THE STRATEGY TEAM LTD

REPORT TO COMMUNITY SHELTER BOARD:
FINAL EVALUATION OF THE UNIFIED SUPPORTIVE HOUSING SYSTEM

July 11, 2012

Orie V. Kristel, Ph.D.
Alison M. Szymanski, Ph.D.
Amanda L. Scott, Ph.D.

TABLE OF CONTENTS

I. OVERVIEW OF THE UNIFIED SUPPORTIVE HOUSING SYSTEM

The Unified Supportive Housing System (USHS) is a collaborative effort managed by The Alcohol, Drug, and Mental Health Board of Franklin County (ADAMH), the Columbus Metropolitan Housing Authority (CMHA) and the Community Shelter Board (CSB). Representatives from the previously mentioned entities formed the USHS Policy Council that makes decisions relative to the pilot phase and implementation of the USHS. The Osteopathic Heritage Foundation is the primary funder of the USHS along with Battelle Memorial Institute, Fannie Mae, ADAMH, CMHA, and CSB. These partners are working together with other agencies in the community that include health providers, housing providers, shelters, and outreach providers.

During the Rebuilding Lives Updated Strategy process, a need was identified for better coordination between the mental health and shelter systems, whose potential applicants often utilize the services of both systems. There wasn't a common method for application, screening, or placement into housing. Instead, the community had a variety of different processes and waiting lists for supportive housing. The potential applicant's access to housing is significantly impacted by the need to learn separate processes to apply for each different housing program.

The goals of the USHS are to:
- Ensure more efficient and targeted use of supportive housing through a **centralized assessment, eligibility, and admissions process**.
- Promote recovery and support community re-integration through a **centralized utilization review system and "move-up" assistance**.
- Promote efficient use of community resources for supportive services through a **unified services payment** model.

The USHS serves single adults with disabilities and families in which at least one adult is disabled. Disabled persons may also be homeless or at risk of becoming homeless including those who are exiting institutional settings (treatment programs, hospitals, nursing homes, correctional institutions).

Since late 2008, elements of the USHS were tested via both formal program evaluations (i.e., two lease-up housing pilots and one utilization review and 'move up' pilot) and informal studies (e.g., an extension of centralized assessment processes to vacancy management, the testing and refinement of a 'vulnerability assessment'). The present report synthesizes the information and lessons learned across these varied activities, identifying the critical lessons learned from these efforts, and key stakeholders' suggestions for how these various processes may be improved.

II. OVERVIEW OF KEY USHS ACTIVITIES - WHAT WAS ACCOMPLISHED?

Much of the information presented in this section of the report is drawn directly from the USHS' master planning document (i.e., the 2012 Guide to the Unified Supportive Housing System) or from one of the USHS evaluation reports submitted by The Strategy Team, Ltd. to Community Shelter Board.

A. CENTRALIZED ASSESSMENT, ELIGIBILITY, AND ADMISSIONS PROCESS

Typically, when supportive housing programs enter their "lease-up" period (i.e., when their housing units are first filled with residents), there is limited coordination among service providers and housing agencies as they work to refer, screen, and admit families and individuals. This leads to potential duplication of effort and makes it difficult to ensure Central Ohio's most vulnerable populations have access to supportive housing. By comparison, the USHS Southpoint Place (SPP) and Commons at Buckingham (CAB) pilots featured a "centralized" model of prioritization, eligibility determination, and placement of applicants into supportive housing. To what extent did this coordinated effort succeed in efficiently housing vulnerable Central Ohioans?

1. **Pilot #1: Lease-up of Community Housing Network's Southpoint Place**
    This pilot tested the centralized screening, eligibility and unified services payment elements of the USHS.

What types of units were involved?	When was this implemented?	Who participated?
40 Single Adult Units: − 25 for those meeting HUD chronically homeless criteria − 15 for those transitioning out of ADAMH-affiliated institutions **40 Family Units:** − 16 Rebuilding Lives (RL) − 5 for families transferring from CHN Wicklow (subsequent vacancies were filled by RL families) − 19 non-RL units	August 2008 – March 2009	41 single adults and 36 families (+5 families from CHN Wicklow). All households had at least one adult with a documented disability.

Outcomes Review

How vulnerable were the single adults? 54% were classified as "high ADAMH utilizers"[1] and 40% of the chronically homeless single adults were classified as "severely homeless."[2]

---

[1] "High ADAMH utilizers" were defined as those who received >$5,000 in services from ADAMH-affiliated institutions in the 12 months prior to entry (or were single adults who directly transferred to supportive housing from an ADAMH-affiliated institution). This classification scheme has since been modified to include more classification levels / tiers, which allows the USHS to assign greater weight to those individuals receiving more ADAMH-funded services.
[2] "Severely homeless" was defined as those who previously lived in places unintended for habitation.

How vulnerable were families? 3% of adults were classified as "high ADAMH utilizers" and none of the families that moved into SPP were classified as "severely homeless."

How long did it take to obtain housing? Single adults took an average of 65 days to move in, faster than a comparison group of individuals who participated in a lease-up of a housing project that did not use a centralized referral and screening process. Families took an average of 87 days to move in, slower than its comparison group. Overall, the pilot did not meet its goal for the number of days to locate potential applicants and submit completed IOIs to the USHS, but did meet its goal for the number of days to screen the IOIs and complete eligibility verifications.

Did residents take advantage of more convenient outpatient services? Average treatment costs (per person, per month) decreased greatly for ADAMH single adults – from an average of almost $5,200 before move-in to $2,400 after move-in. This was due in great part to a shift from residential / inpatient services to outpatient services. Among chronically homeless single adult households and family households, outpatient costs increased slightly, as expected.

Overall Assessment of the Southpoint Place Pilot

Although the USHS Southpoint Place pilot was implemented (mostly) as intended, there were opportunities to improve program efficiency, especially with regard to locating potential applicants and obtaining completed IOIs from them, as well as reviewing families' applications for Section 8 vouchers. In terms of housing Central Ohio's most vulnerable individuals, SPP pilot appears to have effectively and efficiently served single adults who were high ADAMH utilizers. In the future, more work may be necessary to streamline and accelerate families' movement through the housing process.

To read more about the results from the evaluation of the Southpoint Place pilot, please download the final evaluation report here.

2. **Pilot #2: Lease-up of National Church Residences' Commons at Buckingham**
   This pilot tested a vulnerability assessment tool as part of the centralized application process in addition to the centralized screening, eligibility and unified services payment elements of USHS.

