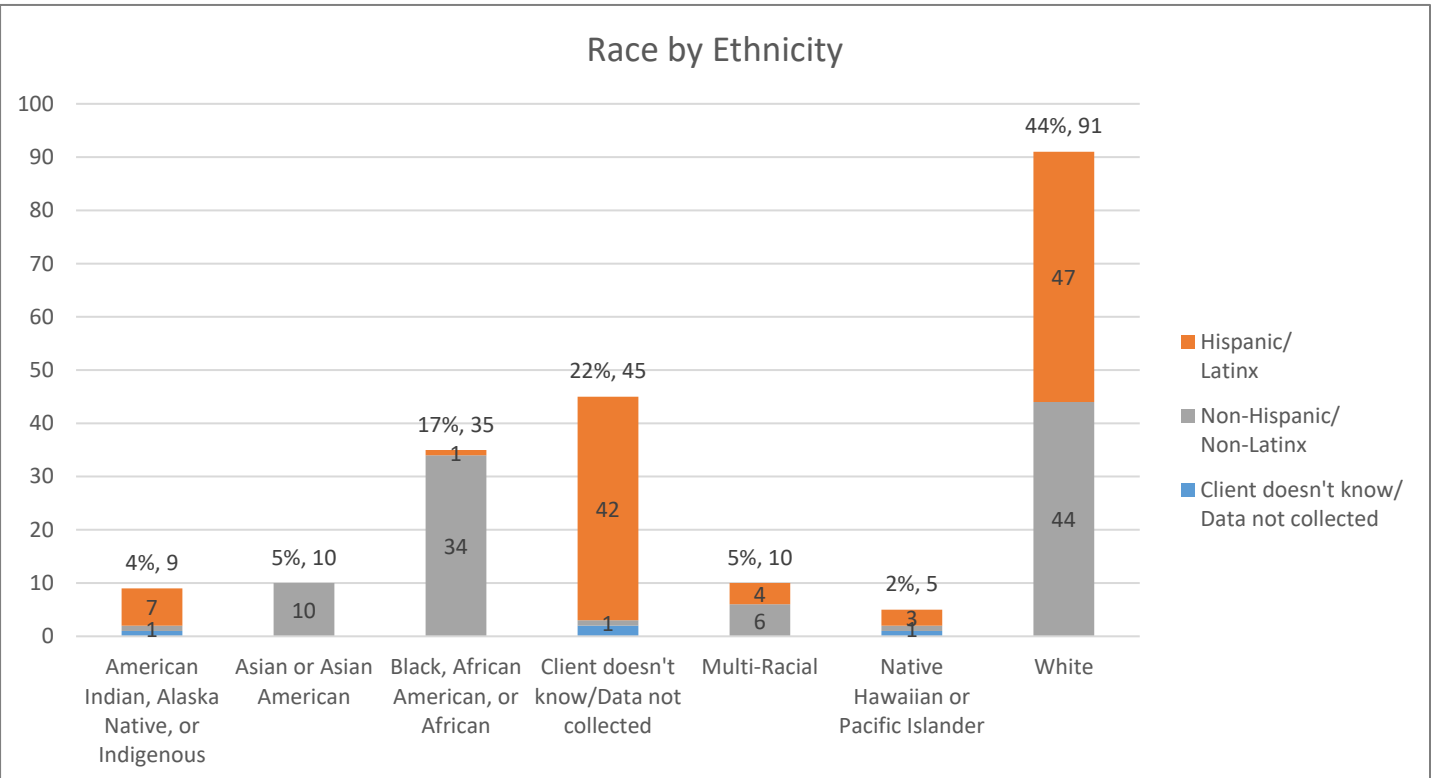
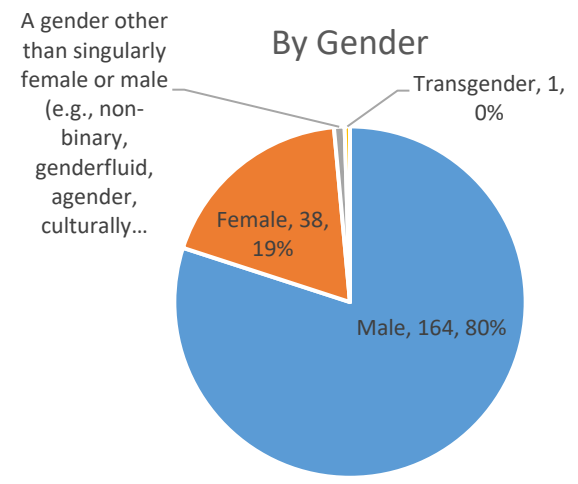
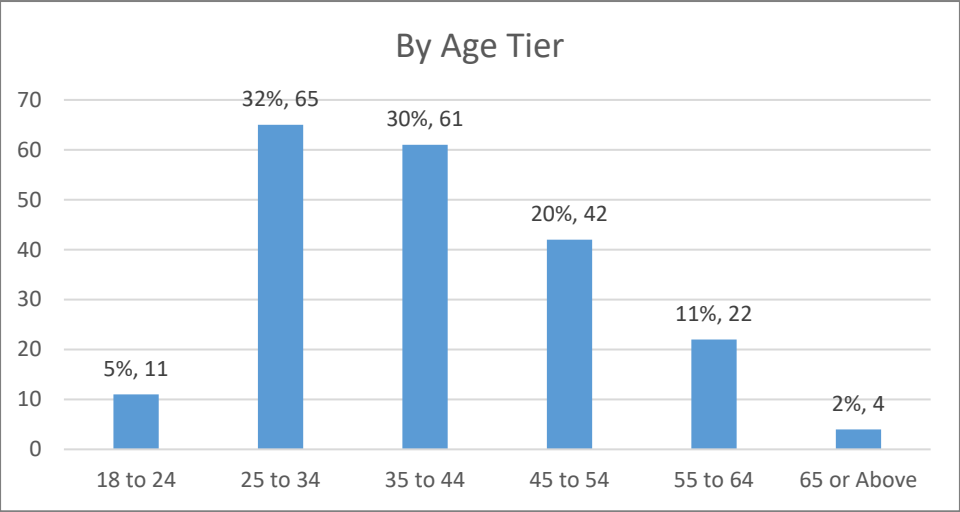
EAP CY2021 - Total Amount Assisted for Type of Request (Total Spent: \$97,039)





