THE
STRATEGY
TEAM LTD

REPORT TO COMMUNITY SHELTER BOARD:
EVALUATION OF THE UNIFIED SUPPORTIVE HOUSING SYSTEM'S COMMONS AT BUCKINGHAM PILOT

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I. Executive Summary

In 2008, the Columbus community updated and adopted the "Rebuilding Lives Plan," a comprehensive and interrelated set of strategies to decrease the number of people who experience homelessness. The new plan contains eleven new strategies and one of them is the implementation of a Unified Supportive Housing System (USHS).

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). These partners are working together with other agencies in the community including health, housing, shelter, and outreach providers. A major goal of the system is to coordinate efforts to place the most vulnerable of the community's population into the most appropriate housing. This project is innovative as it starts an unprecedented collaborative effort in our community with those entities that come in contact the most with the homeless population. The project is recognizing that the homeless system in itself cannot solve the homelessness problem and that a community approach has a higher level of success. The new system will target single adults, couples, and families with children that experience long-term homelessness and have at least one adult household member who has a chronic disability or disabling condition.

One component of the Unified Supportive Housing System is the focus of this current report, the Commons at Buckingham pilot. 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 / 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 Commons at Buckingham pilot features a "centralized" model of prioritization, eligibility determination, and placement of applicants into supportive housing.

During Commons at Buckingham's lease-up period, 130 single adults submitted applications to move into this supportive housing project. Of these: 101 moved in; 9 chose other housing; 9 did not complete the application process; 6 were ineligible for Commons at Buckingham; and 5 were denied entry by NCR.

Was the pilot effective? Yes. During Commons at Buckingham's lease-up, priority was given to Central Ohio's more vulnerable individuals – those who were chronically homeless or who frequently receive ADAMH-funded services. 100% of those who moved in had a documented disability, meeting the system partners' goal for this supportive housing program.

Nearly two-thirds of those who moved into Commons at Buckingham during its lease-up period were recently housed in emergency shelter. And via CSB's administration of the "Vulnerability Assessment," the majority of those who completed this assessment and who moved into one of Commons at Buckingham's 75 homeless units during lease-up (58%) were "vulnerable." The most frequently self-reported risk indicator was a "tri-morbid" condition (35%), defined as a situation in which the individual reported having a mental health, substance abuse, and chronic medical problem.

Was the pilot efficient? Yes. Compared to historical data from other supportive housing programs in Central Ohio, Commons at Buckingham's referral, screening, and admission processes occurred in a timely

fashion. On average, 55 days elapsed from the date complete IOIs were sent to USHS to move-in. Furthermore, Commons at Buckingham's centralized referral, screening, and admission processes met nearly all the goals outlined for this supportive housing project. Overall, the system partners and the housing provider all appear to have 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.

Compared to historical data, clients moving into Commons at Buckingham went through the various screening and admissions processes faster than one supportive housing project (Briggsdale) but slower than another (Southpoint Place). Note the two supportive housing projects that used a centralized screening and admissions lease-up process (Southpoint Place and Commons at Buckingham) both placed clients into housing faster than the supportive housing project that used a decentralized screening and admissions process (Briggsdale).

What is the potential for long-term sustainability? Unknown, but likely positive. Average administrative costs for screening and processing applications were much less than that observed for Southpoint Place. More time is required to see whether patterns of service utilization shift in the expected manner (e.g., less inpatient services, more outpatient services).

Overall, USHS' Commons at Buckingham pilot appears to have been implemented as intended, targeting Central Ohio's more vulnerable citizens and helping them access supportive housing more quickly than otherwise may have been the case with a traditional, decentralized lease-up process. The system partners and housing provider should be commended for their efforts to help these applicants gain housing.

II. Background and Overview of the Commons at Buckingham Pilot

In 2008, the Columbus community updated and adopted the "Rebuilding Lives Plan," a comprehensive and interrelated set of strategies to decrease the number of people who experience homelessness. The new plan contains eleven new strategies and one of them is the implementation of a Unified Supportive Housing System (USHS).

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). These partners are working together with other agencies in the community including health, housing, shelter, and outreach providers. A major goal of the system is to coordinate efforts to place the most vulnerable of the community's population into the most appropriate housing. This project is innovative as it starts an unprecedented collaborative effort in our community with those entities that come in contact the most with the homeless population. The project is recognizing that the homeless system in itself cannot solve the homelessness problem and that a community approach has a higher level of success. The new system will target single adults, couples, and families with children that experience long-term homelessness and have at least one adult household member who has a chronic disability or disabling condition.

The goals of the new system include:

- Simplify and strengthen the current permanent supportive housing system;
- Increase the number of clients served and bring more resources into the community;
- Increase client and provider access to supportive housing units, matching clients with the right services and the right housing for their needs; and
- Encourage clients to reach the greatest level of independence that they are capable of achieving.

The key results of the USHS project are expected to be as follows:

- Centralized and simplified admission process;
- Development of a structured 'move up' and vacancy management process;
- Increased number of clients served;
- Improvement of client outcomes;
- Streamlined supportive housing provider processes with regard to admissions, move up, and vacancy management, creating efficiencies for providers; and
- Maximization of local dollars and other resources by leveraging resources and partnerships.

One component of the Unified Supportive Housing System is the focus of this current report, the Commons at Buckingham pilot. 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 / 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 Commons at Buckingham pilot features a "centralized" model of prioritization, eligibility determination, and placement of applicants into supportive housing. As was the case with an earlier USHS pilot project (the Southpoint Place lease-up), the evaluation of the Commons at Buckingham pilot focuses on the following key questions:

1) **Was the pilot effective?** During Commons at Buckingham's lease-up, was priority given to Central Ohio's more vulnerable individuals – those who were chronically homeless or who frequently receive ADAMH-funded services?
2) **Was the pilot efficient?** Compared to historical data from other supportive housing programs in Central Ohio, did Commons at Buckingham's referral, screening, and admission processes occur in a timely fashion? Was it easier for potential applicants to access supportive housing?
3) **What is the potential for long-term sustainability?** To what extent was this process a cost-effective one? Did more applicants access outpatient services after moving into supportive housing? Were more "high utilizers" stabilized?

Administered by National Church Residences (NCR), Commons at Buckingham offers 100 housing units for single adults with a documented disability. The housing units were segmented as follows:

75 units **Rebuilding Lives**			**25 units** **Non-Rebuilding Lives**	
49 units **Homeless** (Local definition)	16 units **Homeless** (HUD Chronic Homeless)	10 units **Veterans** (VA eligible)	15 units **ADAMH Consumers** (Exiting institutions)	10 units **NCR InCare Consumers** (Medically disabled)

To fill these units during its "lease-up" period (i.e., July 23, 2010 through September 30, 2010), the pilot program followed these lease-up procedures:

1. Provider agencies (e.g., organizations with direct contact with clients) requesting USHS placement locate prospective applicants and help them **complete** an Indication of Interest (IOI) form and a Release of Information (ROI) form. These forms are then forwarded to the Unified Supportive Housing System Project Manager (PM), along with other needed documentation.
2. The USHS project manager **reviews** the forms or client files for completeness. If complete, the USHS project manager then **screens** the prospective applicants against the pilot program's eligibility criteria.
3. The USHS project manager then **sends** a list of names, date of births, and social security numbers to CMHA (as often as needed) for a preliminary record check and to ADAMH (as often as needed) for service utilization matching. When complete, these checks and matches are **returned** to the USHS project manager.
4. The USHS project manager then **identifies the highest prioritized** (i.e., most vulnerable) prospective applicant from the pool of eligible applicants, **forwards** the prioritized applicants' information (in batches) to the housing provider, and **updates** the provider agency of the progress made thus far.
5. The housing provider **contacts** the prospective applicant, **schedules** an interview to verify his/her eligibility for entering Commons at Buckingham, and **interviews** the prospective applicant.
6. If eligible, a housing interview will be arranged with CMHA and the prospective applicant receives a housing decision.

This evaluation depended entirely on the acquisition and review of administrative data collected by CSB, ADAMH, CMHA, the USHS project manager, and others. These data were then shared with The Strategy Team, Ltd., a third-party research firm hired to assist with this evaluation.

