

Meeting Minutes

Unified Supportive Housing System Provider Feedback Meeting

August 14, 2008

2:00 p.m. to 4:00 p.m.

CMHA: Conference Room A&B

Meeting Purpose: To elicit feedback on the Unified Supportive Housing System

Attendees:

ADAMH: David Royer, Ron Kadylak

Amethyst: Adele Johnson-Moore, Amy Price

Choices for Victims of Domestic Violence: Angela Fry

CMHA: Dennis Guest, Joyce Clark

Community Housing Network: Mike Preston

Communities in Schools: Beth Urban

Concord Counseling Services: Linda Jakes

CSB: Barbara Poppe, Dave Davis

Dublin Counseling Center: Kim Eberst

Homeless Families Foundation: Todd Lewis, Stephanie Jordan-Smith

Huckleberry House: Lynda Leclerc, Carrie Mularz

Maryhaven: James Alexander

National Church Residences: Colleen Bain Gold

Southeast: Carl Landry, Stephanie Lunceford

USHS: Anna Bianco

YMCA: John Bickley, Laura Donahue

YWCA: Molly Rampe

Welcome, Review Agenda, and Introductions

David Royer welcomed all providers to CMHA and thanked them for coming to assist in the system development process. Each system partner's Executive Director made comments as to the importance of the meeting and the need for feedback to assist in the design of the system going forward. David reviewed the agenda and explained the flow of the meeting.

All attendees introduced themselves to the group with their name and the name of the agency that they represent.

System Background and Overview

Anna Bianco explained that the Unified Supportive Housing System was developed as a response to the community's request for a more coordinated effort to house persons utilizing the shelter and mental health systems.

The Unified Supportive Housing System has three pilot projects, two of which are housing pilots. The first housing pilot is Southpoint Place. Southpoint Place will test the centralized prioritization and eligibility screening for the system and unified service payment. An evaluation will be held during and after the pilot process. The evaluation will be able to show parts of the process that are working well and parts of the process that need to be improved for the future pilots and overall system.

Mike Preston from CHN gave an overview of Southpoint Place's units. He also detailed the services and staff that would be available and the amenities at Southpoint Place. CHN expressed their support for the system and that their experience has been positive as the first pilot project.

The second housing pilot is National Church Residences' Commons at Buckingham. CAB will have 50 Rebuilding Lives units and 50 non-Rebuilding Lives units. CAB will test the vulnerability assessment for the system.

The third pilot is the utilization review and move up pilot. This will test assessments of client's conditions to determine whether or not the client needs higher or lower amounts of service. For those who need higher amounts of services, they will be able to move to vacant available units with more supportive services within the system. Clients may also be encouraged to utilize current services more if they are not already doing so. Those clients that have improving conditions will be able to move to housing with less supports and eventually market rate housing or other affordable non-service enriched housing. This pilot will also test which types of incentives are successful at encouraging those clients who have become independent to move into independent housing. Financial assistance and other moving assistance may be available along with interim services for the client during transition.

Evaluations will be conducted during and after each of the individual pilots. A final evaluation will be conducted at the end of the pilot process to assess the overall system and its functions.

Goals of the system:

1. Ensure more efficient and targeted use of supportive housing through a centralized determination, prioritization, and placement system.
2. Promote efficient use of community resources for supportive services through a unified services payment model.
3. Promote recovery and support community re-integration through a centralized utilization review system and "move-up" assistance.

The system serves persons who are disabled and who may also be:

1. homeless
2. at-risk of homelessness
3. transitioning out of institutions (hospitals, correctional facilities, etc.)

All homeless units (~1300 units currently) will be in the system. In addition, other non-homeless units at housing projects with homeless units will be included in USHS. Housing providers may also have the option in the future to be able to opt into the system.

The basic system processes were reviewed. The system will have these components: an open referral system, one application for all units within USHS, centralized screening and assessment, a common data management system, vacancy management for all properties in the system, a move-up utilization review for clients, and unified services payment. Participants also received a flow diagram, which visually showed these components of the system.

Partner Roles

David Royer commented that ADAMH views USHS as a more mature system. ADAMH has learned many lessons from its experience with Briggsdale and knows that moving clients from very expensive, high service units into less service intensive units can provide not only a cost-savings but a more appropriate environment for some clients. This allows other clients who need high levels of service to move into the more service intensive units.

