

Care Not Cash Monthly Update

July 2009

The Department of Human Services (DHS) division of the Human Services Agency (HSA) officially began its implementation of the *Care Not Cash* initiative on May 3rd, 2004. The voters of San Francisco adopted *Care Not Cash* as Proposition N in the November 2002 election. *Care Not Cash* implementation was delayed due to court challenges, but the California Supreme Court eventually ruled that the plan could remain intact as passed by voters.

The primary goal of *Care Not Cash* is to reduce homelessness and improve the health and welfare of homeless indigent adults receiving cash assistance through permanent housing opportunities and enhanced services.

Homeless persons receiving cash assistance from the City's County Adult Assistance Program (CAAP) were phased-into *Care Not Cash* over a nine-month period (from May 2004 through January 2005). Under *Care Not Cash*, homeless CAAP clients are offered housing/shelter and associated amenities as a portion of their benefit package. Funding that would have otherwise been used for cash aid is being used to expand permanent housing and services for this population.

Compared to just prior to the official launch of Care Not Cash, the number of homeless clients receiving aid has decreased by 1,916 persons (82%). In April 2004 (before *Care Not Cash* was implemented), there were 2,334 homeless CAAP clients paid aid on check day. This same figure dropped to 418 in July 2009.

The current CAAP grant amounts are as follows:

Scenario	CAAP Sub-Program	
	GA	PAES, SSIP & CALM
When housed	Up to \$342	Up to \$422
When placed in DHS-housing	Up to \$342 (2-party check for rent plus up to \$59 monthly cash grant)	Up to \$422 (2-party check for rent plus up to \$97 monthly cash grant)
When offered shelter (whether accepted or refused)	Up to \$59 (Maximum grant less in-kind value for housing, utilities and food*)	Up to \$65 (Maximum grant less in-kind value for housing, utilities and food*)
When no shelter is available	Up to \$342	Up to \$422

*State of California Income In-kind values: housing/shelter: \$203; utilities: \$42; food: \$112.

Homeless CAAP clients are being given up-front access to permanent supportive housing whenever possible. Over time, all homeless CAAP clients will receive a housing referral. Emergency shelter is offered to all homeless CAAP clients until they actually move into housing (i.e., clients referred to housing are offered shelter while they complete the expedited referral

process, and clients awaiting a housing referral are also offered shelter). Homeless CAAP clients who have logged the longest time in shelter are prioritized to receive housing referrals.

Available *Care Not Cash* housing statistics through July '09 are as follows:

- 3,398 housing referrals have been offered to homeless CAAP clients.
- 2,697 homeless CAAP clients have moved into housing.
- 12 homeless CAAP clients are currently active in the housing referral process.

DHS' Housing First Program, where clients have tenants' rights, serves as the primary *Care Not Cash* housing resource. Homeless CAAP clients may be referred to any Housing First Program hotel, although this group has exclusive access to the sub-group of hotels supported by *Care Not Cash* funds. As of July 2009, there were 1,321 single room occupancy (SRO) hotel rooms being supported by *Care Not Cash*.

In collaboration with DPH, *Care Not Cash* funding has allowed for the creation of a Behavioral Health Roving Team. The goal of the Behavioral Health Roving Team is to provide medical and behavioral health services to tenants living in the SRO Housing Program in order to stabilize them in housing and avoid future episodes of homelessness. The case management part of the team is supervised by UCSF/City-Wide Case Management and consists of two Clinical Supervisors, five social workers and a substance abuse specialist. The medical part of the team is comprised of a psychiatrist and two nurse practitioners employed and supervised by the Department of Public Health. The case management team outreaches to and engages clients that are referred by on-site staff at the hotels. The team employs a range of interventions to help stabilize residents, including mental health and substance abuse services, vocational and entitlements assistance, and skills groups. The DPH staff provides medical and psychiatric assessments on-site in the hotels and collaborates closely with the case management team in the development and implementation of treatment plans to best serve the needs of the hotel population and enhance stability in housing. The Behavioral Health Roving Team also makes referrals to the DPH Housing and Urban Health Clinic.

Each month an updated version of this memo and the accompanying "*Care Not Cash* Monthly Statistical Report" will be posted to the HSA web site (go to www.sfhsa.org and click on the right-hand menu "Data, Reports and Publications" link and then choose the "Housing and Homeless Reports" link).