Bernalillo County Behavioral Health Initiative: Community Connections Supportive Housing Program Review

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Introduction

The Community Connections Supportive Housing (CCSH) program was funded to provide supportive housing as part of the Behavioral Health Initiative (BHI) in 2015. Additionally, Albuquerque Health Care for the Homeless (AHCH), Crossroads for Women, and University of New Mexico Hospital Community Based Services were contracted to provide case management services to individuals receiving housing. The University of New Mexico (UNM) Institute for Social Research (ISR) was contracted by Bernalillo County to provide technical assistance and evaluation of programs funded through the BHI, including CCSH.

To study the implementation of CCSH, ISR conducted a preliminary process evaluation of the CCSH program, including the three service providers. Process evaluations are used to assess whether a program model are implemented as planned, whether programs adhere to their design and evidence-based practices, whether the intended target population is reached, and to identify major challenges and successes associated with program implementation. Process evaluations often involve multiple methods, such as literature reviews, focus groups, interviews, observations, surveys, and record reviews. This particular process evaluation included conducting structured interviews with the CCSH program and service provider staff and administrators, as well as a CCSH program client-level record review.

A total of 13 staff and administrator interviews were completed to better understand the roles, responsibilities, and perspectives of staff and their supervisors. The information derived from the structured interviews provided ISR with a better understanding of the differing viewpoints from CCSH program staff and service provider staff regarding the program process and implementation.

Additionally, CCSH program client-level record information were collected to better understand the ways in which clients' moved through the program, including how they were referred, interviewed, accepted and/or denied, housed, graduated, and/or discharged. Client-level records were collected from the CCSH program, and did not include service provider-specific client records. The program level files included for two forms designed to document the clients' satisfaction in various areas of their lives, as well as monthly updates on their current status and services received. Other data collected from CCSH program files included available referral forms, initial intake application forms, acceptance, denial, and discharge dates and reasons from their respective letters, and lease start and end dates from the lease agreement. Files were stored at the CCSH office.

Importantly, we were not able to complete a full evaluation of the program as originally planned due to the amount of data missing from client files, which is described in more detail later in the report. Ultimately, the primary goal of this report is to describe the Community Connections Supportive Housing (CCSH) program based upon the CCSH client-level record review and staff interviews, and to provide feedback for program improvement. The next sections describe the ways in which individuals are referred to the program, how applicants are screened and progress through the application process, how applicants are accepted and become clients, and how clients' progress through the program and discharge from the program.

Following this review we propose changes to the program, provide flow charts of the current and proposed processes (Appendix A and Appendix B), and discuss the importance of more completely collecting relevant information so a study of the implementation and performance of the program can be completed.

Current Process Description

The following section describes the referral, screening, acceptance, and discharge process of the program. Finally, the client data and documentation process is reviewed.

Referral

The following is a list of CCSH program referral sources, also described as stakeholders within the CCSH Procedures and Policies. The 'Other' referral source consisted of agencies with only one documented referral, while the 'Individual from an Unidentified Agency' referral source consisted of individuals whom belonged to an unspecified agency.

- Albuquerque Healthcare for the Homeless
- Bernalillo County Metropolitan Court
- Crossroads for Women
- Albuquerque Heading Home
- Individual from Unidentified Agency
- Law Office of the Public Defender
- Bernalillo County Metropolitan Detention Center
- Molina Healthcare
- New Mexico Corrections Department
- Other
- Pretrial Services
- Self
- University of New Mexico Hospital

Screening

At the time of our review, the CCSH program screening process consisted of three distinct parts. First, CCSH reviewed the Referral Form/Pre-Application for all referrals to the program. If the referred individual was found to be eligible, CCSH staff scheduled an appointment for the applicant to come to the CCSH program office and complete the CCSH application as part of the second screening. Based on *CCSH Program Policies and Procedures (Page 6)*, the application was supposed to be completed by the applicant and the intake coordinator was supposed to assist the applicant if they were having difficulty understanding or completing the form. If the applicant had previously been referred to the program, passed the initial screening, and had a completed application; a new CCSH application would not be completed.

If the applicant was determined to be eligible for the program at the second screening, the applicant was then referred to one of the three providers to complete a third screening to help determine eligibility for the specific provider. If an applicant did not meet the eligibility criteria

for the first provider to whom they were referred, they were referred to a second provider, and occasionally, to a third provider.

Because provider-specific data and instruments were not available in the CCSH program level client files, it was and remains unclear how the instruments differed from the CCSH program data and instruments. Despite not having provider specific data and instruments, service provider staff interviews provided some insight on how client eligibility was determined at the third screening. Staff specifically described characteristics of clients that typically were unsuccessful and successful in the program. All three providers described clients with the following characteristics as poor fits for the program:

- High behavioral health needs,
- Non-compliant with medication regimen,
- Uncommitted to utilization of services,
- Actively engaging in drug use,
- History of extreme violent and/or sexual offences,
- High possibility of re-incarceration, or
- Inability to be successful on their own

Moreover, staff across the three service providers reported such characteristics merited exclusion and/or discharge from the program. Staff from Crossroads for Women reported specific exclusion of sex offenders and applicants who tested positive for drugs at the provider-specific application appointment.

