



Evaluation of the Unified Supportive Housing System's Southpoint Place 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.

The goals of the new system include:

- Simplifying and strengthening the current permanent supportive housing system;
- Increasing the number of clients served, and bringing more resources into the community;
- Greater client and provider access to supportive housing units, matching clients with the right services and the right housing for their needs; and
- Encouraging 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 Southpoint Place (SPP) 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 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 pilot 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? Administered by Community Housing Network (CHN), Southpoint Place allocated 40 units to families and 40 units to single adults. The housing units were further segmented as follows:

SPP's 40 family units

- 16 disabled and homeless family units (e.g., Rebuilding Lives households that were homeless for at least 120 days);
- 19 disabled and non-homeless family units (e.g., non-Rebuilding Lives households, often transferring from other housing programs);
- Additionally, 5 family units for those households transferring from CHN's Wicklow housing program, which was closed.

SPP's 40 single adult units

- 25 disabled and homeless single adult units (e.g., meet the HUD definition of chronic homelessness);
- 15 disabled and non-homeless single adult units (e.g., for those transferring from ADAMH affiliated institutions).

This report presents results from Southpoint Place's "lease-up" period from October 1, 2008 through April 30, 2009. Administrative data from multiple sources were used:

- Tracking households' (families and single adults) movement through SPP's housing process (source: USHS project manager);
- Utilization of treatment services and average treatment costs (source: ADAMH);
- Historical lease-up data from comparable supportive housing programs (source: CHN, NCR).

The full report is comprised of multiple sections, each headed by a particular evaluation question. These questions – and brief answers to them – are reviewed below.

Was the SPP pilot effective? Overall, 75 family households and 63 single adult households completed "Indication of Interest" forms which were returned to USHS for review. During the lease-up period, 36 family households (48%) and 41 single adult households (66%) moved in.¹ Families were most often denied entrance because: a family was "two-bedroom" certified but no two-bedroom units were available; there was no certification of disability; or no dependent children lived with the applicant. Single adults were most often denied entrance due to incomplete documentation, because they had needs that could not be met by Southpoint Place (e.g., hospitalization, medications, legal issues), or because they were currently housed elsewhere. Overall, 100% of the households that moved into SPP – both families and single adults – had an adult with a documented disability.

Regarding the vulnerability of those served, 54% of the single adults who moved into SPP were classified as "high ADAMH utilizers", meaning they received at least \$5,000 in services from ADAMH-affiliated institutions in the 12 months prior to move-in. This was not the case, however, among families: only 3% of families' adults were classified as "high ADAMH utilizers."

¹ Unless otherwise noted, the data reported here do not include the five family households that transferred from CHN Wicklow.

Further, 40% of the chronically homeless single adults who moved into SPP were classified as “severely homeless”, meaning they previously lived in a place unintended for human habitation. None of the families that moved into SPP were similarly classified.

Was the SPP pilot efficient? The number of days from when service providers began to locate potential residents and when these households moved into SPP was greater for families than for single adults (87 and 65 days, respectively). Additionally, when one compares the SPP pilot data to historical data (e.g., households entering supportive housing programs using a more decentralized identification, referral, screening, and admissions process), SPP’s single adults were housed more quickly than a comparison group’s single adults. SPP’s families, however, were housed more slowly than a comparison group’s families. Overall, the pilot program did not accomplish its goal regarding the number of business days required to locate potential applicants and submit completed IOIs to USHS, for either families or single adults. However, the pilot program did accomplish its goals regarding the number of business days required for USHS’ and CMHA’s to screen the IOIs and for CHN to complete its various eligibility verifications.

Goal description	Completion goal	Average number of <u>business days</u> from phase start to phase completion			
		SPP Families (n=36)	Goal met?	SPP Single adults (n=41)	Goal met?
Phase 1: Provider agencies locate potential applicants using lists provided by USHS, have applicants complete IOIs, and return completed IOIs.	13	15.8	<input type="checkbox"/>	30	<input type="checkbox"/>
Phase 2: USHS & CMHA screen the received IOIs.	5	4.7	<input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/>
Phase 3: CHN screening.	10	8.8	<input checked="" type="checkbox"/>	7	<input checked="" type="checkbox"/>

On average (and as may be expected), it took longer for provider agencies to locate *chronically homeless single adult* households and to return their completed IOIs to USHS than was the case for disabled and non-homeless single adults (35 and 18 business days, respectively).

What is the potential for long-term sustainability? Again, there was divergence in the experiences of SPP’s single adults and SPP’s families. From the period prior to move-in to the period after move-in, the percentage of single adults that received outpatient services increased to nearly 100%; for families, the percentage remained stable and under 50%.

Average treatment costs per person per month decreased greatly for ADAMH single adults (e.g., high utilizers) – 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.

Pre- and post-move-in outcome data were available for 26 single adults. Among this group, 96% provided self-rated evaluations in which at least one recovery measure either remained stably positive or increased in positivity.

Lastly, only a handful of applicants – across both families and single adults – obtained public benefits (e.g., Medicaid) after moving into SPP. For families, this was likely due to a ceiling effect – the percentage of families with benefits was close to 100% before move-in. Among single adults, the percentage with benefits increased slightly to almost 70%.

What lessons were learned that may benefit future supportive housing pilot projects?

On April 27, 2010, a post-lease-up work session took place at CSB, with representatives from ADAMH, Amethyst, CHN, Concord, CSB, USHS, NCR, and TST participating. The primary purpose of this session was to identify the lessons learned from the Southpoint Place pilot so that future projects – especially the NCR Commons at Buckingham pilot planned for later in 2010 – can be implemented more efficiently and effectively.

Throughout the session, participants were asked to talk briefly about the lessons they had learned during the course of the pilot – events or scenarios that surprised them, challenged their expectations, and in some cases required responsive action. Answers to this question tended to fall into one of the three categories shown below.

Operational Issues: Because the USHS initiative is unprecedented in its effort to build a more collaborative system for helping disabled and/or homeless citizens access supportive housing, one would expect the entities involved in this pilot lease-up project (especially housing and service providers) to be faced by challenges that required changes from how they may normally operate. And this is indeed what occurred. Providers mentioned difficulties (at least in the beginning of the lease-up period) with ensuring that staff understood and agreed with the intent and administrative requirements of the pilot project, such as the “how” and “why” associated with the various data tracking tools. Providers that added staff to assist with pilot project implementation mentioned it would have been useful if more time and resources were available to train and deliberately integrate new staff into the pilot project, as opposed to a more ad hoc immersion of new staff directly into the pilot program, which is what occurred. At least one provider expressed concern that there may have been insufficient organizational capacity to pilot multiple distinct aspects of this pilot project – the centralized assessment and eligibility process, the unified payment system model, efficiently serving new (to the organization) segments of the population, etc.

Perhaps most importantly, service providers expressed concerns with some of the fiscal aspects of the pilot project, especially as they related to staffing/payroll and cash flow (e.g., the lag between when services were delivered, what type of services were delivered, how services were billed, whether payment was received, and when payment was received).

For future pilot projects that may be similar in scope to Southpoint Place during its lease-up period, service providers suggested the following as a possible solution to the operational issues described above:

- *(The) Lease-up year should be block granted. Year One lease-up looks very different than Year Two. (There are) Challenges in hiring staff before revenues begin to flow; working with clients coming off the land; working with families with substance abuse issues.*

Client Readiness Issues: ADAMH noted that at the start of the pilot project, it was unclear whether there would be sufficient numbers of consumers who were ready to move up from more intensive, inpatient settings into supportive housing settings like Southpoint Place. As shown in the program evaluation, this concern seems to have been largely put to rest.

However, service providers did report some issues with encouraging Southpoint Place residents to access treatment services, particularly those residents who were previously homeless and/or who may have entered without all the requisite forms or certifications to receive (billable) services. At least one service provider reported challenges in engaging and serving families (as opposed to single adults), especially with regard to alcohol, tobacco, or other drug issues that may not be acknowledged by the head of household. For example, those who are “*(informally) disabled by alcohol abuse (may not wish) to be declared (formally and) technically disabled*”, which in turn affects the providers’ ability to provide necessary and billable services.

For future pilot projects that may be similar in scope to Southpoint Place during its lease-up period, session participants suggested the following as possible solutions to the client readiness issues described above:

- *A continuum of housing options that provides access to housing based on person’s needs and readiness for services would be helpful – although we want to be cautious that we don’t miss opportunities to bring folks into communities that might encourage them to move forward.*
- *(Is this) The real question: Do we need to do a better job at intake identifying barriers to resources that are present at move in and may be present after move in?*
- *(Recognize the) Importance of relationships between staff and clients – (clients should have a) visible link between the staff they see via outreach and staff they see at the housing site.*
- *Process (e.g., accessing supportive housing and services) goes faster when person is linked to a provider.*

Planning Issues: Although most session participants acknowledged that much planning had occurred prior to launching the pilot, some suggested that service providers should have been more involved in the project planning; such involvement may have helped service providers avoid or minimize some of the unforeseen problems and surprises that occurred, such as those relating to billing/funding/payment.

