

County of Santa Clara

Office of Supportive Housing

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June 1, 2021

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 May 2020 and April 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).

Supportive Housing System Trends and Highlights

Appendix A highlights data on two of the five overarching goals detailed in the County's [2020-2025 Community Plan to End Homelessness](#). As shown in Chart 1, the County has housed 4,167 individuals since January 2020, 21% 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 in a given 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 May 2020 to April 2021 yearly reporting period is 3,294 households, increasing for a second consecutive month, and the highest number since OSH began reporting this data point in September 2020. While the long-term impacts of the pandemic are difficult to predict, staff expects this number to continue to rise throughout the recovery period.

Appendix B provides program capacity and utilization for the five program categories plus the Safe Parking (SP) initiative and, beginning in December, the seasonal Cold Weather

Shelter (CWS) programs. As depicted in the Program Utilization chart in Appendix B, HP (102%) and PSH (97%) are the most utilized programs as it relates to capacity for this reporting period. RRH utilization is up from 70% in March to 74% in April 2021.

Appendix C illustrates key system performance measures, benchmarks for which are determined in coordination with community partners on an annual basis. Notable trends and highlights for the reporting period include the following:

- Chart 1 depicts the number of people experiencing homelessness for the first time (system entries) compared to the number of clients enrolled in a housing program during the same period. As shown in chart 1, both system entries (3,239) and program enrollments (6,956) decreased for the May 2020 through April 2021 period compared to prior years. These reductions are likely due in large part to the shelter-in-place orders that persisted during a significant portion of last year.
- Chart 2 provides data on exits to permanent housing destinations by housing type and period. Exits to permanent housing from RRH programs continued an upward trajectory seen over the past several months, reaching 80% for the current study period. TH exits to permanency stabilized (43%) after falling below 40% in the fall, while ES exits to permanency increased to 30%, meeting the outcomes benchmark for the first time since this metric was reported. Overall program exits to permanent housing held steady at 38%, just short of the 40% system-wide benchmark.
- Chart 3 in Appendix C illustrates that PSH retention remains high at 96.2%, exceeding the system-wide 95% benchmark for the period.

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. Inflow remained steady for April 2021 at 306 households after averaging about 250 households per month from November through February. As mentioned earlier in this report, staff expect this number may rise as the pandemic emergency abates and unhoused residents have increased access to services. Inflow continues to outpace the rate of housing placements. For April 2021, inflow exceeded housing placements by 67%.

Permanent Supportive Housing

Appendices E through L 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 E and F provide capacity, enrollment, and demographic data for all PSH programs. Highlights include the following:

- Chart 2 in Appendix E shows that countywide, there are 2,067 households enrolled in PSH programs.¹ Of these 2,067 enrollments, 1,973 (95%) are currently housed. The remaining clients are in the housing search process.
- Most PSH program participants (74%) report at least one type of mental health disability (Chart 3, Appendix E), and nearly half (49%) indicate substance abuse. Most participants (62%) 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.

About half of the County's PSH program capacity consists of Care Coordination Project (CCP) programs (see Appendix E, 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 G through J provide data and outcomes for participants in CCP-specific programs, which include both Scattered-Site and Project-Based Voucher (PBV) programs². Over the past few years, the CCP moved from securing housing at scattered sites throughout the County to new development sites. With a vacancy rate of 4% in the San Jose-Sunnyvale-Santa Clara housing market area³, it is difficult to find available rental housing units. To address this issue, the Housing and Community Development (HCD) team within the OSH works with housing developers to build affordable and supportive housing developments in the County.

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.

³ <https://www.huduser.gov/portal/publications/pdf/SanJose-Sunnyvale-SantaClaraCA-CHMA-20.pdf>

Highlights from the charts in Appendix G, which focus on CCP enrollments and retention, are as follows:

- As seen in the upper chart, from July 1, 2011 through April 30, 2021, the CCP enrolled 2,371 chronically homeless households (a total of 2,889 individuals) into intensive case management services and housed 2,149 households.
- The lower chart shows the annual CCP housing retention rate for the May 1, 2020 to April 30, 2021 period. The housing retention rate (defined for CCP as 12 consecutive months of housing) for the period is 95.2%. This exceeds the CCP's housing retention goal of 80%.

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 H through J reflect utilization data for 1,531 individuals who were housed in the CCP between July 1, 2011 and April 30, 2021, 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 H, I, and J are as follows:

- Charts 1 and 2 in Appendix H 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; by 52% at 13 - 24 months post-housing, followed by an additional 40% decrease at 25 - 36 months 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 H 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 I illustrates a similar trend. Chart 1 illustrates that the number of days clients spend as an inpatient in the Hospital, Psychiatric 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 2 and 3, respectively) show substantial decreases in the post-housed period, with continued reductions the longer the client is stably housed.

The chart in Appendix J provides pre- and post-housing healthcare costs for 711 clients who were housed through the CCP for at least two full years. 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 \$ \$21.2 million for the three-year period pre-housing, and \$24.4 million for the three-year period post-housing. Overall costs increased post-housing by about 8%. This increase reflects the more limited primary care options that were available to housed CCP clients during the County's COVID-19 stay-at-home order in 2020. Some clinics were temporarily closed, requiring clients to rely on other care options.

Temporary Housing Programs

Appendices K and L contain data related to the County's temporary housing programs, which consist of emergency shelter, transitional housing, and safe parking projects. For the current study period, the data includes additional temporary housing created in response to the COVID-19 pandemic. Efforts to increase capacity due to the crisis began in March 2020. The County's Emergency Operations Center (EOC) established the Joint Departmental Operations Center (JDOC) to operationalize new temporary shelter programs, oversee daily temporary shelter placements and enhance coordination between County departments, the City of San José and partner agencies. The implementation of temporary pandemic-related housing programs - consisting of hotel and motel rooms for COVID-positive, exposed, and vulnerable/high-risk clients, and additional congregate shelter space - reflects the need for

creative temporary housing solutions to ensure the safety of County residents during the crisis.

The graphs in Appendix K provide capacity and utilization data. Pandemic-related temporary housing categories are as follows:

- *Hotel/Motel COVID+*: represents motel or hotel space for clients who have tested positive or been exposed to COVID-19 and require support to complete their isolation period.
- *Hotel/Motel COVID High-Risk*: denotes motel or hotel space reserved for homeless clients who are vulnerable or at high risk for complications of COVID-19.
- *Additional Emergency Shelter*: represents new emergency shelter space to allow compliance with current social distancing protocols for congregate housing.

As shown in the lower Chart in Appendix K, utilization of Hotel/Motel COVID High-Risk programs was at 91% in April 2021. The utilization rate of these programs has remained high throughout the pandemic. With the increased number of older homeless individuals in the County, and nearly one quarter of individuals reporting chronic health problems,⁴ providing safe, temporary housing for County residents at risk for complications of COVID-19 has been a priority. Appendix L shows the demographic characteristics of residents served in the Hotel/Motel COVID High-Risk programs.

Safe Parking projects have also been one of the most utilized types of temporary shelter in the County, with a 94% utilization rate in April 2021. In the past five years, the number of Santa Clara County residents living in cars and recreational vehicles (RVs) has increased significantly. The most recent Santa Clara County Homeless Census⁴ indicated that 18% of unhoused County residents were found to be living in vehicles – up from 8% in 2015 and 2017. This increased incidence of residents living in cars and RVs has necessitated the creation of more locations that allow these residents a safe place to park 24 hours a day. Most recently, the first safe parking site of its kind opened in Palo Alto, a city which has seen a particularly high increase in residents living in cars and RVs.

In the past five years, through the collective efforts of the County and its community partners, temporary housing and emergency shelter capacity has doubled. The County's [2020-2025 Community Plan to End Homelessness](#) contains a goal to again double the number of year-round temporary housing beds and offer a variety of temporary housing options for unhoused residents.

