Washington State Department of Social and Health Services

Transforming Lives

REPORT TO THE LEGISLATURE

Personal Care in Homeless Shelter Pilot

ESSB 5693, Sec. 204(38)

December 1, 2022

Aging and Long-Term Support Administration
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Washington State Department of Social & Health Services
Transforming lives

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Personal Care for Homeless Seniors and People with Disabilities – 2022 Pilot Program Report

Summary

In the 2021 session, the legislature funded the existing Personal Care for Homeless Seniors pilot in Pierce County (Tacoma) for another two years and expanded the pilot to develop four new sites in three cities (Vancouver, Spokane, and two sites in Seattle). The proviso also called for a report to the legislature due December 1, 2022, that would include outcome data by site.

The Department of Social and Health Services' (DSHS') procurement exploration in May of 2021 resulted in a Request for Information (RFI) process in June 2021. The results of that RFI yielded only one interested and qualified personal care provider interested in serving all the sites. This was Catholic Community Services (CCS) which was the entity providing the services in the original Pierce County pilot site. The single DSHS contract was negotiated in August and executed in September 2021. In the meantime, CCS had been working to develop sub-contractor relationships with providers for new sites where needed with an original targeted start date of September 1, 2021.

The challenge of setting up four additional sites resulted in some delays. The Spokane site was the first to come online, starting in October 2021 using CCS providers. Finding and subcontracting the additional home care agencies and three additional shelters took more time than expected for MOUs and contracts. Once subcontracted, these entities also had to hire and train staff to these new roles and learn to work with the shelter hosts. The Vancouver site started in November 2021, as did one Seattle site. That Seattle site closed in March 2022 and was replaced by a different one in the same month. The final Seattle site did not get underway until June 2022. Hiring staff is very challenging in the current labor market resulting in lighter staffing than was budgeted for. These delays and issues culminated in an underspending of the appropriation by about 50% and lower numbers of people served than hoped. Now that all five sites are up and running, CCS has full confidence in their ability to utilize the full SFY23 appropriation to serve this vulnerable population.

This report is for August 1, 2021, through July 30, 2022. Summary data required within the proviso is presented in this table. Data is further broken out by site in the appendix of this report.

(a) The number of people served in the pilot;	117
(b) The number of people served in the pilot who transitioned to Medicaid personal care;	12
(c) The number of people served in the pilot who found stable housing;	34
(d) Any additional information or data deemed relevant by the contractors or the department of social and health services.	See balance of report

Background

Homeless shelters have seen an increase in the number of physically and cognitively impaired elderly who need support services. In addition to presenting with cognitive impairment and memory issues, assistance is needed with walking, transferring, toileting, showering, and other personal care tasks. There is also a need for transportation to medical, pharmacy, and health care appointments.

Beginning in 2017 (pre-pilot), the Department of Social and Health Services (DSHS) and Catholic Community Services (CCS) partnered to target Medicaid personal care services to seniors and people with disabilities who are physically and/or cognitively impaired at Nativity House Homeless Shelter in Tacoma, Washington. DSHS stationed an HCS social

worker on-site part time to accelerate access to Medicaid personal care services. The outcomes were very positive, and many individuals served moved out of homelessness and continued successfully into housing.

Historically, the Medicaid Long-Term Services and Supports (LTSS) eligibility requirements were identified as a barrier to people who needed care but had challenges with the lengthy application process. Advocates felt more homeless seniors and people with disabilities could use services like those funded through Medicaid, and perhaps obtain similar outcomes, if the care was provided when the guest first arrived or needed it, rather than waiting for enrollment onto the Medicaid program, which can take weeks.

To address this, the state Legislature funded the first pilot program to provide personal care services immediately when individuals present at the homeless shelter with a care need, without waiting for the federally required steps necessary to determine eligibility and authorize Medicaid-funded LTSS. The funding took the form of two 30-hours per week caregivers who would provide the same personal care service as one might receive under Medicaid Long-Term Supports and Services.

In the first 15 months of the 2019-2021 pilot project, 68 individuals were served, 45 of the 68 enrolled in Medicaid and/or acquired housing. Thirty-three of the 45 successfully enrolled into the Medicaid Community First Choice (CFC) program, which provides personal care and other supportive services, and 30 of the 45, acquired housing. These numbers are significantly higher than the outcomes under the pre-pilot program at the shelter.

Pilot Extended to Five Sites in Four Cities

Based on the results of the first pilot project - more people were reached, housed, and got onto Medicaid Personal Care (MPC) - the legislature supported expanding the pilot. The original pilot started July 2019 for SFY20 and SFY21 with one Pierce County site which continues to provide personal care services to homeless seniors and established two new pilot project sites in King County, one site in Clark County, and one site in Spokane County.

