

CASH EVALUATION



Centralized Access to Supported Housing (CASH), Victoria, BC: Evaluation of a Single Point of Access to Supported Housing

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Research of BC



greater victoria
coalition to end
homelessness
hope has found a home



“I had to actually ask what CASH stood for, and that was just a month ago. But when they said ‘CASH referral’, I didn’t know that it was an acronym, so I’m thinking cash referral, I’m thinking, okay, cool!”

~ Client participant

Executive Summary

Greater Victoria, like many other regions in Canada, is facing ongoing concerns related to homelessness. There are more than 1,700 people who experience homelessness in any one year and more than a 1,000 people in need of permanent housing on a single night. Social and supported housing are resources for people who are experiencing homelessness or at-risk of homelessness. However, individuals and families must often find their way through complex and fragmented systems to access social housing. Centralized or 'single point access' programs have been developed in the United States and the United Kingdom to help people navigate complex systems.

In an attempt to improve access and efficient use of available supported housing units in Victoria, service providers as part of the Service Integration Working Group (SIWG) developed and launched CASH (Central Access to Supported Housing) in May 2012. In this report, we report on the evaluation of the CASH program including the extent to which CASH program objectives are being met. The objectives of the evaluation were:

1. To provide insights into the current operations of CASH including successes, challenges and impacts of the program.
2. To determine the extent to which the CASH program is effective in meeting its intended objectives.
3. To identify the consistency of CASH principles with principles of Housing First.
4. To determine the level of participant, staff and partner agency satisfaction with the CASH program particularly in relation to the referral process in terms of fairness, equity and transparency.
5. To identify recommendations that would increase the overall effectiveness and stakeholder satisfaction with the CASH program.

We used a descriptive case study design to evaluate the CASH program. This approach allowed us to integrate data from individual interviews, observations of CASH Selection Committee meetings, program documents, and statistics. The findings are situated within the sociopolitical and economic context of housing in Greater Victoria to aid further understanding of the realities in which the CASH program operates and provide recommendations for improvements in access to housing for those who are experiencing homelessness.

From June 1, 2012 to May 31, 2015, 2,171 CASH referrals were received. Of those referrals, 566 people were housed, 1,317 were closed and 277 are on the waiting list for supported housing. Almost twice the numbers of males as females have been referred. Twenty percent (20%) of those referred identified as Aboriginal. Of those housed, there were twice the number of males housed as females and 20% of those housed identified as Aboriginal. Each month the number of referrals exceeds the number of units available, adding to the ongoing waitlist. It takes a median number of 240 days to go from referral to housed.

Five key themes emerged from the analysis of thirty qualitative interviews: 1) Housing waitlist or housing program? Transparency of the CASH Process; 2) CASH is a ticket in a supported housing lottery; 3) CASH aims to be a fair and equitable process; 4) Lack of client engagement in the CASH process; and 5) Having CASH is better than not having CASH.

The primary question to be answered in this evaluation was, to what degree is CASH meeting its stated objectives? CASH clearly meets two of its objectives (a single housing application/access point and "any door is the right door" for submitting referrals). Several other objectives, a transparent and clear selection and referral process, timely referrals and efficient use of supported housing resources are only partially

met. Lack of ability to meet program objectives stems from an intersection of three factors: a lack of affordable and supported housing, a lengthy referral and waitlisting process, and a general lack of understanding of the CASH program in the community. While we were unable to determine if housing providers are sharing best practices there is evidence of increased collaboration among providers working together as part of CASH.

We would highlight that there is a current lack of involvement of clients in the CASH process. This lack of involvement was found to have negative impacts on client health and well-being. Recent developments in Housing First, drug user, HIV/AIDS and mental health consumer movements embrace a view that services such as housing and supports are appropriately delivered in partnership with service users. This partnership orientation between service providers and service users is increasingly considered a best practice in service provision for people impacted by homelessness. We provide beginning recommendations that might meaningfully include clients in the CASH process.

Although CASH was not developed as a Housing First program, it was deemed important to determine whether or not CASH is consistent with Housing First principles which are considered best practices in ending homelessness. As well, access to Streets to Homes a Housing First program, is included in the CASH process. CASH offers a waitlisting service for those who seek supported housing. It does not offer housing or other programming. Thus CASH cannot meet Housing First principles of providing clients choices for immediate placement into permanent housing or options for a range of supports they may need.