⁴ [2019 SCC Homeless Census and Survey Report](#)

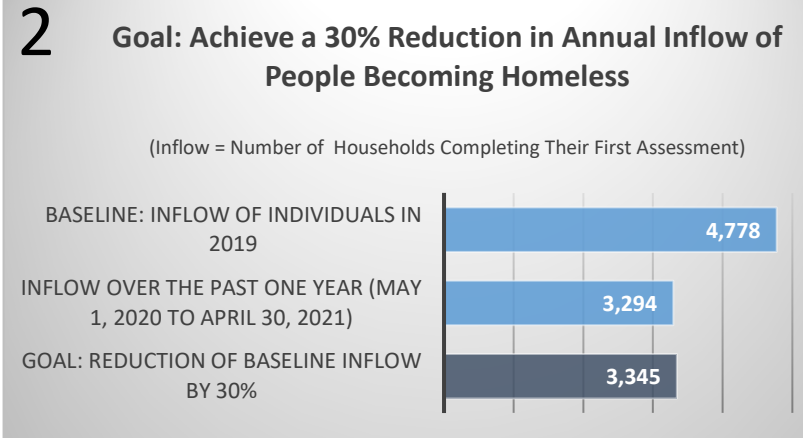
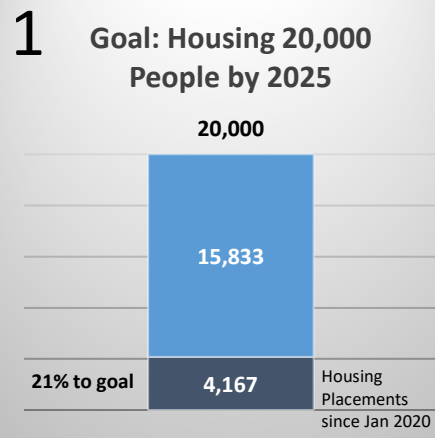


Office of Supportive Housing
 Supportive Housing System
 Dashboard
 May 1, 2020 –
 April 30, 2021

The 2020-2025 Community Plan to End Homelessness

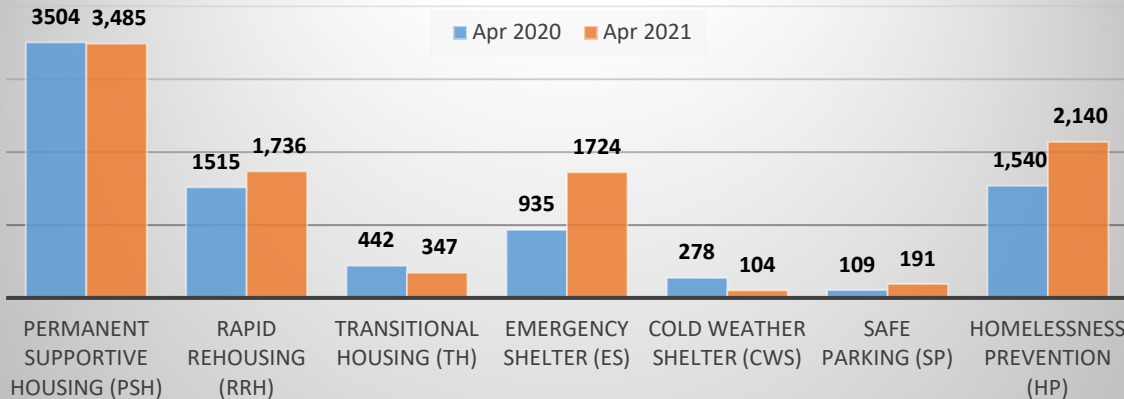
The county-wide plan is our roadmap for ending homelessness in Santa Clara County. The 2020-2025 plan sets aggressive targets designed to reverse the current growth in homelessness and bring us one step closer to our collective goal of eliminating homelessness in our community. Appendix A will highlight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

Appendix A: Community Plan Goals



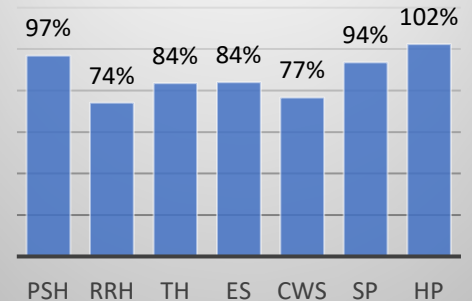
Appendix B: Capacity and Utilization as of 4/30/2021

Program Capacity (Units or Households)