In contrast, all three providers described clients with the following characteristics as good fits for the program:

- Self-motivated and ready for change
- Non-acute diagnoses
- Psychiatrically stable
- Abstinent from substance use
- Active engagement in treatment, including but not limited to psychiatric and/or substance abuse treatment, case management, therapy, and medication compliance

AHCH staff also noted clients whom were immediately ready for the workforce and who recognized recovery to be a multi-step process to be especially successful within their program.

Acceptance

Once an applicant was determined to be eligible after completing the three screening steps, they were enrolled with the provider and began receiving services. At this point CCSH program staff began working with the client in finding an apartment and assisted with the lease signing process.

In some instances, clients were provided transitional housing prior to finding their apartment, however, this process was vaguely described in the staff interviews, and not well captured within the client level records due to missing data on the Transitional Rules Agreement Form. Based on

informal conversation with CCSH staff, transitional units were mostly being used to house clients who were being released from MDC.

Based upon our review of the client-level records, it was not uncommon for accepted clients to be discharged by their service provider case manager and the CCSH program prior to receiving housing due to loss of contact and/or re-incarceration. This is described in more detail in the upcoming sections.

Discharge

The overall CCSH program discharge process was best understood through the staff interviews and the CCSH Procedures and Policies manual. According to the two sources, clients were discharged on a case-by-case basis under the discretion of their case manager and CCSH staff. A few of the common discharge reasons across the service providers described in the staff interviews included client incarceration for more than 60 days, client eviction, and aggressive or threatening behavior by the client.

Once CCSH staff and the service provider case manager discharged a client, CCSH notified the voucher provider and the land lord to provide their 30 day notice, coordinate the removal of the clients' belongings, and provide a discharge letter to the client. The client was then able to follow the programs grievance procedure to appeal their discharge if so desired. The next three sections discuss service provider specific discharge processes.

It remains unclear how common it was for a client to be discharged from the service provider, but not the CCSH Program itself.

UNMH

UNMH staff reported that when there were issues with a client, they put the client on notice and tried to work with them to resolve the issue prior to discharging the client. If the issue could not be resolved, UNMH worked with CCSH to find the client a different provider that would be a better fit. While it is not definitive, this suggests being discharged from the service provider case manager did not result in being discharged from the CCSH Program as well.

Crossroads for Women

Similar to UNMH, clients' were given opportunities to rectify any ongoing issues prior to being discharged. This process included a team meeting with the Crossroads case managers to discuss the specific issues at hand and possible ways to resolve such issues. If things could not be resolved, CCSH program staff were notified and the Crossroads case managers met a second time to discuss and document the actions that had been taken. If it was decided to discharge the client, a discharge letter was written and delivered to the client, or to the clients 'probation officer if incarcerated. It is unclear how many opportunities clients' were given before being discharged, and it appears to be determined on a case-by-case basis. It was also specified during the staff interviews that Crossroads had discharged clients whom were receiving in-patient treatment for more than 90 days and clients whom allowed unauthorized people to live in their apartment for extended periods of time.

AHCH

Based upon the staff interviews, it is unclear whether AHCH ever held team meetings with the case managers to discuss client issues, and/or whether AHCH provided clients' with opportunities to resolve any issues prior to discharging their clients'. AHCH staff explained that once it was decided to discharge a client, they notified and met with CCSH program staff. AHCH staff explained that in addition to the previously discussed discharge reasons, clients' were also specifically discharged for non-compliance with case management (failure to meet with case manager on regular basis, verbal and/or physical violence towards case management and/or others, and conducting illegal activities within the apartment.

When a client was discharged from AHCH, the client was not automatically discharged from the CCSH program, but rather referred to another service provider if appropriate. The frequencies of this are described in the upcoming section.

Client Data & Documentation

Tracking the implementation of the program through the review of program client records was difficult due to the way data was collected and individuals were tracked. At the time of the record review, all program files were stored as hard copy records. The next section briefly describes the different forms and instruments utilized by the CCSH program and service providers, followed by a brief summary of how such forms and instruments were completed and stored.

Forms and Instruments

Referral Form/Pre-Application Form: This document is completed by the referring agency/stakeholder and provided to the CCSH program. The form is brief and collects information on who the referral is from, the referral date, applicants' housing status, criminal justice involvement (number of bookings, case numbers, and release information), and any behavioral health conditions. Questions are mostly open-ended.

CCSH Program Application: This document is the CCSH program application and collects the applicants' name, date of birth, address, gender, marital status, military experience, race, brief housing history, criminal justice information, behavioral health information, current substance use, previous substance use history, and income information. Questions are mostly open-ended, as well as multiple choice, and check all that apply.

> Housing Status Form – This section of the program application collects information on the applicant's homeless status.
>
> Medical/Behavioral Health Self-report Form –This section of the program application collects self-reported disability and diagnosis information from the client.
>
> Self-report Income Form – This section of the program application collects self-reported income information.

Housing Interview Questions – This section of the program application collects the applicant's current residence status.

Children to be housed – This section of the program application collects information on the applicant's children and pregnancy status.

Behavioral Health – This section of the program application collects information on the client's community based providers, medications, and previous homeless agencies they may have worked with.

Education Level – This section of the program application collects information on the applicant's education level, vocational training, and previous employment. It also includes a combined question on whether the applicant can read and write.

Domestic Violence – This section of the program application collects information on the applicants experience with domestic violence, trauma, and foster care.

CCSH Acceptance Letter(s): This document is a letter delivered to accepted applicants. A copy of the letter is supposed to be kept in the client folder. The program acceptance date is supposed to be included in the letter for CCSH program documentation purposes.