Appendix A contains flowcharts depicting the USHS screening processes. Because it was impractical to randomly assign applicants either to a supportive housing program that used a centralized referral, screening, and admission process (i.e., Commons at Buckingham) or to a supportive housing program that used a decentralized process, the single adults who moved into Commons at Buckingham during its lease-up period were compared to single adults who moved into other recently leased-up supportive housing programs.

Table 1: Overview of supportive housing programs discussed in this evaluation

Centralized screening and admission process	Decentralized screening and admission process
Commons at Buckingham [July 2010 to September 2010; 75 homeless units and 25 ADAMH / medical units] **Southpoint Place** (single adults) [October 2008 to April 2009; 25 homeless units and 15 ADAMH units]	**CHN Briggsdale** [November 2005 to June 2006; 25 units]

Table 2 presents additional descriptive information about Commons at Buckingham, such as the number of individuals who submitted IOIs, how many were screened out by the USHS processes, etc.

Table 2: Additional information regarding Commons at Buckingham

	#
"Indication of Interest" client files received by USHS PM	130
Available housing units	100
Housing units intended for "Rebuilding Lives" or "HUD Chronically Homeless" clients	75
IOIs per available housing unit	1.3
Clients who applied and moved in	101[1] (78%)
Clients who applied but did not move in	29 (22%)

During the Commons at Buckingham pilot program, the USHS project manager noted the circumstances surrounding those cases in which applicants were screened out or otherwise did not proceed to move-in. Among the 29 single adults who submitted an application but who were not housed at Commons at Buckingham during its lease-up period:

- 9 (31%) chose to live elsewhere;
- 9 (31%) were “no shows” to appointments / failed to comply with the USHS process;
- 6 (21%) were not eligible[2] for Commons at Buckingham; and
- 5 (17%) were denied by NCR due to their history of evictions or violent criminal offenses.

For another perspective on how the USHS processes worked during the pilot’s lease-up period, one can also examine the experiences of the households that were screened out (i.e., those that completed an

[1] One individual completed all screening steps, moved into Commons at Buckingham, and then moved out within a short period of time.

[2] Four ineligible applicants erroneously passed the initial USHS screening. When their ineligible status was identified by the housing provider, their applications returned to USHS.

"Indication of Interest" form but either received a "Notification of Incompatibility" from the USHS project manager or who were denied entry by NCR, the housing agency responsible for Commons at Buckingham). Table 3 provides an overview of the applicants who were denied entry into Commons at Buckingham, including the average and median number of days that elapsed from the beginning of the USHS process until resolution. Regarding the relatively long period of time for the Provider Agency to receive a NOI, this is primarily due to these individuals failing to provide necessary disability documentation or to keep appointments (e.g., "missing in action"). These individuals' files remained active in the USHS eligibility pool until their ROI became outdated.

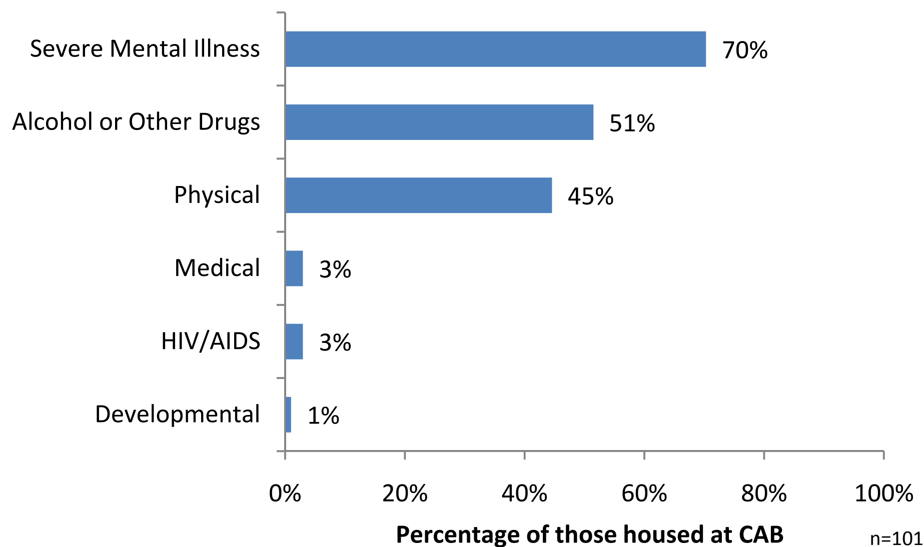
Table 3: Days elapsed for USHS denial decisions to be made

	Average | Median
# of days from when USHS receives IOI to when Provider Agency receives "Notification of Incompatibility" (n=6)	75, 80
# of days from when USHS receives IOI to when NCR rejects application (n=8)	30, 30

III. Who was housed at the Commons at Buckingham Pilot?

A key eligibility criterion for applicants' admission into Commons at Buckingham was the documentation of a disability in the screened household. As can be seen in Figure 1, the majority of the single adults housed at Commons at Buckingham (70%) had a documented mental health disability.[3]

Figure 1: Documented disabilities among those housed at Commons at Buckingham during its lease-up period



[3] Because clients could report multiple disabling conditions, the percentages shown in Figure 1 do not sum to 100.

Table 4 (next page) presents the demographic characteristics of the households served by Commons at Buckingham and, for the sake of comparison, two other supportive housing programs during their respective lease-up periods: CHN's Southpoint Place project and CHN's Briggsdale project. Overall, the demographics of those served by Commons at Buckingham appear similar to the demographics of those served by these other supportive housing projects, with the exception of race (i.e., homeless adults served by Commons at Buckingham were more likely than homeless adults served by Southpoint Place to be Black or African American)[4] and previous living situation (i.e., homeless adults served by Commons at Buckingham were more likely than homeless adults served by Southpoint Place to have recently lived in emergency shelter).[5]

[4] A chi-square was calculated [homeless adults by housing program]: χ^2=2.8, p<.05.
[5] A chi-square was calculated [homeless adults by housing program]: χ^2=4.8, p<.05.

Table 4: Household demographics of supportive housing programs discussed in this evaluation

	Commons at Buckingham (Total)		Commons at Buckingham (Homeless)		Commons at Buckingham (ADAMH/InCare)		SPP-single adults (Homeless)		SPP-single adults (ADAMH)		Briggsdale-single adults	
Head of household - race	n=101		n=76		n=25		n=25		n=16		n=25	
Black or African American	67	66%	56	74%	11	44%	14	56%	9	56%	13	52%
White or Caucasian	32	32%	19	25%	13	52%	11	44%	7	44%	12	48%
Other	2	2%	1	1%	1	4%	0	0%	0	0%	0	0%
Head of household - ethnicity	n=101		n=76		n=25		n=25		n=16		n=25	
Hispanic	0	0%	0	0%	0	0%	1	4%	0	0%	0	0%
Non-Hispanic	101	100%	76	100%	25	100%	24	96%	16	100%	25	100%
Head of household - gender	n=101		n=76		n=25		n=25		n=16		n=25	
Female	20	20%	13	17%	7	28%	2	8%	4	25%	11	44%
Male	81	80%	63	83%	18	72%	23	92%	12	75%	14	56%
Head of household - marital status	n=101		n=76		n=25		n=25		n=16		n=25	
Married	1	1%	1	1%	0	0%	1	4%	0	0%	0	0%
Not married	100	99%	75	99%	25	100%	22	96%	15	100%	25	100%
Previous living situation	n=101		n=76		n=25		n=25		n=16		n=25	
Emergency shelter	65	64%	62	82%	3	12%	15	60%	0	0%	11	44%
Place not meant for habitation	7	7%	7	9%	0	0%	10	40%	0	0%	14	56%
Doubled-up / with family or friends	3	3%	0	0%	3	12%	0	0%	0	0%	0	0%
Substance abuse treatment center	1	1%	0	0%	1	4%	0	0%	4	25%	0	0%
Other / not recorded	25	25%	7	9%	18	72%	0	0%	12	75%	0	0%
Head of household - other characteristics	n=101		n=76		n=25		n=25		n=16		n=25	
Headed by veteran? (Yes)	20	20%	18	24%	2	8%	3	13%	0	0%	2	8%
Have disability of long duration? (Yes)	101	100%	76	100%	25	100%	25	100%	16	100%	23	92%
Average age	47		48		45		46		39		45	
Have $0 monthly income? (Yes)	52	51%	51	67%	1	4%	16	64%	1	6%	17	68%
Average monthly income (all sources, including $0 values)	$305		$203		$615		$197		$673		$180	
Average monthly income (all sources, excluding $0 values)	$629		$618		$641		$546		$718		$563	

IV. Was the USHS Commons at Buckingham Pilot Effective?

A. Effectiveness measure – vulnerability of those served

One of the primary goals of the Commons at Buckingham Pilot was to ensure that those who were most in need of supportive housing assistance were prioritized for placement into supportive housing. To what extent, then, were vulnerable single adults served by this program? Compared to the single adults housed at Southpoint Place during its lease-up period, the single adults housed at Commons at Buckingham during its lease-up period:

- Reported similarly low monthly household incomes;
- Were more likely[6] to have recently been in emergency shelter;
- Were less likely[7] to have recently been severely homeless;
- Were less likely[8] to be classified as "high ADAMH utilizers."