What types of units were involved?	When was this implemented?	Who participated?
100 Single Adult Units: 75 RL units − 49 for homeless − 16 for chronic homeless − 10 for VA eligible veterans 25 non-RL units − 15 for ADAMH consumers − 10 for NCR InCare consumers	April 2010 – August 2010	101 single adults

Outcomes Review

<u>How vulnerable were the single adults?</u> 100% had a documented disability; 64% were recently housed in emergency shelter; 30% were classified as "high ADAMH utilizers"; and 7% were classified as "severely homeless." Among the residents who moved into the RL units and who completed a "vulnerability assessment" survey,[3] 58% were classified as "vulnerable" and 35% reported a "tri-morbid" condition in which one has a documented mental health, substance abuse, and chronic medical problem.

<u>How long did it take to obtain housing?</u> On average, 55 days elapsed from the date complete IOIs were sent to the USHS to move-in, faster than a comparison group of individuals who participated in a lease-up of a housing project and that did not use a centralized referral and screening process. Furthermore, Commons at Buckingham's centralized referral, screening, and admission processes met nearly all the timing goals outlined for this supportive housing project.

Overall Assessment of the Commons at Buckingham Pilot

Overall, the USHS Commons at Buckingham pilot appears to have been implemented as intended. The system partners and housing provider processed client applications quickly and in line with the expectations set for the program. In particular, the researchers were pleased to see that resolution of the applicant's situation (either housed or rejected) occurred on average three weeks from when his/her application was forwarded to the housing provider, which was well under the goal set for the program.

Note that both of the supportive housing projects using the USHS centralized assessment, eligibility, and admissions process during their lease-up periods (i.e., Southpoint Place and Commons at Buckingham) helped clients access supportive housing *faster* than comparable supportive housing projects that used a decentralized screening and admissions process during its lease-up period.

To read more about the results from the evaluation of the Commons at Buckingham pilot, please download the final evaluation report here.

3. **Voluntary Vacancy Management**
   The USHS is working to build the capacity of Franklin County's vacancy management system, with the goal of one day managing vacancies for over 1,600 housing units that: (1) are listed on the Continuum of Care (CoC) Annual Inventory of Homeless Units; or (2) are listed on the CoC Annual Inventory of Units that have project-based Section 8 vouchers, and are serving non-homeless disabled persons.

---

[3] Vulnerability assessment data were not collected for the 25 individuals who moved into one of the ADAMH or InCare units.

As of June 14, 2012, the USHS has 650 Rebuilding Lives units under its vacancy management and 124 non-Rebuilding Lives units as well. The USHS continues to work to bring additional units at existing projects under its vacancy management umbrella.[4]

Project	Project Rebuilding Lives Capacity	# of households moved in since inception
Commons at Buckingham*	75	109
Commons at Chantry	50	24
Commons at Livingston*	25	26
Commons at Third*	60	0
CHN Scattered Sites*	25	32
Southpoint Place*	46	88
Southeast Scattered Sites	120	71
YMCA 40W Long St	105	48
YMCA Sunshine	75	14
YWCA WINGS & Shelter Plus Care	69	33
Total	650	445

*Number of households moved in since inception are inclusive of lease-up

Project	Project non-Rebuilding Lives Capacity	# of households moved in since inception
Commons at Buckingham*	25	32
Commons at Livingston*	25	29
Commons at Third*	40	0
Southpoint Place*	34	53
Total	124	114

*Number of households moved in since inception are inclusive of lease-up

The USHS continuously works with shelter and outreach staff to increase the number of applications for housing. Vacancies are processed as they come in, and the USHS staff strives to submit a referral to the housing provider within two days of receiving the vacancy notification of the unit being available for occupancy. To help the USHS better manage the vacancies across the various housing projects and to make timely and appropriate referrals for housing, an Access database (i.e., "a Vacancy Management System") is currently in development. This tool will compile the eligibility and prioritization characteristics for all supportive housing units in our community, in addition to tracking data from individuals' Vulnerability Assessments.

Since its inception, USHS vacancy management moved 559 homeless and/or disabled individuals and families into housing.

---

[4] Another project, YMCA-CAH, provided housing for an additional 17 individuals. Funding for this project ended after approximately six months.

4. **Vulnerability Assessment**
    The Vulnerability Assessment is a survey that was used to support the USHS prioritization and admissions process.[5] By identifying people who are most vulnerable based on specific health conditions placing them at greater risk of death, this tool helps the USHS determine the potential applicant's priority for housing.

    The Vulnerability Assessment was piloted in Central Ohio in FY2010 and FY2011. Overall, 50% of all homeless respondents were categorized as "vulnerable," with most "vulnerable" individuals reporting one or two risk indicators. The most common risk indicator, reported by 27% of respondents, was a "tri-morbid" condition in which one has a documented mental health, substance abuse, and chronic medical problem. Based on the findings of this pilot, CSB retooled the assessment to include additional questions derived from Seattle's Continuum of Care assessment and removed a number of questions that were duplicative with other required documentation.

    The implementation of this assessment system-wide started July 1, 2011; shelter providers now use it as a diagnostic tool when developing case plans for individuals entering shelter. With this new standard in place, all homeless individuals have a Vulnerability Assessment in their file that is the same across all shelters and outreach providers. If the individual, during his/her shelter stay, is identified as needing supportive housing, the Vulnerability Assessment is readily available to be submitted to the USHS as part of the applicant's file, increasing the efficiency of the process.

    The most recent version of the Vulnerability Assessment can be downloaded here.

B. <u>**UTILIZATION REVIEW AND MOVE UP ASSISTANCE**</u>

1. **Pilot #3: Utilization Review and Move Up Assistance**
    This USHS effort offered incentives, assistance, and transitional support services to qualified tenants in supportive housing who were willing and able to move out of supportive housing and into less service-intensive, more independent housing. Participating housing providers tested a utilization review tool designed to assess tenants' needs and to help identify residents who may be most ready to move into a more independent housing environment.[6] Participation in this pilot was voluntary. Tenants who participated received multiple types of assistance, including housing identification, reimbursement of moving expenses, and landlord advocacy.

---

[5] This assessment was created by Common Ground, a New York City-based nonprofit focused on ending long term homelessness. It is currently being used as part of the national "100,000 Homes" campaign.

[6] To be eligible, residents must have lived in supportive housing for a minimum of six months, have expressed an interest in moving to more mainstream housing, have had a regular income for at least six months, and have not been convicted of a drug related or violent crime in the past 12 months. In addition, they had to score above a certain threshold on an assessment tool that evaluated the residents' level of self-sufficiency in three different areas and be recommended for move up by their case manager.