CCSH Denial Letter(s): This document is a letter delivered to applicants who were denied from the program and includes the denial date and denial reason. A copy of the letter is supposed to be kept in the client folder. The program denial date and denial reason are supposed to be included in the letter for the CCSH program documentation.

CCSH Discharge Letter(s): This document is a letter delivered to applicants who were discharged from the program and includes the discharge date and the discharge reason. A copy of the letter is supposed to be kept in the client folder. The program discharge date and discharge reason are supposed to be included in the letter for CCSH program documentation purposes.

Lease Agreement(s): This document is the signed lease agreement between the client and the apartment management. While the exact format of each lease agreement varies depending upon the particular apartment management company, generally, it includes the client name, start date, end date, and apartment rules.

Initial Provider Data Entry: This document is the first monthly status update. It collects information on the client's service providers, service plan, behavioral health status, needs, supportive services to be provided, monthly income, legal status, children, and housing. Most of the questions are in check box format.

Monthly Client Status Form(s): This document is completed monthly and collects information on the client's needs, supportive services provided, units of service with program funding, change in household composition, monthly income, change in legal status, crisis, children, treatment planning, and services leveraged. Most of the questions are in check box format.

Monthly Happiness Scale Assessment(s): This document is completed monthly and collects information on the client's happiness level regarding various aspects of their lives such as drug

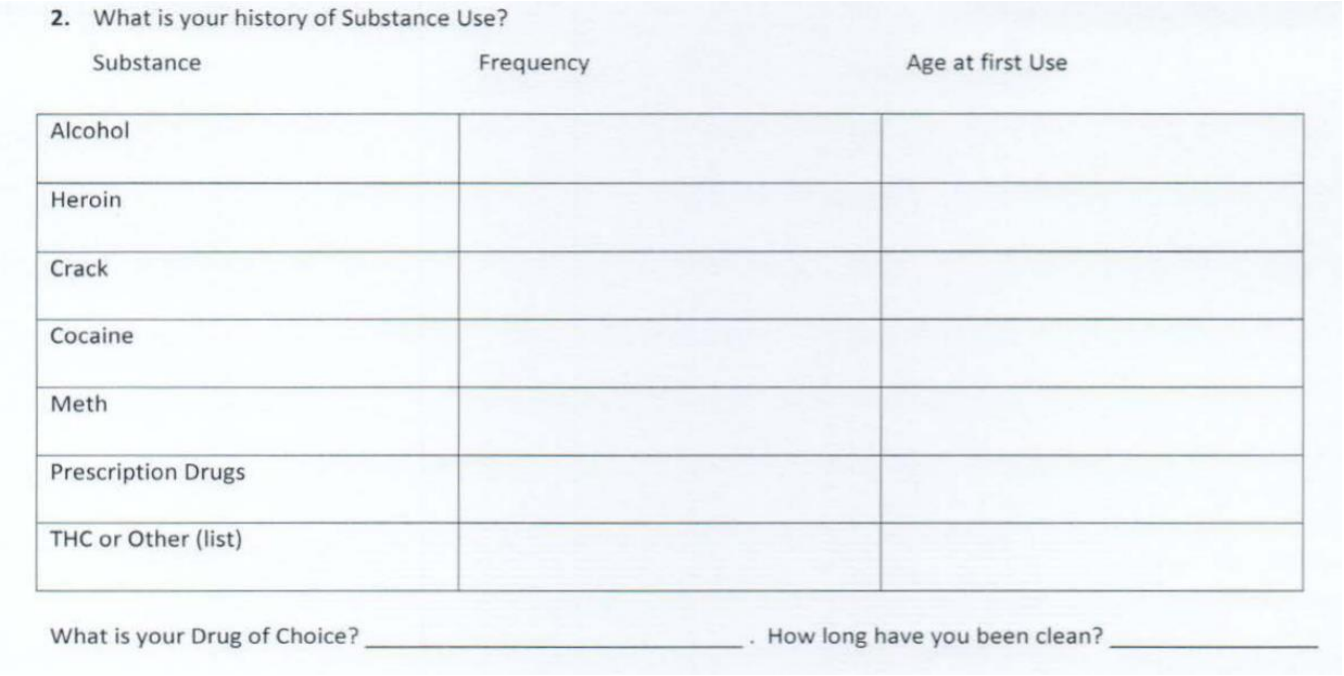
use, job or education process, money management, social life, personal habits, marriage/family relationships, legal issues, emotional life, communication, and general happiness. All questions are based on a Likert scale ranging from 1 to 10, with 1 being extremely unhappy and 10 being extremely happy.

Data Documentation

At the time of our review, client files were stored at the CCSH program office, and organized by the clients' designated status, which included housed, denied, discharged and searching. At this time, the denial status had not been specified as either screened out or denied.

Client files included inconsistent documentation, which included entire forms missing and/or large amounts of incomplete forms. For example, the substance abuse history question (see below) was completed inconsistently for almost all the client records. While the age at first use was completed correctly more often than the other fields, it still had concerns.

Within the Frequency box, applicants entered a wide range of non-quantifiable values including, *"whenever I can get my hands on it*," as well as what appeared to be the amount of the drug. While it may seem clear initially, having general questions and open-ended response options often leads to unreliable data.