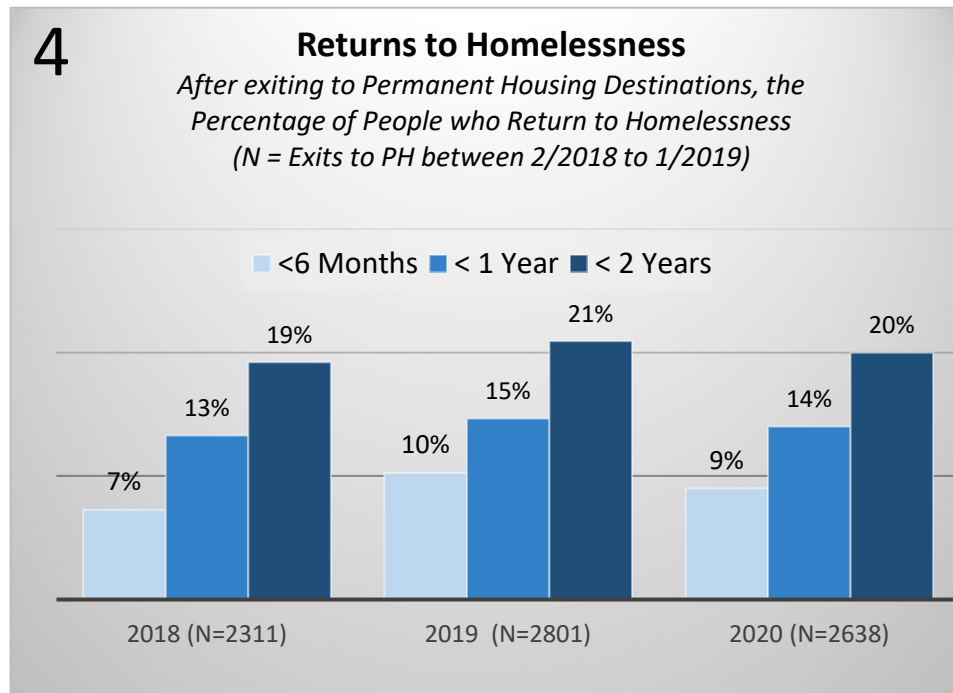
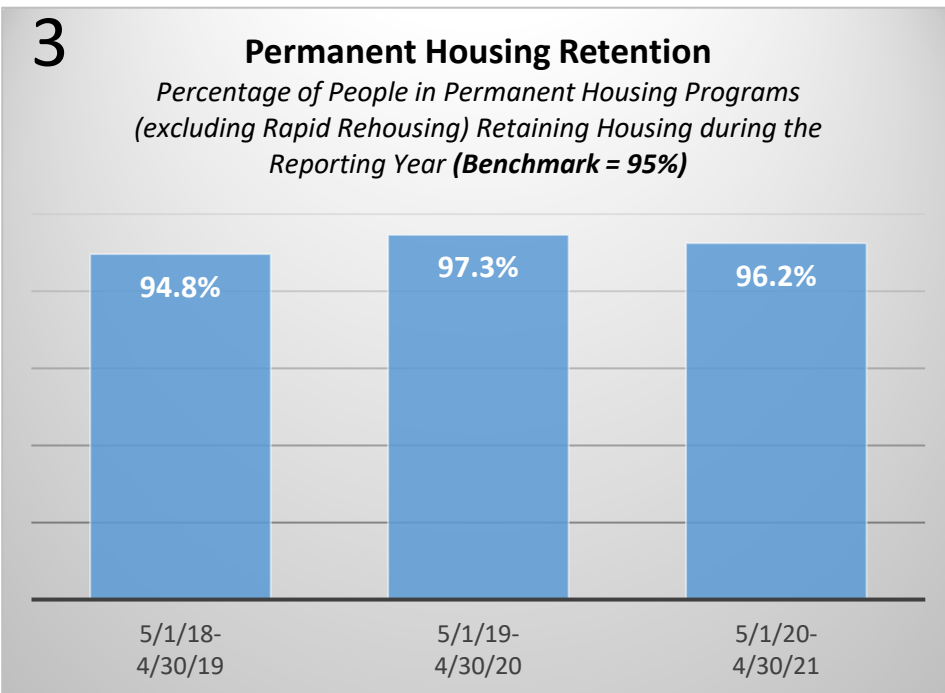
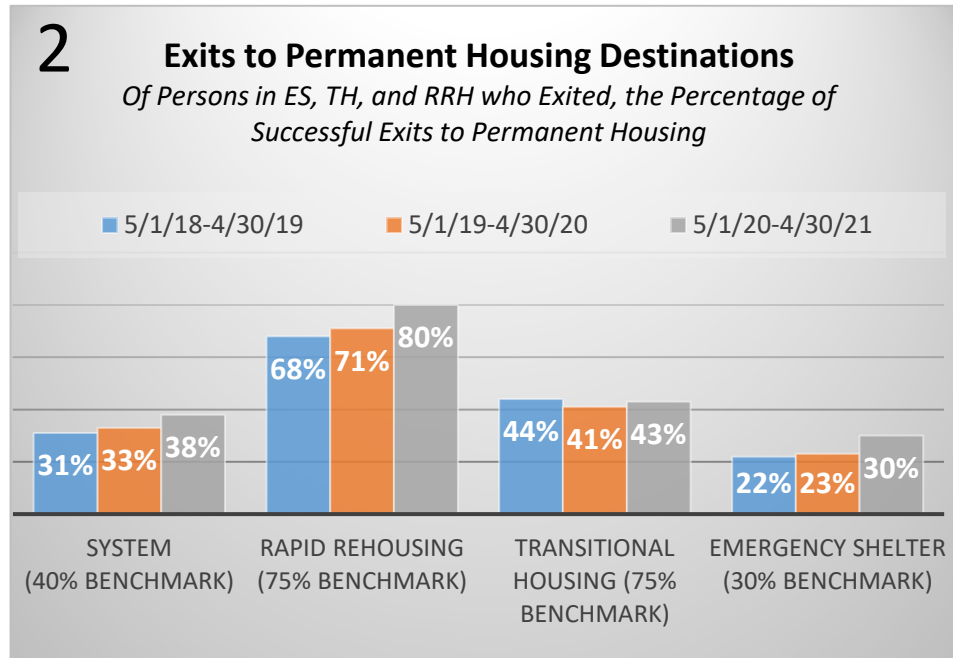
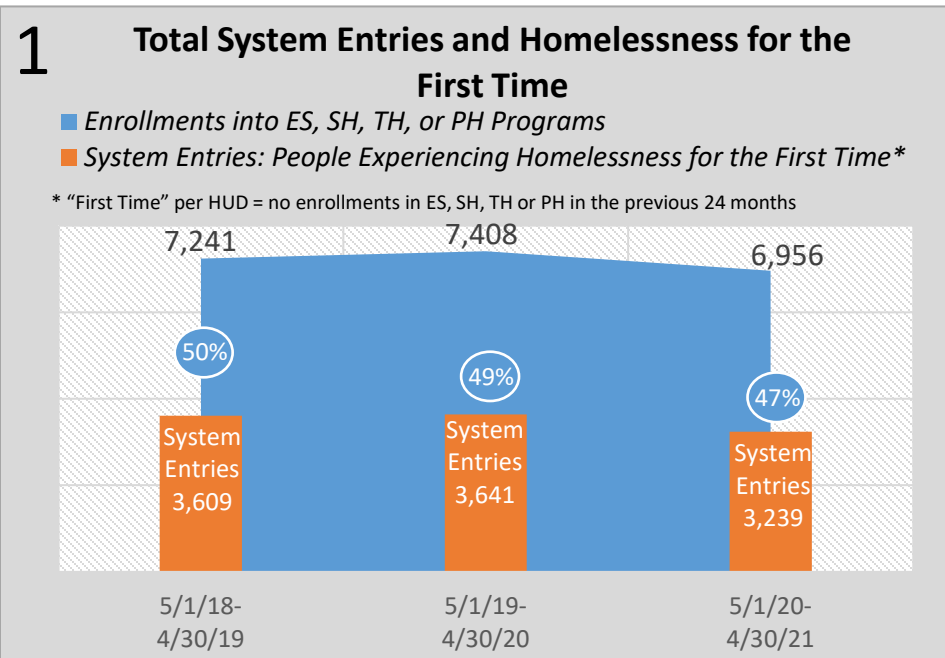
1,215 PSH Units and 81 RRH Units are Under Construction or in the Pipeline

Program Utilization, April 2021



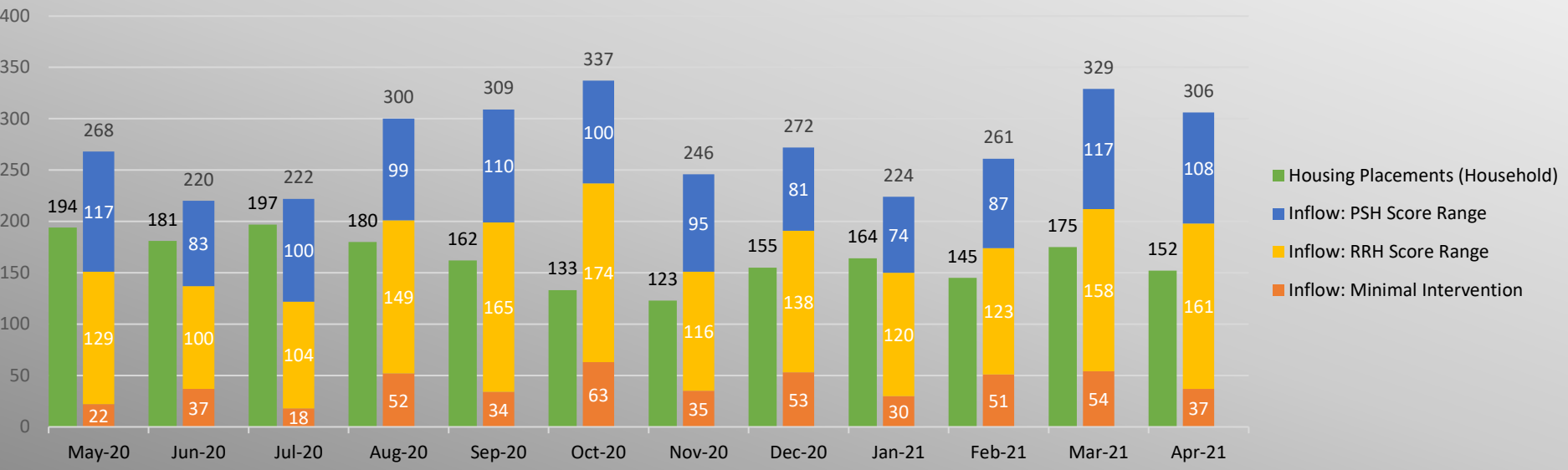
- Utilization: PSH, RRH are point-in-time utilization on April 30, 2021. TH, ES, and SP utilization are based on the month of April, and HP utilization is based on the last 12 months
- Program utilization is based on households enrolled in programs that are tracked in HMIS.
- PSH programs that are not tracked in HMIS include HUD Veterans Affairs Supportive Housing (VASH), consisting of 1,222 units, and other programs which comprise 72 units. PSH capacity includes 73 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