Which agencies participated?	When was this implemented?	Who participated?
YMCA (W. Long St. and Sunshine Terrace) YWCA (WINGS) Maryhaven (Commons at Chantry)	December 2009 – December 2011[7]	30 individuals

Outcomes Review

How many could have moved up - and how many did? Overall, more than half of the 174 residents at the participating sites were not qualified and did not participate. At two of the three sites, over 20% of those screened were qualified and moved up via the pilot. This reflects the program's targeted approach, selecting those residents who are ready and willing to move to more independent housing placements. That said, it appears there may be room for improvement - in two of the three pilot sites, about 25% of those screened were qualified to participate but did not do so.

What factors contribute to the decision to move up? The availability of Section 8 housing vouchers appeared to be strongly associated with participation in the Move Up Pilot. Whereas 90% of the 30 individuals who moved out had a Section 8 voucher, only 51% of the individuals who qualified to participate but chose not to do so had a voucher.

Did the pilot increase positive turnover rates? The data available suggest so. The average change in positive turnover at the pilot sites (from 2010-2011) was more than three times higher than the average change in positive turnover rates at comparison sites. Maryhaven's increase was 11 times higher than the average of the comparison sites and YWCA's increase was five times higher.

Overall Assessment

Overall, the data suggest the USHS Move Up pilot had some success moving a portion of qualified individuals into independent housing, likely more than would have been the case had it not been operating. In addition to the support provided by case managers and short-term direct client assistance, the number and type of Section 8 housing vouchers available to residents at the sites appeared to play an important role in encouraging move-up behaviors among qualified individuals.

To read more about the results from the evaluation of the Move Up pilot, please download the final evaluation report here.

C. UNIFIED PAYMENT SYSTEM

ADAMH and CSB are currently participating in a pilot test of the unified payment system, whereby CSB funds allocated for CHN Southpoint Place (and as of July 1, 2011 NCR Commons at Buckingham) flow through ADAMH to maximize usage of the federal Medicaid funds. Currently, CSB funding pays for service provision for non-Medicaid eligible clients while ADAMH funding pays for service provision for Medicaid-eligible clients, thus eliminating costly service duplications and making service provision more efficient.

---

[7] The pilot was not able to move up participants for the bulk of 2010 due to a CMHA voucher freeze.

Outcomes Review

From July 2009 through June 2012, $844,140 in federal funds was obtained and used at CHN Southpoint Place, helping the community reallocate precious local dollars that otherwise would have been spent for service provision.

Furthermore, the federal funds accessed by the USHS Unified Payment System for use at CHN Southpoint Place increased from FY2010 ($301,424) to FY2011 ($380,411) and then decreased greatly in FY2012 ($162,305). This pattern is consistent with the expectation that a population transitioning from shelter to supportive housing will initially experience an increase in outpatient service utilization and then, as individuals and families become more stable over time, require less intensive service utilization.

III. LESSONS LEARNED AND SUGGESTIONS FOR IMPROVEMENT - WHAT WAS LEARNED?

A. CENTRALIZED ASSESSMENT, ELIGIBILITY, AND ADMISSIONS PROCESS

Objective data from the third-party evaluation suggested the supportive housing projects using the USHS Centralized Assessment, Eligibility, and Admissions process during their lease-up periods (i.e., Southpoint Place and Commons at Buckingham) helped clients access supportive housing faster than comparable supportive housing projects that used a decentralized screening and admissions process during their lease-up periods.

In an effort to obtain subjective data regarding the implementation of this USHS element, an online survey was fielded to USHS system partners, housing providers, and shelter/outreach providers in May and June 2012. The total number of participants in each stakeholder group was as follows:

- System partners = 9 survey participants
- Housing providers = 8 survey participants
- Shelter / outreach providers = 12 survey participants.

The primary purpose of this survey was to identify the "lessons learned" for the three major USHS activities as well as to gather suggestions for overall program improvement. To help identify the most critical "lessons learned," survey participants were first asked to identify which groups, individuals, or organizations (1) benefited from the pilot project and (2) experienced a drawback/disadvantage. These evaluations are reviewed briefly on the following page, and are then followed by the most commonly reported "lessons learned" for each of the stakeholder groups.

1. **Evaluations of This USHS Activity – Who Benefited and Who Experienced Drawbacks?**
   Overall, the system partners, housing providers, and shelter/outreach providers were in agreement that the clients served by their organizations benefited from the Centralized Assessment, Eligibility, and Admissions Process. Both the system partner and housing provider

participants perceive their clients benefited from the USHS focus on placing the most vulnerable into housing.

Opinions were more varied regarding those who experienced drawbacks or were disadvantaged as a function of this USHS activity. Whereas most of the participating system partner respondents said 'no one' experienced drawbacks, most of the participating housing provider respondents said 'their organization' experienced drawbacks and most of the participating shelter/outreach provider respondents said the 'clients served by their organization' experienced drawbacks.

Figure 1: Who benefited from / Who was disadvantaged by the Centralized Assessment, Eligibility, and Admissions Process?

How? *Most vulnerable are placed in housing.*

How? *More efficient process for placing people into SH (saving time and resources).*

Who benefited?	SYSTEM PARTNER PERSPECTIVE	Who experienced a drawback/disadvantage?
●●●●○○○○○	- My organization -	○○○○○○○○○
●●●●●●●○○	- Clients served by my organization -	○○○○○○○○○
●●●●●●●○○	- Overall Franklin County community -	○○○○○○○○○
●●●○○○○○○	- Some other group / organization -	●●●●○○○○○
○○○○○○○○○	- None of the above -	●●●●●○○○○

KEY: ● = a participant reported this.
○ = a participant did not report this.