Appendix G: Reentry Resource Center (RRC) Client Demographics, CY2021

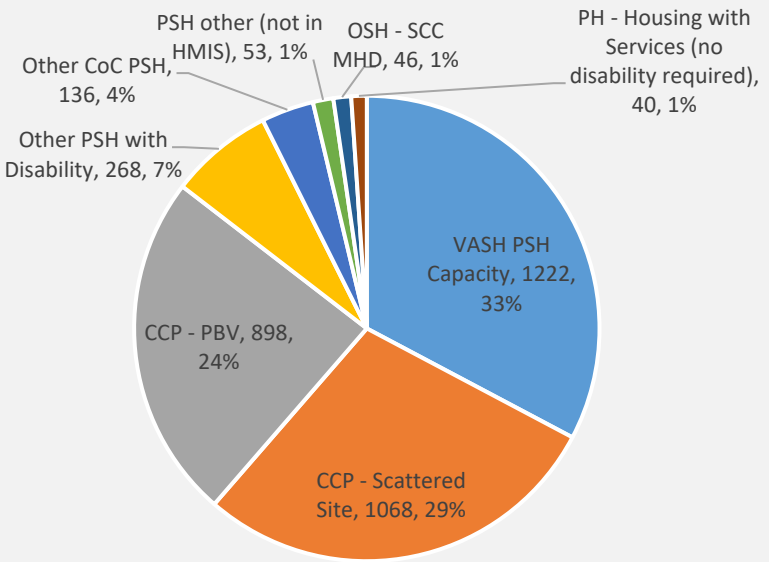
The following charts provide demographics for clients who were assessed at the RRC in CY2021