As a result of this evaluation we make the following recommendations:

1. That an education program for all stakeholder groups detailing the scope and limits of the CASH program is undertaken. This can include outreach talks currently delivered by CASH staff, as well as a brochure aimed at referral agents and clients. Encourage referral agents to attend Selection Committee so they may meet CASH staff, Selection Committee members and view the selection process as it happens.
2. Review and revise the CASH website to include more detailed information about the process, enhance FAQ's, and examine the possibility of clients and referring agents accessing updates about their applications. Waitlist status may perhaps be more easily addressed through the use of an interactive website service.
3. That a process for meaningful inclusion of clients at all levels of the CASH program be instituted. Clients should have access to information about the status of their application and should be involved in redesigning CASH processes to be sensitive to client needs. A process for access to other types of referrals for those not deemed eligible for CASH should be given consideration.
4. That CASH referral forms and processes be reviewed with a view to limiting information collected to only that most crucial for deciding waitlist placement. A balance should be sought between individual privacy rights and the need for adequate information to decide the most appropriate waitlist placement.
5. That specific attention is given to increasing the supply of available and affordable housing for clients in need of social and supported housing. This could be achieved through increased investment in rental supplements and access to market housing for clients.
6. The CASH partners lobby for increased investment in social and supported housing and increased access to rental supplements and rental market housing.

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Introduction

Greater Victoria like many other regions in Canada is continuing to deal with homelessness. There are more than 1,700 people who experience homelessness in any one year and more than a 1,000 people in need of permanent housing on a single night.¹ Emergency shelters in Greater Victoria are full and in recent years have been at 111% of capacity due to the use of sleeping mats on emergency shelter floors. The citizens of Greater Victoria have identified the importance of addressing homelessness and lack of affordable housing.² The Greater Victoria Coalition to End Homelessness (Coalition) was formed in 2008 with a mandate to end homelessness in the region by 2018.

Market rents in Greater Victoria are unaffordable for people experiencing homelessness and those working for minimum wage or who receive social assistance. Social³ and supported housing⁴ are resources for people who are experiencing homelessness or at-risk of homelessness. Supported housing combines a low rent apartment with support services for people with mental health and/or substance use concerns. As of March 31, 2013 the waiting list for social housing in Victoria was 1,477.⁵ The number of people on the social housing waiting list has remained about the same since 2006. Further, individuals and families must find their way through a complex and fragmented system to access social housing.⁶ Social and supported housing providers may have their own referral process, admission criteria and waitlists that often cause confusion and frustration for clients. Clients also must access income support services as well as health and other social services. When housing resources are limited people may experience extended waiting periods, sitting on social housing lists for months or even years. In some cases, individuals never receive housing.

Centralized or 'single point access' programs have been developed in the United States and the United Kingdom to help people navigate complex systems. The principle is that a single point of entry to apply for services provides easier and faster access to information and supports along with efficient use of limited resources.⁷ Centralized services may include housing, case coordination, assertive case management or other health care services. According to the United States department of Housing and Urban Development (HUD)⁸ central intake has numerous potential benefits. For people seeking services at a single point of access may simplify and accelerate access to the most useful services. For agencies, it may provide an ongoing source of referrals, clear picture of client needs, support interagency

¹ Pauly, B., Cross, G., Vallance, K., Winn-Williams, A., & Stiles, K. (2013). *Facing Homelessness: Greater Victoria Report on Housing & Supports 2012/13*. Victoria, Canada: Greater Victoria Coalition to End Homelessness.

² Victoria's Vital Signs: Greater Victoria's 2013 annual checkup. (2014). Victoria, Canada: Victoria Foundation.

³ Social or subsidized housing is used in this report as defined by BC Housing Management Commission "Subsidized housing encompasses all types of housing whereby the provincial government provides some type of subsidy or rent assistance, including public, non-profit and co-operative housing, as well as rent supplements for people living in private market housing. – Please see: <http://www.bchousing.org/Initiatives/Providing/Subsidized#sthash.Y7KkLLBZ.dpuf>

⁴ Supported housing [a form of social or subsidized housing] integrates tenancy with on-site support services and is intended for people who are managing multiple barriers including mental health and/or addiction issues; who, due to these issues, are experiencing homelessness or are at risk of homelessness; whose support needs cannot be managed with community supports" (Centralized Access to Supported Housing, 2013).