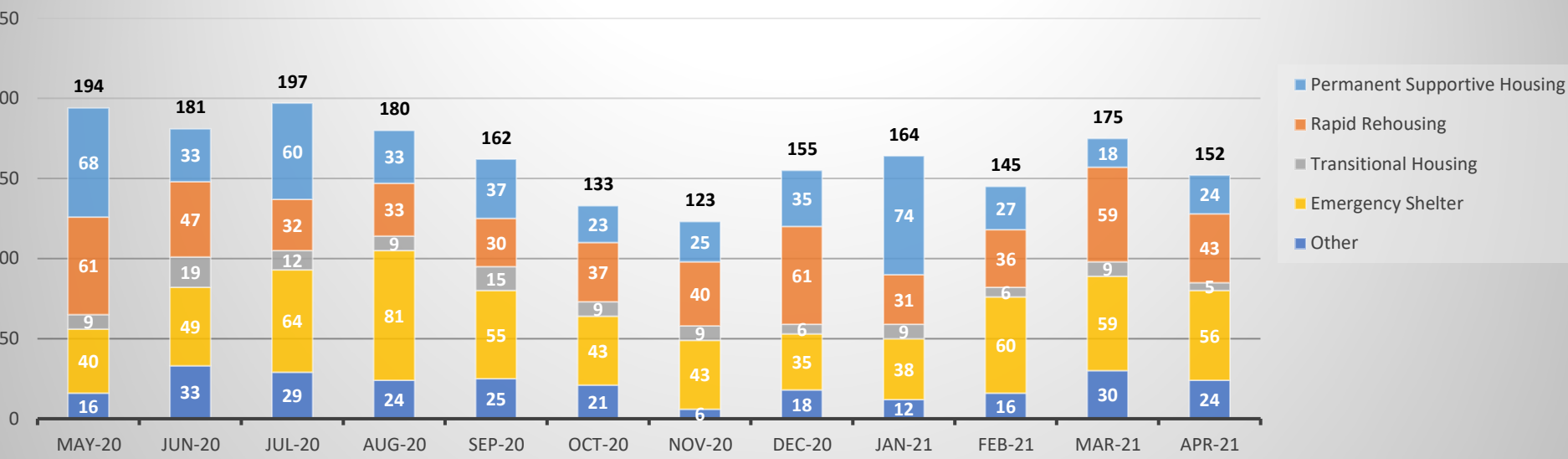


Appendix D: Housing Placements and Inflow by Month

Monthly Housing Placements vs. Homeless Inflow

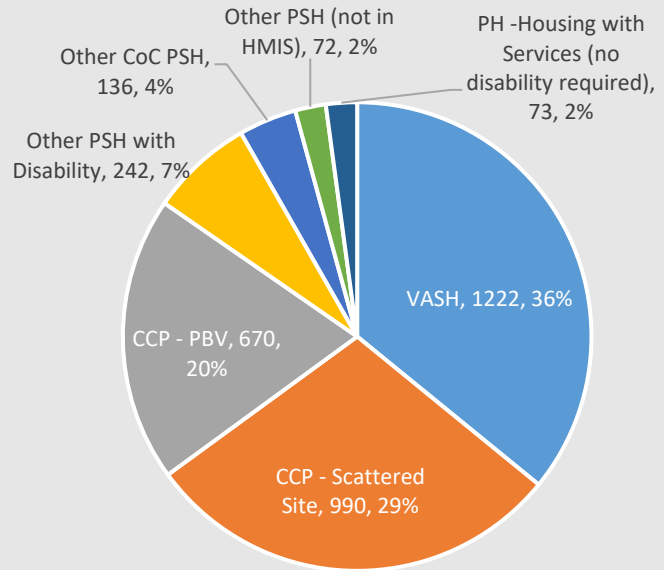


Monthly Housing Placements from Project Types

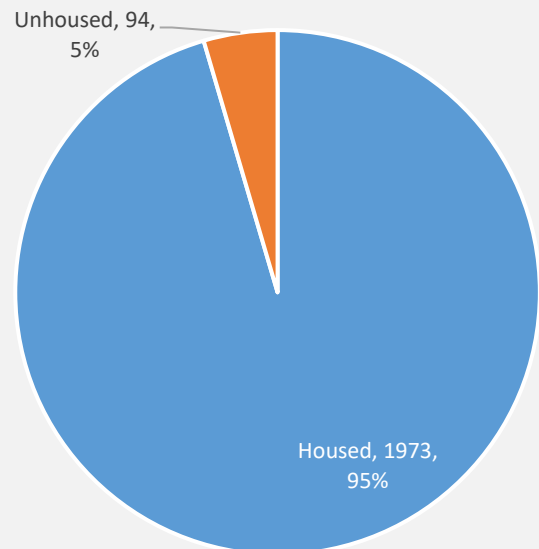


Appendix E: PSH Capacity and Enrollments Data – April 30, 2021

1 Total PSH Capacity = 3485 Units