There was widespread agreement among session participants that those around the table could “*do all the planning (we want) but there will always be a large number of unknowns – (we) need to be ‘flexperts’, experts at flexibility.*”

For future pilot projects that may be similar in scope to Southpoint Place during its lease-up period, session participants suggested the following as possible solutions to the planning issues described above:

- *Ensure everyone (e.g., service providers, housing providers, system partners, and the public housing authority) is visibly involved in the upfront planning process.*
- *(More) Time needed for thoughtful planning.*
- *(Need to) Prepare administratively for who is to come.*

- *By law, we cannot say we won't house folks if they refuse services. Can we require an assessment and ask folks to agree to and sign off on a treatment plan (as a condition for entry)?*

The debriefing session ended with a discussion of whether or not Southpoint Place pilot was perceived to be a “sustainable” initiative. CSB’s perspective on the matter was that its continued involvement with Southpoint Place would be sustainable. Among other system partners and providers, however, it is unclear how sustainable this effort may be. To help with this decision, session participants indicated a need to consider total administrative costs (e.g., ADAMH’s and CHN’s administrative costs were not factored into the evaluation), ongoing programmatic costs (e.g., analyzing expenses and billings related to Southpoint Place during its second year of operations, after the lease-up period has passed), other costs incurred by providers (e.g., services provided to other family members, to residents without disability documentation), and to better understand what financial arrangements, if any, could be made to ease the service providers’ cash flow pressures of the lease-up period.

Conclusion

From a process perspective:

Regarding the vulnerability of those who moved into Southpoint Place, 100% of the households that moved in had an adult with a documented disability, meeting the system partners’ goal for this supportive housing program. Further, 40% of the chronically homeless single adults were “severely homeless”, meaning their previous living situation was in a place unintended for human habitation.

The USHS pilot program failed to meet its goals regarding the number of days required to locate potential residents, complete Indication of Interest forms, and return these forms to USHS so more intensive screening / eligibility verification could begin. Once the USHS project manager was able to begin processing the IOIs, however, subsequent screenings by USHS, CMHA, and CHN were completed quickly enough to meet the goals set by the system partners.

Considering it took (on average) more than two months to screen and verify families for entrance into Southpoint Place, is there any way to decrease the length of this period, at least to levels approximating those experienced by single adults (i.e., move-in occurred 37 days, on average, from USHS receiving completed IOIs)? What national best practices exist that may help guide the next iteration of USHS’ centralized referral, screening, and housing process?

As noted earlier, single adults (especially those who transferred from ADAMH-affiliated institutions) moved more quickly through the USHS referral and screening activities than did families, which means single adults were housed at Southpoint Place more quickly than families. Furthermore, when one compares Southpoint Place to local supportive housing programs that did not use a centralized referral and screening process during their lease-up periods, SPP’s single adults moved into supportive housing more quickly; SPP’s families, on the other hand, moved into supportive housing more slowly for a number of reasons that are discussed in the main report.

From a client outcomes perspective:

Although client outcomes data were not a primary focus of this program evaluation, some data do exist regarding clients' service utilization patterns and stability. From the period prior to move-in to the period after, the proportion of single adults who utilized inpatient or residential treatment services decreased slightly while the proportion who utilized outpatient treatment services increased significantly, as expected. This pattern was not observed among SPP's families (adults).

As noted earlier, pre- and post-move-in client outcomes data were available for a subset of single adults. Among this group, 96% provided self-rated evaluations in which at least one recovery measure either remained stably positive or increased in positivity.

From a system outcomes perspective:

Average treatment costs per person per month decreased greatly for ADAMH single adults (e.g., high utilizers) – 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. A similar pattern was not observed among chronically homeless single adults or families – instead, outpatient costs increased slightly. Only a handful of applicants – across both families or single adults – obtained public benefits (e.g., Medicaid) after moving into SPP.

Although the USHS Southpoint Place pilot appears to have been implemented (mostly) as intended, there are 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, the USHS SPP pilot appears to have effectively and efficiently served single adults who were high ADAMH utilizers. Therefore, this pilot program could likely be ported successfully to other single adult supportive housing programs during lease-up. For this pilot program to more effectively and efficiently serve families, however, more work should be done to streamline and accelerate families' movement through the housing process.

II. Background and overview of the USHS Southpoint Place 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:

- Simplifying and strengthening the current permanent supportive housing system;
- Increasing the number of clients served, and bringing more resources into the community;
- Greater client and provider access to supportive housing units, matching clients with the right services and the right housing for their needs; and
- Encouraging 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;
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- 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 Southpoint Place (SPP) 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 USHS Southpoint Place pilot featured a “centralized” model of prioritization, eligibility determination, and placement of applicants into supportive housing. With this in mind, the evaluation of the SPP pilot gathered data to help answer the following key conceptual questions:

- 1) **Was the pilot effective?** During Southpoint Place’s lease-up process, 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 SPP’s referral, screening, and admission processes occur in a timely fashion? Was it easier for potential applicants to access supportive housing? How often did applicants arrive at CMHA ready to be approved for housing assistance?
- 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? Did more consumers obtain public benefits?
- 4) **What lessons were learned that may benefit future pilots?** Were any “low hanging fruit” efficiencies identified that may benefit CSB’s or ADAMH’s operations?

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.

Administered by Community Housing Network (CHN), Southpoint Place allocated 40 units to families and 40 units to single adults. The housing units were further segmented as follows:

SPP’s 40 family units

- 16 disabled and homeless family units (e.g., Rebuilding Lives households that were homeless for at least 120 days);
- 19 disabled and non-homeless family units (e.g., non-Rebuilding Lives households, often transferring from other housing programs);
- Additionally, 5 family units for those households transferring from CHN’s Wicklow housing program, which was closed.²

SPP’s 40 single adult units³

- 25 disabled and homeless single adult units (e.g., meet the HUD definition of chronic homelessness);
- 15 disabled and non-homeless single adult units (e.g., for those transferring from ADAMH affiliated institutions).

To fill these units during SPP’s “lease-up” period (i.e., August 2008 through April 2009), the following referral, screening, and admission activities comprised the key elements of the USHS SPP pilot:

1. Referring agencies (CSB, ADAMH, CHN) **created** pools of potentially qualified adult applicants. Using these pools, provider agencies (e.g., organizations with direct contact with consumers) **assessed**

² 35 of the 40 family units were leased up via USHS’ centralized referral, screening, and admission processes – 5 families transferred to SPP from CHN Wicklow via a different process. During the SPP lease-up period, two families were removed after move-in due to custody judgments that affected their SPP classification as a “family.” One of these families was replaced during the lease-up period, which means a total of 36 families were considered in these analyses. Unless otherwise noted, the data reported here do not include the five family households that transferred from CHN Wicklow.

³ Four single adults were removed from SPP after move-in, due to incarceration (2), assault (1), or movement out-of-state (1). One of these vacancies was filled during the lease-up period. Therefore, a total of 41 single adults were considered in these analyses.

potential applicant interest in the program and helped them **complete** an “Indication of Interest” form that was **forwarded** to the Unified Supportive Housing System (USHS) project manager.

2. The USHS project manager **reviewed and screened** the referred applicants, identifying those who met the pilot’s eligibility criteria, defined as follows:
 - *Have documentation of disability; Have verification of head of household’s identity; Have verification of income; Not be currently enrolled as a full-time student; Have completed all required forms; and Have never been convicted as a sex offender.*

Applicants who would likely require a Section 8 voucher had the following eligibility criteria:

- *Have never been convicted of or evicted from CMHA housing due to drug-related criminal activity or violent criminal activity; Have paid all outstanding debts owed to CMHA; and Did not leave previous tenancy under the Section 8 Program in violation of a family obligation under the Housing Choice Voucher Program.*

Families had the following criteria as well:

- *Have at least one dependent child under the age of 18 living with the family.*
3. The pool of applicants was then **prioritized** as a function of disability status, homeless shelter usage, and ADAMH service utilization, a process coordinated by the USHS project manager.
 4. Prioritized applicants were then **screened** again by 1) CMHA to verify their eligibility for Southpoint Place and then by 2) the USHS project manager to confirm they were an appropriate match to the pilot.
 5. Southpoint Place’s housing provider, CHN, was then provided with this prioritized list of applicants. Using their screening processes, applicants were interviewed by CHN staff. After reviewing the applications and researching any prior history with CHN housing projects, entrance into Southpoint Place was approved or denied. These decisions were then shared with the USHS project manager.
 6. Applicants who were invited to move into Southpoint Place and who needed (and qualified for) a Section 8 housing subsidy completed a Section 8 voucher application and submitted this to CMHA for review and approval. In a few cases, applicants moved into Southpoint Place before CMHA finished the subsidy approval process.

Appendix A contains flowcharts depicting the USHS screening processes, for families and for single adults. 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., SPP) or to a supportive housing program that used a decentralized process, the family and single adult households who moved into SPP during its lease-up period were compared to families and single adult households who moved into other supportive housing programs with a decentralized lease-up process. See Table 1. Note: Because SPP’s centralized referral, screening, and admission process differed slightly for families vs. single adults, this report usually presents the outputs and outcomes for these populations separately.