City/Site	Homeless Shelter	Home Care Provider	Start Date
Tacoma	Nativity House	Catholic Community Services	July 2019
Spokane	House of Charity	Catholic Community Services	October 2021
Vancouver	Women's Housing & Transition (WHAT)	CDM Home Care Agency	November 2021
Seattle	Sleep In Shelter, then St. Martin De Porres	Catholic Community Services	Nov 2021 to March 2022 March 2022
Seattle	DESC Mary Pilgrims Inn	Full Life Care	June 2022

Program Design of the Pilot

CCS modified a tool used in home care to help identify potential participants who may have unmet personal care needs. The tool shows the Activities of Daily Living (ADLs) used in eligibility for the MPC program. Caregivers and shelter staff were made aware of these ADLs and referred people to the program based on unmet need.

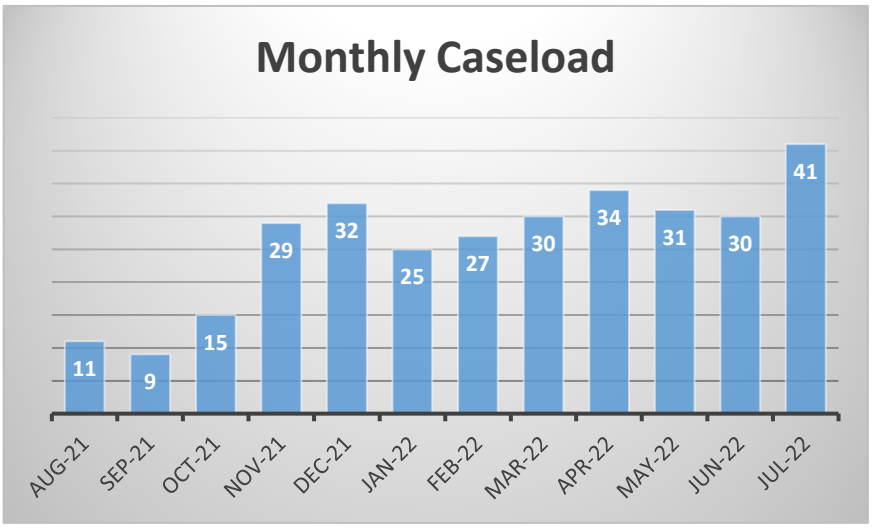
Each site has one or two trained staff assigned for 30 hours per week, to provide personal care to the guests. It often takes time for guests to develop trust with the staff. They may begin by accepting a ride into the community for a medical appointment or errand or help with laundry. As the trust is built, they may accept more kinds of help including ADLs like bathing, dressing, and medication management, and help with arranging medical appointments, applying for housing and social security. Connecting the guest back into community resources is key.

It takes time to build these relationships and support the guest into making progress on their goals. With new sites with shorter windows for demonstrating results and the overall shorter reporting period of 12 months versus 18 months, it is not surprising that fewer guests transitioned to housing or getting onto CFC/COPES Medicaid-funded services.

Pilot Enrollment and Services Provided

Services were tracked for each month a guest received personal care through the pilot.

Sites in Spokane and Vancouver were up and running October and November 2021, respectively. The Tacoma site was already running. Due to a variety of issues, the Seattle sites were not fully functional until late Spring of 2022.

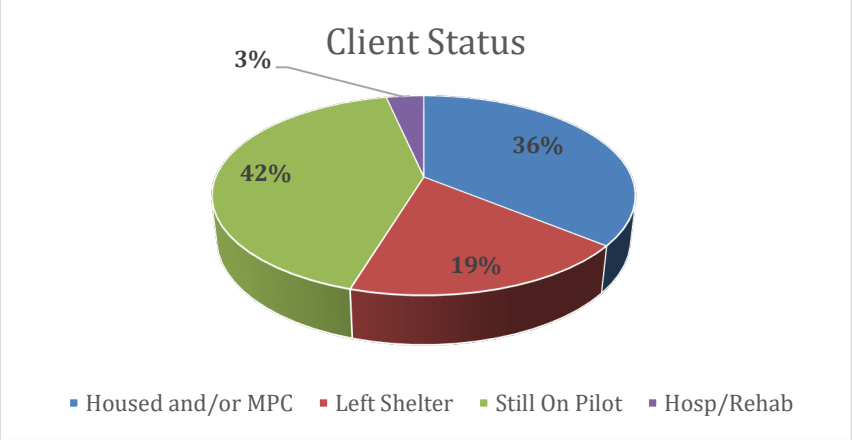


It should be noted that one site in the Seattle area was up and running in November 2021. This site was a hotel that converted to serve people as part of the pandemic response. All people served in the hotel eventually signed leases and, therefore, left the program as housed due to no longer being homeless.