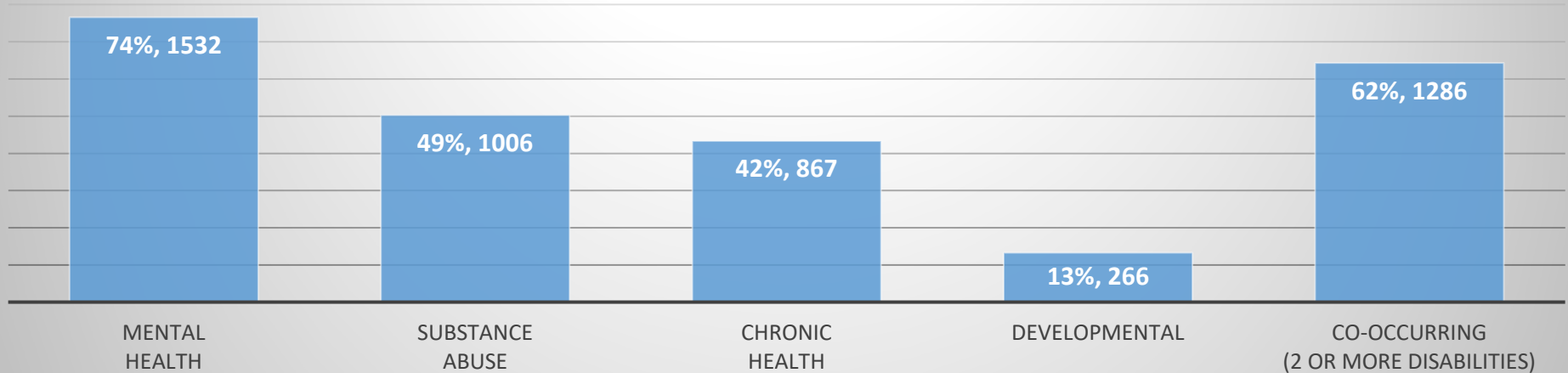


2 PSH Currently Housed Households



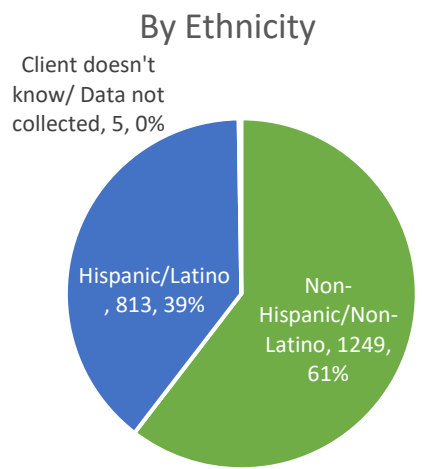
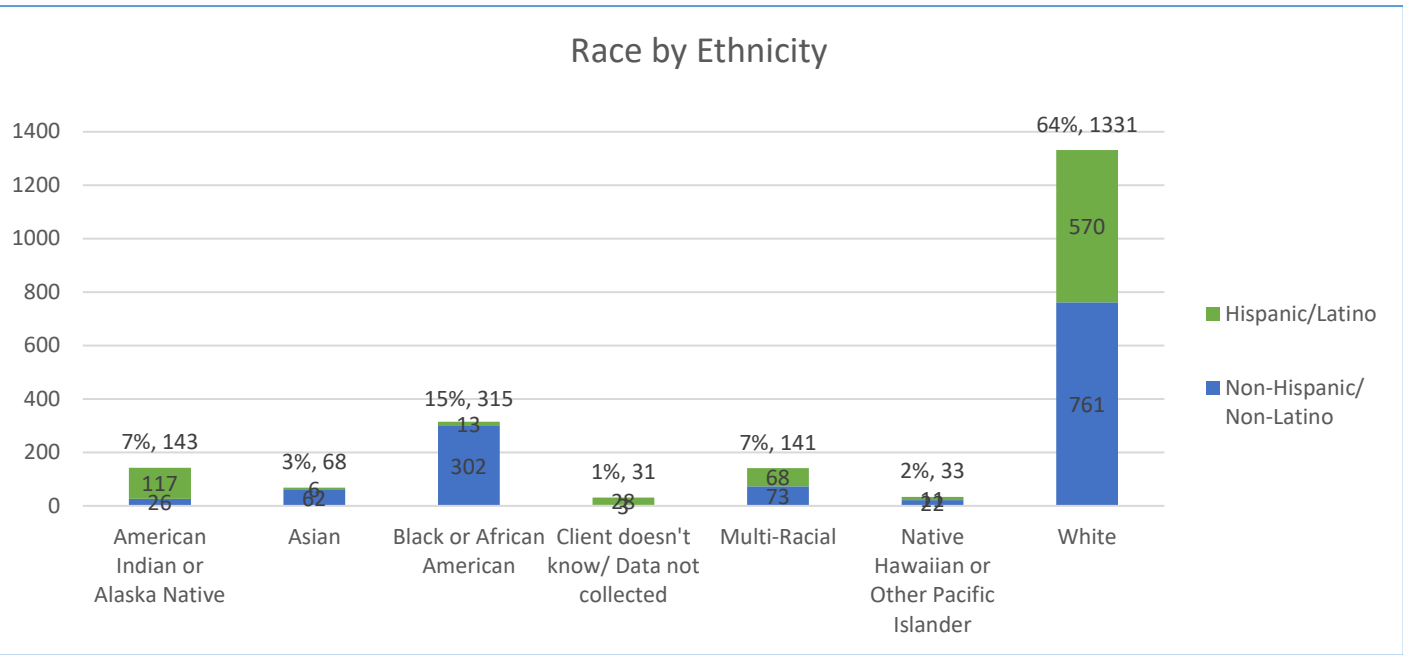
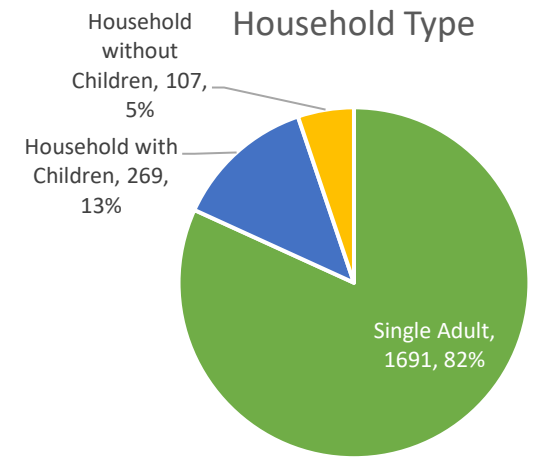
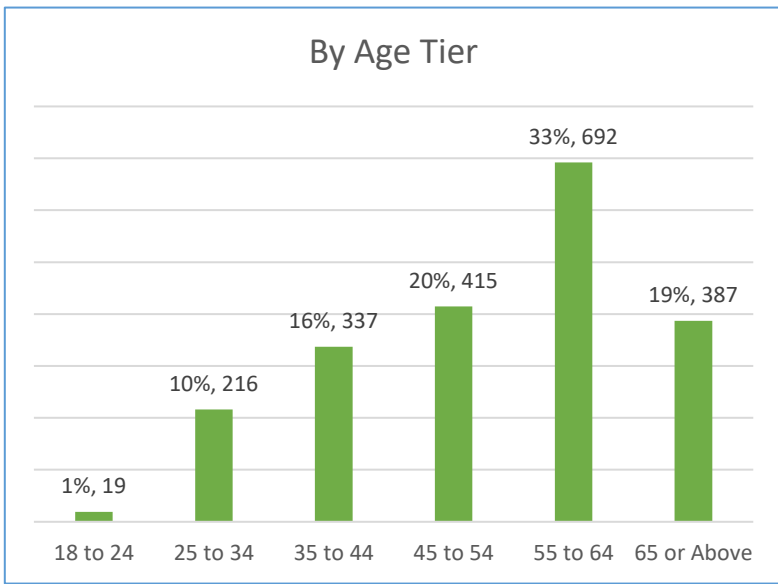
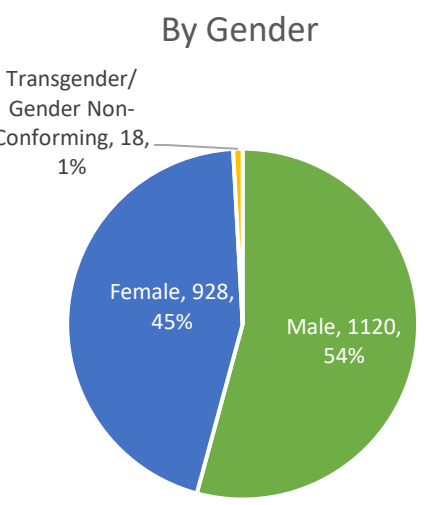
Note: Excludes VASH programs. Data for VASH programs is not currently available in HMIS.