⁵ Ibid. 1

⁶ Albert, M., Pauly, B., Cross, G., & Cooper, T. (2014). *The cycle of impossibility: Pathways into and out of family homelessness*. Victoria, BC: Greater Victoria Coalition to End Homelessness.

⁷ Gaetz, S., Gulliver, T., & Richter, T. (2014). *The State of Homelessness in Canada*. (No. 5). Toronto: The Homeless Hub Press.

⁸ Centralized intake for helping people experiencing homelessness: Overview, community profiles and resources (2010). Washington, DC: United States Department of Housing and Urban Development.

collaboration and reduce overlapping service functions. Such a system can also provide decision-makers and funders with accurate information that will assist them in more effective service planning and provide data to support future service planning.

In an attempt to improve access and efficient use of available social and supported housing units, service providers developed CASH (Central Access to Supported Housing) in 2011 through the Service Integration Working Group (SIWG) of the Coalition. The Victoria CASH program was launched in May 2012 and is funded by Island Health.

Why Evaluate CASH?

The focus of the evaluation was to provide feedback to SIWG and the Coalition on the extent to which the CASH program objectives were met and provide recommendations for improvements to CASH to facilitate these objectives. The objectives of the evaluation were:

1. To provide insights into the current operations of CASH including successes, challenges and impacts of the program.
2. To determine the extent to which the CASH program is effective in meeting its intended objectives.
3. To identify the consistency of CASH principles with principles of Housing First.
4. To determine the level of participant, staff and partner agency satisfaction with the CASH program particularly in relation to the referral process in terms of fairness, equity and transparency.
5. To identify recommendations that would increase the overall effectiveness, and stakeholder satisfaction with the CASH program.

What Did We Do?

We used a descriptive case study design to evaluate the CASH program. Case studies try to understand how events or programs such as CASH operate in the real world by accounting for the circumstances or context in which they are implemented.⁹ Case studies draw on many sources of data to better understand and frame the findings of the study. Pauly and colleagues¹⁰ state that case study designs are appropriate for evaluating services for people who are homeless as the social, political, historical and economic context that influence program operations may be taken into account rather than hinging program success or failure solely on the behavior of programs and program participants. Further, these authors suggest that inclusion of user voices in case study based evaluation can contribute important understandings of program operations and context.

Gathering the Information

We drew on data from individual face-to-face interviews, observations of CASH Selection Committee meetings, program documents, and statistics. Interviews were audio-taped and transcribed. The data were coded and analyzed¹¹ to elicit themes and gain an overall understanding of the current operation and outcomes of the CASH program within the social, political, and economic context in which the program is situated. Thematic interpretation is enhanced by observations of Selection Committee proceedings and program statistics. The findings are situated within the sociopolitical and economic context of housing in Greater Victoria to aid further understanding of the CASH program.

Thirty individual face-to-face interviews were conducted. Participants came from all major CASH stakeholder groups; clients who had been referred to the CASH program; individuals who generated referrals to the CASH program, housing providers, community and funding partners and CASH staff. Interviews focused on program knowledge, experiences and suggestions for program enhancements.

Who Took Part?

There were nine client participants. Five of the client participants identified as male and four as female ranging in age from 31 to 60 years. Seven client participants identified as Caucasian, one as Aboriginal and one as other (Black, Asian or from Southern India). Clients were primarily staying at an emergency shelter at the time of the study (six), with two sleeping outside, while one person lived in supported housing. Provincial disability assistance was the primary source of income for seven client participants and Canada Pension and Old Age Security for two participants. Four client participants had college and university training; three had completed grade 12 and two completed at least grade 7.

The remaining stakeholders came from four groups including referral agents (8), housing providers (7), funding and community partners (3) and CASH staff. Eleven identified as female and nine as male. They ranged in age from 21-60 years. All were currently employed by either government or a not for profit social service agency. All these participants had attended university.

⁹ Stake, R. (1994). Case studies. In N. Denzin, & Y. Lincoln (Eds.), *Handbook of qualitative research* (pp. 236-247). Thousand Oaks, CA: Sage.