2. What is your history of Substance Use?

Substance	Frequency	Age at first Use
Alcohol		
Heroin		
Crack		
Cocaine		
Meth		
Prescription Drugs		
THC or Other (list)		

What is your Drug of Choice? _____ . How long have you been clean? _____

As noted earlier, clients' referred to the program more than once only completed one application, which made it difficult to determine the historical movement of the client. Clients' historical status changes were not recorded, and only their current most recent status was documented. This made it difficult to determine the number of times a client had been referred, denied, approved, housed, and discharged, and their temporal ordering. By pulling the dates from the client referral/pre-application form, acceptance letter(s), denial letter(s), and discharge letter(s), if provided, we were able to broadly reconstruct the temporal movement of clients' through the program.

Moreover, reasons for client status changes, like denials and discharges, differed across the three providers and the CCSH program. Often it was unclear whether the provider or the CCSH program had denied or discharged a referral/client first, and for what reasons. Even when temporal order made sense, many times the reasons differed.

Collectively, the processes of the CCSH program limit the ability to track program performance measures and client-level outcomes. The following section provides frequencies and descriptive statistics of the described process occurrences.

Process Frequencies

The processes described in the previous section are further described with frequencies and descriptions below. Such processes include the referral to CCSH, screening and determination of client eligibility, client denials and acceptances, client housing, and client discharging, which include client graduation. On page 16, appendix A. Figure 1 contains a flow chart of the process flow with specific time points labeled (a-l), which correspond to the frequencies within this section.

Referrals to CCSH Program

Since April 9, 2015, there have been a total of 345 referrals for 310 individuals from various agencies to the CCSH program (Appendix A. Fig. 1a). Thirty-five individuals were referred more than once. Referrals were most frequently from the public defender law office and from the New Mexico Corrections Department. Of the 44 referrals from the New Mexico Corrections Department, 30 were from the Probation and Parole Division, 10 were unspecified, and 4 were from New Mexico Women's Recovery Academy.

Table 1. Referral Sources

	Count	Percent
Total Referral Sources	345	100%
Law Office of the Public Defender	44	13%
New Mexico Corrections Department	44	13%
University of New Mexico Hospital	39	11%
Metropolitan Detention Center	38	11%
Crossroads for Women	28	8%
Albuquerque Health Care for the Homeless	26	7.5%
Individual from Unidentified Agency	23	7%
Pretrial Services Unit	17	5%
Other*	13	4%
Self	13	4%
Bernalillo County Metropolitan Court	12	3%
Albuquerque Heading Home	4	1%
Molina Healthcare	2	.05%
Missing	42	12%

Screening and Determination of Client Eligibility

Almost half (48%) of the screened out referrals occurred at the first screening point by CCSH. The remaining referrals that were screened out occurred either at the second or third screening process, with the least number of referrals being screened out at the third screening process.

Table 2. Count of Referrals Screened Out

	Count	Percent
Total Screened Out	168	100%
First Screening	80	48%
Second Screening	45	27%
Third Screening	43	26%

The next three tables below (Table 3-5) provide the reasons for screening out referrals for the first, second, and third screening out process points, respectively.

First Screening at Referral to CCSH

Approximately 80 referrals (23% of 345) were screened-out at the point of the Referral Form/Pre-Application Form, prior to the CCSH program application completion. Loss of contact accounted for 35% of first screening denial reasons, while inability to meet client needs, active warrant, and deceased accounted for the least amount of first screening denial reasons.

After an informal conversation with CCSH staff, it was explained that the "lack of program capacity," reason was a poorly chosen description, which was actually due to the initial design of the program. When the CCSH program began, referrals were initially only accepted within a specified timeframe.

Referrals that were received by the CCSH program outside of the timeframe were thus denied because referrals were not being accepted at that time. This design was later changed, and the CCSH program now accepts referrals on an on-going basis.

Table 3 provides the reasons for screening out the referrals (Appendix A. Fig. 1b).

Table 3. First Screening Denial Reasons from CCSH

	Count	Percent
First Screening by CCSH	80	100%
Loss of contact with applicant	28	35%
Applicant not eligible	17	21%
Applicant incarcerated	17	21%
Lack of program capacity	6	8%
Applicant opted out	3	4%
Unable to meet applicants needs	2	3%
Other – active warrant, deceased	2	3%
Missing	4	5%

Second Screening at the CCSH Application

Approximately 45 referrals (13% of 345) were screened-out by CCSH after completion of the CCSH program application, but prior to the service-provider application. Similar to the first screening of denial reasons, loss of contact was the largest reason (44%) for the second screening out denial. Table 4 provides the reasons for screening referrals out at the second screening process (Appendix A. Fig. 1e).

Table 4. Second Screening Denial Reasons from CCSH

	Count	Percent
Second Screening by CCSH	45	100%
Loss of contact with applicant	20	44%
Unable to meet applicant needs	10	22%
Other – active warrant, no social security card, deceased	5	11%
Applicant not eligible	4	9%
Applicant opted out	2	5%
Applicant incarcerated	1	2%
Missing	3	7%

Third Screening at the Referral to the Provider

Forty-three referrals (13% of 345) were screened-out by a service provider after completing the CCSH program application and the provider-specific application. Interestingly, only 12 of the referrals CCSH denied at the first and second screening were documented as “unable to meet applicant needs,” however, service providers denied an additional 56% of referrals due to the inability to meet applicant needs. This might indicate having different understandings of the CCSH program eligibility criteria and/or of the service provider’s capabilities in serving clients with higher needs.