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

	Centralized referral, screening, admission process	Decentralized referral, screening, admission process
Families	SPP (families) [August 2008 to April 2009; 16(+5) Rebuilding Lives units and 19 non-Rebuilding lives units]	NCR/Maryhaven Commons at Chantry [July 2006 to November 2006; 8 units]
Single adults	SPP (single adults) [October 2008 to April 2009; 25 Chronically Homeless units and 15 ADAMH units]	CHN Briggsdale [November 2005 to June 2006; 25 units]

Table 2 presents additional descriptive information about Southpoint Place, such as the number of individuals and families who applied, how many were screened out by the USHS processes, etc.

Table 2: Additional information regarding Southpoint Place

SPP lease-up period: August 1, 2008 through April 30, 2009	SPP (families)	SPP (single adults)
# of households that completed "Indication of Interest" (IOI) form	75	63
# of available housing units	35 (+5)	40
# of housing units intended for "Rebuilding Lives" or "HUD Chronically Homeless" households	16 (21)	25
# of IOIs per available housing unit	2.1	1.6
# of households that applied and moved in	36 (48%)	41 (66%)
# of households that applied but did not move in	34 (45%)	18 (29%)
# of households that did not move in but remained eligible for move-in at end of lease-up period	5 (7%)	4 (6%)

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 “Indication of Interest” form but either received a “Notification of Incompatibility” from the USHS project manager or who were denied entry by CHN, the housing agency responsible for Southpoint Place). Table 3 provides an overview of the applicants who were denied entry into Southpoint Place, including the average and median number of days that elapsed from the beginning of the USHS process until resolution. Comparing SPP’s families to SPP’s single adults, one marginally significant difference was noted: from the time USHS received a completed IOI form until the time CHN notified applicants that they could not be housed, single adults were rejected more quickly than were families.^{4,5} For demographic information about the applicants who were screened out by the USHS processes, please see Table B1 in Appendix B.

⁴ Statistical significance refers to the outcome of a statistical test. If a difference or trend is statistically significant, it is unlikely to have occurred due to chance alone (i.e., p<.05).

⁵ A t-test was calculated [days elapsed by SPP client type, CHN rejected]: t(20)=1.8, p<.10 (equal variances assumed).

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

SPP lease-up period: August 1, 2008 through April 30, 2009	SPP (families)	SPP (single adults)
# of days from when USHS receives IOI to when "Notification of Incompatibility" is issued (average median)	19 21	10 10
# of days from when USHS receives IOI to when CHN notifies applicant of rejected status (average median)	60 56	40 42

During the Southpoint Place pilot program, the USHS project manager described the circumstances surrounding those cases in which applicants were screened out or otherwise did not proceed to move-in. Focusing on the 34 family applicants that were denied entry:

- 19 received a “Notification of Incompatibility” from the USHS project manager, usually because a family was “two-bedroom” certified but no more two-bedroom units were available, because there was no certification of disability, or because no dependent children lived with the applicant;
- 14 were denied by CHN after it completed its eligibility verifications, credit checks, and interviews in accordance with its tenant selection policy; and
- 1 refused an invitation to enter Southpoint Place because of concerns about her children’s school enrollment.

Focusing next on the 18 single adult applicants that were denied entry:

- 6 did not complete documentation / were “no shows” to appointments / could not be located;
- 3 refused to participate;
- 3 were currently housed elsewhere / not chronically homeless;
- 2 had needs that could not be met by Southpoint Place (e.g., hospitalization, medications);
- 2 had legal issues; and
- 2 had other reasons.

III. Who was served by the USHS Southpoint Place Pilot?

A key eligibility criterion for applicants’ admission into Southpoint Place was the documentation of a disability in the screened household. As can be seen in Figure 1, the majority of SPP applicants had a documented mental health disability. On average, family applicants (especially those classified as ‘Rebuilding Lives’ eligible) were more likely than other applicants to have a documented physical disability,⁶ while single adult applicants (especially those classified as chronically homeless) were significantly more likely than other applicants to have a documented alcohol abuse problem.⁷

Figure 1: Documented disabilities among those admitted to Southpoint Place

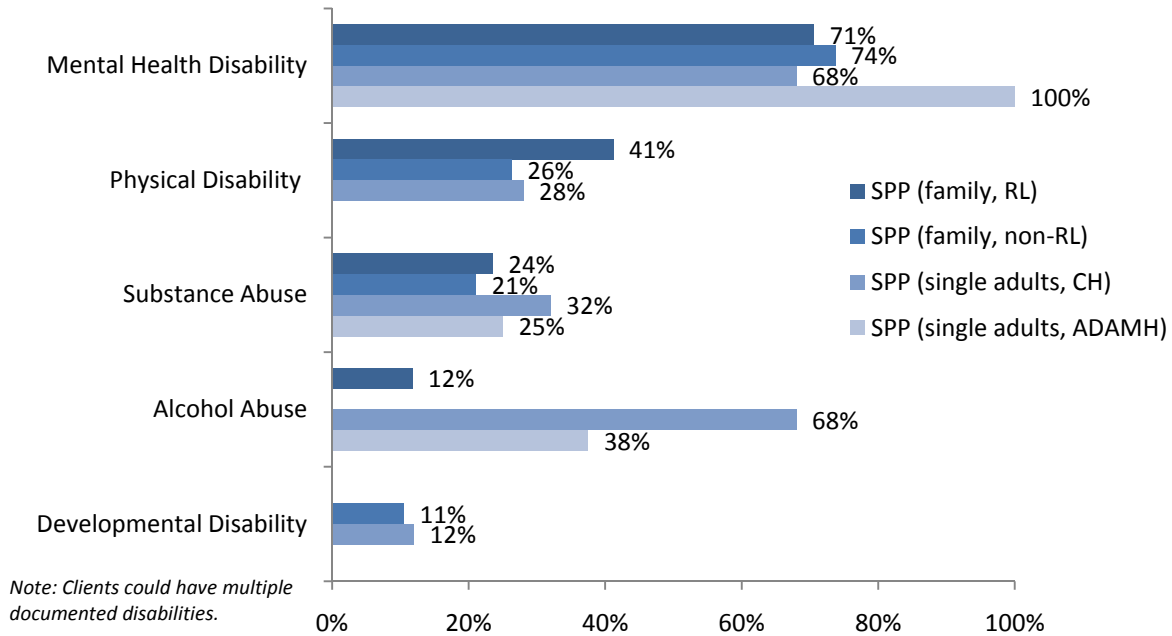


Table 4 presents the demographic characteristics of the households served by Southpoint Place and by comparison supportive housing programs during their respective lease-up periods. A number of statistically significant differences were observed between SPP’s households and the comparison program’s households. First, the proportion of single adults who were male was higher for SPP than it was for CHN Briggsdale. Additional differences were observed regarding average income and the proportion of those who previously lived in a place unintended for human habitation – these differences are discussed in detail in the next section of the report.

⁶ A chi-square was calculated [physical disability by SPP client type]: $\chi^2=2.3$, $p=.13$.

⁷ A chi-square was calculated [alcohol abuse by SPP client type]: $\chi^2=22.6$, $p<.01$.

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

	SPP (family, RL)		SPP (family, non-RL)		SPP (single adults, CH)		SPP (single adults, ADAMH)		Commons at Chantry (families)		CHN Briggsdale (single adults)	
Head of household - race	n=17		n=19		n=25		n=16		n=8		n=25	
<i>American Indian or Alaskan Native</i>	1	5.9%	1	5.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
<i>Black or African American</i>	7	41.2%	12	63.2%	14	56.0%	9	56.3%	5	62.5%	13	52.0%
<i>White</i>	9	52.9%	6	31.6%	11	44.0%	7	43.8%	3	37.5%	12	48.0%
Head of household - ethnicity	n=17		n=17		n=25		n=16					
<i>Hispanic</i>	1	5.9%	1	5.9%	1	4.0%	0	0.0%	0	0.0%	0	0.0%
<i>Non-Hispanic</i>	16	94.1%	16	94.1%	24	96.0%	16	100.0%	8	100.0%	25	100.0%
Head of household - gender	n=17		n=19		n=25		n=16					
<i>Female</i>	15	88.2%	18	94.7%	2	8.0%	4	25.0%	8	100.0%	11	44.0%
<i>Male</i>	2	11.8%	1	5.3%	23	92.0%	12	75.0%	0	0.0%	14	56.0%
Head of household - marital status	n=17		n=17		n=23		n=15					
<i>Married</i>	2	11.8%	1	5.9%	1	4.3%	0	0.0%	0	0.0%	0	0.0%
<i>Not married</i>	15	88.2%	16	94.1%	22	95.7%	15	100.0%	8	100.0%	25	100.0%
Previous living situation	n=17		n=17		n=25		n=16					
<i>Emergency shelter</i>	15	88.2%	1	5.9%	15	60.0%	0	0.0%	4	50.0%	11	44.0%
<i>Place not meant for habitation</i>	0	0.0%	1	5.9%	10	40.0%	0	0.0%	3	37.5%	14	56.0%
<i>Doubled-up / with family or friends</i>	0	0.0%	6	35.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
<i>Substance abuse treatment center</i>	1	5.9%	0	0.0%	0	0.0%	4	25.0%	1	12.5%	0	0.0%
<i>Rental housing</i>	1	5.9%	8	47.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
<i>Other</i>	0	0.0%	1	5.9%	0	0.0%	12	75.0%	0	0.0%	0	0.0%
Head of household - other characteristics												
<i>Headed by veteran? (Yes)</i>	0	0.0%	0	0.0%	3	13.0%	0	0.0%	0	0.0%	2	8.0%
<i>Have disability of long duration? (Yes)</i>	17	100.0%	19	100.0%	25	100.0%	16	100.0%	8	100.0%	23	92.0%
<i>Average age</i>	34		33		46		39		33		45	
<i>Average household size</i>	4		4		1		1		3		1	
<i>Have \$0 monthly income? (Yes)</i>	6	35.3%	5	26.3%	16	64.0%	1	6.3%	1	12.5%	17	68.0%
<i>Average monthly income (all sources, including \$0 values)</i>	\$366		\$456		\$197		\$673		\$801		\$180	
<i>Average monthly income (all sources, excluding \$0 values)</i>	\$566		\$620		\$546		\$718		\$915		\$563	