3 Self-Reported Disability Status for Households Currently Enrolled in PSH

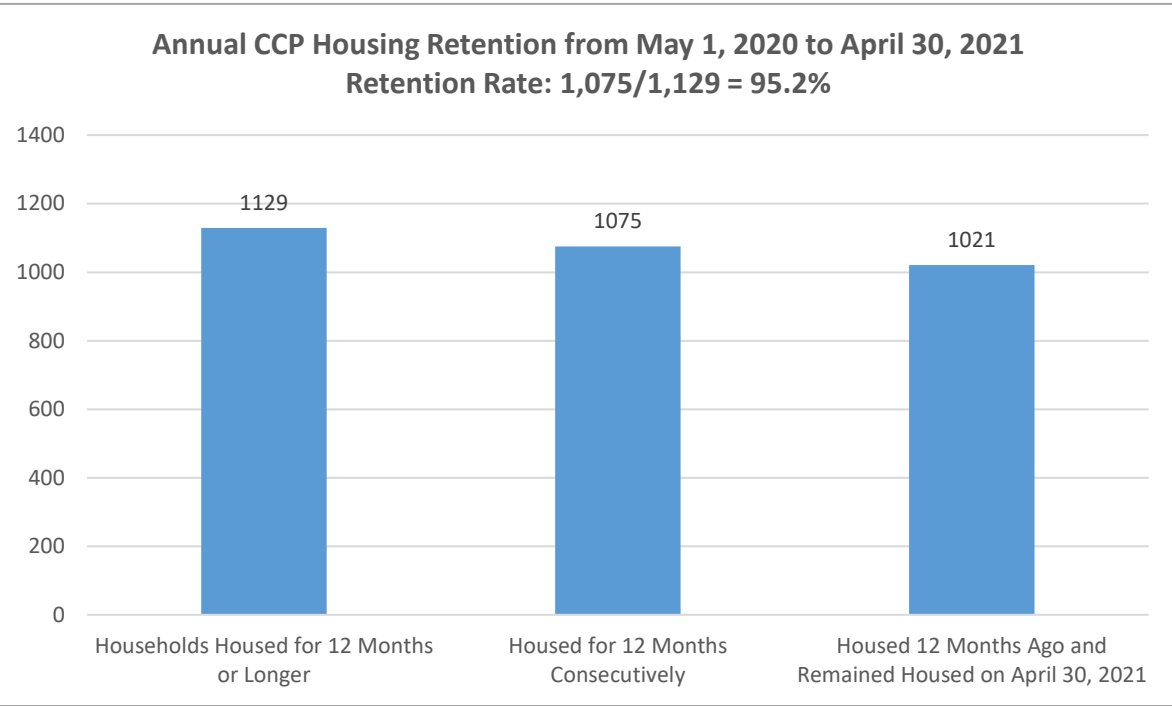
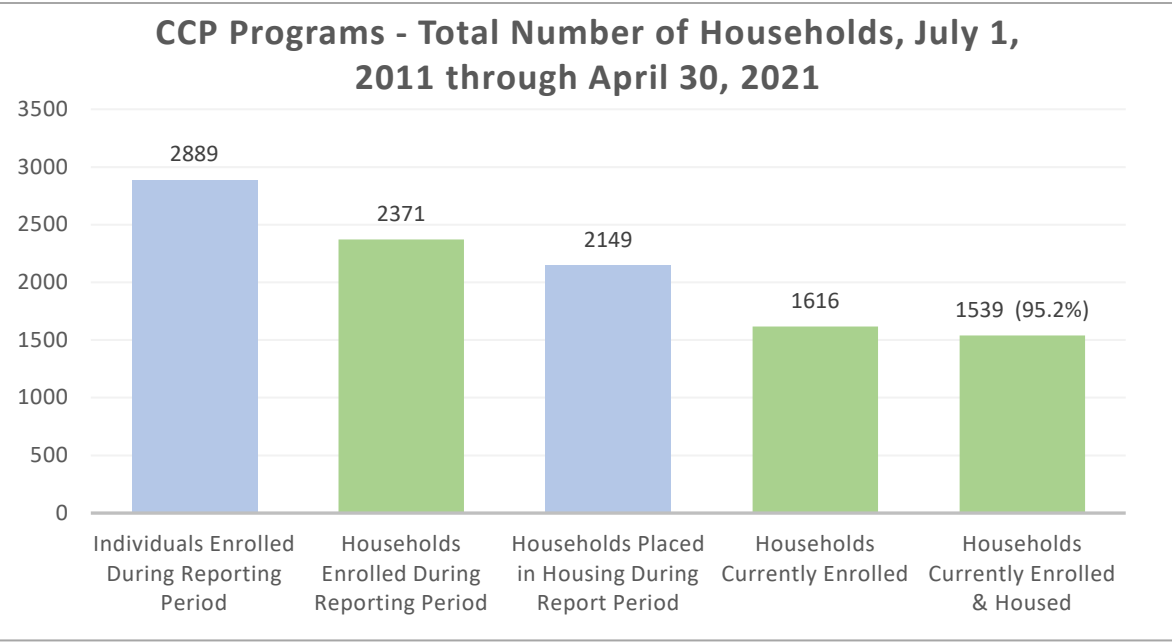


Appendix F: PSH Demographic Information – April 30, 2021

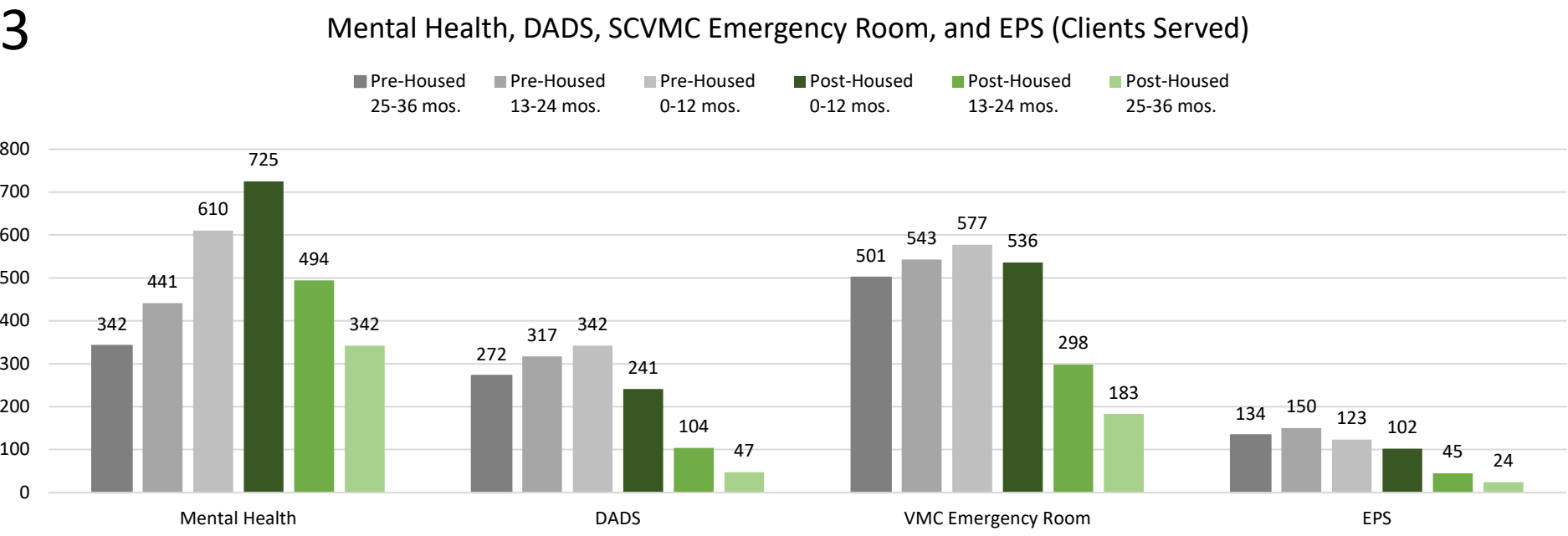
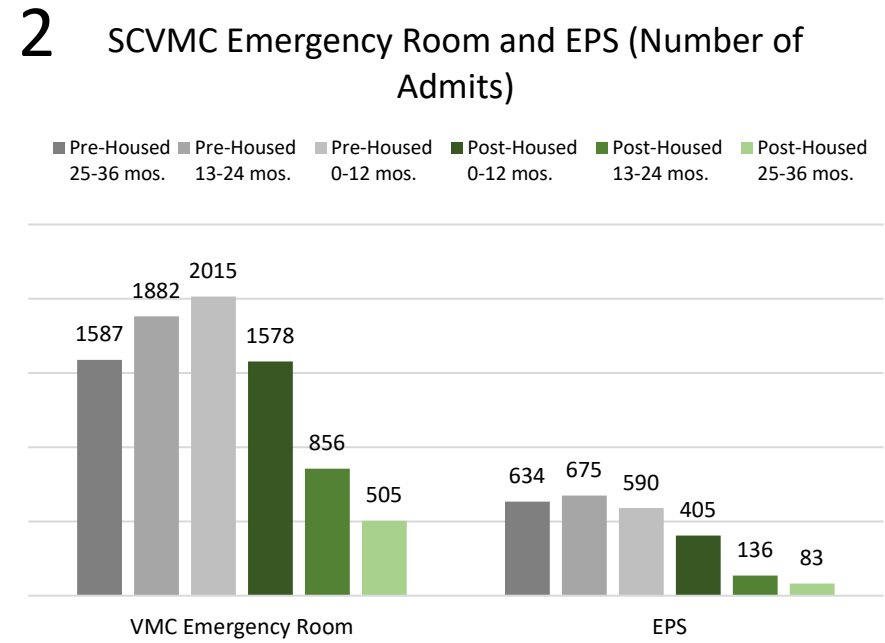
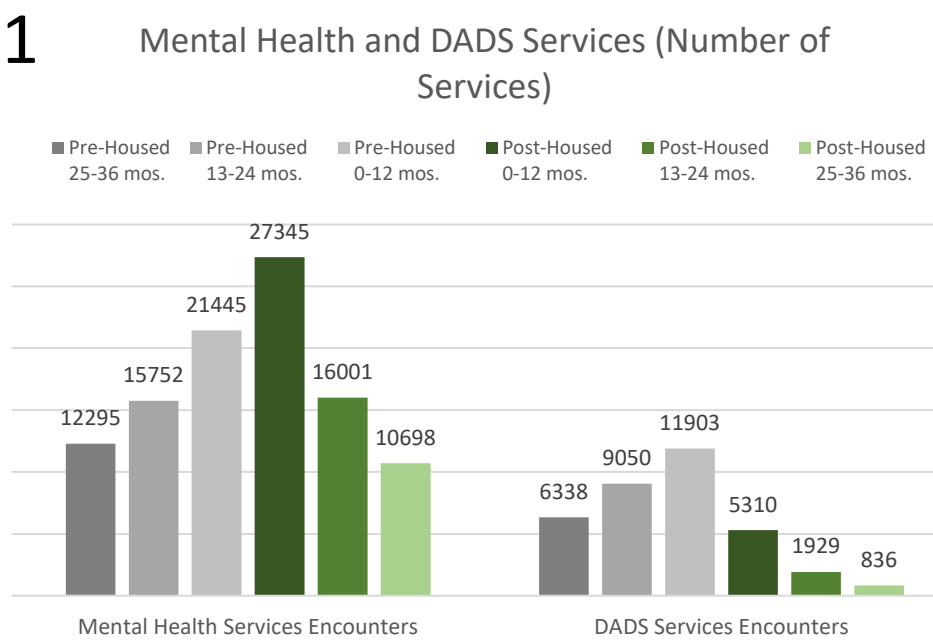
Demographics for 2,067 Households Currently Enrolled in PSH Programs