How? *Providers may be expected to take on clients with greater needs.*

How? *More effective marketing for new SH projects.*

How? *Screens in most vulnerable, most needy applicants. Single application is easier. Faster access to housing.*

Who benefited?	HOUSING PROVIDER PERSPECTIVE	Who experienced a drawback/disadvantage?
●●●●○○○○	- My organization -	●●●●●●●○
●●●●●●●●	- Clients served by my organization -	●●○○○○○○
●●○○○○○○	- Overall Franklin County community -	○○○○○○○○
○○○○○○○○	- Some other group / organization -	○○○○○○○○
○○○○○○○○	- None of the above -	●○○○○○○○

How? *Delays in leasing due to insufficient pool of qualified applicants. Time lags with getting referrals, which creates more vacancies.*

How? *Frees up case management time to focus on underlying issues. Improves access to SH.*

How? *Clients were able to obtain housing.*

Who benefited?	SHELTER/OUTREACH PROVIDER PERSPECTIVE	Who experienced a drawback/disadvantage?
●●●●●●○○○○○○○	- My organization -	●●●●○○○○○○○○○
●●●●●●●●○○○○○	- Clients served by my organization -	●●●●●●●●○○○○○
●●●●●○○○○○○○○	- Overall Franklin County community -	●●○○○○○○○○○○○
●●○○○○○○○○○○○	- Some other group / organization -	●○○○○○○○○○○○○
●●○○○○○○○○○○○	- None of the above -	●●○○○○○○○○○○○

How? *Increased wait time to access SH / lengthy process, which leads to longer shelter stays. (Researcher note: SPP & CAB leased up faster than other projects that did not use USHS procedures.)*

How? *Rigid documentation requirements. Lengthy process / wait time for SH. Limited communications from USHS re: client status, wait list placement.*

OVERALL: A large majority of stakeholder group representatives said the "clients served by my organization" benefitted from this USHS element. Because shelter/outreach providers also said "clients served by my organization" experienced drawbacks with this USHS element, there may be opportunities for improvement.

After thinking about the groups, individuals, or organizations that benefited from or experienced drawbacks with this USHS element, the survey participants were then asked to identify the three most important lessons they learned during the implementation of this USHS element – the most important factors that determine the success or failure of this USHS element, based on their experience. Considering each stakeholder group individually, the most frequently reported lessons are reviewed below.

2.   **Lessons Learned By System Partners**
     Think and plan carefully for how this will be implemented. Attempting to centralize a previously decentralized process means there are a myriad of details and considerations that must be identified and integrated so that all involved are focused on and working toward the primary goal – to ensure the most vulnerable more quickly obtain housing.
     - *Make sure you are focusing on your end goals such as assuring that the most vulnerable get into housing, high utilizers are housed, unified payment structures are developed and implemented to leverage dollars effectively.*
     - *It is important to have very clear eligibility criteria from all housing providers participating in the system so that eligible individuals are referred to the housing provider to minimize return of client files.*
     - *Clearly understand the intent of the USHS application.*
     - *Continue to evaluate the strength and weaknesses from unique perspectives: funders, consumers (tenants) and providers. Ultimate outcome should be more streamlined approach to accessing PSH for most in need consumers (tenants).*

     Collaborate and work to earn "buy-in" among all participating organizations. Related to the above point, a community-wide effort like this is more likely to be successful when the participating organizations "buy-in" and understand why this effort is necessary and what (specifically) is required of their organization.
     - *A strong partnership is required by the system implementer and the local public housing authority and any other partner involved in the system development.*
     - *Collaboration - build the support network and resources first.*
     - *Education process with the providers: to educate them, invest the time to help them understand the process. That it (i.e., the Centralized Assessment, Eligibility, and Admissions Process) will enhance the client's ability to get housing.*
     - *Make sure you have shelter provider, developer and community partner buy-in.*

     Use a single application to make it easier for people to access housing. This process has significant potential to make it easier – and therefore faster – for people to access housing.
     - *Single source application for entry into housing. People don't have to navigate a complicated system. It would be difficult for a highly educated person to navigate our system!*
     - *Streamline processing - make the "customer experience" simple - let the back end resources to the heavy lifting.*
     - *Gathering information up front, do pre-screening initially - rule out those that would not qualify (at later stages). Helps to avoid wasting client's and housing provider's time.*

3.   **Lessons Learned By Housing Providers**
     Be wary of an inadequately sized pool of qualified candidates. As noted earlier, housing providers perceived the pool of qualified candidates to be inadequate, which affected their ability to quickly place people into housing. Therefore, one of the primary lessons identified by

these individuals is to ensure the size of the pool of housing applicants is adequately sized for lease-up and vacancy management activities. If the pool is inadequate, they recommend having a referral back-up plan ready so the unit does not stay vacant for long.

- *Ensure you always maintain a large pool of possible candidates, especially during lease-up periods for new projects.*
- *There needs to be a back-up alternative if pool is inadequate to allow the housing provider to go outside the pool for tenants.*

Provide ongoing system training. To ensure the assessment and eligibility reviews go smoothly, housing providers recommend the frontline system users (i.e., shelter case managers, shelter outreach workers) know how to implement the various assessments, forms, and processes properly.[8]

- *System training and coordination is critical to successful implementation.*
- *Ensure all the potential referral sources are properly trained in making referrals to USHS, and that referral training (is) offered on a regular, ongoing basis.*
- *Every outreach worker and shelter case manager needs to be trained in eligibility requirements and how to complete the application so that the most clients can be served.*
- *Ensure the housing providers provide a clear and concrete tenant selection policy to ensure referrals made are a match for the provider, (which) limits needless rejections.*

Communicate regularly. Housing providers view communication as critical for (1) obtaining referrals to housing and (2) addressing challenges with implementing a novel process such as this. As an example of the importance of ongoing communication/collaboration, CSB's funding of an LISW position to help with applicants' disability certifications was viewed as a critical element to the success of the Commons at Buckingham lease-up.

- *Good communication with respect to resources, services, and programs.*
- *Make sure... the property does a lot of outreach within the community to get referrals from shelter, mental health agencies, etc.*
- *Have regular opportunit(ies) for housing providers to give feedback to the USHS system.*

4. **Lessons Learned By Shelter/Outreach Providers**
   Share more information more regularly with agencies, especially if waiting periods are long.
   Many of the shelter/outreach providers who participated in this survey felt the time elapsed from application submission until move-in was "too long," and that during this time period, not enough information was provided back to the agencies regarding the status of the application – or when a housing decision may be made.[9]

- *Increased communication to agencies on client status.*
- *The waiting period is long. Expect to go weeks/ months without hearing about the status of a file.*
- *Ensure clients have a follow along case management plan.*
- *There is no... way for clients to understand or know when or if they will rise to the top of the pool and receive housing.*
- *Follow up with clients and inform them about the process. It is lengthy.*

---

[8] This theme was also reported in The Strategy Team's 2010 report evaluating the USHS Southpoint Place pilot.
[9] In The Strategy Team's 2011 report evaluating the USHS Commons at Buckingham pilot, the housing provider requested (and CSB delivered) a mechanism to allow case managers to check on the progress of an applicant's submission. This was deemed very helpful to both the case managers and the applicants.

Rules are necessary – but so is flexibility. For a centralized process to work effectively, uniform policies and procedures must be set and followed. Shelter/outreach providers recommend critically reviewing the necessity of requested paperwork, and for the other parties to be flexible and adaptable.