¹⁰ Pauly, B., Wallace, B., & Perkin, K. (2014). Approaches to evaluation of homelessness interventions. *Housing, Care & Support*, 17(4), 177-187. DOI: 10.1108/HCS-07-2014-0017

¹¹ Thorne, S., Kirkham, S., & MacDonald-Eames, J. (1997). Interpretive description: A non-categorical qualitative alternative for developing nursing knowledge. *Research in Nursing & Health*, 20, 169-177. doi:10.1002/(SICI)1098-240X(199704)20:2<169::AID-NUR9>3.0.CO;2-I

What Exactly is CASH and How Does it Work?

Through a “cross-organizational hub”¹² format CASH staff coordinate referrals and facilitate placement of waitlisted participants in some 976¹³ mental health and addictions focused supported housing units through six not for profit housing partners in the Greater Victoria area. The primary goal of CASH is to “streamline access to supported housing with a fair and equitable process for all people seeking to access supported housing in the Greater Victoria area”.¹⁴ The objectives of the CASH program are:

- A fair and equitable process for all people accessing supported housing in the Greater Victoria area.
- A single community supported housing application that can be completed and submitted by any agency. CASH supports the motto - “Any door is the right door”.
- Efficient use of community supported housing resources and timely referrals.
- Transparent, clear selection and referral process.
- Shared best practices amongst housing providers.

The CASH program operates under a memorandum of understanding (MOU) between housing providers and Island Health. An Advisory Committee oversees CASH, responding to challenges and changes in the operating environment. The advisory group consists of senior managers from CASH partners and an Island Health representative. The Selection Committee is made up of managers/coordinators from partner agencies. Each provider is encouraged to have a staff person attend Selection Committee. Generally three or four representatives of housing providers attend any one Selection Committee meeting.

The CASH office is co-located with two other Island Health programs near the downtown core of Victoria. The CASH program has three full time staff members employed by Island Health. The office assistant manages the client database and waitlists. The two other staff act as ‘facilitators’ who receive and ensure completeness of referrals, gather collateral information, communicate with referral agents and the local health authority as required and present individual cases at Selection Committee meetings.

The Selection Committee meets twice weekly totaling approximately four hours a week. Generally, six to eight referrals are reviewed at each meeting. Facilitators present details of the case. At the end of case presentation and discussion, a decision is made to waitlist or not waitlist the client. If the client is selected for waitlisting he or she is placed on the waitlist for two or three housing programs members feel would best support the client. Committee members confer and come to an agreed upon score for each application on a scale of 0 to 80 representing the level of client need and likelihood the client will benefit from supported housing services.

The score determines the individual’s place on a waitlist.¹⁵ Occasionally, only one program may be considered appropriate for a specific client. Generally, referrals are dealt with chronologically, however,

¹² “Cross organizational hub” means that the CASH program is the center point through which the waitlisting process for supported housing is provided to the six partner agencies.

¹³ This includes 120 spaces in market units with rental supplements, the Streets to Homes program.

¹⁴ Unknown. (2013). *Centralized access to supported housing (CASH)* (Power Point Presentation to Downtown Service Providers Group November 2013). Victoria, Canada.

¹⁵ The term ‘waitlist’ is used in two different ways in the CASH program. There is an overall list of people seeking supported housed often termed ‘the waitlist’. In practice, there is a separate waitlist for each housing program that is part of the overall list of those waiting for supported housing. Clients may be ‘waitlisted’ that is, placed on a list for one or more housing sites. When a client is housed they are no longer waitlisted.

individuals who are hospitalized at the time of referral are prioritized for Selection Committee. Thus, the application of an individual who is in hospital will be finalized and reviewed at Selection Committee ahead of other referrals. If approved for waitlisting, these applications enter the waitlist in the same way as other community referrals.

Each application on the waitlist is reviewed every three months to ensure the client is still in need of supported housing. If the client has found other accommodation, has not been in contact with the referral agent or for other reasons no longer needs supported housing the application is closed and removed from the waitlist. In essence, clients are placed onto a waitlist and prioritized for supported housing when it becomes available. Housing placement rests on a combination of level of need, length of a particular program waitlist and provider ability to choose among three potential tenants.

Clients are placed on the waitlist before receiving housing.¹⁶ Some clients have been on the waitlist for up to two years without receiving housing and some have been on the list since the inception of the CASH program in 2012. Given that people are placed onto a waitlist rather than directly into housing without preconditions, it is impossible for CASH to operate as a Housing First program in the current context of a limited supply of social and supported housing. Indeed, CASH was not conceived as a Housing First program. However, in the evaluation we sought to determine whether or not the CASH program could align with Housing First principles. This was deemed important as Housing First is considered best practice in ending homelessness.