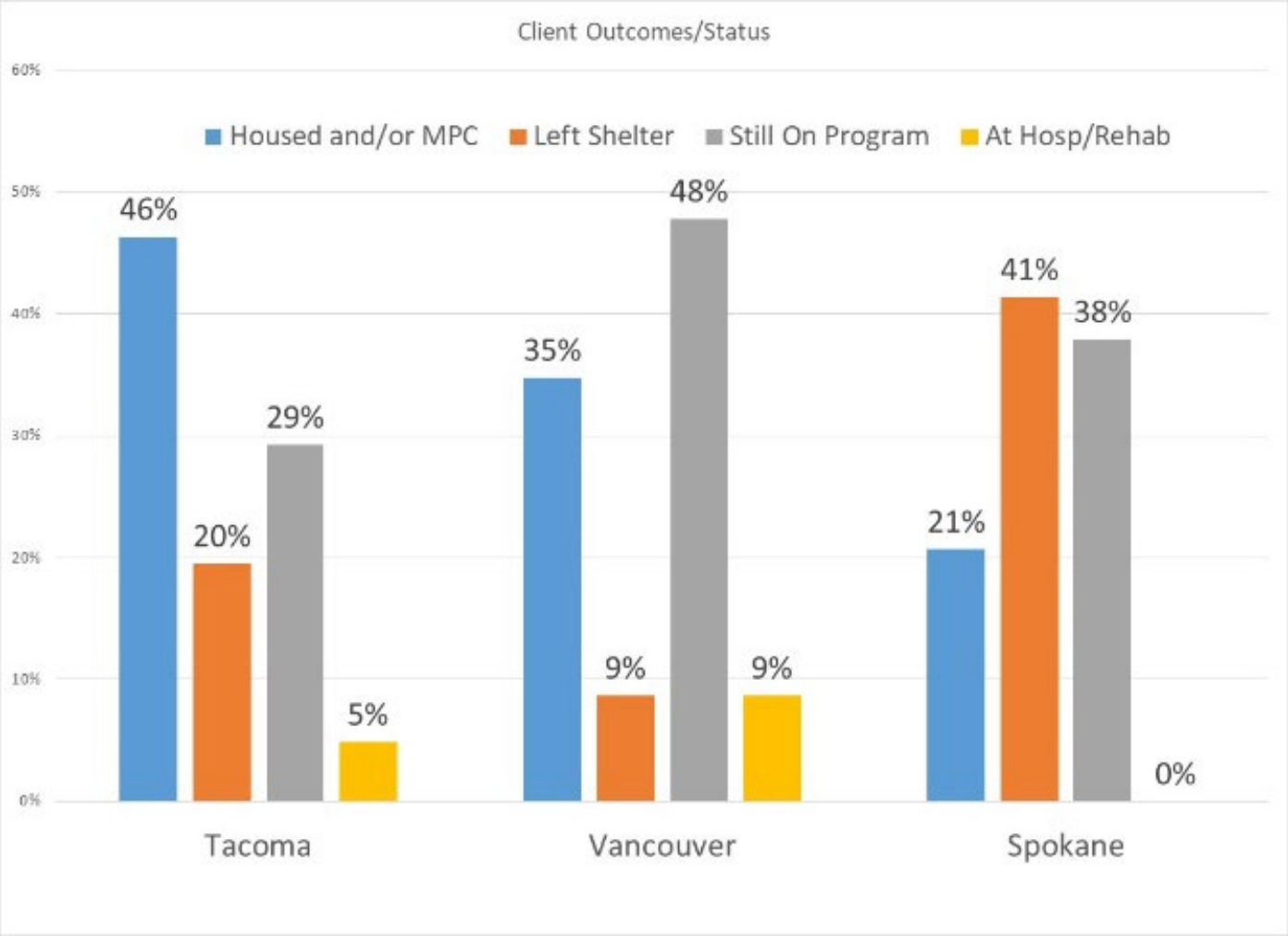
Outcomes

This report looks at clients served from August 2021 to July 2022. The outcomes from the original Tacoma pilot appear to be equally as positive:

- 36% of those served were housed and/or transitioned to Medicaid personal care (COPES/CFC)
  - 29% were housed
  - 10% became eligible for Medicaid personal care
- Only 19% dropped out of the program
- 42% are still on the program, providing opportunities to help them be housed and/or transition to MPC
- A small percentage were admitted to hospital or rehab facility.