Appendix G: CCP Enrollments and Retention as of April 30, 2021



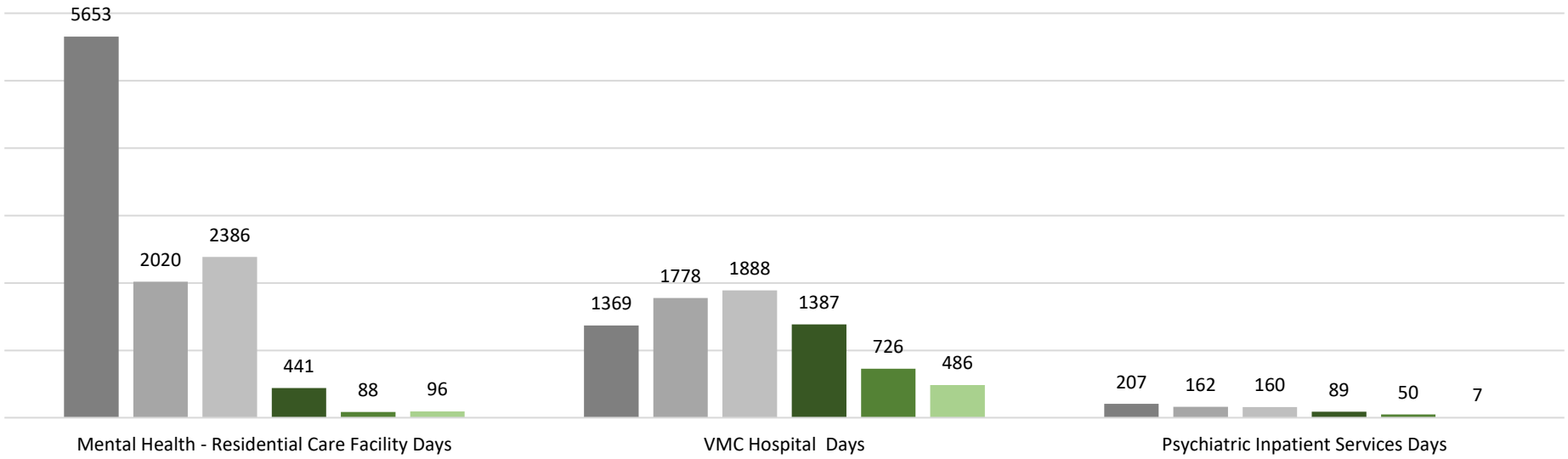
Appendix H: Mental Health, DADS, SCVMC ER, and EPS Use – April 30, 2021



1

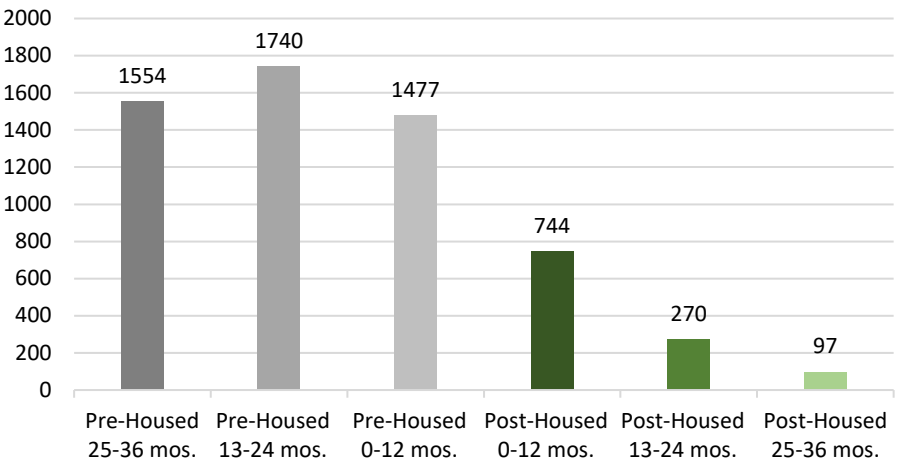
MH-Residential Care Facility, VMC Hospital, and Psychiatric Inpatient Services Days

■ Pre-Housed 25-36 mos. ■ Pre-Housed 13-24 mos. ■ Pre-Housed 0-12 mos. ■ Post-Housed 0-12 mos. ■ Post-Housed 13-24 mos. ■ Post-Housed 25-36 mos.



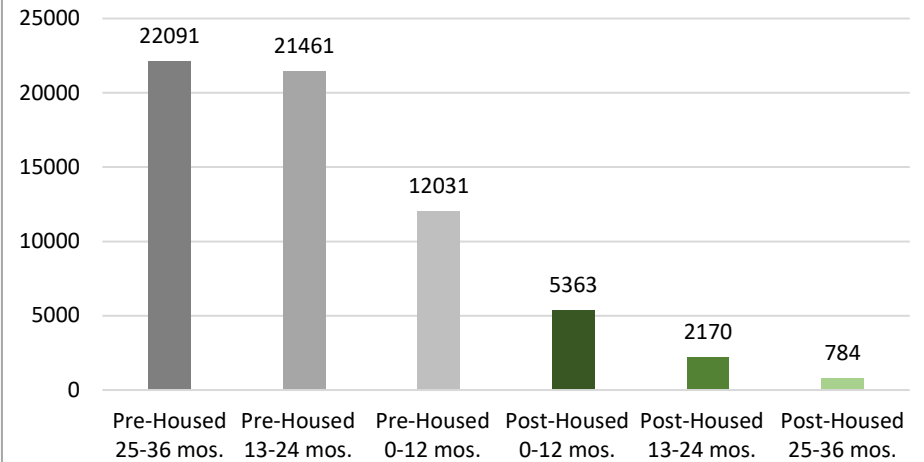
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Number of Arrests