¹⁶ Most often clients are waitlisted before housing. On a rare occasion direct housing from shelter when there was no one on a specific waitlist or housing an individual outside the CASH process has occurred.

What Did We Find Out?

CASH by the Numbers

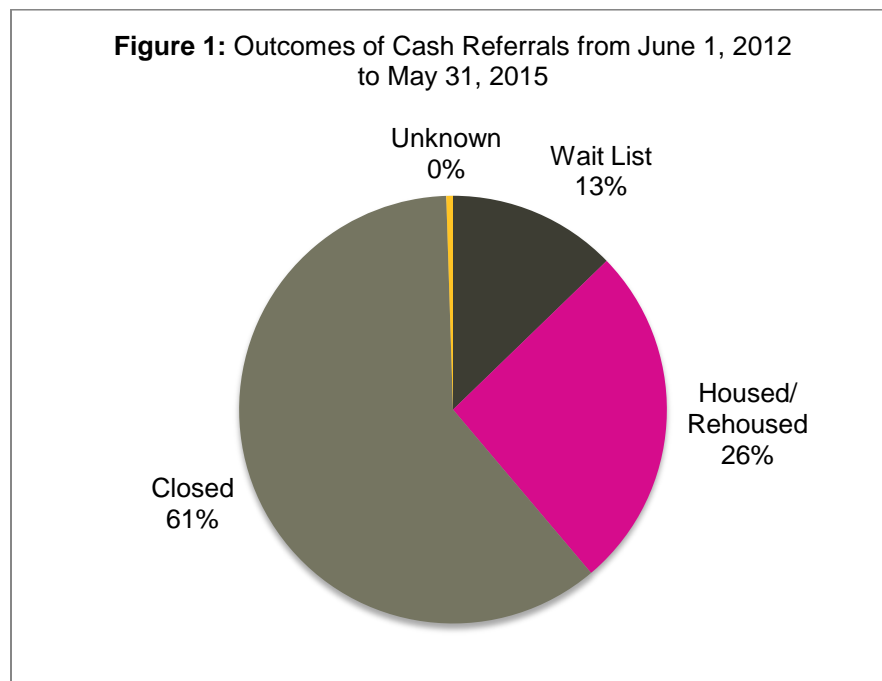
Information was drawn from the CASH database with the assistance of CASH staff to provide information on CASH referrals, and the outcomes of these referrals.¹⁷

CASH Referrals

The CASH program received 2,171 referrals between June 1, 2012 and May 31, 2015. Of those referred, 67.6% are males (1,469), 32% (695) are females and less than .05% are transgender. Of those referred, 19.3% (420) identified as Aboriginal.

Outcomes of Cash Referrals

Referrals are initially assessed for completeness and when complete are reviewed at Selection Committee. At Selection Committee, referrals are either waitlisted or not waitlisted. Referrals that are not waitlisted may be closed or if new information comes from the community, amended and re-reviewed. Individuals who are not waitlisted may also be re-referred should their circumstances change.¹⁸ Eventually, most of those waitlisted are either housed, remain on the waitlist or their file is closed. Referrals may be closed at any point in the CASH process. In Figure 1, we identify the eventual outcomes for all CASH referrals for the first three years of operation.¹⁹