- *Develop a system that can maintain accountability but is flexible enough to change with unforeseen challenges.*
- *There are rules, eligibility requirements, etc., but be flexible. Rigidity doesn't work well when working with the homeless.*
- *Develop a system that can maintain accountability but is flexible enough to change with unforeseen challenges.*
- *The process needs to include only the required documentation, providers creating additional paperwork are developing an unnecessary burden for clients and increases the time it takes to obtain housing.* [10]

Define what is meant by "vulnerable." Considering the USHS is focused on placing the most vulnerable into shelter, it is important to state clearly what "vulnerability" means, how it is measured, and how it factors into the prioritization of individuals for supportive housing. Although this concept is operationalized and described in the "Prospective Applicant Matching & System Prioritization" section of the USHS document, Vacancy Management and Lease-Up Policies & Procedures, some shelter/outreach providers do not appear to understand or be aware of how this process works.

- *The vulnerability tool is a good tool and does collect valuable information. Define more clearly what your community means by vulnerable.*
- *Ranking/scoring placed on each application must be in line with community needs to house homeless persons.*
- *The judgment regarding "vulnerability" is artificial and prevents clients from knowing where they are in terms of accessing housing.*
- *Make certain that the waiting list isn't really a waiting list. If there are some who truly are in danger on the streets then they should have priority.*

5. **Suggestions for Improving the Centralized Assessment, Eligibility, and Admissions Process**
   System partners, housing providers, and shelter/outreach providers identified a number of opportunities to improve the USHS Centralized Assessment, Eligibility, and Admissions Process. After reviewing the verbatim responses to the survey, the responses were grouped into the categories shown below.

   Improve coordination and communication between agencies.
   - *Better system coordination between homeless system and ADAMH system.*
   - *Stronger system coordination and communication with providers.*
   - *Better communication and more transparency between CSB and service providers.*
   - *Better communication between the outreach workers and social workers from the shelters and those working to house the individuals would be helpful too.*
   - *Announcements to agencies of any changes made in (the) system and (in) HUD requirements. Become more agency friendly.*
   - *Improve coordination and communication between all the key stakeholders involved.*

---

[10] It is unclear whether this respondent was referencing documentation required by USHS (in which case more education may be needed regarding the necessity of the information being collected) or additional documentation required by housing providers (in which case there may be opportunities to streamline the amount of information being collected).

Serve more people.

- *Maintain a larger pool of qualified applicants, have the ability to increase the pool at (the) time of new project lease-up.*
- *EVERY outreach worker and shelter social worker need to know how to complete the RL paperwork. It would greatly increase the number of applicants in the pool and help get more folks into supportive housing programs.*
- *Hire more than one staff to process and administer protocol to rapidly house the homeless.*
- *All PSH units need to be under vacancy management.*
- *Have better access to mental health/substance abuse services. Better access to services means better and faster access to housing.*
- *Expand USHS to have availability of more units through vacancy management.*
- *Requirements and documentation should be kept to the minimum to increase accessibility for clients and reduce process burden.*
- *The process should be quicker in order to keep residents in shelter less; do away the clients in the "pool" who are ineligible and look at true vulnerability and need; those residents who have a need should have the opportunity to have that need filled. With all of the open units currently available, for example, there should be no one left in the pool. Homeless verification form should be signed by case managers as well as outreach case managers (be more flexible with that requirement); allow homeless time in other counties in Ohio to count - homelessness is homelessness.*
- *Let chronic disability or fixed income statements be accepted without expiration date.[11]*
- *Quicker turn-around time; don't mandate USHS as the only application opportunity for certain housing (allow clients to walk in front door).*

Increase process efficiency.

- *Improve accuracy and completeness of the applications submitted to USHS.*
- *Streamline the CMHA process.*
- *Improve the process effectiveness as it relates to USHS processes - implement continuous process improvement to reduce the time needed to house an individual.*
- *As stated before, modifying the methods of USHS that would reduce the potential for the need to obtaining documents several times would provide greater efficiency for the client and the case worker. Additionally, if a person is determined eligible, if there was a way a client or organization could check their status on-line of where they were in the pool, it would prove a great service to the client and referring provider. For example, for those that were identified as eligible, they would be given a Unique Identifier. The client or the organization could look up the client by the Unique Identifier and review his/her status. It would save time for the USHS staff and provide accurate and timely feedback to other programs. The feedback we get from clients is that they believe they have submitted an application when in fact they have not or the application was denied. Because of the time constraints on the USHS staff, it is not reasonable to respond to every request immediately. Additionally, if a person leaves one shelter, another shelter could review the list and see if a USHS application was submitted, thereby saving the effort of submitting a new application.*
- *Indication of Interest Forms are very long; it would be easier for consumers and case managers to submit forms and documentation on line via a secure portal.*

Ensure everyone is trained and knowledgeable.

- *Educating the case workers on specifics and process once the family is referred to a housing program.*
- *More trainings, more staff, quicker service.*
- *USHS should be implemented by a housing provider who understands client centered services.*

---

[11] Because federal rules define the length of time these completed statements may be considered valid, system partners are not in a position to be flexible on this point.

Develop a waitlist. [12]

- *Maintain a waitlist, in compliance with Fair Housing Laws and stop making value judgments about vulnerability and worthiness.*
- *Develop a waitlist (very confusing to apply for housing and then wait with no reference point).*

B. <u>UTILIZATION REVIEW AND MOVE UP ASSISTANCE</u>

Objective data from the third-party evaluation suggested the USHS Utilization Review and Move Up pilot had success moving a portion of qualified individuals into independent housing, likely more than would have been the case had it not been operating. Another data source – stakeholders' subjective perceptions and opinions of this USHS element – provides additional information that can help readers evaluate ways in which this USHS element was successful and ways in which it may be improved. The total number of participants in each stakeholder group was as follows:

- System partners = 6 survey participants
- Housing providers = 5 survey participants

1. Evaluations of This USHS Activity - Who Benefited and Who Experienced Drawbacks?

As shown on the next page, the system partners and housing providers were in agreement that the clients served by their organizations benefited from the Move Up process, largely because the financial assistance and other resources gave them an opportunity to start living independently. Many also believed the Franklin County community benefited from this process because it allowed more individuals to access supportive housing.

A minority of the system partners and housing providers said the clients served by their organizations were disadvantaged, but this was mainly because there were not enough resources to go around to help everyone who was able to Move Up.

---

[12] This suggestion, of course, runs counter to the intent of the USHS. Interestingly, both of these comments were reported by personnel from the same shelter/outreach provider, which (to the researchers) indicates a need for (1) additional review of USHS processes for efficiency gains and (2) increased dialogue and education about why the community is moving this direction.