Dennis Guest commented that CMHA is contributing subsidies for the units within the system. The goal for CMHA is to make the process easier by having clients come to CMHA's building as few times as possible. Another goal is to reduce the time it takes to process an application and gain a subsidy. Current processes take months.

Barbara Poppe commented that CSB is contributing the USHS Project Manager staff time and administering grants from several funders for the system. The Osteopathic Heritage Foundations awarded a \$200,000 grant for system development and a \$250,000 grant that will be awarded through an RFP process for housing providers. Battelle contributed \$50,000 in funds for the system development as well. CSB will also be hiring an evaluator to assess each of the pilots and the system overall.

Questions & Comments

All participants were split into groups and asked to answer two questions: Given the proposed system, what could be done to enhance this system for providers? For consumers? Groups were given 30 minutes to write down comments and questions and to record questions to be answered later. After 30 minutes, the groups reported their questions. (See below)

Fair Housing:

1. If someone presents at a site for non-RL application; they cannot be refused the opportunity to apply directly
2. Individual sites with tax credits are required to maintain wait lists in the order of application, whether from USHS or walk-in

Unified Services Payment System

1. How will unified payment interact with HUD SHP awards?

2. How can providers pay for staff (with only Medicaid or mainly Medicaid funding)?
3. What about clients who are not Medicaid eligible? Can they still access the system?

Data/Electronic Processes

1. Process should be evaluated on data points that demonstrate improvement (i.e. reduction in number of days on the list)
2. Will there be a data site for updating information to client records?
3. Should be electronic monitoring for application status
 - a. Like system post office uses to track packages; estimates delivery date

Communication:

1. Needs to better communication to clients. Position on list, length of wait, etc.
2. Appeals process needs to be clear and consistent.
3. 48 hour notice to provider about appropriateness of application (to move in other direction; helpful to consumer and provider)
4. How would information of who is accepted get filtered back to providers?

Other Comments:

1. Ideal system:
 - b. Least number of steps
 - c. Least amount of time to fill application
 - d. Least amount of paper work
 - e. Least number of hands on application
 - f. Least amount of time for feedback (notification)
 - g. Least amount of time for wait list status
2. Should have regional office space for meetings w/ clients
 - h. Monday – East Side
 - i. Tuesday – North Side
 - j. Wednesday – West Side
 - k. Thursday – South Side
 - l. Friday – Central
3. Don't call it permanent housing
4. Need to decrease no-show episodes (clients not showing up at interviews)
5. Need more specific criteria about eligibility
6. Clarify what kind of documentation needed for disability verification

Other Questions:

1. Who decides who's appropriate for what site (matching)?
2. Who is the priority? How is this decided?
3. Can a client transfer units w/o losing homeless status?
4. What all will be needed for the formal application?
5. Where are you at with the development of the vulnerability assessment?
6. How long can clients stay?
7. What type of supports will clients receive?
8. Can clients indicate which side of town they would prefer to live on?

9. Who develops tool for evaluating progress?

Southpoint Place Questions:

1. What are the services for children?
2. Should give clients transportation vouchers to get them down to Southpoint

Follow-up Questions:

1. How will the system respond when a tenant requests less services, could the tenant move between housing providers?
2. How will USHS intersect with HUD SHP awards?
 - a. Will all PSH programs be required to become Medicaid sites?
 - b. Will clients be turned away if they are not Medicaid eligible?
 - c. If HUD funds are reclaimed from projects, how can agencies pay staff if they can't recoup funds?
 - d. Voluntary aspect?
3. What is the baseline information to evaluate the current system's efficiency?
4. What are the data points that will define efficiency?
 - a. Less time for referral
 - b. Less time on waiting lists
 - c. More people housed
 - d. More people who retain housing
 - e. More people who obtain stable and independent housing
5. How will changes in a client's condition be updated while they are on a waiting list?
6. Evaluation should assess provider and client's satisfaction
7. For clients who move on/up from PSH, how do we assess if their movements can be maintained?

The Unified Supportive Housing System is not yet fully developed. Changes that can be made to simplify processes for clients and providers will be considered. Questions and comments are greatly appreciated. Input from providers and consumers is essential to the success of this system. If further questions arise, please contact Anna Bianco at 614-221-9195 or abianco@csb.org.