As the Seattle sites are relatively new, except for the nine guests from the first site who transitioned into leases, 100% of clients are still with the program and hopefully working toward positive outcomes that will be seen in future reports. The outcomes for the rest of the sites are shown in the chart below. Each site has slightly different outcomes, although all show success:

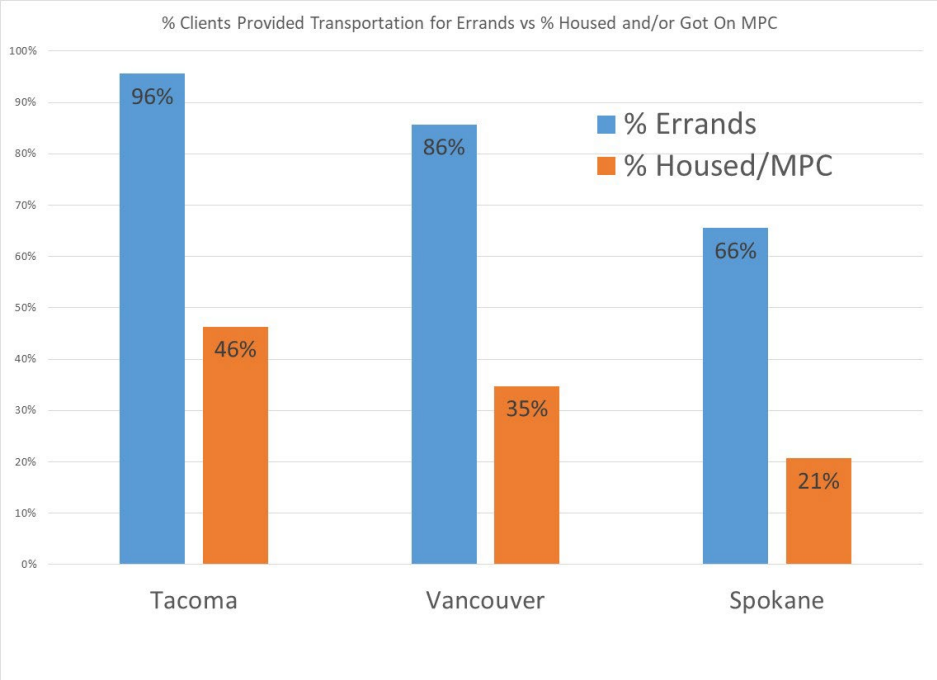


Transportation – Connection to Community

One item specifically analyzed was transportation. Regular shelter staff are not able to transport clients to medical appointments or community errands. Roughly 9 out of 10 of clients took advantage of errand transportation and 7 out of 10 had medical transportation provided through this pilot using pilot staff. Based on three months of tabulated data, over 1,700 trips were made and over 12,000 miles logged for clients.

Comparing shelter clients to standard Home Care Clients, shelter clients used transportation at a 50% higher rate. In the original pilot, it was conjectured that the ability to transport clients helped people get woven back into the community. The use of transportation services provided by caregivers to access community resources – shopping, trips to the DMV, Social Security and DSHS offices – is vital to reconnect with the community, apply for benefits, look for jobs, and re-establish identification.

The rate of usage of transportation out in the community might be correlated with the incidence of clients getting housed and/or getting onto MPC as seen in the chart below:



It should be noted that both the Vancouver and Spokane sites were only in operation for ten months or less. We will continue to track the outcomes and expect the numbers and percentages of those housed and/or accessing Medicaid Personal Care to increase. As discussed, the Seattle sites are only a few months into operation. These sites appear not to use community transportation to the same level of the other sites. This could be in part due to the exceptionally strong public transportation available in Seattle. The outcomes will be carefully tracked in the future with transportation usage in mind as an indicator.