IV. Was the USHS Southpoint Place Pilot effective?

A. Effectiveness measure – vulnerability of those served

One of the primary goals of the Southpoint Place Pilot was to ensure that those who were in need of supportive housing assistance were prioritized for placement into supportive housing. To what extent, then, were vulnerable families and single adults served by this program?

SPP’s families had a *lower* average household income than Commons at Chantry’s families, a statistically significant difference.⁸ See Table 5. However, the percentage of Commons at Chantry’s families who were severely homeless (e.g., living in places unintended for habitation before moving into the supportive housing program) was *higher* than the percentage of SPP’s families.

SPP’s single adults had a *higher* average household income than CHN Briggsdale’s single adults, a statistically significant difference.⁹ And the percentage of CHN Briggsdale’s single adults who were severely homeless was *higher* than the percentage of SPP’s single adults, also a statistically significant difference.¹⁰ However, the percentage of SPP’s single adults who were classified as high ADAMH utilizers was significantly higher than that of CHN Briggsdale’s.¹¹

Table 5: Vulnerable populations served by supportive housing programs

FAMILIES	SPP (RL)	SPP (non-RL)	Commons at Chantry
Household characteristics (pre-move-in)	n=17	n=19	n=8
Average household income (including \$0s)	\$366	\$456	\$801
Severely homeless (i.e., previous living situation was "place not meant for habitation")	0 (0%)	1 (5%)	3 (38%)
High ADAMH utilizers (i.e., in year prior to entry, received >=\$5,000 in services from ADAMH-affiliated institutions)		1 (3%)	3 (38%)
Hospitalized for mental health or substance abuse issues (immediately prior to supportive housing)		1 (3%)	2 (25%)

SINGLE ADULTS	SPP (CH)	SPP (ADAMH)	CHN Briggsdale
Household characteristics (pre-move-in)	n=25	n=16	n=25
Average household income (including \$0s)	\$197	\$673	\$180
Severely homeless (i.e., previous living situation was "place not meant for habitation")	10 (40%)	0 (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)		22 (54%)	7 (28%)
Hospitalized for mental health or substance abuse issues (immediately prior to supportive housing)		4 (10%)	3 (12%)

⁸ A t-test was calculated [average income by housing program, families]: t(42)=2.3, p<.05 (equal variances assumed).

⁹ A t-test was calculated [average income by housing program, single adults]: t(56)=-2.2, p<.05 (equal variances not assumed).

¹⁰ A chi-square was calculated [severely homeless by housing program, single adults]: $\chi^2=6.7$, p<.01.

¹¹ A chi-square was calculated [high ADAMH utilizers by housing program, single adults]: $\chi^2=4.2$, p<.05.

V. Was the USHS Southpoint Place Pilot efficient?

The Southpoint Place 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

Looking at family and single adult households separately, how many days (on average) were required for applicants to proceed through USHS' referral, screening, and admission steps for Southpoint Place?

Figure 2 (next page) focuses on the 36 families that moved into Southpoint Place during its lease-up period. On average, approximately 87 days elapsed between the beginning of the USHS process and move-in.¹² The minimum number of days was 48 and the maximum number of days was 139.

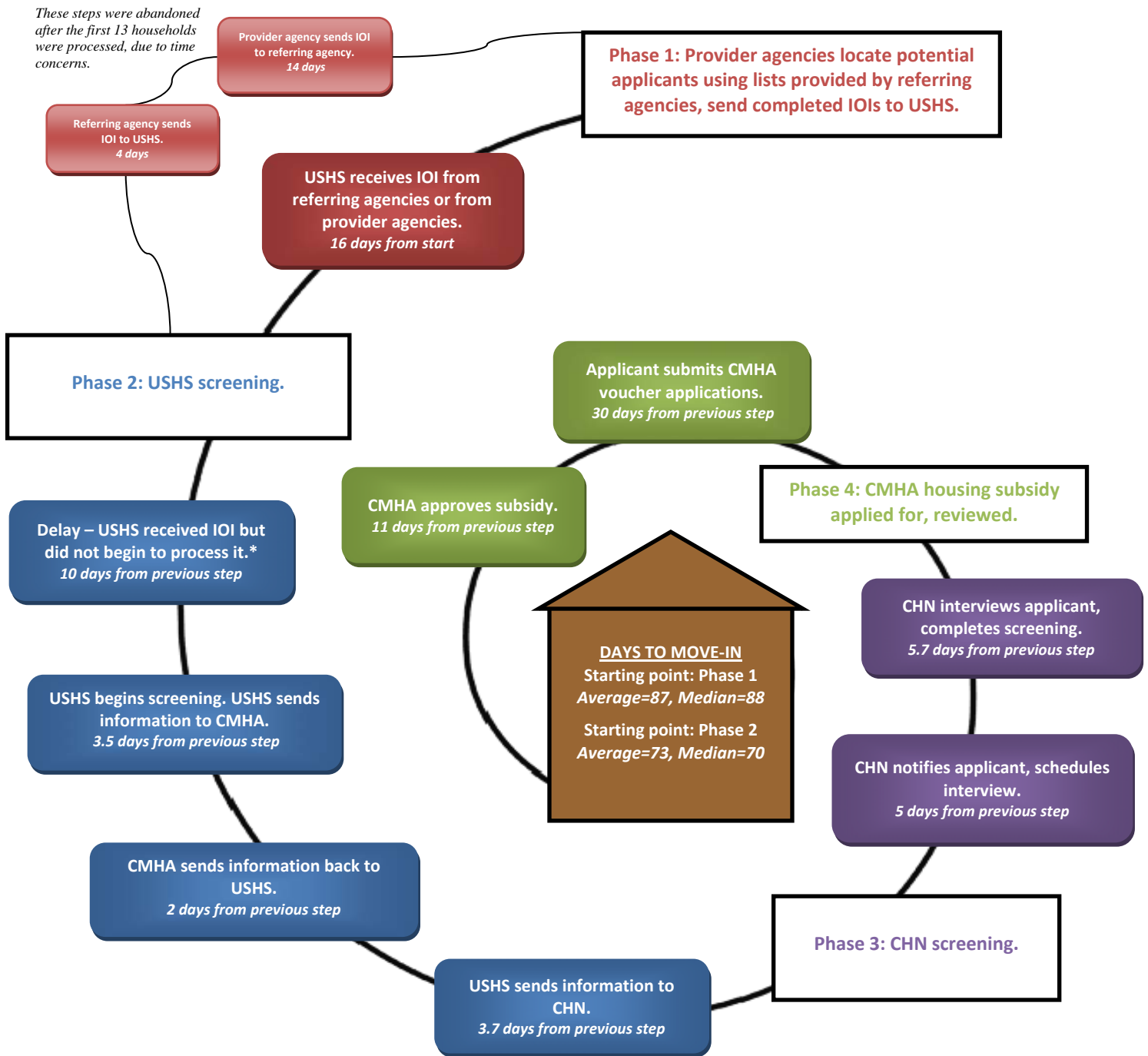
Figure 3 on the following page focuses on the 41 single adults who moved into Southpoint Place during its lease-up period. On average, about 65 days elapsed between the beginning of the USHS process and move-in. The minimum number of days was 16 and the maximum number of days was 133.

More detailed information about the time required for applicants to progress through these various stages is presented in Tables B2 and B3 in Appendix B.

¹² For those applicants who entered SPP during its lease-up period via a vacancy management process (e.g., a client was removed for an ineligibility issue and replaced with someone new), a different starting date was used when calculating their total elapsed time. For these applicants, the "start" date was the date the USHS project manager began processing their IOIs.

