

## **STATE OF CALIFORNIA HIGHLIGHT: SUPPORTIVE HOUSING INITIATIVE ACT (SHIA) PROGRAM**

### **Background**

In response to the growing number of homeless people in California, the Legislature passed the Supportive Housing Initiative Act (SHIA) in 1998. The goal of the SHIA legislation was to provide stable housing along with the supportive services necessary to help participants maintain the housing and live as independently as possible. (Leg. Report 5). SHIA programs targeted very low-income adults having one or more disabilities, including mental illness, HIV or AIDS, substance abuse, or other chronic health conditions, and individuals with developmental disabilities. (AOAAP).

SHIA funding was awarded through an annual statewide, competitive grant process. Local government and non-profit service or housing agencies were eligible to apply for these grants. (AOAAP). SHIA funds were used to provide both an array of supportive services to clients in housing and for the housing itself, including leasing or operating costs. (DMH). Between 2000 and 2003 approximately \$48.2 million funded a total of 46 SHIA projects throughout California. The projects were designed to serve local needs and therefore reflected a broad array of options for services and housing, however all programs provided permanent housing with supportive services offered onsite and in the community.

Beginning in FY 2003-04, there was no funding available for new SHIA projects; however, the sunset date for the SHIA legislation was extended to January 1, 2009. (AOAAP).

### **Effectiveness of SHIA program**

SHIA programs provided both housing and a variety of services to help participants maintain their housing. These services included connecting participants with a variety of treatment services and services related directly to housing. The SHIA programs provided the following types of services:

- Health care services and referral (including immunizations, physical examinations, prenatal and nutritional care, and vision and dental services)
- Mental health services (including, screening, assessment, diagnostic services, crisis intervention, case management, family support and parenting education)
- Drug and alcohol prevention and treatment services
- Employment, vocational and education services
- Skill-building and peer support with regard to activities of daily living, including socialization, transportation and engagement in the community
- Planning/referral to housing, assistance in applying for and obtaining housing, and assistance in maintaining housing

(Leg. Report 16-17)

In order to determine the effectiveness of the SHIA programs, data were collected on SHIA participants as they entered their program, every six months thereafter, and/or at exit from the program. Among the areas that data collection targeted were 1) quality-of-life dimensions including housing stability, income, health, social contacts, general life satisfaction, and personal safety; 2) improvement in personal functioning; and 3) participant satisfaction with services from SHIA programs.

(Leg. Report 6)

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### Stability of Housing

SHIA programs have helped participants maintain stable housing. Approximately 50% of SHIA participants were homeless upon enrollment, while the other half were at risk of homelessness. 86% of SHIA participants have maintained stable SHIA housing, while only 1% of participants were evicted due to lease violations. (Leg. Report 17).

### Improvement in Quality of Life

As a result of SHIA programs, a majority of participants reported significant improvements in satisfaction across quality of life domains (i.e., general quality of life, daily activities and functioning, family and social relationships, safety, living situation, and health) after approximately six months in the supportive housing programs. (Leg. Report 17).

### Changes in Income

SHIA programs helped the majority of participants increase or maintain their income. Of those who reported no income at SHIA enrollment, 64% had increased their income through a combination of Supplemental Security Income (SSI), General Assistance (GA), social security and wages. Of those participants who reported only SSI at enrollment, over 65% maintained just their SSI income, while 20% increased their income by combining their SSI income with other sources. Additionally, nearly 10% had replaced their SSI entirely with other income sources, including wages. Of those participants who reported only GA income, approximately 67% continued to receive only GA and 7% began increasing this income with other income sources. Although approximately 7% reported not receiving any income at the latest assessment, over 19% were able to replace GA with other income sources. (Leg. Report 19-21).

### Improvement in Functioning

A majority of SHIA participants reported improvement in seven areas of functioning. SHIA services dramatically affected participants' ability to deal more effectively with daily problems (83.8%), ability to control their lives (83.2%), and ability to deal with crisis (79.1%). Additionally, over 73% of participants reported dealing better in social situations as a result of SHIA program involvement. Slightly fewer participants reported symptom reduction, and family and school/work improvement as a result of SHIA services. (Leg. Report 22-23).

### Participant Satisfaction with Services

SHIA participants reported a high degree of satisfaction with the services they received. Participants gave high ratings to three categories of services: 1) access to services; 2) appropriateness of services; and 3) general satisfaction with services. (Leg. Report 23).

## **Bibliography**

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