Figure 2: Who benefited from / Who was disadvantaged by the USHS Utilization Review and Move Up Process?

How*? Through unit turnover more individuals got access to supportive housing.*

How*? Without the DCA money for deposit, rent, household items, clients wouldn't have been able to move out on their own.*

How? *Provided more PSH units for clients coming out of shelter.*

Who benefited?	SYSTEM PARTNER PERSPECTIVE	Who experienced a drawback/disadvantage?
●●●●○○	- My organization -	○○○○○○
●●●●●○	- Clients served by my organization -	●○○○○○
●●●●●○	- Overall Franklin County community -	○○○○○○
○○○○○○	- Some other group / organization -	○○○○○○
●○○○○○	- None of the above -	●●●●●○

KEY: ● = a participant reported this.
○ = a participant did not report this.

How? *We did not have enough vouchers to move clients out that could have been moved to next step housing.*

How? *It shows the case managers the program is effective because we had a lot of people eligible to move out and it may not have happened.*

How? *It gave them the opportunity to start living a more independent life.*

How? *Reduce the number of homeless.*

Who benefited?	HOUSING PROVIDER PERSPECTIVE	Who experienced a drawback/disadvantage?
●●○○○	- My organization -	●○○○○
●●●●●	- Clients served by my organization -	●●○○○
●●○○○	- Overall Franklin County community -	○○○○○
○○○○○	- Some other group / organization -	○○○○○
○○○○○	- None of the above -	●○○○○

How? *Not all tenants wanting to participate were given the opportunity due to the program being a pilot.*

OVERALL: A large majority of stakeholder group representatives said the "clients served by my organization" benefitted from this USHS element.

After thinking about the groups, individuals, or organizations that benefited from or experienced drawbacks with this USHS element, the survey participants were then asked to identify the three most important lessons they learned during the implementation of this USHS element – the most important factors that determine the success or failure of this USHS element, based on their experience. Considering each stakeholder group individually, the most frequently reported lessons are reviewed below.

2. **Lessons Learned By System Partners**

   Make sure housing vouchers are ready. Housing vouchers are essential for many individuals trying to move up to more independent housing, therefore it is important to make sure they are available when participants are ready to move out.
   - *Need to assure that you have the vouchers in place to move up all residents that are ready.*
   - *Have a commitment from the local public housing authority on Section 8 vouchers to support the move-up initiative.*

3. **Lessons Learned By Housing Providers**

   Be prepared for challenges in moving people out. Working with clients to move to independent housing poses many challenges. As best as possible, train caseworkers to encourage and support clients, while working within the system to provide essential resources as efficiently as possible.
   - *It is a lot of work to move individuals out. Make sure your employees are knowledgeable about resources in the community and can motivate people, and be an advocate for these people because they may have negative backgrounds.*
   - *For individuals with limited incomes, getting into subsidized housing was often a lengthy process because of waitlists.*
   - *It can be very difficult to get some individuals to move from the contemplative stage to the action stage when it comes to moving. There is a lot of fear in losing the safety net of supportive housing.*

   Ensure everyone agrees with program goals. There should be communication and agreement about the program's outcome goals. This way, program goals will not force providers to encourage people to move out when they may not be ready, for example.
   - *Communication between providers regarding goals and outcomes. Agreed upon goals and outcomes.*
   - *Having projected outcome goals for move up can encourage agencies to try to work with individuals who are not completely ready to move on and push them before they are really ready.*

4. **Suggestions for Improving the Utilization Review and Move Up Process**

   System partners, housing providers, and shelter/outreach providers identified a number of opportunities to improve the USHS Utilization Review and Move Up Process. After reviewing the verbatim responses to the survey, the responses were grouped into the categories shown below.

   Serve more people.
   - *Implement move up across all supportive housing sites.*
   - *Reduce incentives to tenants to increase participation.*
   - *Reduce incentives to organizations to serve more tenants.*

- *Have enough vouchers available to move up all clients that are able.*
- *Have a set aside annual inventory of Section 8 vouchers specifically available for this program.*
- *The individual agencies really need to create a Move Up ISP that is used in addition to the regular ISPs to make sure that discussion regularly happens and to continue to reassess each individuals readiness and interest in the program. A lot of guys forgot it existed and a lot more might have been motivated to work towards moving out if it were a regular discussion.*

Provide case management after clients move up.

- *Provide more case management and follow clients through the Move-up process for at least 6 mo(nth)s to (a) year after they moved out. This would ensure successful housing for the client.*

Improve coordination among multiple agencies.

- *Get all agencies on the same page. With my program at Maryhaven - we have a lot of organizations involved - so many agencies are involved that it was a challenge to make sure everything was done to ensure people move out on time. For example, it takes months to get utilities going. It might be helpful to have fewer agencies involved. We like the assistance but some didn't work as well with others. The timeline is tough to coordinate in a timely manner.*

C. UNIFIED PAYMENT SYSTEM

Objective data provided by Community Shelter Board suggests the USHS Unified Payment System has helped the community reallocate precious local dollars that otherwise would have been spent for service provision: from July 2009 through June 2012, $844,140 in federal funds was obtained and used at CHN Southpoint Place. Another data source – stakeholders' subjective perceptions and opinions of this USHS element – provides additional information that can help readers evaluate ways in which this USHS element was successful and ways in which it may be improved. The total number of participants in each stakeholder group was as follows:
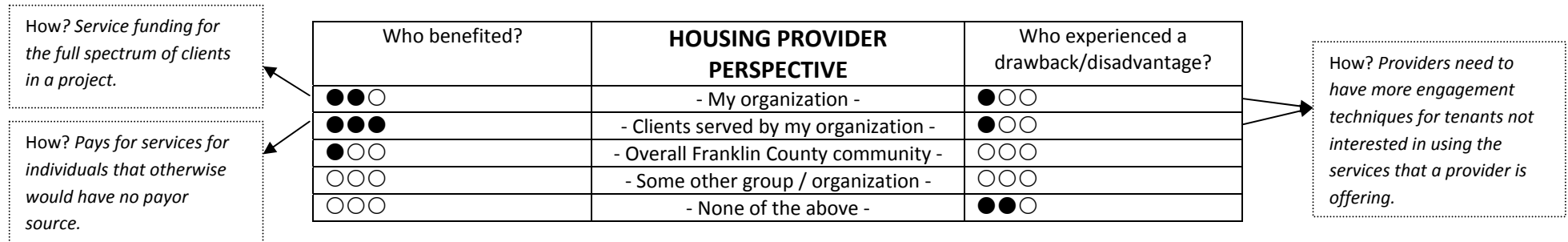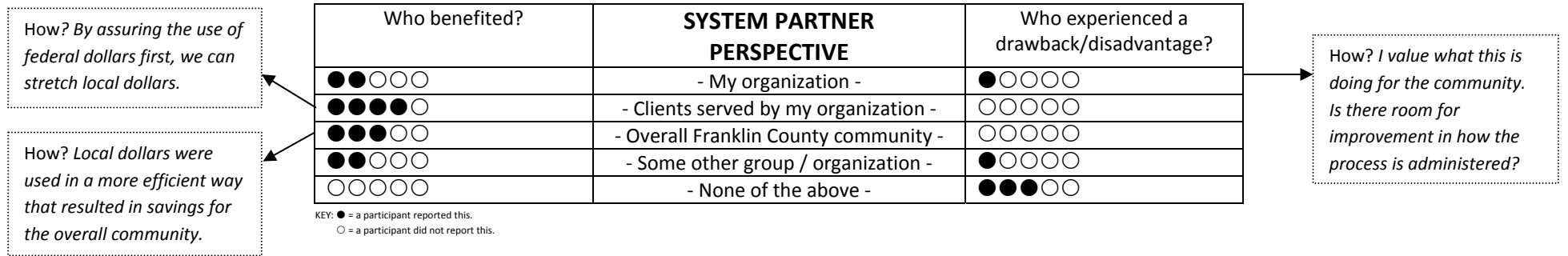
- System partners = 5 survey participants
- Housing providers =3 survey participants