Heavy Care

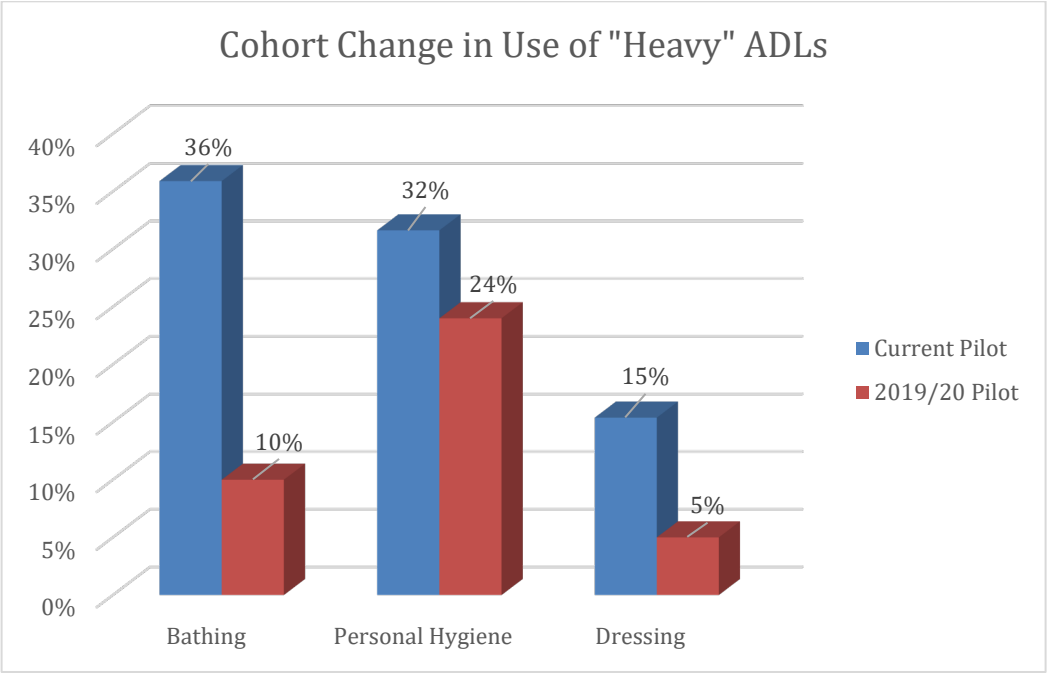
Most guests request 'lighter' services such as cleaning (92%), shopping/errands (69%), and meal preparation (59%) along with more advanced and critical services such as Medication Management (57%) and Ambulation (56%).

Proper use of medication is a critical aspect of health. Almost six of ten clients received medication assistance as a service. This generally takes the form of reminding a person to take medication, assisting them as allowed under licensure, and setting up systems for the client to be able to manage independently (e.g., filling Medi sets, using reminder mechanisms, etc.).

Ambulation assistance is used by nearly six out of ten clients. This may take the form of assistance with walking, using assistive devices, or using a wheelchair. Without this assistance, the person's ability to get around is limited.

One-third of clients also receive personal hygiene and/or bathing assistance. These are critical functions that generally cannot be done or done effectively without assistance. Cueing and encouragement in these areas can help a person reintegrate back into community more effectively.

There are clients who also use heavy care supports, such as assistance with transfers and toileting. As well as assistance with dressing, which is used by almost one of six clients.
It can be incredibly difficult for a person with functional limitations to adequately meet their needs without the ability to shower, dress, or use the toilet safely, let alone do so in a homeless shelter. For these clients, the services are of utmost importance.
It is also interesting to note that the guests utilizing services during this pilot reporting period had more need for Bathing, Personal Hygiene and Dressing than the previous cohort in the first pilot report.



More detailed tabulation of ADL and Instrumental Activities of Daily Living (IADLs) are found in the appendix to this report.

Cost and Associated Data

The overall program expenditures during the pilot period of August 2021 to July 2022 were $222,369.
The cost per month per client was $791. This is less than one third of the cost of our current Medicaid In-home per capita of $2,672 per month during the same date range or Medicaid rate for nursing home care at $8,506 per month. Supporting a guest to be successful in the shelter as they move to their permanent home is far more cost-effective than if their health declines and they require hospital or nursing home care.

The return on investment (ROI), considering State GF spending of $791 per month per guest, would be an estimated 1:6.5 related to the current Medicaid Nursing Home Medicaid Weighted Average Rate, if it diverted that guest from receiving care in a nursing facility. Meaning each state dollar spent would save approximately $6.50 in state funds after accounting for the federal portion saved. That ROI is only related to DSHS LTSS spending and doesn't consider the cost of funding the homeless shelter, versus the fact that a nursing facility would include room and board. Most of the shelters in the pilot are privately operated.

The chart below shows various cost and data elements comparing the wraparound personal care services of the original pilot to the expanded pilot. Costs do not include the cost of the regular shelter housing.The cost per individual per month increased from the original pilot mostly due to the rate increases associated with caregiver wages and pandemic pay - $36 versus $30 per hour – and the increased number of personal care hours per individual per month.

The original pilot was for fifteen months and the new expanded pilot captures only twelve months of data. Our experience shows the longer the timeframe, the more people will be housed and/or get on MPC. For example, twelve clients began the program in Seattle recently. While all are still on the program and none have transitioned yet, we expect that to occur in the near future, based on the outcomes in the longer original pilot period of 15 months.