Table 5: Vulnerable populations served by supportive housing programs

	Commons at Buckingham (Total) n=101	Commons at Buckingham (Homeless) n=76	Commons at Buckingham (ADAMH /InCare) n=25	SPP-single adults (Homeless) n=25	SPP-single adults (ADAMH) n=16	Briggsdale-single adults n=25
Average household income (including $0s)	$305	$203	$615	$197	$673	$180
In emergency shelter (i.e., previous living situation was a homeless shelter)	65 (64%)	62 (82%)	3 (12%)	15 (60%)	0	11 (44%)
Severely homeless (i.e., previous living situation was "place not meant for habitation")	7 (7%)	7 (9%)	0	10 (40%)	0	14 (56%)
High ADAMH utilizers (i.e., in year prior to entry, received >$5,000 in services from ADAMH-affiliated institutions or were single adults who directly transferred to SPP from an ADAMH-affiliated institution)	30 (30%)			22 (54%)		7 (28%)

In addition to the 30 Commons at Buckingham clients classified as "High ADAMH utilizers," an additional 36 clients who moved into this supportive housing project during its lease-up period received some services (i.e., between $1 and $5,000 in service billings) from ADAMH-affiliated institutions in the year prior to entry. Overall, the 66 individuals who moved into Commons at Buckingham and who received at least some services from ADAMH-affiliated institutions in the year prior to entry received a total of more than $1.2 million of inpatient hospitalizations and outpatient services (MH and AOD), based on billings:

- 15 received $943,356 in services, mostly in the form of residential care (ADAMH units);
- 3 received $9,133 in services (InCare units); and
- 48 received $260,394 in services (RL units).

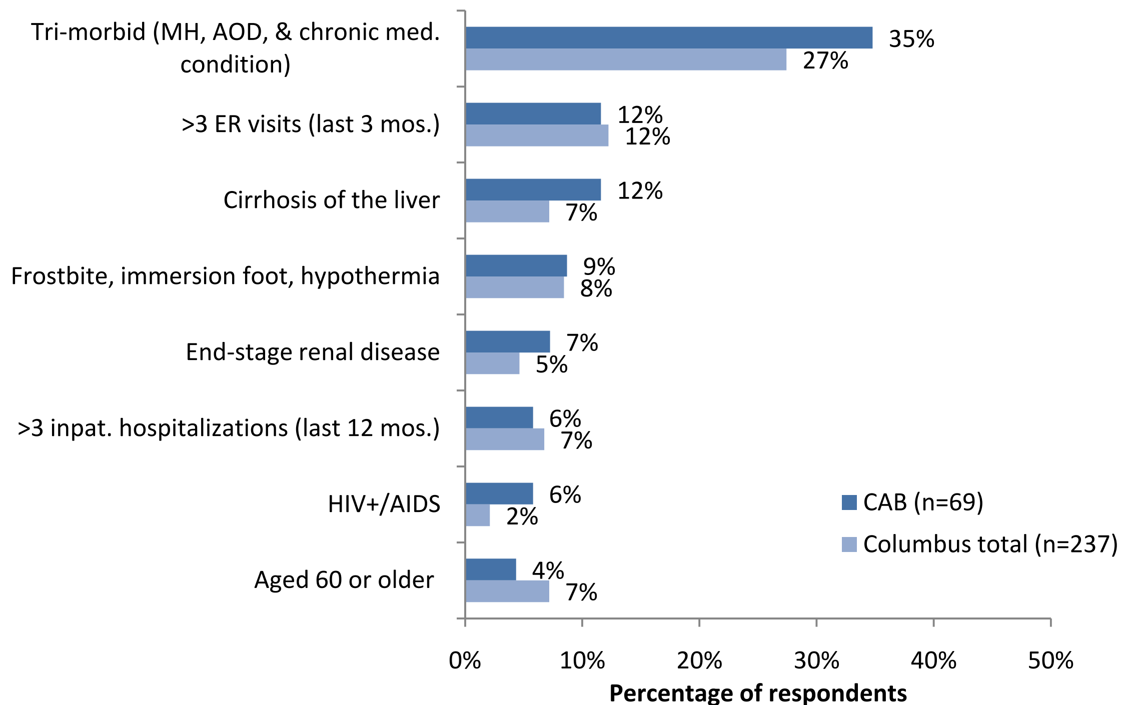
In addition to these "indirect" measures of vulnerability, a more direct measure was available for a subset of those who participated in the Commons at Buckingham lease-up. In 2010, the Community Shelter Board piloted a vulnerability assessment, targeting people experiencing long-term

[6] A chi-square was calculated [recently been in emergency shelter (RL adults) by housing program]: χ^2=4.8, p<.05.
[7] A chi-square was calculated [severely homeless (RL adults) by housing program]: χ^2=12.7, p<.01.
[8] A chi-square was calculated [high ADAMH utilizers (total adults) by housing program]: χ^2=7.2, p<.01.

homelessness in Franklin County, Ohio.[9] Using a structured interview template first developed by Common Ground (a New York City based nonprofit), this vulnerability assessment measures a variety of self-reported risk indicators – mental health, substance abuse, chronic medical conditions, and others – that research has found to increase the risk of death among those who are homeless. Of the 237 Central Ohio individuals who completed this assessment tool, 69 were eventually housed at Commons at Buckingham during its lease-up period.[10] How many were classified (by Common Grounds definitions) as being vulnerable? Among the total sample of 237, the percent of individuals identified as "vulnerable" was 51%. Among the Commons at Buckingham sample of 69, the percent of individuals identified as "vulnerable" was 58%.[11]

As shown in Figure 2, the most frequently self-reported risk indicator among Commons at Buckingham's residents who completed this measure was a "tri-morbid" condition (35%), defined as a situation in which the respondent reported having a mental health, substance abuse, and chronic medical problem/disability. The two next most frequently self-reported risk indicators were: visiting a hospital's emergency room more than three times in the last three months (12%); and cirrhosis of the liver (12%). Although the percentage of Commons at Buckingham residents who reported tri-morbid conditions or cirrhosis of the liver was higher than that observed among the total Columbus sample, the differences between these percentages were not statistically significant.