Appendix H: PSH Capacity and Enrollments Data – December 31, 2021

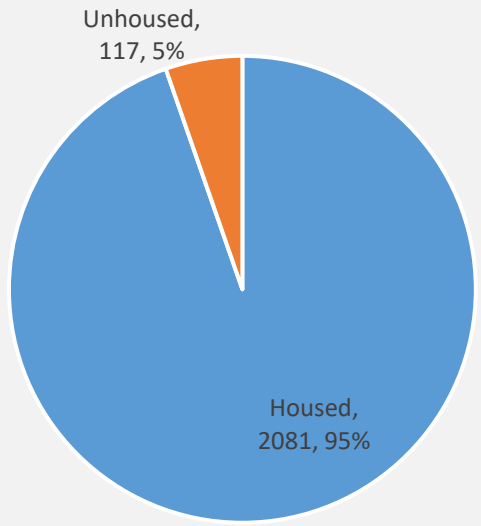
1

Total PSH Capacity = 3,713



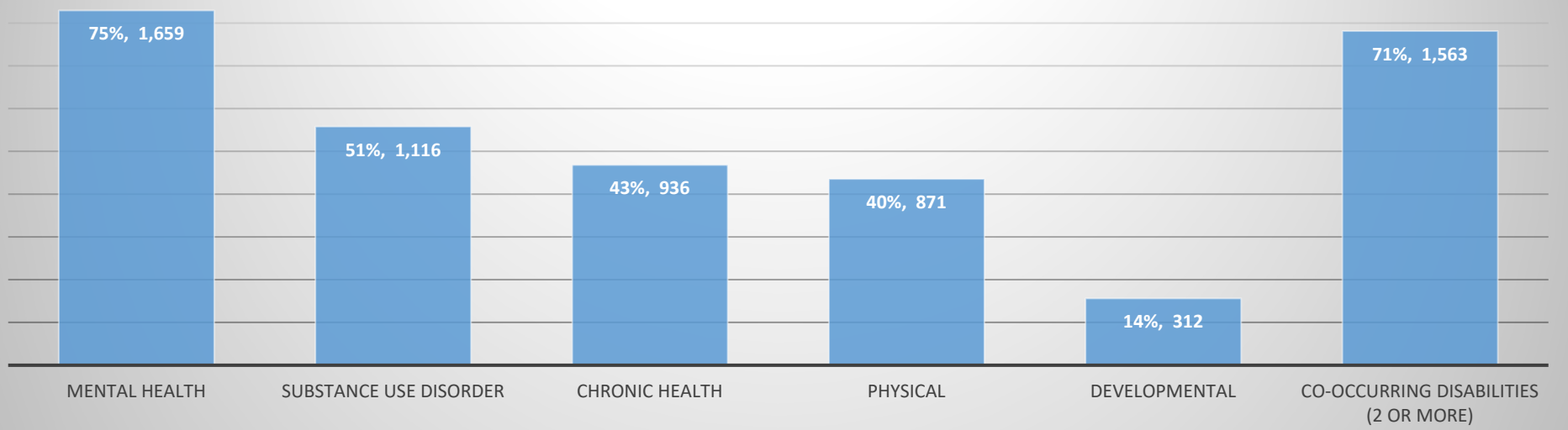
2

PSH Housing Status (For Clients in HMIS)