Table 5 provides the reasons for screening referrals out at the third screening (Appendix A. Fig. 1h).

Table 5. Third Screening Denial Reasons from Providers

	Count	Percent
Third Screening by Provider	43	100%
Unable to meet applicant needs	24	56%
Loss of contact with applicant	5	12%
Already engaged with services	1	2%
Applicant opted out	1	2%
Missing	12	28%

Acceptances and Housing

As described in the first section of this report, it was possible for applicants to be accepted by the CCSH program and a service provider without ever receiving housing. For that reason, Table 6 and Table 7 provide acceptance by provider and housing by provider separately (Appendix A. Fig. 1i).

Of the 177 referrals accepted by a provider, 76% were housed at least once, while the remaining 24% did not receive housing and were discharged. Both AHCH and Crossroads for Women housed approximately 78% of their accepted referrals, while UNMH housed approximately 74% of their accepted referrals.

Discharges were most frequently due to re-incarceration and loss of contact. This is discussed in the following section addressing discharge data.

Table 6. Total Accepted Referrals by Provider

	Count	Percent
Total Acceptances	177	100%
AHCH	97	55%
Crossroads	46	26%
UNMH	27	15%
Unknown	7	4%

Table 7. Total Ever Housed Referrals by Provider

	Count	Percent
Total Housed	135	100%
AHCH	76	56%
Crossroads	36	27%
UNMH	20	15%
Unknown	3	2%

Discharge

Because the majority (77%) of documented discharge reasons for each client did not match between the CCSH program and provider, Table 8 and Table 9 provide counts for each separately. Of the 84 discharges, service providers were missing a reason for 55 (66%) clients and the CCSH program was missing a reason for 3 (4%) clients.

Of the 29 service provider discharge reasons that were documented, 19 (66%) matched with those of the CCSH program. AHCH accounted for 7 matching discharge reasons, Crossroads for Women accounted for 5 matching discharge reasons, and UNMH accounted for 6 matching discharge reasons. Discrepancies like these indicate a need to make the discharge process more complete. This includes using a discharge form and a method to verify the discharge date and reason. Client incarceration and loss of contact were the two leading reasons for discharge for both the CCSH program and the providers (Appendix A. Fig. 1k).

Table 8. Discharge Reasons by CCSH

	Count	Percent
Total Discharge Reasons by CCSH	84	100%
Incarcerated	29	35%
Loss of Contact	14	17%
Opted out	10	12%
Inability to meet client needs	8	10%
Eviction	7	8%
Threatening or aggressive behavior	4	5%
Active warrants	2	2%
Deceased	2	2%
Failing to engage in services	2	2%
Graduated	2	2%
Criminal behavior	1	1%
Unknown	3	4%

Table 9. Discharge Reasons by Provider

	AHCH	Crossroads	UNMH	Missing	Total
Total Discharge Reasons by Provider	42	23	14	5	84
Loss of Contact	2	5	4		11
Opted out	3		1		4
Inability to meet client needs		3	2		5
Eviction					
Threatening or aggressive behavior					
Active warrants					
Deceased		1	1		2
Failing to engage in services					
Criminal behavior					
Graduated					
Incarcerated	3	3			6
Does not meet eligibility requirements	1				1
Missing	33	11	6	5	55

Proposed Process Flow

The proposed processes are described below, and include 7 recommendations with examples and templates. See Appendix B. for a visual of the proposed process flow.

Recommendations

First, we recommend the referral/pre-application form be revised and include instructions at the top of the form. The referral/pre-application form should be amended to include as detailed as possible contact information for the applicant. At the time of the review, the form asked for contact information, if applicable, leading the referring agency to leave the space blank. Because loss of contact is one of the highest reasons for denials and discharges, increasing contact information fields and changing the language asking for the contact information might help to reduce loss of contact and increase the likelihood of reaching and maintaining contact.

At the time of the review, the referral/pre-application asked about the clients' behavioral health conditions, homeless status, and criminal justice involvement history. We recommend the language used in the questions be adjusted to coincide with the language used in the CCSH application when describing client eligibility criteria. For example, the referral/pre-application form provides check boxes for serious mental illness, co-occurring disorder, substance abuse disorder, or other disability requiring physical accommodation, whereas the application provides check boxes for serious mental illness, HIV/AIDs/HEP C, traumatic brain injury, chronic drug abuse, chronic alcohol abuse, physical disability, developmental disorder, and other.

Second, we recommend that a new CCSH program application be created to better collect information from the applicant. To increase efficiency and reduce inconsistent responses, questions should be asked once, and should avoid open-ended response options, if possible. Combining similar questions into one question, such as the single question on the clients' ability to "read/write," should also be avoided. While an application should be comprehensive, it should only ask for information that will be useful for the program and/or the service providers. Asking too many questions, especially questions that provide little meaningful information, is inefficient, takes longer to complete, and may be confusing to applicants. The revised application should include:

- Personal identifying information
- Locator information (family member or friend)
- Housing status
- Income information
- Behavioral health information
- Substance use information

Third, we recommend the CCSH initial intake application be completed by the CCSH staff with the applicant. It appears that applicants were completing the forms and this led to the applications being often incomplete and inconsistently filled out. First, it appeared that many clients did not fully understand the questions they were being asked. Second, most of the questions were open-ended response, and third, several similar questions were asked more than

once. Such issues appear to have resulted in inconsistent responses when completed by the client. The CCSH program should provide some form of training, potentially with mock interviews, and a codebook manual for completing the application with applicants consistently. In doing so, responses can be reported consistently and thus provide meaningful information.