Figure 2: Risk indicators (from Vulnerability Assessment data)



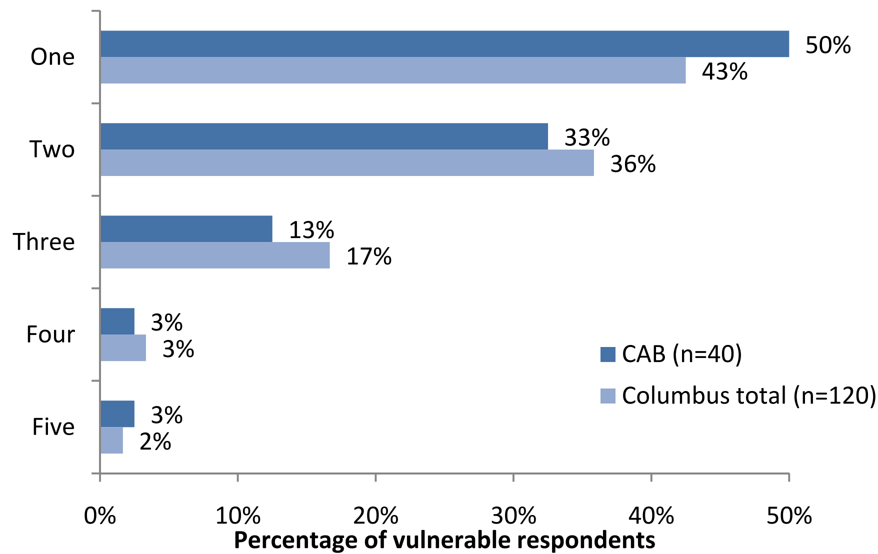
[9] For more information about the Vulnerability Assessment tool and its pilot administration in Central Ohio, please see CSB's November 2010 report, *Vulnerability Assessment of Long-term Homeless Persons in Columbus, Ohio: A Pilot Project.*

[10] Each of these individuals moved into one of Commons at Buckingham's homeless units (n=75). Vulnerability assessment data were not collected for the 25 individuals who moved into one of the ADAMH or InCare units.

[11] Though slightly higher than the percentage of vulnerable individuals observed among the total sample, this difference was not statistically significant.

Furthermore, the majority of the Commons at Buckingham lease-up residents who completed this vulnerability assessment and who were classified as having one or more critical risk indicators, (50%) reported having one of these critical risk indicators. Nearly a fifth (19%) of the vulnerable Commons at Buckingham lease-up residents reported having three or more of these critical risk indicators. As shown in Figure 3, the number of risk indicators (per vulnerable person) among those who moved into Commons at Buckingham during its lease-up was similar to the Columbus sample.

Figure 3: Number of risk indicators (per vulnerable person)



Tables 6a, 6b, and 6c present more detailed self-reported data from the vulnerability assessment, focusing on the 69 individuals who moved into one of Commons at Buckingham's homeless units during its lease-up period.

Table 6a: Vulnerability Assessment data - Homelessness overview

Homelessness history		
Total amount of time lived on the streets or shelters?	4.7 years	
# times been homeless and then housed again in last 3 yrs.	69 (n=31)	
Where do you sleep most frequently?	**#**	**%**
Shelters	51	74%
Streets	10	14%
Car/Van/RV	1	1%
Other	7	10%
Where did you live before you became homeless?	**#**	**%**
Ohio (Franklin County)	62	90%
Ohio (outside of Franklin County)	5	7%
Another state	2	3%

Table 6a: Vulnerability Assessment data - Homelessness overview (continued)

What type of housing did you live in before becoming homeless?	#	%
Rent own apartment	35	51%
Family or friends	18	26%
Own home	8	12%
Institution	4	6%
Rooming house	2	3%
Other	2	3%

Table 6b: Vulnerability Assessment data - Medical overview

Hospital usage		
# times to ER (last 3 mos.)	91 (n=30)	
# inpat. hospitalizations (last 12 mos.)	51 (n=25)	
Medical conditions	**#**	**%**
Heart disease, arrhythmia, irregular heartbeat	20	29%
Asthma	13	19%
History of heat stroke, heat exhaustion	12	17%
Hepatitis C	10	14%
Diabetes	9	13%
Liver disease, cirrhosis, end-stage liver disease	8	12%
History of frostbite, hypothermia, immersion foot	6	9%
Emphysema	6	9%
Kidney disease, end-stage renal disease	5	7%
HIV+, AIDS	4	6%
Cancer	3	4%
Tuberculosis	3	4%
Substance abuse conditions	**#**	**%**
Ever abused drugs or alcohol? (yes)	43	62%
Ever been treated for drug or alcohol abuse? (yes)	37	54%
Ever used injection drugs or shots? (yes)	11	16%
Consumed alcohol everyday in last 30 days? (yes)	1	1%
Mental health conditions	**#**	**%**
Currently or ever received treatment for MH issues? (yes)	48	70%
Ever been taken to hospital against your will for MH reasons? (yes)	9	13%
Other physical health conditions	**#**	**%**
Have a permanent physical disability that limits mobility? (yes)	34	49%
Ever been victim of a violent attack since becoming homeless? (yes)	20	29%
Had a serious brain injury/head trauma that required surgery? (yes)	18	26%

Table 6c: Vulnerability Assessment data - Other information

Institutional involvement		
Have you ever been in jail? (yes)	53	77%
Have you ever been in prison? (yes)	28	41%
Have you ever been in foster care? (yes)	7	10%
Have you ever served in the US military? (yes)	18	26%
Current form of health insurance		
None	36	52%
Medicaid	18	26%
VA	11	16%
Medicare	3	4%
Connections to local resources		
Is there a person/outreach worker that you trust? (yes)	39	57%
Are you connected/receive services from any homeless agency, church, program, or other entity?	58	84%

V. Was the USHS Commons at Buckingham Pilot Efficient?

The Commons at Buckingham pilot was guided by the theory that a centralized referral, screening, and admission process would result in an admission process that was faster for both applicants and the system, measured primarily by the length of time required to place applicants into supportive housing. To help determine whether this outcome was realized, the USHS project manager recorded how many days were required for each critical step of the enrollment to be completed. To what extent did the USHS screening, referral, and admission process occur in a timely fashion?

A. Efficiency measure – Referral, screening, and admission process flow

How many days (on average) were required for applicants to proceed through the referral, screening, and admission steps required for entry into Commons at Buckingham? On average, 55 days elapsed from the date complete IOIs were sent to USHS to move-in (see Figure 4, next page). The minimum number of days elapsed was 9 and the maximum number of days was 151.

Figure 4: Average number of days elapsed from applicant identification to move-in

[n=101 single adults who moved into Commons at Buckingham during lease-up (July 2010 - September 2010)]

Note: Negative day counts (due to steps occurring out of the order shown above) were recoded to 1. For each step, extreme outliers (i.e., ≥3 standard deviations from the mean) were replaced with the next highest value for the step.

During Commons at Buckingham's lease-up period, 130 single adults submitted applications to move into this supportive housing project. Of these: 101 moved in: 9 chose other housing; 9 did not complete the application process; 6 were ineligible for Commons at Buckingham; and 5 were denied entry by NCR..

To what extent did USHS's centralized referral, screening, and admission processes meet the goals outlined in the procedural document, *USHS Vacancy Management and Lease Up Policies & Procedures (7/22/2010)*? Overall, the pilot program accomplished the majority of these goals. As indicated by the median days to complete the tasks listed in Table 7, the system partners and the housing provider all appear to have processed client applications quickly and in line with the expectations set for the program.

Table 7: Average number of weekdays to complete USHS screening steps

USHS referral, screening, and application review steps	Completion: Goal	Completion: Actual Median (Average)	Goal met?
The Provider Agency will be notified if the submitted IOI file was not complete.	**2**	1 (3)	☑
The USHS PM will conduct criminal background checks on IOIs and other eligibility screenings (i.e., finish processing the IOI) after IOI receipt.	**2**	2 (3)	☑
CMHA will notify the USHS PM of the results of its records check.	**2**	2 (3)	☑
ADAMH will return the results of service utilization data matching to the USHS PM.	**5**	2 (2)	☑
The Provider Agency will inform the Prospective Applicant after receiving a "Notification of Incompatibility" from USHS PM.	**2**	Data unavailable	☐
The Housing Provider will contact each Prospective Applicant received from USHS within two business days and schedule an interview.	**2**	2 (3)	☑
The Housing Provider will interview Prospective Applicants referred from USHS and complete eligibility verification according to Housing Provider's tenant selection policy after receiving the Prospective Applicant's files from the USHS PM.	**10**	5 (6)	☑
Resolution of the Prospective Applicant's situation (either housed or rejected) should occur no later than 30 days from the date that said Prospective Applicant is forwarded to the Housing Provider.	**30**	19 (23)	☑
If the Housing Provider denies the Prospective Applicant, the Housing Provider must notify the Prospective Applicant and the Prospective Applicant's last known Provider Agency and provide an explanation in writing to the USHS PM.*	**2**	3 (7)	☐
The Housing Provider will notify the USHS PM after all units at the new project being leased.	**1**	1	☑
The USHS PM will contact the Provider Agencies that assisted the remaining Prospective Applicants who did not receive housing after receiving the above notification.	**3**	Not applicable b/c applicant list managed closely	☑
The Housing Provider will send a weekly update on Prospective Applicant move-ins to the USHS PM.	**weekly**	Happened on ad hoc basis	☐

The numbers shown reflect the average number of weekdays required to complete this step, excluding federal holidays.