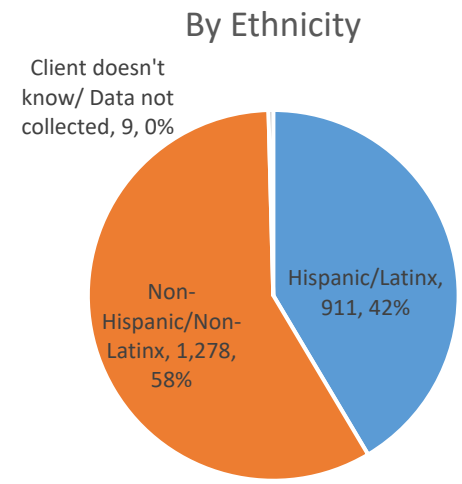
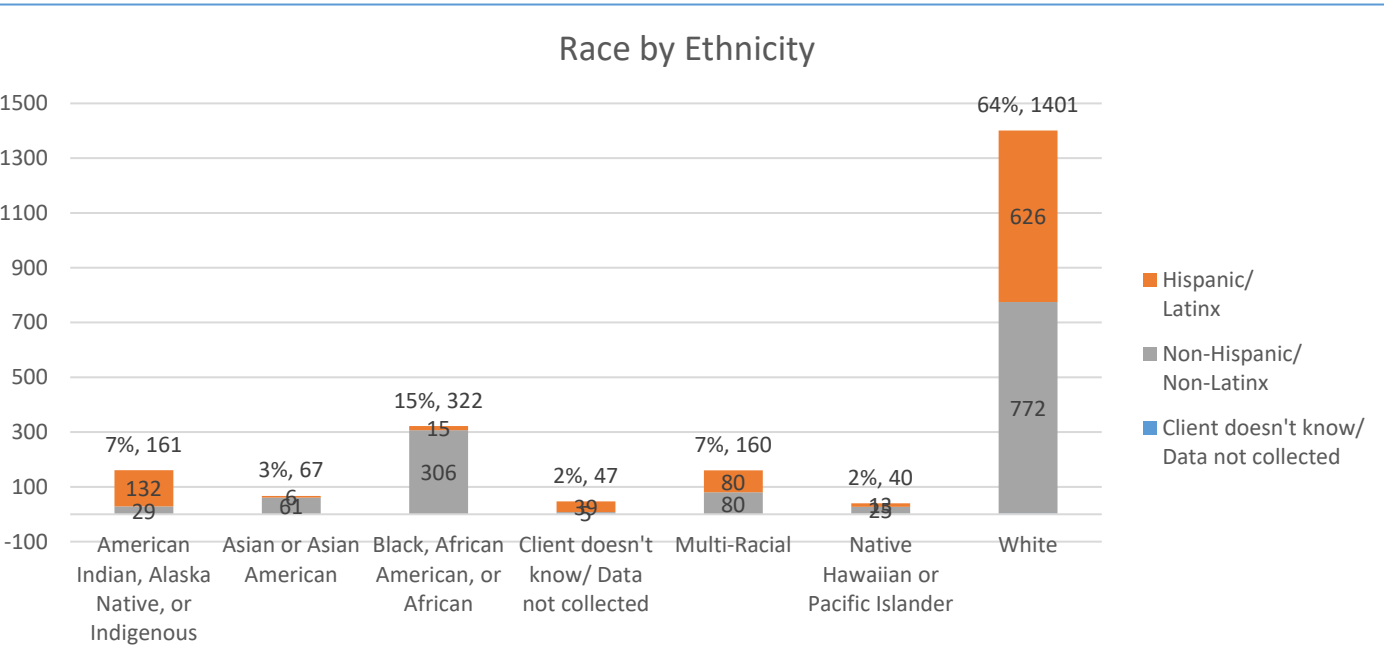
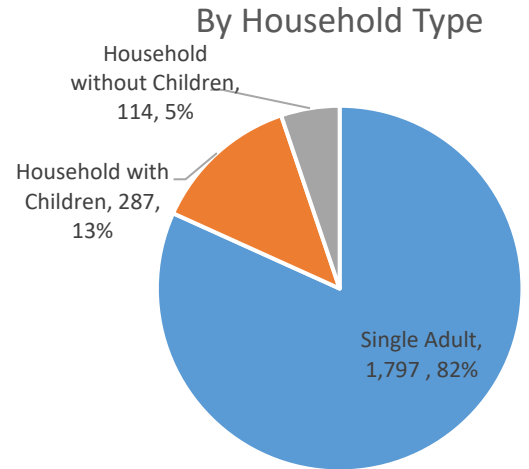
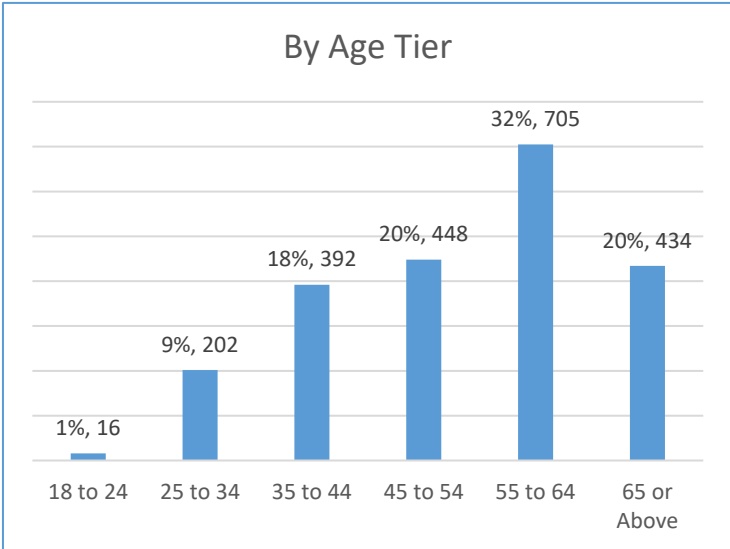
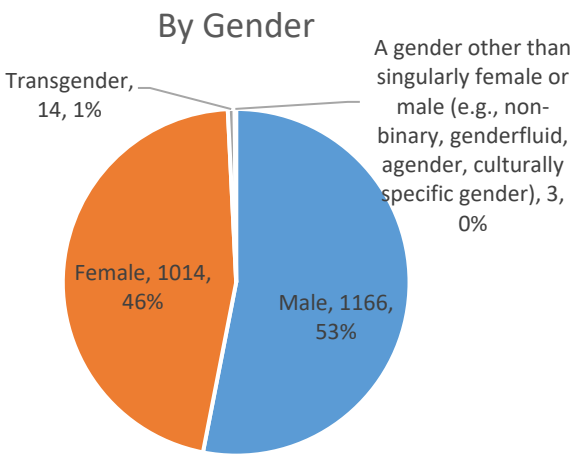
3