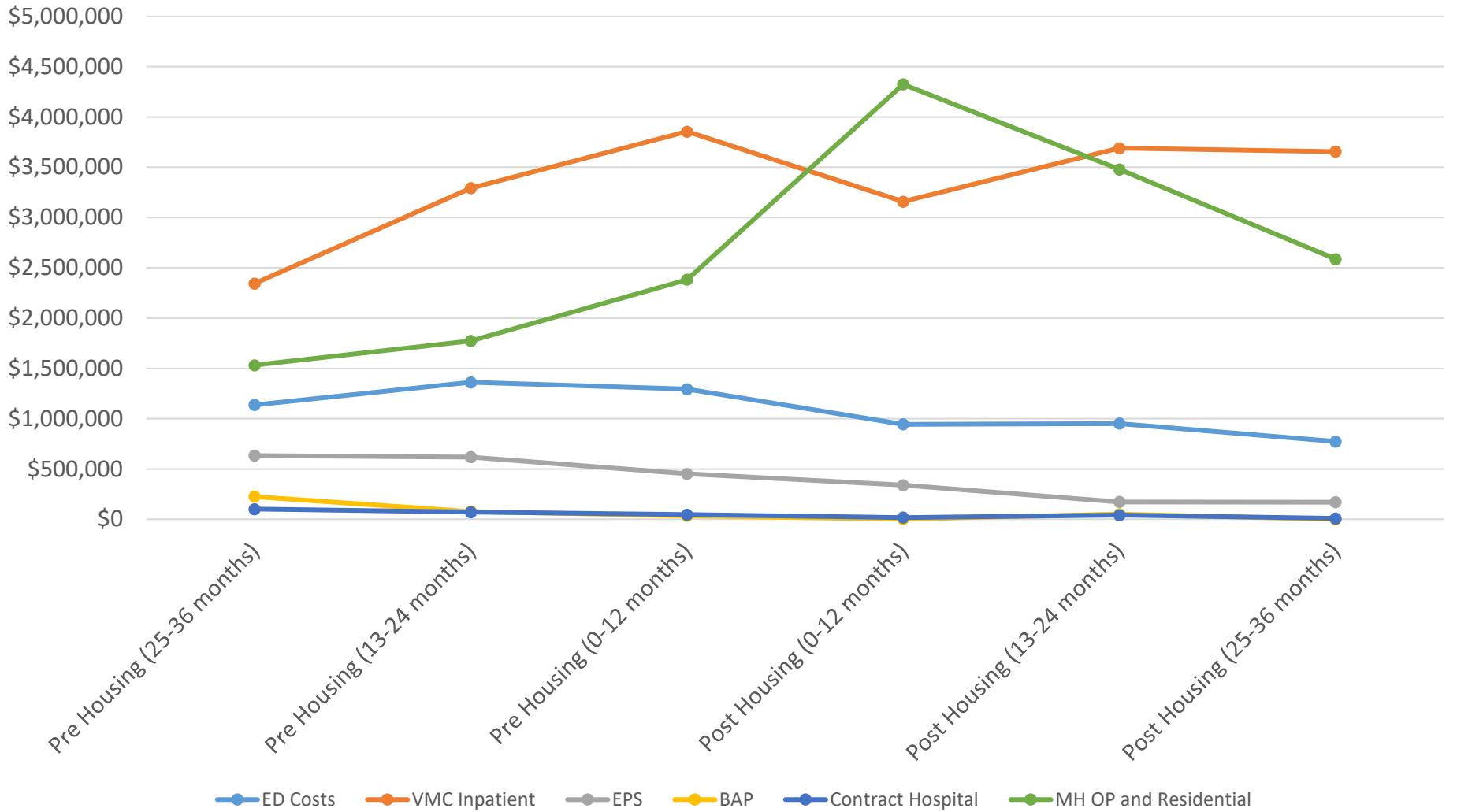
3

Incarceration Days



Appendix J: Health Care Cost Analysis for Housed CCP Clients – April 30, 2021

Clients Housed 2+ Years Healthcare costs Pre- and Post-Housing (N=711)

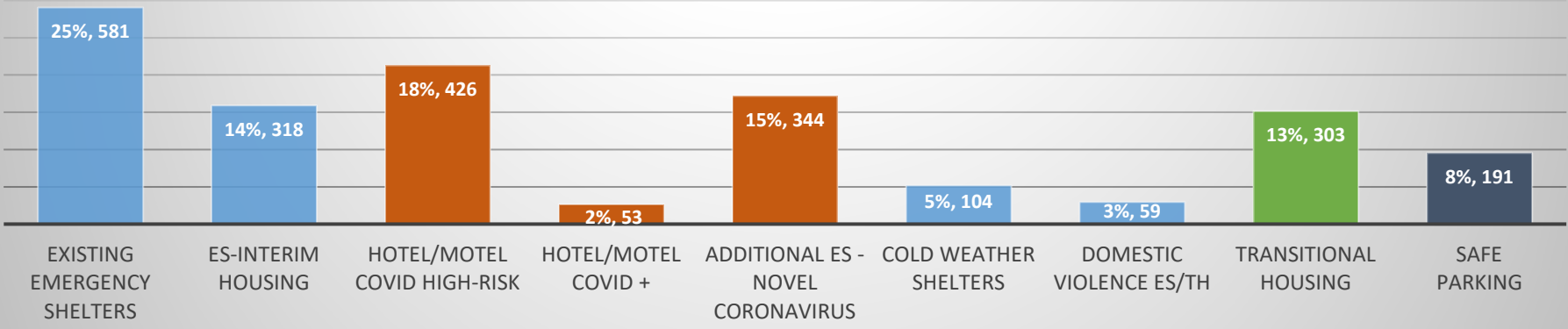


Appendix K: Temporary Housing Capacity and Utilization as of April 30, 2021

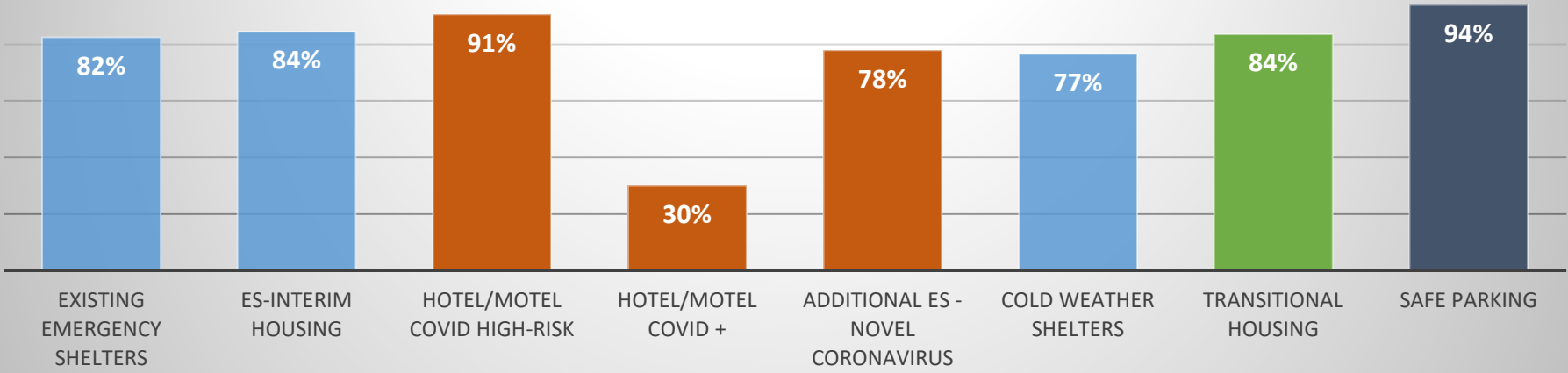
- Hotel/Motel COVID+ - motel or hotel space for clients who have tested positive for COVID-19.
- Hotel/Motel COVID High-Risk - motel or hotel space reserved for clients who are vulnerable or at high risk.
- Additional Emergency Shelters are temporary shelter space to allow compliance with social distancing protocols for congregate housing.

Note: Domestic Violence EH/TH housing utilization is excluded; it is not recorded in HMIS in compliance with HUD safety and confidentiality provisions.

Current Temporary Housing Capacity (Units), April 30, 2021 (Total = 2,379 Units)



Program Utilization, April 2021



Appendix L: Temporary Hotel/Motel Client Characteristics (excluding COVID+) n=408 Households