* Data reference time from Housing Provider's denial to when client file was returned to USHS PM.

The elapsed time for the Housing Provider to resolve the Applicant's situation after receiving his/her files was examined more closely. As shown in Table 8 below, ADAMH clients entered housing significantly more quickly than RL clients (defined either by local guidelines or HUD ones).[12] This pattern was expected, given the historical data reviewed in the next section of this report.

Table 8: Average number of weekdays to move-in, by client strata

Strata	# of weekdays from when applicant was forwarded to USHS to move-in Median (Average)	# of weekdays from when applicant was forwarded to NCR to move-in Median (Average)
RL – Local definition clients (n=50)	27 (36)	22 (27)
RL – HUD definition clients (n=16)	35 (45)	24 (29)
RL – Veteran clients (n=10)	31 (30)	22 (24)
Non-RL – ADAMH clients (n=15)	20 (18)	16 (14)
Non-RL – Medical clients (n=10)	31 (32)	26 (26)

B. Efficiency measure – Comparing process flows to historical data

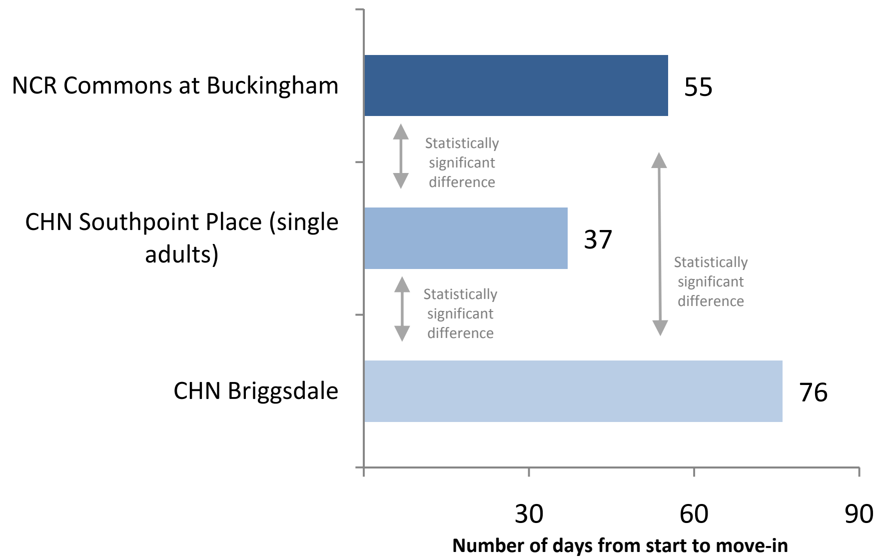
When one compares the time elapsed from the beginning of the referral and screening process to move-in for applicants processed by a centralized system like USHS' versus a more typical, decentralized system observed in Central Ohio, are any statistically significant differences evident?

The process flow data for applicants who moved into Commons at Buckingham (reviewed earlier in Figure 4) were compared to process flow data for applicants who moved into CHN's Southpoint Place and Briggsdale projects. Data for these comparisons were gathered from the earlier Southpoint Place evaluation (focusing on single adults) and from data gathered by CSB staff, who reviewed CHN's administrative records. For Commons at Buckingham and the two comparison sites, a similar "process end date" was available – the date the applicant moved into the supportive housing program. Regarding the "process start date," CHN Briggsdale's "Date of referral" was used to mark the beginning of the screening and admission process. For Commons at Buckingham and Southpoint Place, the "process start date" was the "Date Referring Agency Submitted IOIs to USHS PM."[13] Consultation with CSB staff indicated these start dates represent reasonably similar starting points between the centralized and decentralized processes.

When one charts the average days elapsed from the start of the screening process to applicant move-in, an interesting pattern emerges, as shown in Figure 5. Clients moving into Commons at Buckingham went through the various screening and admissions processes *faster* than Briggsdale's clients (55 and 76 days, respectively) but *slower* than Southpoint Place's clients (37 days).[14] This difference may be due in part to Southpoint Place having fewer single adult units to fill. Note that both of the supportive housing projects that used a centralized screening and admissions lease-up process (Southpoint Place and Commons at Buckingham) placed clients into housing faster than the supportive housing project that used a decentralized screening and admissions process.

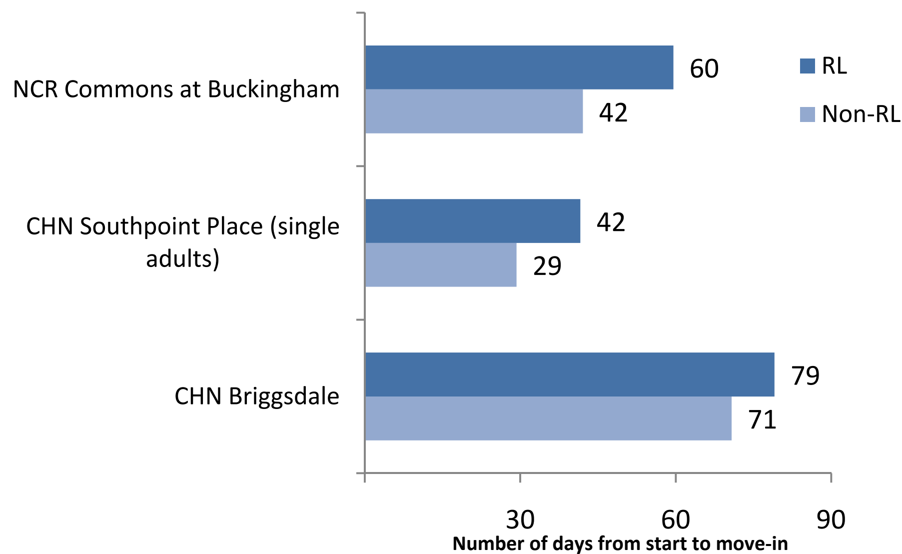
[12] An ANOVA was calculated [weekdays by single adult type]: $F(4,100)=3.7$, with significant Bonferroni post-hoc tests.
[13] Therefore, the elapsed time represented by "Phase 1" in Figure 4 was not included in the analyses reviewed here.
[14] A t-test was calculated [days elapsed by housing program]: $t(37)=5.3$, $p<.01$ (equal variances not assumed).

Figure 5: Days elapsed from process start to move-in



As expected, the average time for homeless clients to enter Commons at Buckingham was greater than the average time for non-homeless clients. The difference in elapsed time between homeless clients (i.e., RL) and non-homeless clients (i.e., Non-RL) was statistically significant, for both NCR Commons at Buckingham[15] and CHN Southpoint Place[16]. See Figure 6. Such differences can be attributed in part to the fact that non-homeless clients are more likely than homeless clients to have more complete administrative records already on file at time of lease-up, allowing faster access to housing.

Figure 6: Days elapsed from process start to move-in



[15] A t-test was calculated [days elapsed by RL status]: $t(78)=2.5$, $p<.01$ (equal variances not assumed).
[16] A t-test was calculated [days elapsed by RL status]: $t(35)=2.1$, $p<.05$ (equal variances not assumed).

VI. What is the Potential for Long-term Sustainability?

A. Sustainability measure – Program costs

Table 9 presents a partially complete overview of the costs associated with the Commons at Buckingham pilot over its three month lease-up period, along with its sister pilot, Southpoint Place. Typically, the majority of program expenses for supportive housing projects are for treatment and other services received by residents. However, because clients resided at Commons at Buckingham for only a short period at the time of this evaluation, meaningful post-move-in services/treatment utilization (and costs) were unavailable. Therefore, the program costs shown below should be considered as preliminary. During Commons at Buckingham's lease-up period, the total cost to screen, assess, and support single adults who moved into project was $119,483.