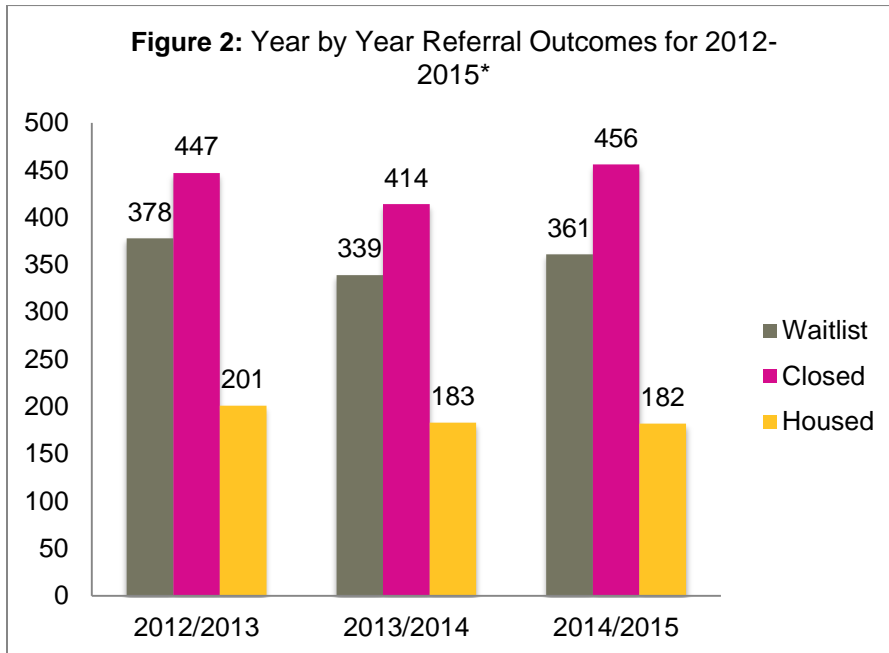
¹⁷ This data is based on an analysis of secondary data obtained from an administrative database and it is important to note that the data was not initially collected for research and evaluation purposes which is a limitation.

¹⁸ For example, a client who previously needed dry housing has relapsed or an individual in tertiary care is now more stable.

¹⁹ This is based on Data from June 1, 2012 to May 31, 2015.

During this three year period, 566 people have been housed and 1,317 referrals have been closed. At the end of this period, there were 277 individuals or 13% of all of those referred are on the waitlist for supported housing. The outcome of 11 applications is unknown.

In Figure 2, we identify outcomes of the CASH process by fiscal year from June 1, 2012 to May 31, 2015.



*Please note the total numbers are greater than the number of referrals in each year as referrals may be waitlisted and then closed or housed from month to month.

HOUSED

Twenty-six percent (566 people) of the total referrals have been housed or rehoused through CASH from June 1, 2012 to May 31, 2015. See Figure 2 for Year by Year Breakdown of those Housed from June 1, 2012 to May 31, 2015.

- Twice the number of males (67%) as compared to females (33%) were housed. This rate is comparable to the number referred.
- 20% of those housed identified as Aboriginal. This rate is comparable to the 19.3% referred.
- The median age of those housed is 45 years; the range is from 19 to 61 years.
- Of those housed, at the time of housing:
 - 25% were living in supported housing
 - 23% had no fixed address,
 - 19% were staying in an emergency shelter or hostel
 - 15% were in some type of facility such as hospitals, corrections or treatment.
 - 7% were in market housing.
 - 3% were couch-surfing.

It is of note that 25% of those housed through the CASH process are already living in supported housing at the time of placement.

CLOSED

- 1,317 (61%) of total referrals to CASH have been closed. Top reasons include:
 - Client no longer in need of supported housing/needing to move, 318 (24%).
 - CASH never received requested information/client lost contact with referrer, 248 (19%).
 - Client needs too low for supported housing, 198 (15%).
 - Client needs too high, no matching CASH resource, 122 (9%).

Referral closure may take place anywhere across the CASH process.

LENGTH OF CASH PROCESS:

We reviewed the length of time for each segment of the CASH process and identified the median number of days from the time that a referral is received until a referral is waitlisted and the client is housed. It may take up to 125 days for a decision to be made on a referral. Some referrals may never reach Selection Committee and others may be closed after review by the Selection Committee. Below, we outline the median length of time for each stage in the CASH process.

Segment 1: Referral received to review by facilitator – 54 days (median length)