Wraparound Personal Care Services Cost Comparison

Categories	Original Pilot (15 months of data)	Expanded Pilot (12 months of data)
Total number of active months per site	15 site months	40 site months
Total program expenses for delivering Personal Care	$115,518	$222,369
Unduplicated Guests served	70	105
Average Cost per Guest/per month served	$540	$791
Ave. Personal Care hours provided per Guest/month	17.3	21.8
Average Service Shifts per Guest/month	7.9	8.7
Average Hours per Shift	2.2	2.3
Percent of Shifts with Travel	41%	51%
Ave miles per travel trip	6.7	8.5
Ave. miles per Guest/month	22.0	37.7

Pilot Challenges

COVID-19 Impacts:

Services continued throughout the COVID-19 pandemic, despite challenges. Staff were exposed to the virus, having to quarantine numerous times. In 2020 at the Tacoma site, a hotel was secured for those enrolled in the pilot over age 60 and those with compromised health issues. While all individuals enrolled in the pilot fell into this category, some chose not to move to the hotel. The addition of the hotel did mean that the pilot program had two locations to work from, which slowed progress. There were seven people who chose to move to the hotel and after finding it comfortable and meeting their needs, were not as motivated to work to secure permanent housing. That hotel option is ending in September 2022 and the shelter available to those individuals will be the regular congregate emergency shelter.

The pandemic and housing shortages also slowed progress in other ways, as reported by staff:

- "This is a team effort. Peers and case managers who are instrumental in assisting clients reverted to working telephonically, making it more challenging to be hands-on and seeing clients to gather information to proceed with housing. "
- "Due to the pandemic, housing was slowed down when apartments and shared housing were not allowing new tenants."
- "It's harder and more competitive to apply for housing. One person tried to get housed for 2 years before he was successful in July 2022. He opted not to go onto MPC until he found housing."
- "People with low incomes can't afford housing unless they can get a subsidy voucher. Even with a voucher, it is very competitive to find a landlord that will accept your voucher."

Direct Care Professional Shortage:

The Direct Care Professional (DCP) shortage is a national and international crisis, brought on by demographic and economic forces that are driving all states to adopt counteractive measures. Shortage of DCPs for personal care is a factor delaying services for many Medicaid personal care applicants. This along with a DSHS workforce shortage to complete financial and functional eligibility determinations present longer delays to individuals receiving in-home services.

In interviews with supervisors of the homeless pilot staff, they reported that most people would rather not work in person in a COVID-risky setting. They faced and continue to face challenges every day staffing the pilot program as well as their regular Medicaid programs. Workers are looking for remote work or with a less challenging population. Many worker candidates don't have driver's licenses, which are a necessity for providing the transportation needed by the guests. Two of the five sites are currently trying to hire an additional staff person.

At the Vancouver site, CDM is paying a high-risk incentive to the worker staffing the Women's Housing and Transition (WHAT) pilot participants. In addition, they use a supervisor to provide extra support to this worker, though CDM is only compensated for the hours of personal care services provided. This doesn't cover the extra incentive pay for the worker or the supervisor time. They are currently participating in the program at a loss because it aligns with their non-profit mission.

On the upside, most pilot program staff like the pilot work. The two workers at the original Tacoma site have been stable. One since 2019 and the other since 2020. Sometime substitutes are brought in from the Medicaid program. It was reported that one staff left the pilot to follow a pilot participant into their new housing and Medicaid LTSS to serve them through that program. When the fit is right, they love what they do. Not everyone is the right fit. One person didn't like the setting and changed back to regular Medicaid in-home.

Case Outcomes (all names changed)

"Don" said he was living a pretty decent life, but his wife passed away. He was devastated and found himself depressed and alone. His children abandoned him after his wife passed away. He got on a bus and just went wherever. He was doing odd and ends jobs here and there to keep himself afloat, but he could no longer maintain himself and found himself homeless about 5 or 6 years ago. He ended up at our shelter. Once he enrolled in the pilot program, he was helped to get identification, SSI, go to medical appointments, and shop for food. He is now housed and on COPES/CFC.

"Bill" was in a car accident years ago and suffered a TBI. He was struggling and confused after a while. His memory was not good, and he said people would take advantage of his disability and take whatever monies he had. He ended up at the shelter after a hospital stay because he had nowhere to go. He enrolled in the pilot program. He was able to get his SSI, identification, food stamps, and insurance to go to medical appointments. As a result, he was seeing doctors regularly, taking meds regularly, and having more memory retention. He got a protective payee for his social security income. He also started receiving COPES/CFC, got an apartment, and eats regular healthy meals. He is now going to physical therapy 2x a week and is reportedly doing well.