Table 9: Program costs – USHS' Commons at Buckingham and Southpoint Place projects

	Commons at Buckingham (2010 lease-up)	Southpoint Place (2009 lease-up)
Units available to USHS during lease-up period	100	75 (+5)
Households entering supportive housing during lease-up period	101	82
Months in lease-up period	3	9
Service/Treatment Costs		
Medicaid Claims	**	$86,647
ADAMH Nurse Costs	**	$58,813
CSB Block Grant	$28,500	$16,101
CSB Non-Medicaid Claims	**	$16,600
HUD Funding	**	$59,092
Housing Assistance Costs		
Housing Assistance Payments (from move-in to end of lease-up)	$73,264	$39,342
CSB Internal Costs		
Project Manager Costs (100% tied to screening and assessment)	$11,576	$22,900
Other Administrative Time/Costs	$6,143	$56,633
TOTAL PROGRAM COSTS	**$119,483**	**$356,128**
Average housing assistance payment (monthly basis)	$456	$937
Average service/treatment cost	$282	$2,929
Average administrative cost - applicant screening and assessment only	$89	$248
Average administrative cost - remainder	$47	$328
Average total cost (per housed client)	$1,183	$1,925

* Costs associated with the Southpoint Place project include both family and single adult units.

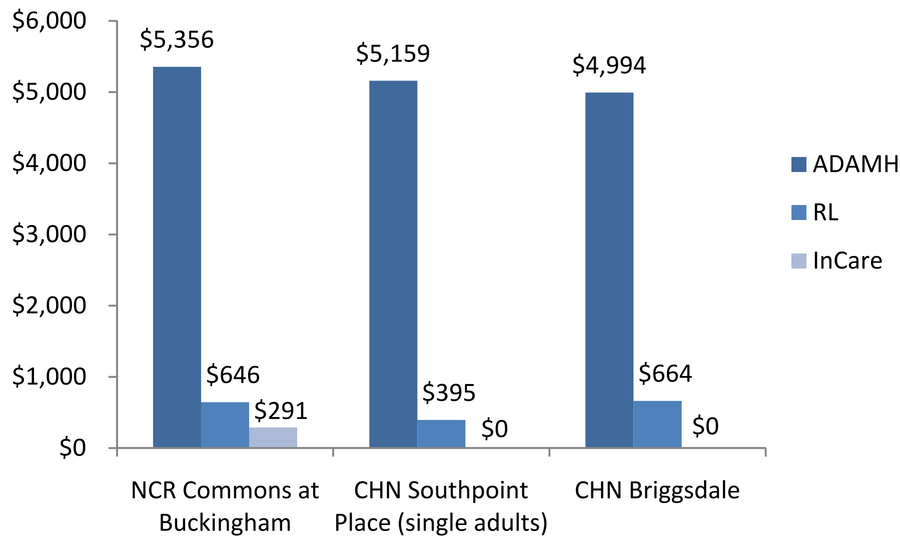
** Because clients have resided in Commons at Buckingham for a short period of time at the time of this evaluation, meaningful post-move-in services/treatment costs are unavailable.

Because the service/treatment costs reported above are incomplete, service utilization (and billings for services) should be monitored and re-analyzed after residents have lived at Commons at Buckingham for 12 months.

B. Sustainability measure – Average treatment cost per household per month

ADAMH provided an analysis of average treatment costs (per household, per month) for the 12-month period *before* single adults moved into Commons at Buckingham (and two comparison projects) and *after* move-in. As shown in Figure 7, the average pre-move-in treatment cost for those moving into Commons at Buckingham during lease-up was similar to the costs observed for Southpoint Place (single adults) and Briggsdale.

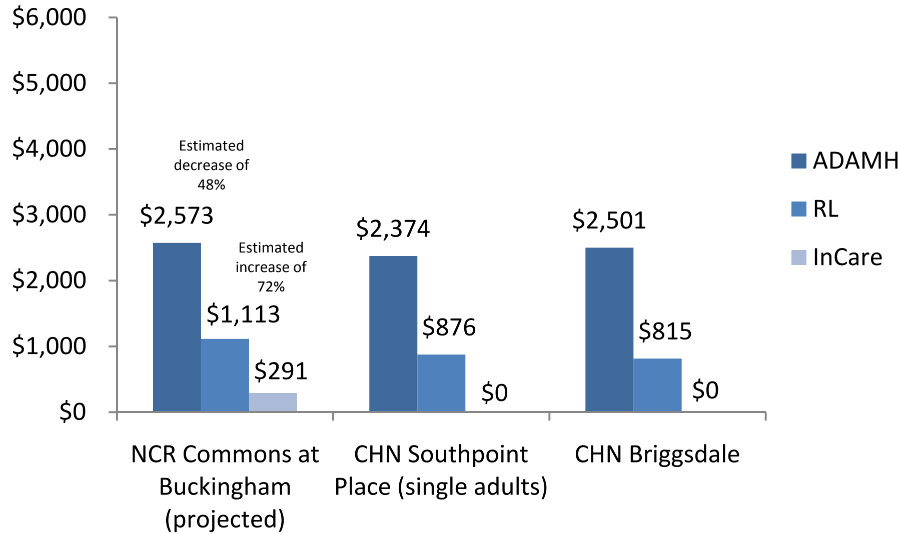
Figure 7: Average treatment costs (per household, per month), before move-in



Because supportive housing programs offer residents convenient access to a host of supportive services, including assessment activities, case management, individual counseling/treatment, group counseling/ treatment, pharmacological management, and behavioral health therapy, inpatient service utilization usually *decreases* from pre- to post-move-in while outpatient service utilization *increases* from pre- to post-move-in. This pattern has been consistently observed among local supportive housing projects. For example, among those who transferred from ADAMH-affiliated institutions into Southpoint Place and Briggsdale during their lease-up periods, average treatment costs decreased considerably – on average, by 48% – from pre- to post-move-in. And among single adults who were classified as homeless / Rebuilding Lives clients and who moved into Southpoint Place and Briggsdale during their lease-up periods, average treatment costs increased considerably – on average, by 72% – from pre- to post-move-in.

Using the percentage changes discussed above as cost multipliers, Figure 8 (next page) projects data to reflect how average treatment costs (per household, per month) may look after Commons at Buckingham's lease-up clients have resided there for a year.

Figure 8: Average treatment costs (per household, per month), after move-in



One of the goals of the Unified Supportive Housing System project is to maximize the use of outside funding sources (e.g., Medicaid) to pay for critical supportive services, with the expectation that these funds could then be used before levy resources (e.g., ADAMH dollars) or community resources (e.g., CSB dollars). With this in mind, what were the proportions of residents with public benefits before moving into Commons at Buckingham? As shown in Table 10, about a fifth of those who moved into Commons at Buckingham during its lease-up period reported having Medicaid benefits before they moved-in. Of these individuals, twelve moved into Non-RL (ADAMH) units, eight moved into Non-RL (Medical) units, and three moved into RL (local or HUD definitions) units. Over time, there may be an opportunity to increase the proportion of Commons at Buckingham residents with Medicaid benefits, perhaps to levels similar to that observed with Southpoint Place's single adults.

Table 10: Households with Medicaid benefits (pre- and post-move-in)

Household characteristics	Commons at Buckingham n=101	Southpoint Place (single adults) n=41
Households with Medicaid benefits (pre-move-in)	23 (23%)	26 (63%)
Households that obtained Medicaid benefits (post-move-in)	Data unavailable	3 (7%)
Total: households with Medicaid benefits (post-move-in)	Data unavailable	29 (71%)

VII. What Lessons Were Learned That May Benefit Future Supportive Housing Projects?

On February 17, 2011, a post-lease-up work session took place at National Church Residences, with representatives from ADAMH, CMHA, CSB, Faith Mission, Friends of the Homeless, NCR, TST, USHS, and Veterans Affairs participating. The primary purpose of this session was to identify the lessons learned from this USHS pilot so future lease-up efforts – especially NCR's Commons at Livingston project, scheduled to begin lease-up in June 2011 – can be implemented more efficiently and effectively.

Throughout the session, participants discussed the lessons they had learned during the course of the pilot, the program elements they would like to see retained in future lease-ups, and recommendations for program improvement. An overview of those comments are included below, and meeting minutes from this work session are included as Appendix B.