Self-Reported Disability Status for Households Currently Enrolled in PSH

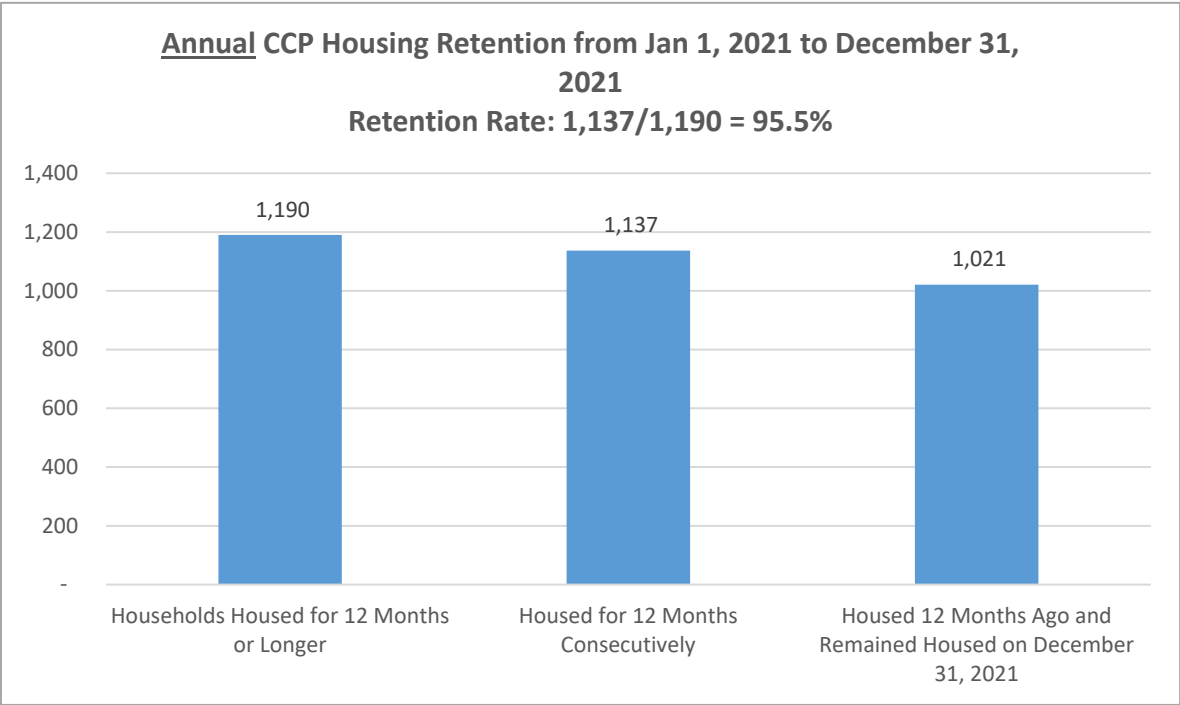
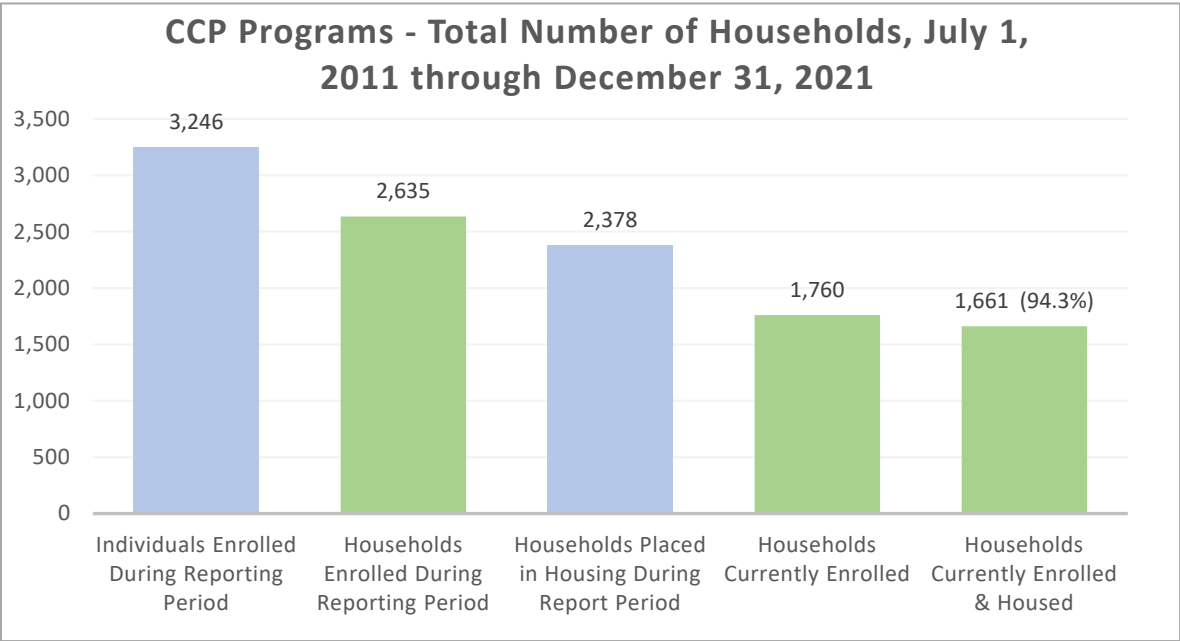