Figure 2: Average number of days from applicant identification to move-in – FAMILIES

[Base: 36 families that moved into SPP during the lease-up period from August 2008 – April 2009]



During Southpoint Place’s lease-up period, 75 families completed IOIs: 19 received a “Notification of Incompatibility;” 14 were denied by CHN; 1 refused to move in; 5 remained eligible; and 36 moved in.

*Primarily due to the gap between when USHS received the first set of IOIs and when SPP units were ready.

Note: Negative day counts (due to steps occurring out of the order shown above) were recoded to 0. For each step, extreme outliers (i.e., ≥3 standard deviations from the mean or ≥90 days) were replaced by the step’s average value after outlier deletion.

Figure 3: Average number of days from applicant identification to move-in – SINGLE ADULTS

[Base: 41 single adults that moved into SPP during the lease-up period from August 2008 – April 2009]



During Southpoint Place’s lease-up period, 63 single adults completed IOIs: 1 received a “Notification of Incompatibility;” 14 were denied by CHN; 3 refused to move in; 4 remained eligible; and 41 moved in.

*Average time for ADAMH individuals only; single adults classified as HUD chronically homeless did not require Section 8 vouchers.

**Because single adults classified as HUD chronically homeless did not require Section 8 vouchers, most single adult applicants did not apply for Section 8 vouchers during Southpoint Place’s lease-up period.

Note: Negative day counts (due to steps occurring out of the order shown above) were recoded to 0. For each step, extreme outliers (i.e., ≥3 standard deviations from the mean or ≥90 days) were replaced by the step’s average value after outlier deletion.

To what extent did USHS’s centralized referral, screening, and admission processes meet the goals outlined in the procedural document, *Southpoint Place Pilot Program Policies (11/3/2008)*? As shown in Table 6, the pilot program did not accomplish its goal regarding the number of business days required to locate potential applicants and submit completed IOIs to USHS, for either families or single adults. However, the pilot program did accomplish its goals regarding the number of business days required for USHS and CMHA to screen the IOIs and for CHN to complete its various eligibility verifications.

Table 6: Primary goals for USHS’ SPP screening processes

Goal description	Completion goal	Average number of <u>business days</u> from phase start to phase completion			
		SPP Families (n=36)	Goal met?	SPP Single adults (n=41)	Goal met?
Phase 1: Provider agencies locate potential applicants using lists provided by USHS, have applicants complete IOIs, and return completed IOIs.	13	15.8	<input type="checkbox"/>	30	<input type="checkbox"/>
Phase 2: USHS & CMHA screen the received IOIs.	5	4.7	<input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/>
Phase 3: CHN screening.	10	8.8	<input checked="" type="checkbox"/>	7	<input checked="" type="checkbox"/>

The number of business days elapsed for each step excludes federal holidays.

Additional analyses revealed that on average (and as may be expected), it took longer for provider agencies to locate chronically homeless single adults and to return their completed IOIs to USHS than single adults seeking a transfer to SPP from an ADAMH-affiliated institution (35 and 18 business days, respectively).

B. Efficiency measure – Comparing process flows to historical data

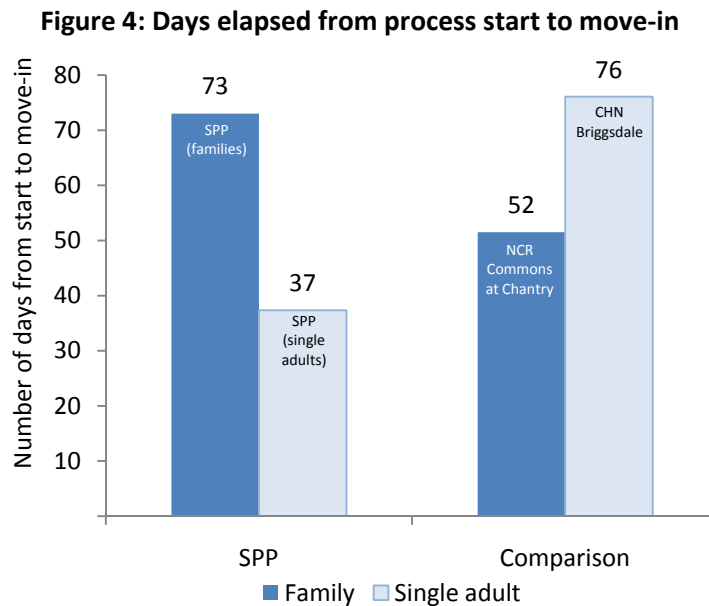
When one compares the time elapsed from the beginning of the referral and screening process to move-in for applicants processed by a centralized system like USHS’ versus the more typical, decentralized system observed in Central Ohio, are any statistically significant differences evident?

The process flow data for applicants who moved into SPP (reviewed earlier in Figures 2 and 3) were compared to process flow data for applicants who moved into the comparison sites of CHN Briggsdale and NCR Commons at Chantry. The latter data were gathered by CSB staff, who reviewed CHN’s and NCR’s administrative records.

For both the comparison sites and SPP, a similar “process end date” was available – the date the applicant moved into the supportive housing program. Regarding the “process start date”, the comparison sites’ “Date of referral” was used to mark the beginning of the screening and admission process. For Southpoint Place, the “process start date” was the “Date USHS received a completed

Indication of Interest (IOI).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 by the factors of supportive housing program (SPP vs. comparison sites) and type of applicant served (families vs. single adults), a statistically significant interaction effect emerges, as shown in Figure 4.¹⁴ For single adults, Southpoint Place residents moved through the screening and admissions process *faster* than CHN Briggsdale residents (i.e., 37 and 76 days, respectively).¹⁵ For families, Southpoint Place residents moved through the screening and admissions process *slower* than Commons at Chantry residents (i.e., 73 and 52 days, respectively).¹⁶



This pattern raises a question for the researchers. Assuming that the fewer number of days required to process single adult applicants can be attributed in part to USHS’ centralized screening and admission process, why wasn’t a similar significant effect observed among family applicants, even after discounting the delay from when USHS received the IOIs to when the Southpoint Place units came online and the IOIs could be processed? To explore this pattern further, the data were broken down into households’ Rebuilding Lives / non-Rebuilding Lives classification (for families) or households’ chronically homeless / “other” classification (for single adults).

As shown in Figure 5a, the average time for a Rebuilding Lives (RL) family to move through the USHS process was 69 days vs. 77 days for a non-RL family, with this difference approaching levels of statistical significance.

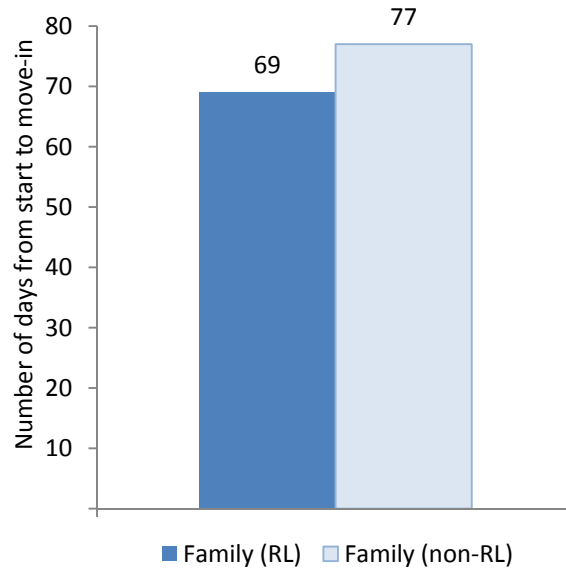
¹³ In other words, the elapsed time represented by “Phase 1” in Figures 4 and 5 were not included in the analyses reviewed here.

¹⁴ For the housing program by client type interaction, $F(1,104)=28, p<.01, \text{partial } \eta^2=.21$. This remained statistically significant even after including race (white, non-white), age, marital status (married, not married), and income prior to housing as covariates.

¹⁵ A t-test was calculated [days elapsed by housing program, single adults]: $t(37)=5.3, p<.01$ (equal variances not assumed).

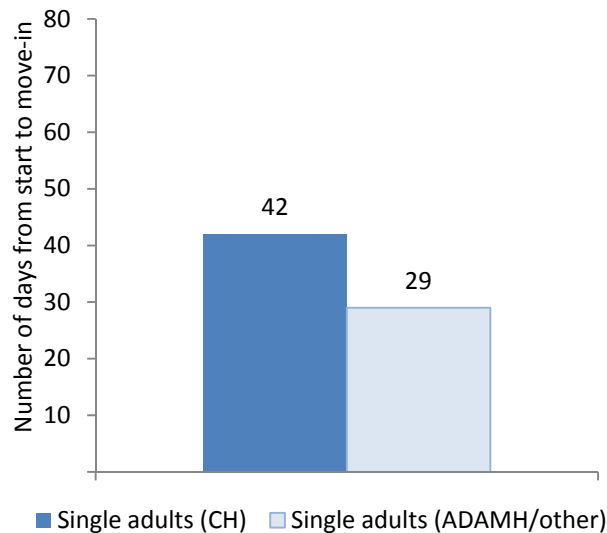
¹⁶ A t-test was calculated [days elapsed by housing program, families]: $t(7.9)=-1.7, p=.12$ (equal variances not assumed).