Fourth, we recommend the two initial intake interviews completed by the CCSH program and the provider be condensed to one appointment. While this is actually already described in the CCSH Program Policies and Procedures ("Whenever possible, a clinician will participate in the initial assessment to better assess the severity of the applicant's condition," p. 7), our review suggested this does not happen. Doing so would entail first receiving the referral/pre-application form and either screening the referral out or approving and scheduling the CCSH initial intake interview appointment. By reducing the number of appointments the participant must attend, the program reduces the potential of losing contact with the applicant. In general, the program should consider methods to reduce the loss of contact with applicants and clients and more completely document the reasons why contact is lost.

Fifth, we recommend eligibility criteria should be re-established for the CCSH program and for the providersthat should be explicitly documented in policy and client records. Based upon responses from the staff and administrator interviews, CCSH and the providers agreed that applicants who are not medication compliant, who are actively engaged in substance use, and demonstrate low intention to utilize services or motivation to change do not do well in the program. Interview responses confirmed the data findings that many clients that are discharged are due to having too high of needs. We recommend a process be put in place to attempt to address this client profile prior to accepting them in the program. This might include modifying the program eligibility criteria. We recommend the use of validated or well-established assessments by the program and the providers when determining client eligibility. The Supportive Housing Program (SHP) Self-Monitoring Tools, created by the U.S. Department of Housing and Urban Development Office of Community planning and Development, for example, provide several different templates for supportive housing program management, specifically tracking and monitoring housing program data. The Participant Eligibility Guide on page 19, Appendix C might be helpful to refer to for service provider consistency.

Sixth, we recommend a more complete and consistent tracking process for transitional housing services. Important information to document might include the reason why the client was selected for the transitional unit, the location, and the length of time. At the time of the review, use of transitional housing was documented through transitional housing rule agreement form signed by the client. This form was only found within a few client folders thus indicating the transitional housing units were not being used often, or the forms were not being completed consistently.

Seventh, we recommend that every client referred to CCSH should have their own client folder with uniform and comprehensively historical documentation. Each time a client is referred, new information should be completed. Even if an applicant already has a previously completed application from past participation, a new one should be completed. The re-entry application process in the CCSH Program Policies and Procedures states, "*With the case manager, the client*

must complete a new housing program application with all accompanying documents" (p.24). Outdated applications are not useful or informational, especially for populations whose living circumstances can change very quickly.

Rather than replacing any possible previously existing information with the current information, information should be tracked historically and temporally. All client folders should be organized uniformly. This information should not be maintained through dated letters, but rather an audit/checklist sheet at the front of every client file. Something similar to the Cover Sheet from the Supportive Housing Program Self-Monitoring Tools (See Appendix D.), would be useful for the CCSH program as a checklist for required paperwork and to ensure important events (i.e. housing dates, discharge dates, etc.) are tracked. Meaningful data variables to include on the cover sheet might include the referral date, received date, screened out date, screened out reason, initial intake interview date(s) with CCSH and the provider(s), agency provider name, denial date, denial reason, acceptance date, transitional housing start and ends dates, date client begins receiving services, housing lease start and end dates, discharge date, and discharge reason. Finally, digitizing such documents and data would be the most efficient and accurate manner in tracking client and program progress.

While personalized narratives explaining reasons for screening out, denying, approving, or discharging is very important to track client-level progress, having uniform and categorical reasons is also imperative. We recommend providers continue to document narrative-based reasons, as well as documenting that information using pre-selected and structured responses. In doing so, reported data can be uniform, client-level outcomes can still be derived from narrative if so desired, and providers can ensure the information aligns with the program requirements. For example, structured discharge reasons might broadly include lease violations for non-compliance, non-compliance with case management provider, eviction, income ineligibility, criminal activity, and violent or aggressive behavior. More specific discharge reasons can then be provided within those broad reasons, for example, the client continues to not show up for case management appointments for 60 days, which falls within the non-compliance with case-management category. In addition to the agreed upon performance metrics, monthly client status forms, and happiness scale forms, the ISP and Reassessment Worksheets, from The Supportive Housing Program (SHP) Self-Monitoring Tools, might be beneficial for service providers to complete and provide to the CCSH Program. Where appropriate, provider specific outcomes measured through screens and assessments should also be provided to CCSH, even if in aggregate form.