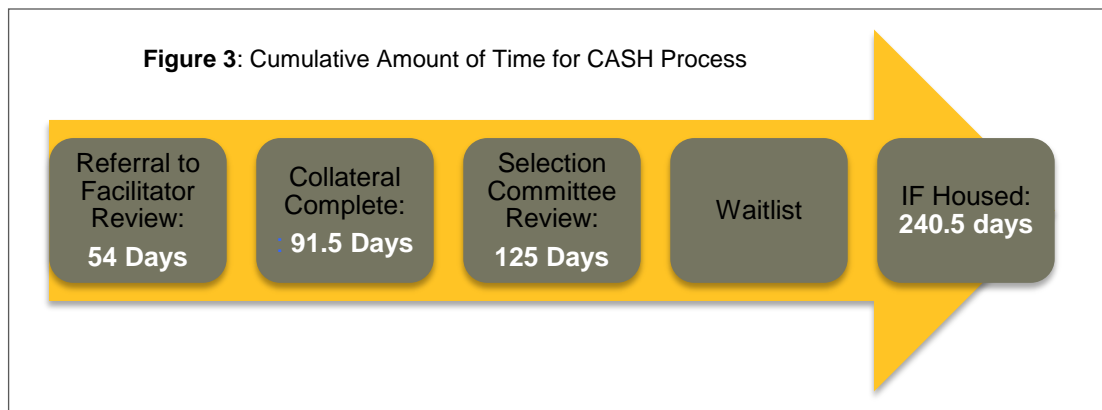
Segment 2: Reviewed by facilitator to collateral completed – 37.5 days

Segment 3: Collateral is completed to review by Selection Committee – 33.5 days

Segment 4: Selection Committee review to client is housed – 115.5 days

Figure 3 outlines the cumulative time for the four segments of the CASH process.

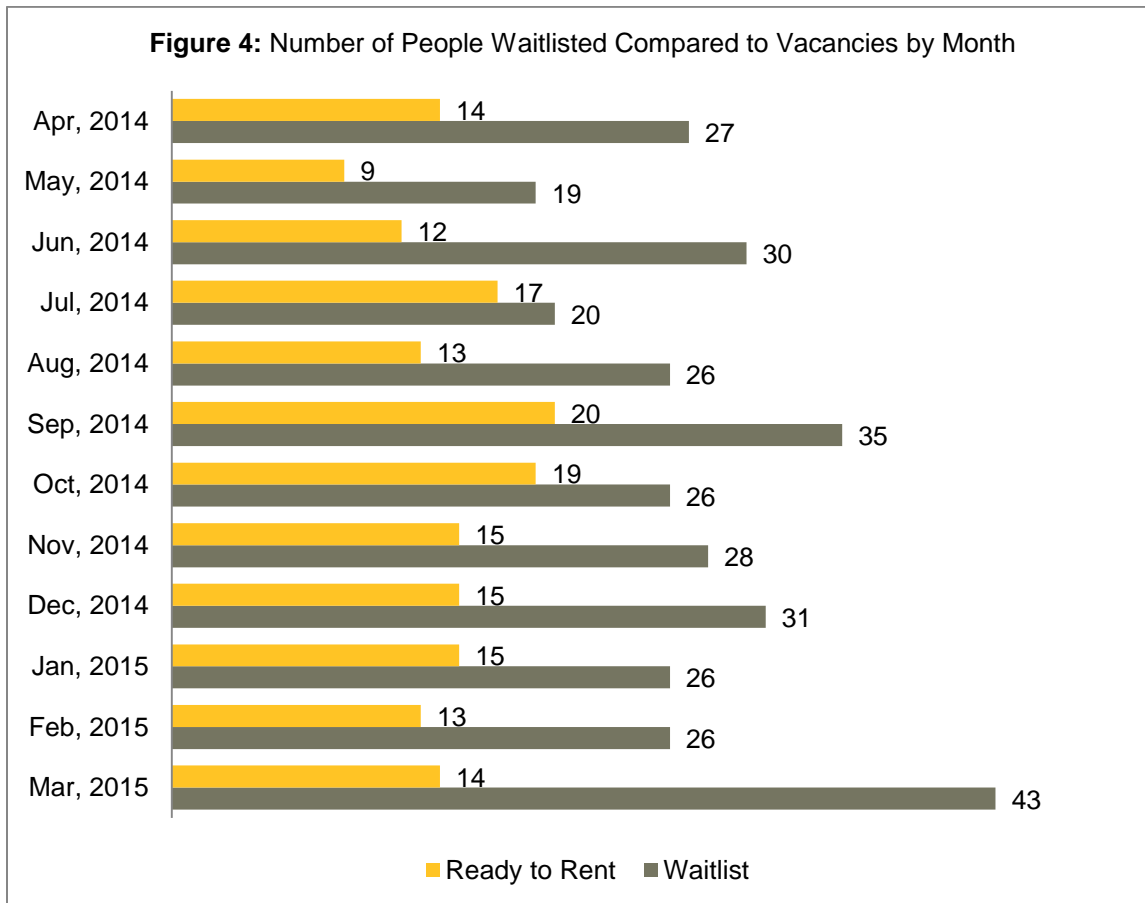
It is significant to note that a majority of referrals (61%) to CASH are closed and not waitlisted. Many referrals remain incomplete, referrers have lost contact with clients and individuals are deemed to no longer in need supported housing.²⁰