Appendix I: PSH Demographic Information – December 31, 2021

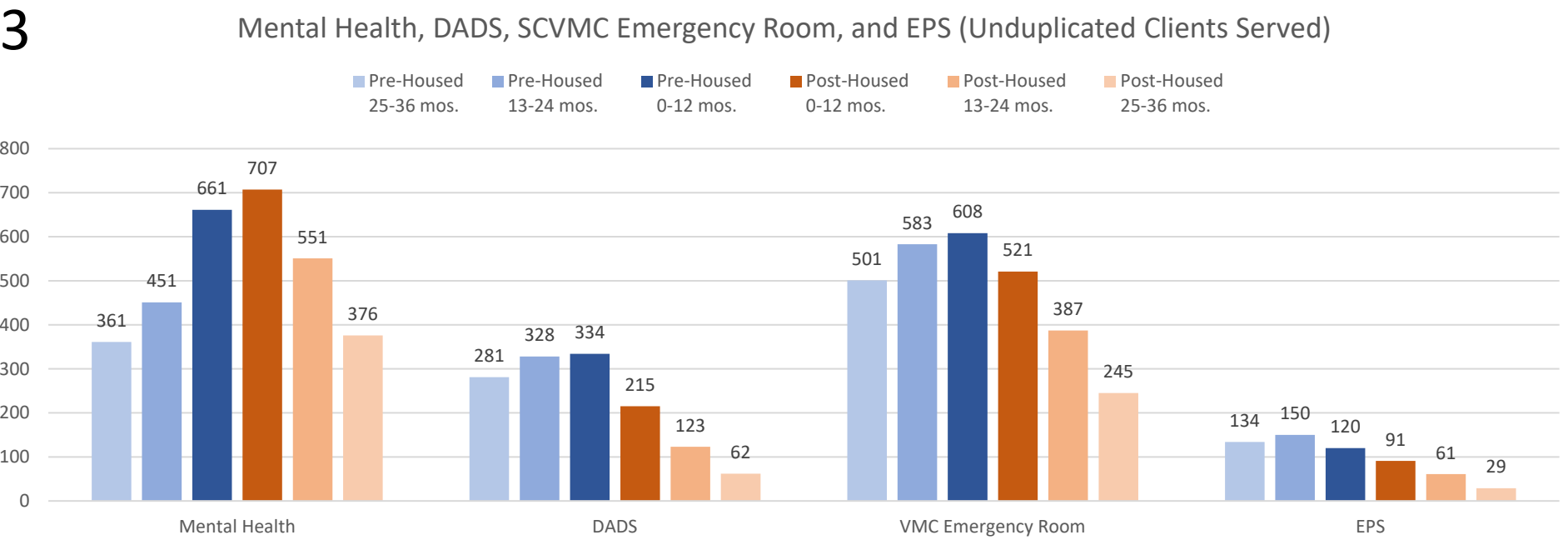
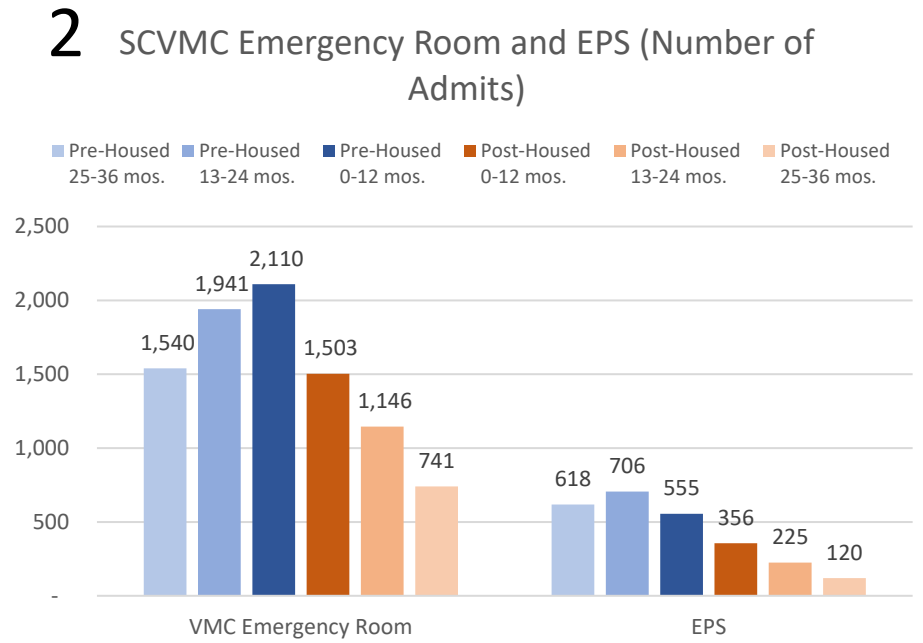
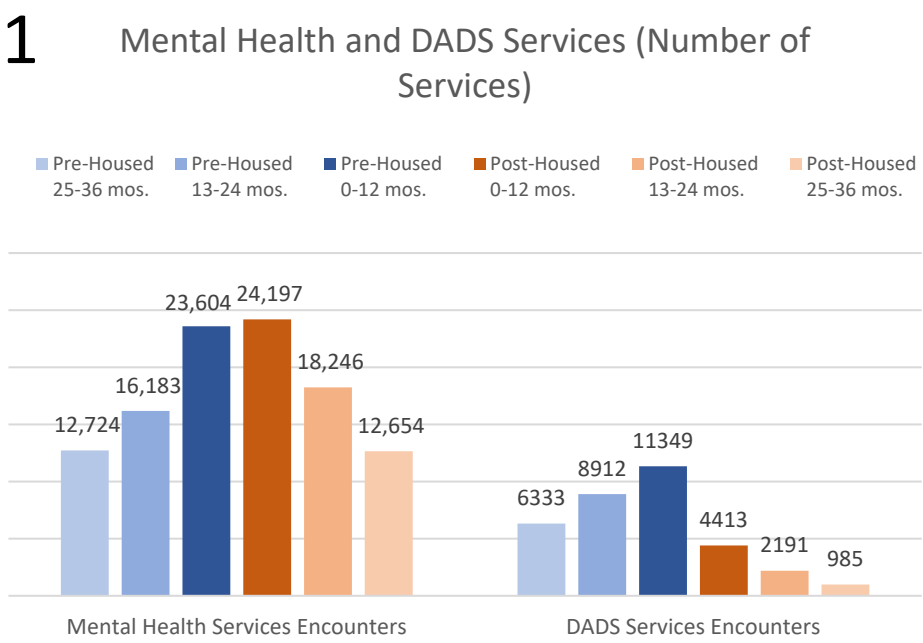
Demographics for 2,198 Households Currently Enrolled in PSH Programs