Conclusion

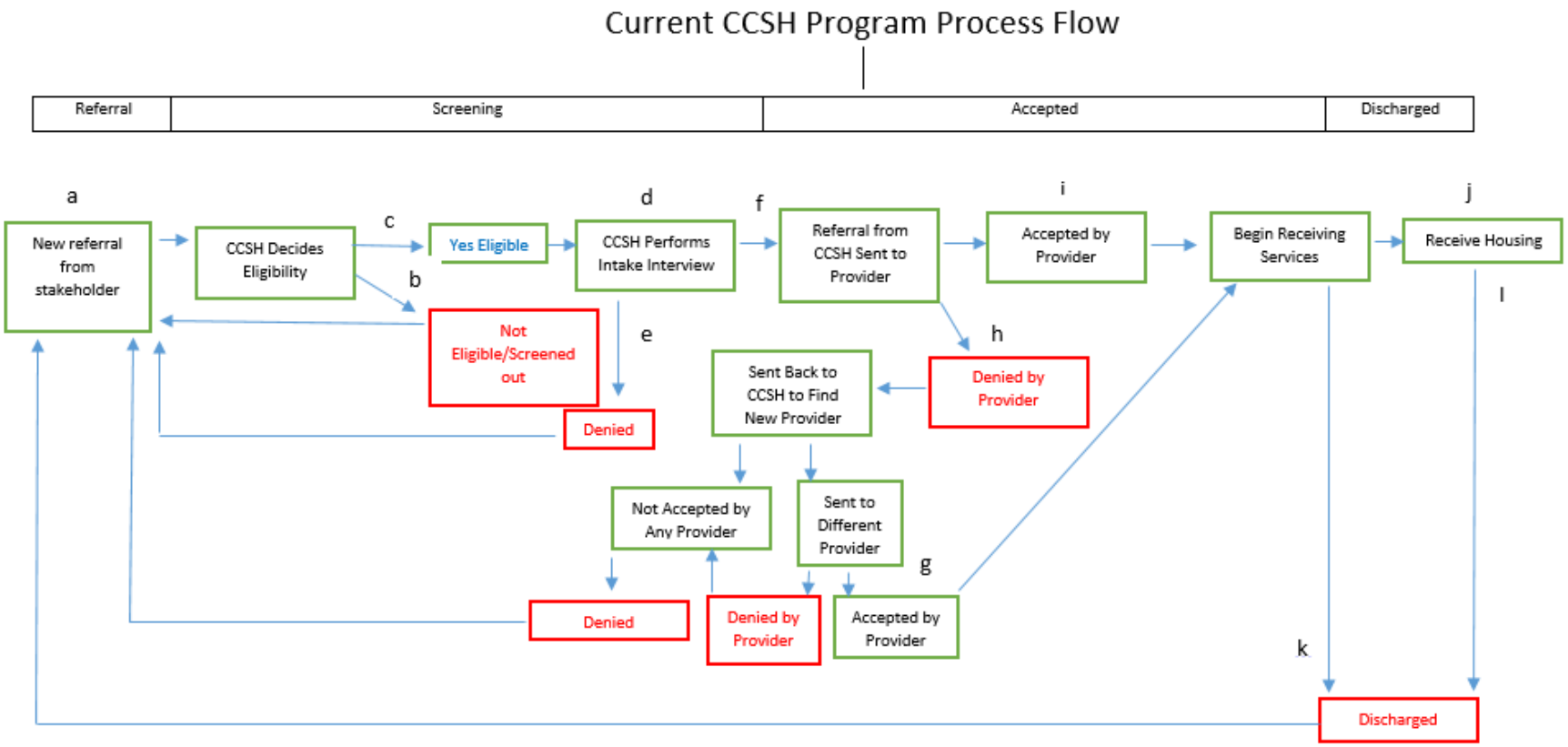
In conclusion, UNM ISR sought to better understand the current operations of the CCSH program and services providers through the use of a process evaluation. Although impeded by incomplete data, client-level records collected from the CCSH program were useful in understanding the ways in which clients were referred to the CCSH program and how they

moved through the program. Based upon the findings, UNM ISR recommended seven important program changes, with detailed examples of those changes.