- As noted earlier, fewer "severely homeless" individuals (i.e., those who were previously living in places unintended for habitation) entered Commons at Buckingham during lease-up than was expected. For future lease-ups, more effort may be necessary to: 1) expand recruitment efforts beyond shelters; and 2) to ensure homeless outreach and engagement staff are integrated more closely into lease-up planning and implementation. Additionally, a meeting participant suggested future lease-up projects consider consulting HMIS data when trying to identify chronically homeless individuals who may qualify for supportive housing.
- Overall, the high number of qualified applications for Commons at Buckingham (130 applications for 100 openings) seems to indicate: 1) shelters and referring agencies targeted the right individuals for the project; 2) the housing provider closely monitored the flow of referrals into the supportive housing project (e.g., keeping up "positive pressure" for more referrals); and 3) USHS successfully coordinated the application process, ensuring eligible applicants (e.g., disability, income, lack of negative history with housing provider) were considered for admission. As one of the meeting participants noted, this efficient process led to fewer potential applicants getting their hopes up only to find themselves to be ineligible for this supportive housing project - and ultimately, less paperwork for the housing provider, USHS, and CMHA.
- CSB's funding of a LISW position to help with applicants' disability certifications was viewed as a critical element to the success of the lease-up process. This should be a permanent element of the supportive housing referral system, said many of those in attendance.
- Among those who move into non-RL units, there may be merit to additional data tracking of these individuals to understand how they access the outpatient services available to them. This may be especially valuable for those with a history of high service utilization from ADAMH-funded providers.
- Shelter staff and housing providers have many challenging decisions regarding when to begin helping potential residents prepare applications for a supportive housing lease-up. For example, if disability or income certifications are prepared too early in advance of lease-up, these application materials may expire, requiring re-certification. This may be an unavoidable difficulty; however, it should be acknowledged when planning lease-up efforts.
- After reviewing the average number of days required to complete each of the major stages of Commons at Buckingham's application process, there appear to be two where speed / efficiency could be improved, thereby helping residents move into supportive housing more quickly:

    - The time between when potential applicants completed an IOI and when complete documentation was submitted to USHS; and
    - The time between when applicants who accepted an invitation to move into supportive housing were able to acquire a housing subsidy (e.g., there were reports of some waiting to move in until the beginning of a new month).

  These parts of the application process should be examined more closely and modified, if possible, so that individuals can more quickly enter supportive housing.
- During Commons at Buckingham's lease-up period, 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.
- Some of the non-homeless individuals who moved into Commons at Buckingham during lease-up had difficulty meeting some of the supportive housing project's financial requirements (e.g., first month's rent). Unfortunately, little direct client assistance is available for these individuals. What, if anything, can be done to address this?

VIII. Conclusions

During Commons at Buckingham's lease-up period, 130 single adults submitted applications to move into this supportive housing project. Of these: 101 moved in; 9 chose other housing; 9 did not complete the application process; 6 were ineligible for Commons at Buckingham; and 5 were denied entry by NCR.

Was the pilot effective? Yes. During Commons at Buckingham's lease-up, priority was given to Central Ohio's more vulnerable individuals – those who were chronically homeless or who frequently receive ADAMH-funded services. 100% of those who moved in had a documented disability, meeting the system partners' goal for this supportive housing program.

Nearly two-thirds of those who moved into Commons at Buckingham during its lease-up period were recently housed in emergency shelter. And via CSB's administration of the "Vulnerability Assessment," the majority of those who completed this assessment and who moved into one of Commons at Buckingham's 75 homeless units during lease-up (58%) were "vulnerable." The most frequently self-reported risk indicator among those who moved into Commons at Buckingham was a "tri-morbid" condition (35%), defined as a situation in which the individual reported having a mental health, substance abuse, and chronic medical problem.

Was the pilot efficient? Yes. Compared to historical data from other supportive housing programs in Central Ohio, Commons at Buckingham's referral, screening, and admission processes occurred in a timely fashion. On average, 55 days elapsed from the date complete IOIs were sent to USHS to move-in. Furthermore, Commons at Buckingham's centralized referral, screening, and admission processes met nearly all the goals outlined for this supportive housing project. Overall, the system partners and the housing provider all appear to have 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.

Compared to historical data, clients moving into Commons at Buckingham went through the various screening and admissions processes *faster* than one supportive housing project (Briggsdale) but *slower* than another (Southpoint Place). Note the two supportive housing projects that used a centralized screening and admissions lease-up process (Southpoint Place and Commons at Buckingham) both placed clients into housing *faster* than the supportive housing project that used a decentralized screening and admissions process (Briggsdale).

What is the potential for long-term sustainability? Unknown, but likely positive. Average administrative costs for screening and processing applications were much less than that observed for Southpoint Place. More time is required to see whether patterns of service utilization shift in the expected manner (e.g., less inpatient services, more outpatient services).

Overall, USHS' Commons at Buckingham pilot appears to have been implemented as intended, targeting Central Ohio's vulnerable citizens and helping them access supportive housing more quickly than otherwise may have been the case with a traditional, decentralized lease-up process. The system partners and housing provider should be commended for their efforts to help these applicants gain housing.
Looking to the future, USHS may wish to consider doing the following:

- Ensure those who are severely homeless - those who are living on the streets or other areas not meant for habitation - have the highest priority when leasing up supportive housing projects such as Commons at Buckingham. The percentage of homeless clients who moved into Commons at Buckingham and who were classified as "severely homeless" was lower than expected;
- Update its policies and procedures document, using the success of this lease-up experience to serve as benchmarks for future projects and to explore ways to further decrease the time needed for housing;
- Track post-move-in service utilization, confirming the projected patterns are observed and that residents have access to the services they need; and
- Update the costs associated with this lease-up period after sufficient time to observed service utilization (and its costs) has elapsed.

APPENDIX A
COMMONS AT BUCKINGHAM'S PROCESS FLOW CHART

Commons at Buckingham

Lease Up Phase

STEP 1 (USHS)

- IOIs are collected by shelters, outreach, ADAMH providers, VA outreach, & NCR.

STEP 2 (USHS)

- IOIs are submitted to USHS.
- USHS verifies for accuracy and eligibility.
- USHS runs background checks, credit checks, data entry, ODJFS record checks etc.
- Contacts VA to see if client is eligible for VA services.

STEP 3 (NCR)

- Meets with client and performs disability assessments as needed.
- Performs client interview.
- Gathers information from case managers to complete client documentation if still missing.
- Intake phase: NCR application and other documentation – income proof within 30 days, disability proof within 90 days.

STEP 4 (NCR)

- NCR compliance reviews files.
- If client receives a "no", sent back to intake phase to complete; 1 to 7 days to acquire remaining documentation, then back to compliance.

STEP 5 (NCR)

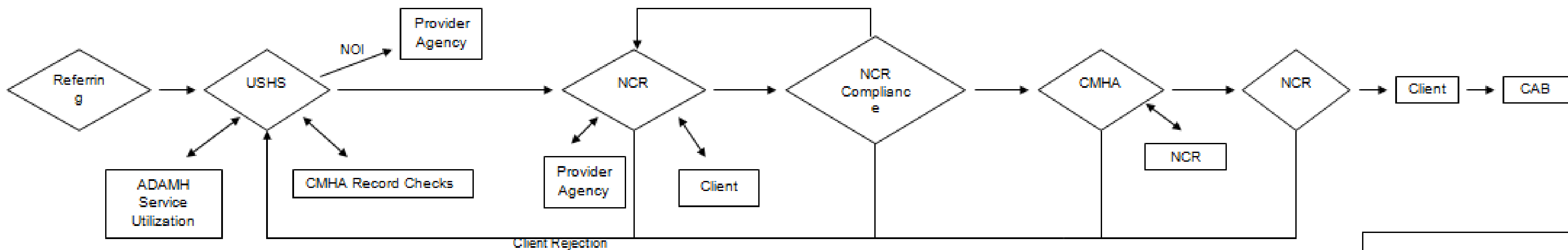
- NCR requests an appointment with CMHA.

STEP 6 (NCR)

- Once client receives approval from CMHA (1 day), NCR contacts client (1- 2 days).