Appendix J: CCP Enrollments and Retention as of December 31, 2021

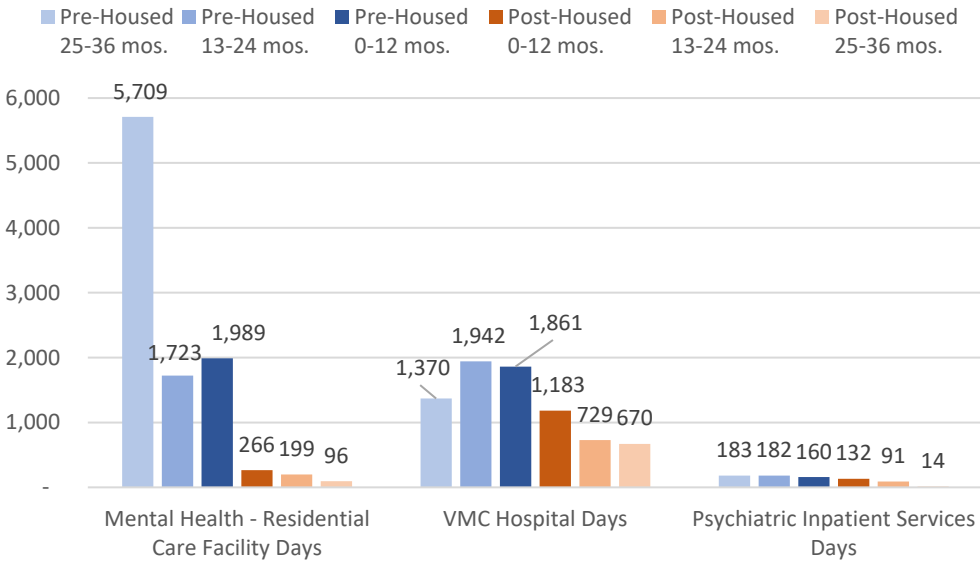


Appendix K: Mental Health, DADS, SCVMC ER, and EPS Use – December 31, 2021

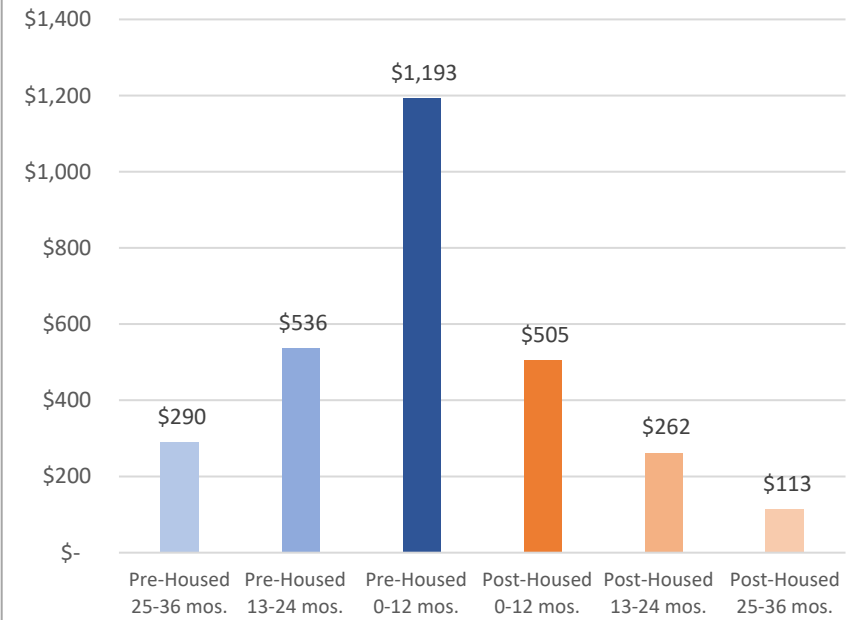


Appendix L: Service Days, General Assistance, Arrests, and Incarceration Days– Dec. 31, 2021

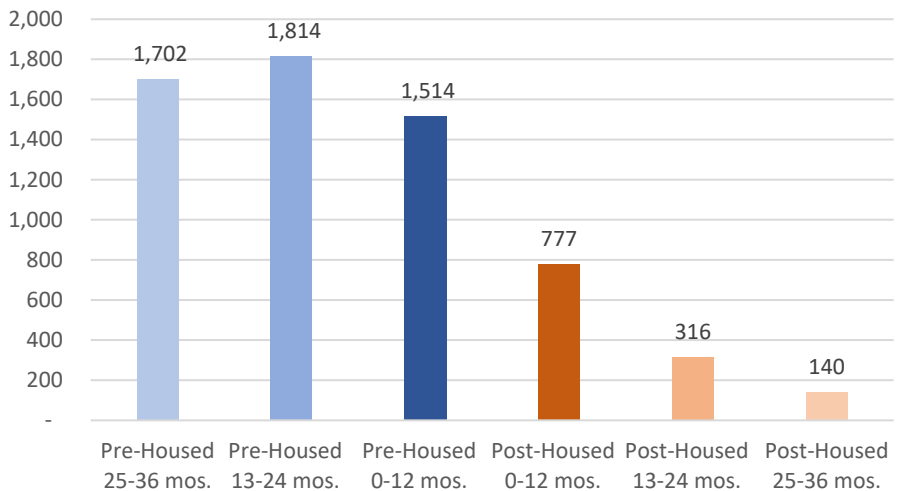