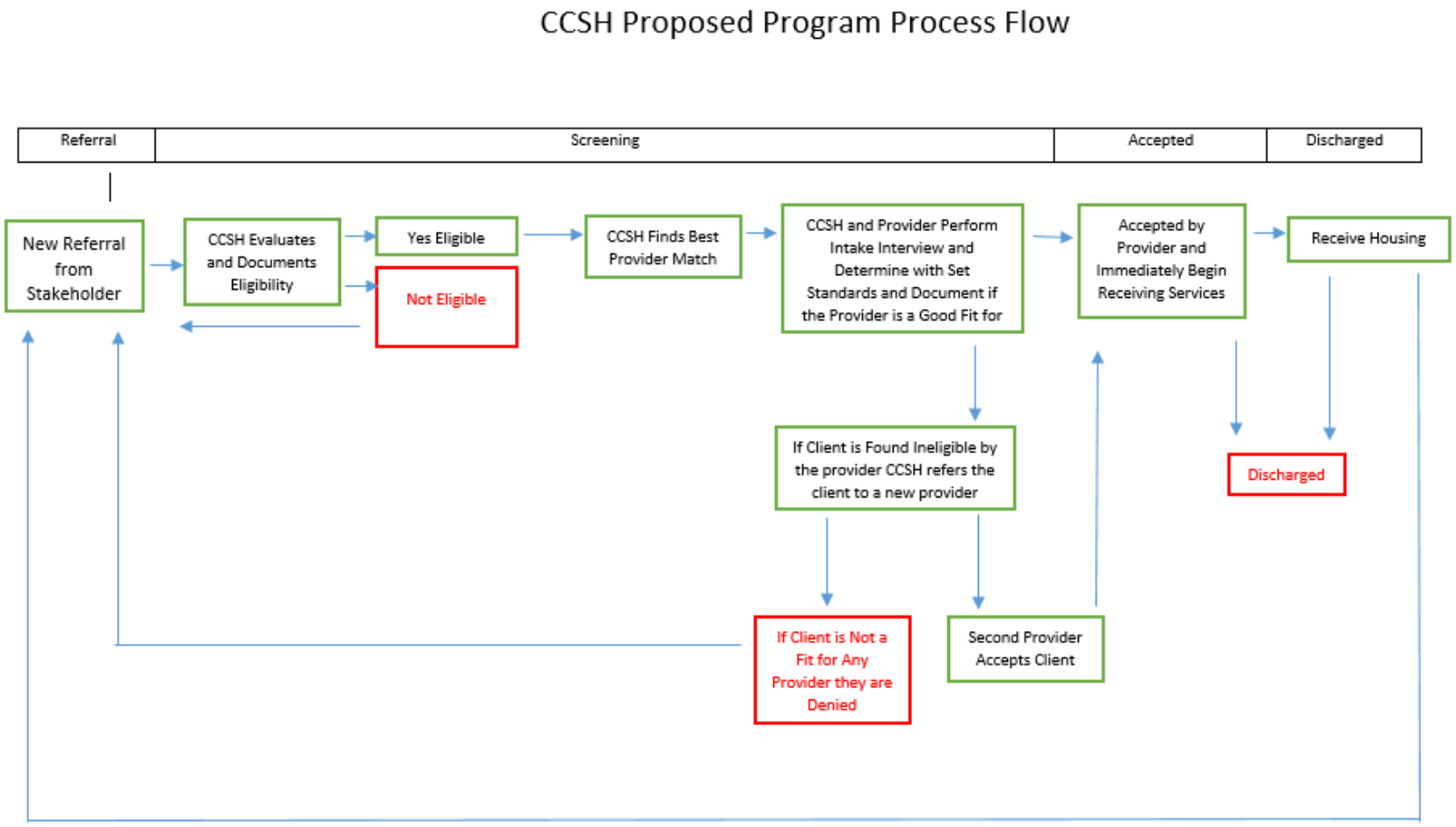
Such proposed changes broadly include revision of data collection forms and instruments, as well as changing how the collected data is organized, stored, and shared. More specifically, recommendations entailed revising the initial referral form and the CCSH program application, combining the CCSH program and service provider initial applications, having staff complete the application with the individual, utilizing a checklist/audit sheet for hard-copy client files within all folders, and digitizing all hard-copy data. Additionally, enforcement and/or incentivizing service providers to accurately and comprehensively document client notes and updates should be considered. As mentioned in the previous section containing frequencies, for example, Table 8 and Table 9, developing and implementing a form to track discharge reasons and dates will decrease the amount of missing and conflicting data for the CCSH program and service providers.

While the proposed recommendations are in no way intended to be comprehensive, they are foundational elements of the program, which need to be addressed. Ultimately, implementation of the described recommendations could increase the likelihood that the CCSH program will be able to track and report the program performance metrics and potentially meaningful outcomes. Outcomes might include reduced involvement in the criminal justice system, housing stability, and increased engagement in community services.

Appendix A. Current CCSH Process Flow



Appendix B. Proposed Process Flow



Appendix C. The Supportive Housing Program (SHP), Eligibility Criteria

Project Name: _____

Participant Name: _____

Date of Intake: _____

Type of Homelessness Documentation (Check the appropriate type of documentation used to verify homelessness and attach it to this worksheet. Maintain these forms in the participant file.)

Homeless Status	Type of Documentation	Documentation attached
Persons living on the street	A signed and dated general certification from an outreach worker verifying that the services are going to homeless persons, and indicates where the persons served reside.	
Persons coming from living on the street (and into a place meant for human habitation)	Staff should provide written information obtained from third party regarding the participant's whereabouts, and, then sign and date the statement.	
Persons coming from an emergency shelter for homeless persons	Written referral from the agency.	
Persons coming from transitional housing for homeless persons	Written verifications to include program residency and homeless status prior to program entry.	
Persons being evicted from a private dwelling	Documentation of income, efforts to obtain housing, why participant would be on street, and either documentation of formal eviction proceedings or statement from family evicting participant.	
Persons from a short-term stay in an institution who previously resided on the street or in an emergency shelter	Written verification from the institution's staff that the participant has been residing in the institution for less that 31 days; and information on the previous living situation.	
Persons being discharged from a longer stay in an institution	Written verification from the institution of discharge within one week of receiving homeless assistance AND documentation of income, efforts to obtain housing, and why person would be homeless without assistance.	
Persons fleeing domestic violence	Written, signed, and dated verification from the participant.	

Appendix D. The Supportive Housing Program (SHP), Cover Sheet

PROGRAM ENTRY	
Name	
Date of Intake	
Date Participant Eligibility Worksheet completed	
Date Entered Program	
Date of Initial Assessment	
PROGRAM EXIT	
Date of Exit	
Condition of Exit	Comments
Terminated	
Moved to Permanent Housing	
Other	

LONG TERM GOALS (up to 24 months)			
A. Obtain and Remain in Permanent Housing	Supportive Services Required for Achievement	Target Date for Achievement	Date Achieved
Goal A1:			
Goal A2:			
Goal A3:			
B. Achieve Greater Self-Determination	Supportive Services Required for Achievement	Target Date for Achievement	Date Achieved
Goal B1:			
Goal B2:			
Goal B3:			
C. Increase Skills and/or Income	Supportive Services Required for Achievement	Target Date for Achievement	Date Achieved
Goal C1:			
Goal C2:			
Goal C3:			