"John" came from jail after serving 5 years, found himself homeless and ended up at the shelter. He had complicated diabetes and was ill due to not being able to make appointments to get control of his health. He entered the pilot program and was supported to make and attend med appointments, get diabetes under control, shop for healthier choices for food intake. He subsequently got housed and got on COPES/CFC a week later. Staff recently visited with him, and he is doing great and expressed being so thankful for everything we have assisted him with. He said we saved his life.

Recommendations

This pilot program continues to demonstrate that an initial modest investment of state-funded services is instrumental in engaging vulnerable individuals to improve their lives. As reported, 34 people (or 29%) enrolled in the pilot found stable housing. This is lower than the 44% from the first pilot report year, which was achieved in an experienced site and over a longer 18-month reporting window. But compared with 9% during the pre-pilot period, still a very significant increase. Ten percent of people successfully enrolled onto Medicaid CFC/COPES during this 12-month reporting period. In total, 36% of the people who enrolled in the expanded pilot either moved to stable housing and/or were enrolled into CFC/COPES.

Assisting people out of chronic homelessness and providing access to personal care services is likely to save significant costs in 911 calls and emergency room visits. A Medicaid skilled nursing facility stay is estimated to cost the state $123,000 annually. Hospital care, 911 calls, or potential incarceration is more costly and could be preventable. One could reasonably assume that even if 10 percent of the 34 people who were diverted to housing instead admitted into a nursing facility or other institutional setting, the cost could be approximately $370,000 per year.

Advocates would like to see this program continue and mature. The current $435,000 per year appropriation was significantly underspent in SFY22 ($222,369 spent) due to delays in procuring and staffing the new sites. In SFY23 with the vital investments in Direct Care Workforce compensation, $87,000 per site will only purchase about 45 hours per week instead of 60 hours per week envisioned. Advocates recommend this pilot funding increases to $127,000 per site to purchase the 60 hours per week of personal care for vulnerable guests at $37/hour. This will allow an additional 10% for incentives to workers and supervisor time. For five sites, the appropriation would be $635,000 per year. With a footprint on both sides of the state and down to Vancouver in the south, we know there are elders and people with disabilities who are frail and homeless and will use the supports and stability the program brings. The state would benefit from cost savings as these individuals will have improved quality of life for a modest, short-term investment and may avoid more costly settings in the future.

The key to this pilot is to provide the care to the people first, knowing that they are then more likely to engage with life-improving services. This program stands ready to mature in the additional counties and show results very quickly. The advocates recommendation is to make this pilot a permanent program. This program is still filling a vital need in the current and new sites even with limited buying power and hours and so we recommend, at the very minimum, that the current funding continue.

Appendix

This report covers the service period between August 1, 2021 and July 30, 2022.

The primary data to report are:

City	% Served	Housed	Entered MPC	Either/Or	Left	Still On	Hosp/Rehab
Spokane	25%	14%	7%	21%	41%	38%	0%
Tacoma	38%	29%	22%	42%	18%	27%	4%
Seattle *	19%	41%	0%	41%	0%	68%	0%
Vancouver	18%	38%	0%	38%	10%	52%	10%
TOTAL AVE		**29%**	**10%**	**36%**	**19%**	**42%**	**3%**

Guests:	Unduplicated Guests	Housed	Entered MPC	Either/Or	Left	Still On Program	Hosp/Rehab
Spokane	29	4	2	6	12	11	0
Tacoma	45	13	10	19	8	12	2
Seattle *	22	9	0	9	0	15	0
Vancouver	21	8	0	8	2	11	2
TOTAL	**117**	**34**	**12**	**42**	**22**	**49**	**4**

* Seattle site data is pooled as there were 3 sites in total with differing begin/end dates

Site information:

City/Site	Homeless Shelter	Home Care Provider	Start Date	Participants	Active Months *
Tacoma	Nativity House	CCS	July 2019, original pilot	45	12
Spokane	House of Charity	CCS	October 2021	29	9
Vancouver	WHAT-Women's Housing and Transition	CDM Home Care Agency	November 2021	21	8
Seattle	Sleep In Shelter	CCS	Nov 21-March 22	9	5
Seattle	St. Martin's De Porres Shelter	CCS	March 2022	5	5
Seattle	DESC Mary Pilgrim Inn	Full Life Care	July 2022	8	1

* Months in operation during reporting period of August 2021 through July 2022

Shelter Details:

Shelter	Style/configuration	Target Population
Tacoma **Nativity House**	Services are provided 365 days per year and include hot meals, day shelter, overnight shelter, mental health and chemical dependency assessments and referrals, rapid re-housing, access to mainstream public benefits such as Medicare and SSI, and job training. During the pandemic, some guests were provided hotel rooms. Those guests will return to the main shelter in September 2022. https://ccsww.org/get-help/housing/permanent-housing/nativity-house-apartments/nativity-house-overnight-shelter/	Adults
Spokane **House of Charity**	Operating since 1979, the Men's Sleeping Program offers a bed in a congregate setting and day respite and meals the following day. https://www.cceasternwa.org/house-of-charity	Men
Vancouver **Women's Housing and Transition (WHAT)**	Part of the Share Shelter System, WHAT is a partnership with St. Luke's/San Lucas Episcopal Church to provide 18 beds for homeless women. Six rooms at the church sleep three women each. Women have access to a shower and laundry room, each resident room has dresser, nightstand, and twin-size bed. https://sharevancouver.org/programs/share-shelter-system/	Women
Seattle **Sleep In Shelter**	A CCS program, this shelter had 9 guests served with pilot services. All guests were transitioned to be housed in permanent converted hotel units with leases. That shelter program ended at that time in March of 2022.	unknown
Seattle **St. Martin's De Porres Shelter**	Catholic Community Services program for 35 years. Provides safe and dignified night shelter and day services. During the pandemic, has been operating 24/7 shelter and housing 30 of the most elderly and vulnerable guests in motel rooms funded by King Co. Pilot services began in March 2022, when the Sleep In shelter closed above closed. https://ccsww.org/get-help/shelter-homeless-services/st-martin-de-porres-shelter/	Men, age 50 and older,
Seattle **DESC Mary Pilgrim Inn**	Opened Oct 2021. Funded by King County, former hotel, private and semi-private units of emergency, temporary housing offering supportive housing services. https://www.desc.org/what-we-do/survival-services/mary-pilgrim-inn/	Single, highly vulnerable, disabled adults

Task Data by site (including Seattle breakdown):

		Phone Use	Med Management	Ambulation	Transfer	Eating	Toileting	Dressing	Personal Hygiene	Bathing	Meal Prep	HW & Laundry	Shop & Errands	Medical Transport	Protective Supervision	Skin Care
Tacoma	45	22	45	44	1	0	1	2	19	3	39	45	43	37	13	0
Spokane	29	14	20	20	7	1	0	7	12	25	16	23	19	16	0	0
Vancouver	21	15	2	2	2	0	3	4	0	4	7	18	18	10	0	0
Seattle	22	0	0	0	0	0	4	5	6	10	7	22	1	1	0	4
FLC	8	0	0	0	0	0	0	0	0	0	1	8	0	1	0	0
Sleep	9	0	0	0	0	0	0	1	2	6	6	9	1	0	0	0
SMdP	5	0	0	0	0	0	4	4	4	4	0	5	0	0	0	4
Total	117	51	67	66	10	1	8	18	37	42	69	108	81	64	13	4

Task Usage - number and percentage																
	# Served	Phone Use	Med Management	Ambulation	Transfer	Eating	Toileting	Dressing	Personal Hygiene	Bathing	Meal Prep	Housework/Laundry	Shopping/Errands	Medical Transport	Protective Supervision	Skin Care
Tacoma	45	22	45	44	1	0	1	2	19	3	39	45	43	37	13	0
Spokane	29	14	20	20	7	1	0	7	12	25	16	23	19	16	0	0
Vancouver	21	15	2	2	2	0	3	4		4	7	18	18	10	0	0
Seattle	22	0	0	0	0	0	4	5	6	10	7	22	1	1	0	4
TOTAL	117	51	67	66	10	1	8	18	37	42	69	108	81	64	13	4
Tacoma		49%	100%	98%	2%	0%	2%	4%	42%	7%	87%	100%	96%	82%	29%	0%
Spokane		48%	69%	69%	24%	3%	0%	24%	41%	86%	55%	79%	66%	55%	0%	0%
Vancouver		71%	10%	10%	10%	0%	14%	19%	0%	19%	33%	86%	86%	48%	0%	0%
Seattle		0%	0%	0%	0%	0%	18%	23%	27%	45%	32%	100%	5%	5%	0%	18%
TOTAL		44%	57%	56%	9%	1%	7%	15%	32%	36%	59%	92%	69%	55%	11%	3%

Additional data:

Hours of personal care provided	7,123
Number of Trips in the community, medical	532
Number of Trips in the community, essential shopping & errands	1,230
Miles associated with trips	12,367
Average miles per trip	7.0