Figure 5a: Days elapsed from process start to move-in (families)



And as shown in Figure 5b, chronically homeless single adults required, on average, more days to move through the USHS process and into SPP as compared to those transferring from ADAMH-affiliated institutions, with this difference being marginally statistically significant.

Figure 5b: Days elapsed from process start to move-in (single adults)



There are a variety of possible explanations for why single adults moved more quickly than families through USHS’ screening, assessment, and placement processes.

- Single adults from ADAMH-affiliated institutions were more likely than families to already have much of the information necessary for screening and assessment into a program like SPP.
- Because the sheltering of family households is the top priority of Franklin County’s emergency shelter system, the pool of pre-existing qualified families (e.g., homeless for >120 days, with at least one disabled adult) was much smaller than was the case for single adults.

- To qualify for entrance into Southpoint Place, families were required to meet additional eligibility criteria (e.g., proof that the household was a family one) than was the case with single adults.
- Families' larger household size could have made it more difficult to assemble complete information for each household member in a timely manner.

C. Efficiency measure – Complete applications for Section 8 vouchers

As applicants seek entry into supportive housing, many require Section 8 vouchers for those units designated as such. To speed up the process of obtaining these vouchers and to avoid unnecessary delays, the USHS project manager worked with applicants and provider agencies so that applicants would arrive at their voucher interview with their application complete and with all necessary documentation in hand. As can be seen in Table 7, more SPP single adult voucher applicants arrived for their first interview with all necessary information than did CHN Briggsdale single adults.¹⁷

Table 7: Section 8 voucher applications

	SPP (families)	SPP (single adults)	Commons at Chantry (families)	CHN Briggsdale (single adults)
Household characteristics	n=36	n=41	n=8	n=25
Applicants who submitted Section 8 voucher applications	36 (100%)	15 (36%)	8 (100%)	10 (40%)
Of those who submitted Section 8 voucher applications those who arrived for first interview with complete application and all necessary documentation	13 (36%)	15 (100%)	6 (75%)	2 (20%)
Of those who submitted Section 8 voucher applications, those who received Section 8 vouchers	36 (100%)	15 (100%)	8 (100%)	8 (80%)

However, a higher percentage of Commons at Chantry's families arrived for their first CMHA interview with complete information than did SPP's families. This may explain, at least in part, why Commons at Chantry's families moved into supportive housing more quickly than SPP's families – more of the Commons at Chantry families may have had more of their paperwork in order earlier in the housing process.

¹⁷ A chi-square was calculated [prepared for interview by housing program, single adults]: Yates $\chi^2=14.16$, $p<.01$.

VI. What is the potential for long-term sustainability?

A. Sustainability measure – Program costs (FY2009)

Table 8 presents an overview of costs associated with the SPP pilot in FY2009.¹⁸ As expected, the majority of program expenses were for treatment and other services received by residents, totaling \$356,128 (all sources). Additional program costs related to the administration of this pilot program (including screening and assessment) totaled \$79,533. Overall, the average total cost to screen, house, and support eligible households at Southpoint Place was \$4,343 during FY2009. For more information about how these costs were calculated, please see Appendix B.

Table 8: Overall program costs – Southpoint Place pilot

		SouthPoint Place (FY2009)
Units available to USHS during lease-up period		75 (+5)
Family and single adult households entering SPP during lease-up period*		82
Months in lease-up period (August 2008 through April 2009)		9
Service/Treatment Costs		
	Medicaid Claims	\$86,647
	ADAMH Nurse Costs	\$58,813
	CSB Block Grant	\$16,101
	CSB Non-Medicaid Claims	\$16,600
	CHN-HUD Funding	\$59,092
Housing Assistance Costs		
	Housing Assistance Payments (Section 8 vouchers)	\$39,342
CSB Internal Costs		
	Project Manager Costs (100% tied to screening and assessment)	\$22,900
	Other Administrative Time/Costs (20% tied to screening and assessment)	\$56,633
TOTAL PROGRAM COSTS		\$356,128
Average housing assistance payment (n=42 households for which data were available)		\$937
Average service/treatment cost (n=81 households receiving support)		\$2,929
Average administrative cost - applicant screening and assessment only (n=138 households submitting IOIs)		\$248
Average administrative cost - remainder (n=138 households submitting IOIs)		\$328
Average total cost-households served (n=82 households)		\$4,343
Average total cost-distinct clients served (n=144 individuals in family units, 41 individuals in single adult units)		\$1,925

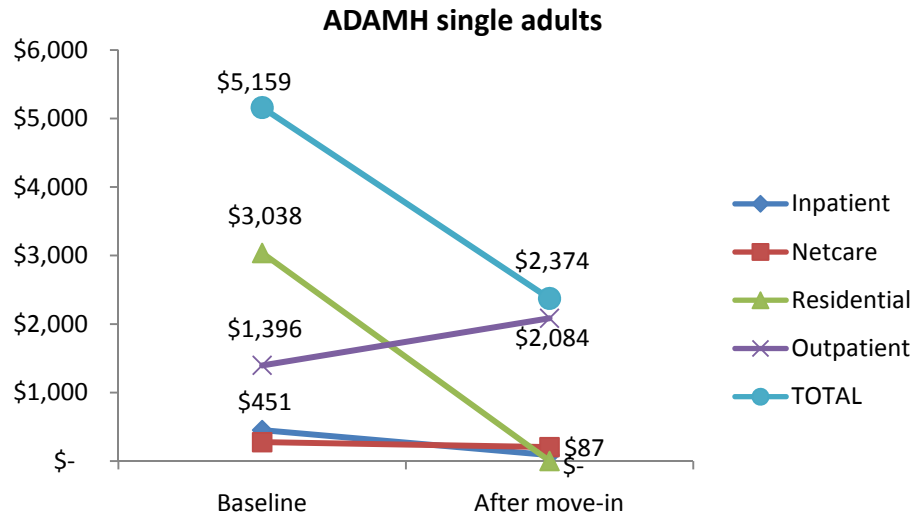
* Includes the five families who transferred from CHN Wicklow to SPP.

¹⁸ Because monthly costs were unavailable for the program’s lease-up period, and because program costs were not incurred equally over the program’s nine month lease-up period, the costs shown here rely on FY2009 numbers. This means the reported costs shown here are likely higher than the actual costs incurred during SPP’s lease-up period.

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

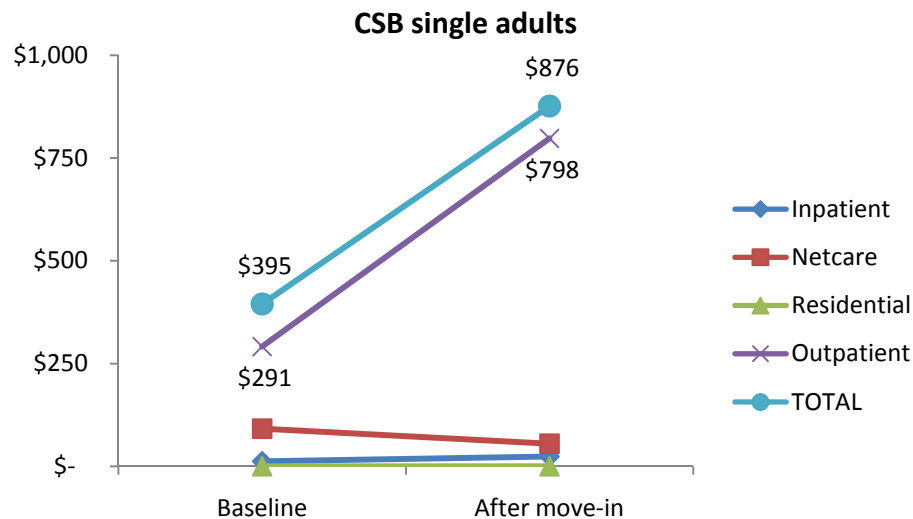
ADAMH provided an analysis of average treatment costs (per household, per month) for two time periods: baseline (before each resident moved into SPP) and after move-in. Among *ADAMH single adults*, average residential and inpatient treatment costs decreased considerably from pre- to post-move-in for ADAMH single adults who received these services. See Figure 6a. Overall, the average total treatment cost for ADAMH single adults decreased by 46%.