1 Mental Health - Residential Care Facility, VMC Hospital, and Psychiatric Inpatient Services Days



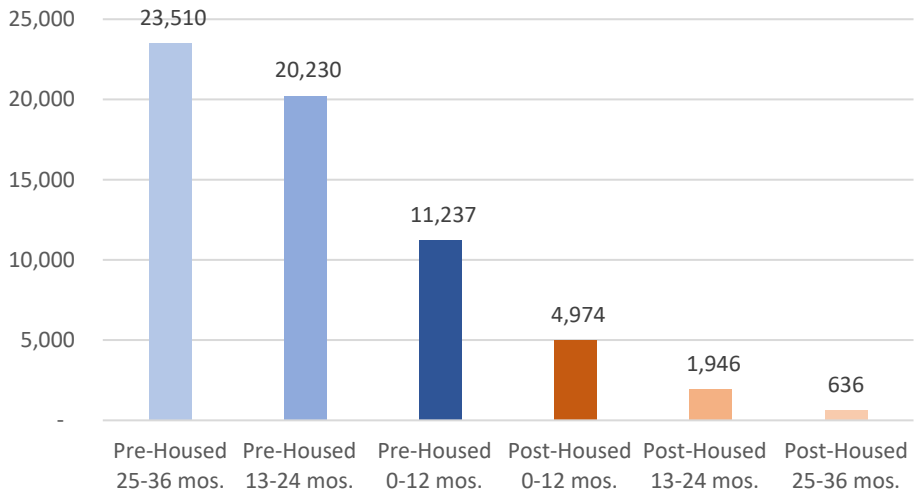
2 SSA General Assistance-Average Payment



3 Number of Arrests



4 Number of Incarceration Days



Appendix M: Health Care Cost Analysis for Housed CCP Clients – Dec. 31, 2021

Clients Housed 2+ Years Healthcare costs Pre- and Post-Housing (N=825)