1. **Evaluations of This USHS Activity - Who Benefited and Who Experienced Drawbacks?**
   The system partners and housing providers were in agreement that the clients served by their organizations benefited from the Unified Payment System, and most saw benefits for others as well. Overall, the system allows money to be used more efficiently, and thus benefits more individuals in need of help.

   Although most of the system partners and housing providers did not perceive drawbacks of the Unified Payment system, one expressed a concern about the amount of time required to help administer this process.

Figure 3: Who benefited from / Who was disadvantaged by the USHS Unified Payment System?

How*? By assuring the use of federal dollars first, we can stretch local dollars.*

How? *Local dollars were used in a more efficient way that resulted in savings for the overall community.*

Who benefited?	SYSTEM PARTNER PERSPECTIVE	Who experienced a drawback/disadvantage?
●●○○○	- My organization -	●○○○○
●●●●○	- Clients served by my organization -	○○○○○
●●●○○	- Overall Franklin County community -	○○○○○
●●○○○	- Some other group / organization -	●○○○○
○○○○○	- None of the above -	●●●○○

KEY: ● = a participant reported this.
○ = a participant did not report this.

How? *I value what this is doing for the community. Is there room for improvement in how the process is administered?*

How*? Service funding for the full spectrum of clients in a project.*

How? *Pays for services for individuals that otherwise would have no payor source.*

Who benefited?	HOUSING PROVIDER PERSPECTIVE	Who experienced a drawback/disadvantage?
●●○	- My organization -	●○○
●●●	- Clients served by my organization -	●○○
●○○	- Overall Franklin County community -	○○○
○○○	- Some other group / organization -	○○○
○○○	- None of the above -	●●○

How? *Providers need to have more engagement techniques for tenants not interested in using the services that a provider is offering.*

OVERALL: A large majority of stakeholder group representatives said the "clients served by my organization" benefitted from this USHS element.

2. **Lessons Learned By System Partners**

   Clearly define how funds will be allocated. Before administering the program, lay out the specific ways in which funds will be directed.
   - *Make sure that at the onset of the project there are clear definitions around what the local funds would pay for.*
   - *Be sure to think through the population to be served, who is serving them, who is paying for what, and how this is all going to be tracked.*
   - *Have (a) clear, documented understanding around the expectations regarding flow of the funds and what each partner's responsibilities are.*
   - *Cost of creating partner contract agreements and HIPPA disclosures need to be calculated in administrative costs.*

   Communicate with providers often. Consistent communication with housing providers about how the new funding system operates is essential.
   - *Make sure to work closely with system partners such as (the) mental health board. Consistent communication is the key to success.*
   - *Communicate with housing providers about how the new funding structure would operate.*

3. **Lessons Learned By Housing Providers**

   Ensure providers have the funding they need. There may be times, such as the beginning of the program, where housing providers may need funding for these services.
   - *The need for bridge funding for providers.*
   - *Award start-up funds to bridge the engagement period so provider(s) can be paid for their work this way until critical mass is achieved.*
   - *Screen in a high proportion of Medicaid eligible tenants from the beginning so provider has a reasonable base from which to bill.*

   Train housing providers well. Personnel working within this system will need to be trained thoroughly to ensure smooth and efficient operations.
   - *Train early and often with provider to understand the model and billing.*
   - *Providers will need training on billing and non Medicaid funding sources.*

4. **Suggestions for Improving the Unified Payment System Process**
   System partners and housing providers identified two opportunities to improve the USHS Unified Payment System Process. The verbatim responses are shown below.

   - *Provider training on billing and upfront education on the components of their funding for delivered services.*
   - *Strong system coordination and communication as it relates to service linkage and care coordination. Joint efforts between CSB and ADAMH need to take place for this.*

D. GENERAL SUGGESTIONS FOR IMPROVING THE UNIFIED SUPPORTIVE HOUSING SYSTEM

At the end of the evaluation survey, system partners, housing providers, and shelter/outreach providers identified a number of opportunities to improve the Unified Supportive Housing System's processes.

Suggestions from system partners.

- *Receive money from CSB on a calendar year basis (for Medicaid eligible services to non-Medicaid eligible clients).*
- *When you do a lease-up, you put 100 people in a location in 2 months. In the initial lease-up of SPP & Buckingham, the system looked at ADAMH service utilization to identify some of the most vulnerable. I expected more of the high utilization clients - the most vulnerable - would get in. Now, some may have been not qualified (for housing). How is USHS prioritization process occurring? How does it blend (or not) with ADAMH utilization?*

Suggestions from housing providers.

- *A critical component that has been integral to addressing concerns included weekly meetings with all parties involved in the process to resolve issues as they arise.*
- *Also, having evaluations on other projects was good information to review and gain knowledge and understanding of the essential components; and training on the process was very helpful to both provider groups.*

Suggestions from shelter/outreach providers.