Figure 6a: Average treatment costs (per household, per month)



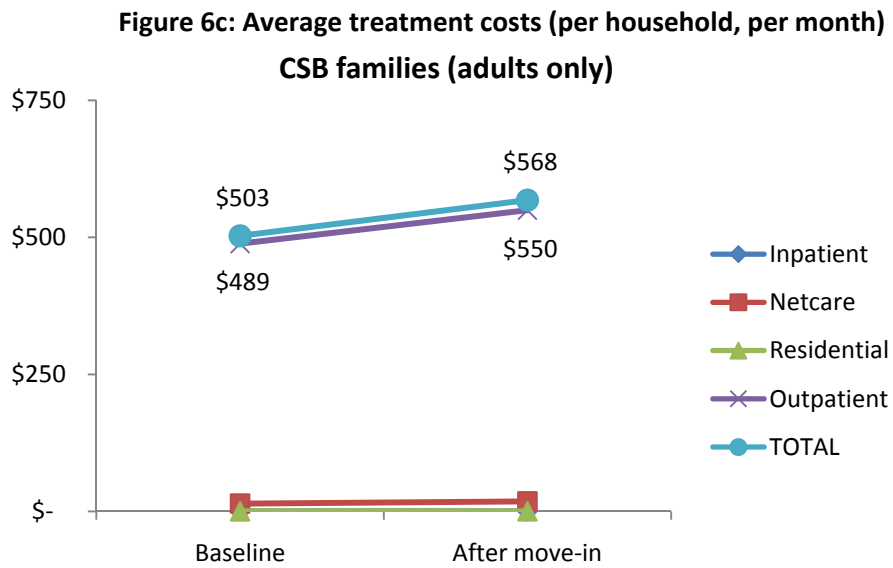
Among the *chronically homeless single adults* who received treatment services, average total treatment costs increased considerably from baseline to after move-in (from \$395 to \$876). This was primarily due to a substantial increase in outpatient treatment costs (from \$291 to \$798). See Figure 6b.

Figure 6b: Average treatment costs (per household, per month)



Consistent with the patterns shown above, another financial analysis conducted by ADAMH found that total monthly treatment costs decreased for 93% of the ADAMH single adults and 33% of the chronically homeless single adults.

Lastly, among the Rebuilding Lives families (adults) who received treatment services, average total treatment costs increased slightly from baseline to after move-in. See Figure 6c. For additional information about how these average treatment costs were calculated, please see Appendix B.



C. Sustainability measure – Outpatient service utilization

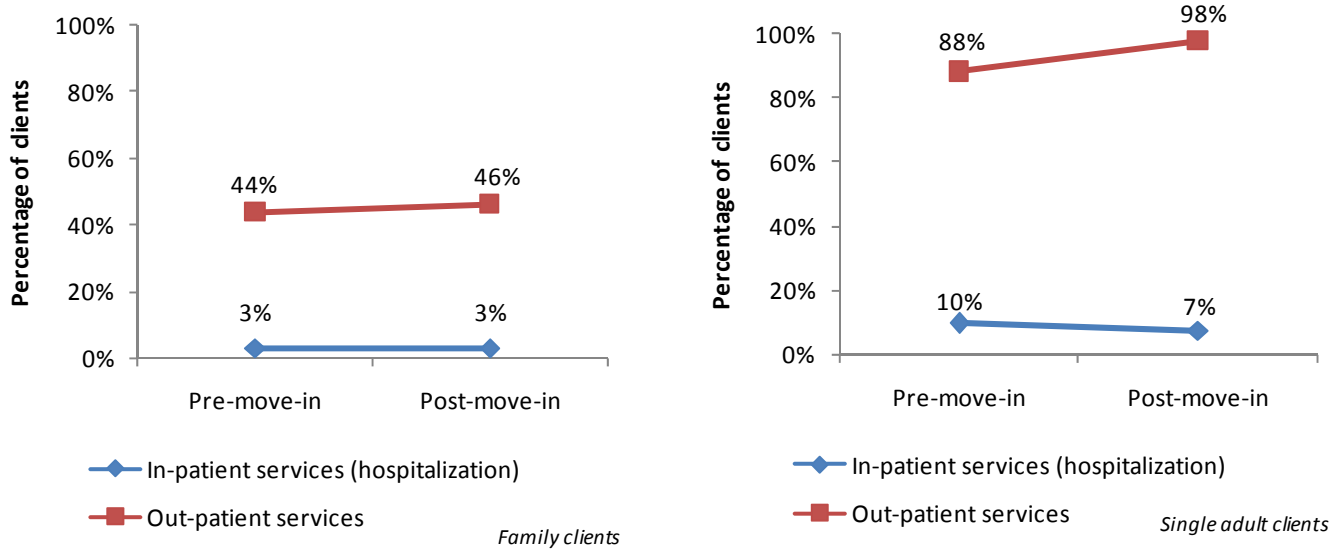
Because supportive housing programs offer residents convenient access to a host of supportive services, including assessment activities, case management, individual counseling/treatment, group counseling/ treatment, pharmacological management, and behavioral health therapy,¹⁹ inpatient service utilization usually *decreases* from pre- to post-move-in while outpatient service utilization *increases* from pre- to post-move-in. Did Southpoint Place residents make greater use of outpatient services (and less use of inpatient services) after move-in?

As shown in Figure 7, the expected pattern of *decreasing* inpatient services and *increasing* outpatient services (from pre- to post-move in periods) was observed among single adult households but not among family households. During the lease-up period at Southpoint Place, the percentage of single adult residents who accessed inpatient services decreased slightly from 10% to 7% (not statistically significant), while the percentage of clients accessing outpatient services increased from 88% to 98% (approached statistical significance).²⁰ Among family households, the percentage that accessed inpatient services remained unchanged from pre- to post-move in, while the percentage that accessed outpatient services increased slightly.

¹⁹ Southpoint Place’s clients also worked with pre-employment specialists whose job was to “assess consumers’ vocational strengths, limitations, desires, and interests,” “evaluate consumer job performance skills and provide strategies for improvement,” and “Identify, deliver or arrange for services designed to assist the consumer in adjustment to, and retention of a job.” From Concord Counseling’s job description document, “Pre-Employment Specialist.”

²⁰ This analysis likely has a “power” problem that makes it difficult to detect statistically significant differences. However, from a ‘practical significance’ perspective, the increased percentage of clients accessing outpatient services is noteworthy.

Figure 7: SPP tenants’ usage of supportive services (pre- and post-move-in)



Overall, it is unclear why the expected pattern of increased outpatient service utilization was observed among SPP’s single adult residents but not among SPP’s family residents.

D. Sustainability measure – Stabilization

Though beyond the scope of the current evaluation, data regarding the outcomes of single adults’ experience at Southpoint Place were also made available to the researchers and so are briefly discussed here. The Ohio Mental Health Consumer Outcomes System (Adult Consumer Form), a self-administered survey assessing the current state of their symptoms, quality of life, empowerment, and functioning as they progress through treatment, was administered multiple times before and during the evaluative period.²¹

Almost all of SPP’s 41 single adult consumers²² completed at least one of these measures either before or after moving into the supportive housing program. However, pre-move-in and post-move-in data were only available for 26 of the 41 single adult households. Focusing on these individuals, the results from their latest completed adult consumer form *prior to move-in* was compared to their latest completed adult consumer form *after move-in*.²³

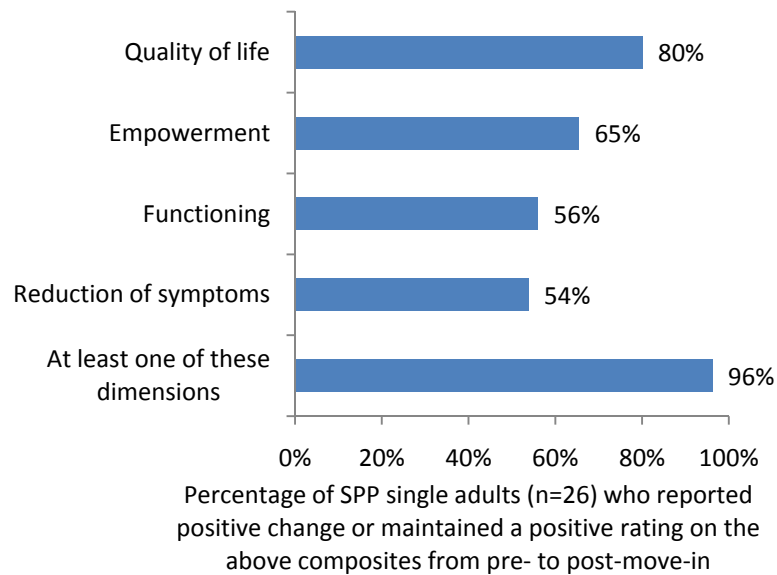
From pre- to post-move-in, self-rated quality of life either remained positive or became more positive for 80% of SPP’s single adults for whom data were available. See Figure 8. Overall, from pre- to post-move-in, self-ratings on at least one of these four dimensions either remained positive (i.e., stable) or became more positive for 96% of SPP’s single adults – surpassing the system’s goal of 70%.

²¹ See Appendix A for a copy of this tool.

²² Similar data were unavailable for SPP’s families or their head of household.

²³ To caveat, it is possible that single adults with both pre- and post-move-in data may be qualitatively different – more stable – than those with only pre-move-in data. Fortunately, there were only 2 cases in which only pre-move-in data were available.

Figure 8: Positive outcomes (positive change or maintained positivity) on a variety of self-rated recovery measures, from pre- to post-move-in



E. Sustainability measure – Leveraging of public benefits

One of the goals of the USHS Southpoint Place pilot was 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). What were the proportions of residents with public benefits before and after enrollment – did the proportion of residents who applied for and obtained public benefits increase from pre- to post-move-in?