STEP 7 (NCR)

- Lease signing and move- In.
- Client attends CMHA briefing.



Eligibility Issues

- In some cases IOIs are sent back to Provider Agencies for corrections.
- NOIs sent to Provider Agency for eligibility issues (criminal background, student status, incomplete file, household size).

Rejections

- If client rejected, sent back to USHS with a reason (1 day).
- USHS sends new file (2 days).

Denied CMHA

- If client is denied by CMHA, sent back to NCR for "need mores".

CAB
-75 RL units
16 CH (HUD) units
10 Veteran units
-15 ADAMH units
-10 NCR units

100 Section 8 Vouchers

APPENDIX B
MINUTES FROM THE POST-LEASE-UP WORK SESSION

Convener: National Church Residences

Date: Thursday, February 17, 2011 - 8:00am – 9:30pm

Location: NCR Central Office - 2335 North Bank Drive, Columbus, Ohio, 43220

Present:

Dave Davis, CSB
Orie Kristel, The Strategy Team
Lianna Barbu, CSB
Isolde Teba, CSB
Dave Kayuha, NCR
Colleen Bain, NCR
Shannon Easter, Faith Mission
Ron Kadylak, ADAMH Board
Keith McCloud, ADAMH Board
Jessica Sheldon, VA
Tom Dobies, CMHA
Sue Villilo, Faith Mission,
Michelle Heritage Ward, CSB
Kristen Dawe, Friends of the Homeless
Keith McCormish, Public Service Consulting

1. Welcome and Introductions

Dave Kayuha of NCR welcomed everyone to the meeting and asked for introductions. The Commons at Buckingham (CAB) lease-up process was a success from NCR's perspective and Dave expressed his thanks to everyone involved.

2. Data Evaluation Results

Orie Kristel of The Strategy Team provided a summary of the data evaluation for the lease-up process. CAB was fully leased within the 90 day period planned. The average time from the start of the application process to move-in was 55 days, and the median time (which corrects for some of the outlying data points) was 47 days.

Comments on Data Evaluation

- A couple factors may have contributed to the delay:
  - NCR asked CSB to begin requesting applications for Commons at Buckingham from providers 3 months in advance of the building opening. While this helped to insure that enough applicants were processed before the lease up deadline, it is sometimes difficult for shelters to submit that far in advance because the maximum length of stay is 90 days.
  - Some delay in admission may have been the result of applicants having to wait for Section 8 vouchers from CHMA to become available based on the schedule of availability that was agreed upon in advance.

- Not as many "severely homeless" persons (homeless but not sheltered) were admitted to CAB compared to other recent supportive housing lease-ups. This may have to do with how NCR recruited applicants, as they worked mostly with shelters. Some people may also have moved from the land to shelters in advance of the lease up once they had their documentation in order. There was also turnover with outreach workers during this time. Feedback from James Alexander at Maryhaven would help clarify this. It would be interesting to compare the timeline in the data evaluation to the timeline for the Southpoint Place lease-up to see how they differ.

- CAB only had 130 applicants for 100 openings. This indicates an efficient system that prioritized referrals well. Shelter staff did a great job of targeting the right people for the project. The challenge for shelter staff was getting the Certificate of Disability.

- CSB provided funding for NCR to have a staff member with LISW available to visit shelters and help them complete the Certificate of Disability. CSB hopes to have an LISW staff member available for future lease-ups as well.

- There were 56 applications that were incomplete for various reasons. This got better as CSB trained case managers, although turnover among case managers is an ongoing issue. Some applications became outdated as the process continued. Staff members can't gather disability information too far in advance as CMHA and HUD rules require a Certificate of Disability from within the past 90 days. The Certificate of Disability is the most challenging aspect of the documentation.

- NCR wants to make sure treatment plans at mental health agencies identify supportive housing as a need and goal prior to moving into Supportive Housing. ADAMH has been very supportive of this effort and will continue training with contract agencies to promote this concept.

- It would be helpful to explore ways to examine each step of the process and explore ways to streamline the process, thereby reducing the time between referral and move in.

3. Resident Input

Keith McCormish reviewed resident input about the lease-up process obtained from 8 residents at CAB. Residents were satisfied with the lease-up process. Some residents identified the challenge of completing and gathering all the documentation required. One example cited was the Section 8 voucher process. Residents had to go to the CMHA office to complete applications for Section 8. CMHA did visit the CAB site to issue the actual voucher and conduct briefings about the Section 8 program once vouchers were approved.

4. Staff Input

Keith also reviewed NCR staff input about the lease-up process gathered December 10, 2010. Comments about the staff input from meeting participants included:

- Liana Barbu provided margin notes to the staff input document for consideration.
- Marketing is a key piece of the lease-up process. NCR did a good job with marketing in advance with partner agencies and providers. CSB and housing providers need to do even more marketing in advance of new projects coming on line in the future.

- Most shelter residents were referred for CAB closer to the building opening date to keep the disability documentation valid and to ensure they made it through the process.

- When the LISW became available to assist with the Certificate of Disability at shelters, it was very helpful and made the process more efficient.

- Some folks felt a portal or pathway that is directly available to clients would be beneficial.

  - Regarding self-referral, CSB promotes having every person considered for supportive housing linked with a case manager. This may not be possible for people who are not linked in to the system, however.
  - There are some people who call NCR directly to inquire about housing who meet the criteria. LIHTC regulations require that they have the opportunity to apply.
  - Shelters want to provide case management for all referrals but it takes time to engage people, so some may not have a case manager and may self-refer.

- The system wants the most vulnerable to be accepted into supportive housing first, but the vulnerability assessment developed by Common Ground focuses on physical health issues. CSB would like to modify the instrument to sort out more severe mental health and substance abuse issues. People with the most severe disabilities may not be appropriate, however. CMHA has people apply for Section 8 who are not capable of living independently, and they should not be considered for supportive housing. Matching clients to the "right" housing fit would work better if there were openings at multiple projects to choose from – unfortunately that is not usually the case.

- It would be helpful to point homeless persons with disabilities toward supportive housing very early in their contact with the homeless system. For example a portal where people experiencing a housing crisis could receive either prevention assistance, shelter, or be referred to supportive or other housing early in the process. CSB supports a model that focuses on accurate assessment during the first contact, and refers people to the right pathways before they experience long shelter stays or repeated episodes.

- Some applicants had difficulty checking on the status of their USHS application. Application status is now part of the Columbus Service Point data system, so case managers can check on the USHS status for a client from the date the IOI is submitted to USHS at any time until the disposition is determined. NCR will have to work through this issue for veteran clients with the new Commons at Livingston project, since the VA does not currently participate in the data system.

5. Partner Agency Feedback

   - Colleen Bain and NCR staff did a great job at making the system work. Closely monitoring the flow of referrals and persistence in requesting referrals seems to have paid off.

   - Making an LISW available for the supportive housing referral system would be a great addition. CSB is working on this.

   - The system should explore ways to make better use of HMIS data when targeting RL candidates for a lease up – for example - the list of chronic shelter users could help target eligible candidates.

   - ADAMH and the homeless system may need to work on defining categories for people involved in mental health services. ADAMH can also help track cost savings achieved by getting people with severe mental illness into supportive housing.

   - NCR recently became certified as a mental health provider by ODMH. Certification will help the ADAMH Board and NCR coordinate data and serve the most vulnerable mental health clients in the future.

   - For non-homeless persons considered for supportive housing, such as those with medical disabilities, persons coming from group homes, and other situations, there is very little Direct Client Assistance available.

   - Prior to leasing up the Commons at Livingston in June, system partners need to meet to further refine the lease up process and priorities for the housing.

6. Next Steps

   - NCR is actively working with VA and veterans service organizations in advance of the Commons at Livingston lease up, with a projected opening date of June 23, 2011. The VA is hiring an LISW to help with the Certificate of Disability process.

   - NCR will work with system partners through CSB's supportive housing provider group meetings and other specific meetings as needed to work through recommendations and system improvements.

   - CSB and partner agencies are encouraged to explore how to reduce the 12 day average interval in the beginning of the process when the Indication of Interest form is first completed and the referring agency sends it to CSB (or it is entered into USHS).

Minutes completed by Keith McCormish