- *Operationalize how a USHS system would bring efficiency to a system. Use the operationalized terms as benchmarks for progress.*
- *Develop collaborative relationships with referring organizations and housing providers to improve the efficiency performance using solution focused language. Maintain the collaborative relationships through formal and informal conversations about possible interventions and review of interventions that have worked.*
- *USHS can be a benefit to a community if it is designed and modified to be useful to the client first.*
- *Understanding this process is to improve the function of housing homeless person(s) more quickly in a uniform manner. This process can become long and drawn out for applicants and service providers.*
- *It is highly recommended that more staff (are) hired to process applications.*
- *Expand the housing option to include private and commercial landlords.*

E. THE EVALUATORS' PERSPECTIVE

Looking back. An objective evaluation of pilot versions of three major USHS components (i.e., Centralized Assessment, Eligibility, and Admissions Process; Utilization Review and Move Up Assistance; Unified Payment System) suggests that full implementation of these elements would likely yield significant improvements in the efficiency and effectiveness of Franklin County's coordinated effort to end homelessness.

For example, the two USHS centralized assessment and prioritization pilots (fielded at CHN's Southpoint Place and at NCR's Commons at Buckingham) were implemented (mostly) as intended, targeting Central Ohio's vulnerable citizens and helping them access supportive housing faster than comparable supportive housing projects that used a decentralized screening and admissions process.

The USHS Move Up pilot (fielded at YMCA's W. Long Street and Sunshine Terrace, Maryhaven's Commons at Chantry, and YWCA's WINGS sites) was also implemented as intended. It had modest success moving qualified individuals into independent housing, likely more than would have been the case had it not been operating. Thirty of the 174 individuals housed at these sites moved up via this program, and an additional 37 individuals qualified to participate but chose not to do so. On average, positive turnover at pilot sites increased by 7 percentage points from 2010-2011, compared to 2 percentage points for comparison sites during the same time period.

And through the USHS unified payment system, $844,140 in federal funds was obtained and used from July 2009 through June 2012, helping the community reallocate precious local dollars that otherwise would have been spent for service provision.

Overall, these key elements of a Unified Supportive Housing System were observed to deliver desirable system-wide outcomes: faster access to housing; increased positive turnover rate, which freed units for those who are more vulnerable; and optimized use of federal funds to help stabilize and support those who are more vulnerable.

Lastly, recall that the subjective data from the "lessons learned / suggestions for improvement" survey show that for each key USHS element, a majority of stakeholder group representatives report that the clients served by their organizations benefitted from it.

Looking ahead. Assuming these desirable outcomes (among others) are judged to be worthwhile considering the time, resources, and effort required to make them happen, the evaluators suggest the USHS Policy Council consider the following:

• Increase the level of coordination among participating agencies. In the final evaluation survey, system partners, housing providers, and shelter/outreach providers seemed to agree that high levels of coordination among involved parties was a necessary component for this complex endeavor to be successful. Therefore, the USHS Policy Council may wish to explore ways to increase the quantity and quality of communications among the involved parties. For example, the recently established 'PSH Roundtable' appears to function as a communications channel and forum for USHS system partners and housing providers to discuss concerns, challenges, and issues associated with this effort. Other channels may also be necessary – for example, a similar effort that focuses on shelter/outreach providers, whose case managers are primarily responsible for helping homeless clients complete and submit their USHS application. In addition to providing a regular forum for comment and coordination, this would also provide USHS with an ongoing means to assess the need for additional training on the use of USHS policies, procedures, and documentation.

• Critically review USHS processes for efficiency gains. Another frequently mentioned improvement suggested by system partners, housing providers, and shelter/outreach providers revolved around the idea of ensuring the system is only as complex as it needs to be. For

example, shelter/outreach providers expressed reservations about the amount of documentation required, and some system partners and housing providers reported collecting and processing USHS documentation that was partially duplicative or wasn't fully sufficient for meeting their internal informational demands. Comments like these suggest further investigation and dialogue may be warranted, to determine the extent to which this is an issue (and if it is an issue, how it may be resolved) as well as to identify opportunities for simplifying the efforts associated with USHS implementation.[13] Continuing this review and dialogue may also help to identify *other* barriers that may hold vulnerable clients back from accessing housing faster and that could be addressed by future evolutions of the Unified Supportive Housing System.

Representatives of agencies and organizations that piloted aspects of the Unified Supportive Housing System (and who are being called upon to help with USHS' full implementation) express a desire to serve even more people through the system. This motivation is consistent with the principles that guided the initial formation of the Unified Supportive Housing System years ago and should be nurtured into the future. This guiding principle should serve as a decision-making heuristic against which USHS process can be evaluated – future efforts should continually focus on, "How does this help more vulnerable people access housing more quickly?"

IV. MOVING TO FULL IMPLEMENTATION OF THE USHS

The USHS Policy Council met on August 30, 2011 and decided to begin the process of moving the USHS from a piloting phase to full implementation, with full commitment from the partners. At the time of this report's writing, full implementation will likely look as follows:

- The CENTRALIZED ASSESSMENT, ELIGIBILITY, AND ADMISSIONS PROCESS element will expand until over 1,600 supportive housing units[14] are under its umbrella.
- The UTLIZATION REVIEW AND MOVE-UP ASSISTANCE element will be halted pending availability of Section 8 vouchers and resources to fund this activity.
- The UNIFIED PAYMENT SYSTEM element will continue to expand. Implementation at Southpoint Place has been working well, and NCR's Commons at Buckingham recently came online.

The partners (CSB, ADAMH, CMHA) will continue to meet once a year or more as needed to discuss strategic issues.

---

[13] Furthermore, USHS may consider exploring whether system partners that want to use USHS documentation to ease the demands of their eligibility, prioritization, and application processes are fully able to do so. "*If our agency eligibility criteria would have (been) satisfied via USHS, then our application process would have been greatly expedited. Unfortunately, we had to revisit much of the same eligibility information already collected by USHS.*"

[14] Those that are listed (1) on the Continuum of Care (CoC) Annual Inventory of Homeless Units or (2) on the CoC Annual Inventory of Units that have project-based Section 8 vouchers, and are serving non-homeless disabled persons.

The USHS Policy Council and the PSH Roundtable (i.e., system partners and housing providers participating in the USHS) will continue to meet to address what is working in the USHS, what needs to be improved, policies, and consumer input, in order to provide guidance for the full implementation of this effort.

Once the final evaluation of the USHS is completed, CSB and its partners will call a meeting involving the USHS partners (CMHA and ADAMH), funders, and emergency shelter and housing providers to present the findings of the evaluation and the USHS final design and structure moving forward.

For additional information regarding the details of this implementation, readers should reference the 2012 Guide to the Unified Supportive Housing System.