As shown in Table 9, most of the Southpoint Place’s families (adults) had Medicaid benefits before they moved-in, meaning there was limited room for improvement. Turning to Southpoint Place’s single adults, the percentage with Medicaid benefits increased from 63% to 71%. As expected, 15 of the 16 ADAMH single adults entered SPP already having Medicaid benefits. It is unclear what – if anything – could be done to increase the proportion of chronically homeless single adults with Medicaid benefits.

Table 9: Households with Medicaid benefits (pre- and post-move-in)

	SPP (families)	SPP (single adults)
Household characteristics	n=36	n=41
Households with Medicaid benefits (pre-move-in)	34 (94%)	26 (63%)
Households that obtained Medicaid benefits (post-move-in)	1 (3%)	3 (7%)
Total: households with Medicaid benefits (post-move-in)	35 (97%)	29 (71%)
Total: households without Medicaid benefits (post-move-in)	1 (3%)	13 (32%)

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

On April 27, 2010, a post-lease-up work session took place at CSB, with representatives from ADAMH, Amethyst, CHN, Concord, CSB, USHS, NCR, and TST participating. The primary purpose of this session was to identify the lessons learned from the Southpoint Place pilot so that future projects – especially the NCR Commons at Buckingham pilot planned for later in 2010 – can be implemented more efficiently and effectively.

Throughout the session, participants were asked to talk briefly about the lessons they had learned during the course of the pilot – events or scenarios that surprised them, challenged their expectations, and in some cases required responsive action. Answers to this question tended to fall into one of the three categories shown below.

Operational Issues: Because the USHS initiative is unprecedented in its effort to build a more collaborative system for helping disabled and/or homeless citizens access supportive housing, one would expect the entities involved in this pilot lease-up project (especially housing and service providers) to be faced by challenges that required changes from how they may normally operate. And this is indeed what occurred. Providers mentioned difficulties (at least in the beginning of the lease-up period) with ensuring that staff understood and agreed with the intent and administrative requirements of the pilot project, such as the “how” and “why” associated with the various data tracking tools. Providers that added staff to assist with pilot project implementation mentioned it would have been useful if more time and resources were available to train and deliberately integrate new staff into the pilot project, as opposed to a more ad hoc immersion of new staff directly into the pilot program, which is what occurred. At least one provider expressed concern that there may have been insufficient organizational capacity to pilot multiple distinct aspects of this pilot project – the centralized assessment and eligibility process, the unified payment system model, efficiently serving new (to the organization) segments of the population, etc.

Perhaps most importantly, service providers expressed concerns with some of the fiscal aspects of the pilot project, especially as they related to staffing/payroll and cash flow (e.g., the lag between when services were delivered, what type of services were delivered, how services were billed, whether payment was received, and when payment was received).

For future pilot projects that may be similar in scope to Southpoint Place during its lease-up period, service providers suggested the following as a possible solution to the operational issues described above:

- *(The) Lease-up year should be block granted. Year One lease-up looks very different than Year Two. (There are) Challenges in hiring staff before revenues begin to flow; working with clients coming off the land; working with families with substance abuse issues.*

Client Readiness Issues: ADAMH noted that at the start of the pilot project, it was unclear whether there would be sufficient numbers of consumers who were ready to move up from more intensive, inpatient settings into supportive housing settings like Southpoint Place. As shown in the program evaluation, this concern seems to have been largely put to rest.

However, service providers did report some issues with encouraging Southpoint Place residents to access treatment services, particularly those residents who were previously homeless and/or who may have

entered without all the requisite forms or certifications to receive (billable) services. At least one service provider reported challenges in engaging and serving families (as opposed to single adults), especially with regard to alcohol, tobacco, or other drug issues that may not be acknowledged by the head of household. For example, those who are “(informally) disabled by alcohol abuse (may not wish) to be declared (formally and) technically disabled”, which in turn affects the providers’ ability to provide necessary and billable services.

For future pilot projects that may be similar in scope to Southpoint Place during its lease-up period, session participants suggested the following as possible solutions to the client readiness issues described above:

- *A continuum of housing options that provides access to housing based on person’s needs and readiness for services would be helpful – although we want to be cautious that we don’t miss opportunities to bring folks into communities that might encourage them to move forward.*
- *(Is this) The real question: Do we need to do a better job at intake identifying barriers to resources that are present at move in and may be present after move in?*
- *(Recognize the) Importance of relationships between staff and clients – (clients should have a) visible link between the staff they see via outreach and staff they see at the housing site.*
- *Process (e.g., accessing supportive housing and services) goes faster when person is linked to a provider.*

Planning Issues: Although most session participants acknowledged that much planning had occurred prior to launching the pilot, some suggested that service providers should have been more involved in the project planning; such involvement may have helped service providers avoid or minimize some of the unforeseen problems and surprises that occurred, such as those relating to billing/funding/payment.

There was widespread agreement among session participants that those around the table could “do all the planning (we want) but there will always be a large number of unknowns – (we) need to be ‘flexperts’, experts at flexibility.”

For future pilot projects that may be similar in scope to Southpoint Place during its lease-up period, session participants suggested the following as possible solutions to the planning issues described above:

- *Ensure everyone (e.g., service providers, housing providers, system partners, and the public housing authority) is visibly involved in the upfront planning process.*
- *(More) Time needed for thoughtful planning.*
- *(Need to) Prepare administratively for who is to come.*
- *By law, we cannot say we won’t house folks if they refuse services. Can we require an assessment and ask folks to agree to and sign off on a treatment plan (as a condition for entry)?*

The debriefing session ended with a discussion of whether or not Southpoint Place pilot was perceived to be a “sustainable” initiative. CSB’s perspective on the matter was that its continued involvement with Southpoint Place would be sustainable. Among other system partners and providers, however, it is unclear how sustainable this effort may be. To help with this decision, session participants indicated a need to consider total administrative costs (e.g., ADAMH’s and CHN’s administrative costs were not factored into the evaluation), ongoing programmatic costs (e.g., analyzing expenses and billings related to Southpoint Place during its second year of operations, after the lease-up period has passed), other costs incurred by providers (e.g., services provided to other family members, to residents without disability documentation),

and to better understand what financial arrangements, if any, could be made to ease the service providers' cash flow pressures of the lease-up period.

VIII. Conclusions

From a process perspective:

Regarding the vulnerability of those who moved into Southpoint Place, 100% of the households that moved in had an adult with a documented disability, meeting the system partners' goal for this supportive housing program. Further, 40% of the chronically homeless single adults were "severely homeless", meaning their previous living situation was in a place unintended for human habitation.

The USHS pilot program failed to meet its goals regarding the number of days required to locate potential residents, complete Indication of Interest forms, and return these forms to USHS so more intensive screening / eligibility verification could begin. Once the USHS project manager was able to begin processing the IOIs, however, subsequent screenings by USHS, CMHA, and CHN were completed quickly enough to meet the goals set by the system partners.

Considering it took (on average) more than two months to screen and verify families for entrance into Southpoint Place, is there any way to decrease the length of this period, at least to levels approximating those experienced by single adults (i.e., move-in occurred 37 days, on average, from USHS receiving completed IOIs)? What national best practices exist that may help guide the next iteration of USHS' centralized referral, screening, and housing process?

As noted earlier, single adults (especially those who transferred from ADAMH-affiliated institutions) moved more quickly through the USHS referral and screening activities than did families, which means single adults were housed at Southpoint Place more quickly than families. Furthermore, when one compares Southpoint Place to local supportive housing programs that did not use a centralized referral and screening process during their lease-up periods, SPP's single adults moved into supportive housing more quickly; SPP's families, on the other hand, moved into supportive housing more slowly for a number of reasons that were discussed in the main report.

From a client outcomes perspective:

Although client outcomes data were not a primary focus of this program evaluation, some data do exist regarding clients' service utilization patterns and stability. From the period prior to move-in to the period after, the proportion of single adults who utilized inpatient or residential treatment services decreased slightly while the proportion who utilized outpatient treatment services increased significantly, as expected. This pattern was not observed among SPP's families (adults).

As noted earlier, pre- and post-move-in client outcomes data were available for a subset of single adults. Among this group, 96% provided self-rated evaluations in which at least one recovery measure either remained stably positive or increased in positivity.

From a system outcomes perspective:

Average treatment costs per person per month decreased greatly for ADAMH single adults (e.g., high utilizers) – 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. A similar pattern was not observed among chronically homeless single adults or families – instead, outpatient costs increased slightly. Only a handful of applicants – across both families and single adults – obtained public benefits (e.g., Medicaid) after moving into SPP.

Although the USHS Southpoint Place pilot appears to have been implemented (mostly) as intended, there are 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, the USHS SPP pilot appears to have effectively and efficiently served single adults who were high ADAMH utilizers. Therefore, this pilot program could likely be ported successfully to other single adult supportive housing programs during lease-up. For this pilot program to more effectively and efficiently serve families, however, more work should be done to streamline and accelerate families' movement through the housing process.