²⁰ Reasons for closing referrals also include: client is already housed, client needs are too low and can be met in the community, needs are mostly financial, client is incarcerated, client needs addiction resources, client is lost to contact with referral agent, needs family housing; client declined site or site unable to house client or client only listed for one program, as well as inappropriate and other referrals that are not defined.

NUMBER OF VACANCIES AVAILABLE FOR CASH REFERRALS

For 2014/15 year, there were approximately 50 CASH referrals per month. Of those 50 referrals, approximately 28 referrals per month were waitlisted. In contrast, there were approximately 14 to 15 ready to rent supportive housing spaces available on average per month. See Figure 4. Thus, the number of people being waitlisted per month exceeds the overall number of units available. As a result, there is an ongoing waitlist and inability to directly house people who are referred and met the criteria for placement.



What Participants Told Us About CASH

In addition, to our analysis of data from the CASH database, we were able to undertake an in depth analysis of qualitative data from face-to-face interviews, observations of the CASH selection process and CASH documents. Five key themes emerging from this analysis were: housing waitlist or housing program: transparency of the CASH process; CASH is a ticket in a supported housing lottery; CASH aims to be a fair and equitable process; lack of client engagement in the CASH process; and having CASH is better than not having CASH.

1. Housing Waitlist or Housing Program? Transparency of the CASH Process

There was often a lack of understanding, information and transparency about the CASH process among users (clients, referral agents, and housing providers) affecting their satisfaction with the program. The exact nature of CASH processes, where CASH is located, who the staff is and how the program operates was not entirely clear to many interview participants, particularly referral agents and clients. One referral agent observed, “CASH sometimes is thought of by people, both [those who] refer to it but certainly some clients, as this omnipresent beast that has tremendous housing, where technically, it has no housing it’s just a referral system”. The referrer continued, “For the average person CASH becomes... housing... ‘I’m going to get housed through CASH’”.

Among referring agents and housing providers there was reasonably clear knowledge of the referral process. However, some referral agents did not know where the CASH office is located and had not met CASH staff. One participant wryly noted, “CASH... that secret room in their secret building”. A majority of participants expressed a hope and indeed a belief that the waitlisting process was transparent. However, upon further discussion several admitted concerns around the application, review and waitlisting process at Selection Committee. According to one referrer,

I think once you finish that application it feels like it goes off into the abyss, ... but I don’t think it’s very transparent as to what they do with it. Like what kind of information they gather and what the next steps are. I would have no idea what A through Z happens after I fax that referral to them.

Indeed, many referral agents were not aware they could observe Selection Committee if they chose to do so. Though CASH staff do outreach to various agencies to discuss the program referral agents often lacked detailed information which contributed to questions and uncertainty about fairness in the waitlisting process.

Clients often thought CASH was a housing program. At best, clients knew a form must be filled out by a worker and that he or she would be placed on a long waitlist for housing. In general, clients expressed a need for more information about CASH. A client participant noted,

Getting more information about CASH into the world, and what it is and what it does. Like I said, individual programs rather than, yes, it’s centralized, but so what? You have centralized access to supportive housing, okay. That means absolutely...what does that tell me, that I filled out this form and that I might eventually get contact?

Most were unclear as to which agencies formed CASH and since clients may be placed in market housing through the Streets to Homes program, were very confused about which housing was part of CASH and what was not part of CASH. Clients expressed the importance of knowing the status of their application but since only referral agents are encouraged to contact CASH (by phone or email) it can be difficult for an individual to find out where he or she sits on a particular waitlist. The website does not allow access to waitlists for referral agents or clients. Clients must then seek out the worker who referred them to receive updates on their waitlist status. This makes for a convoluted process with many opportunities for clients to be lost while in the waitlist process.

Few clients or referral agents knew of the CASH website or if aware, used it. Others knew about the site but didn't find it helpful. Basic information is available on the website yet critical processes such as information about review and selection process were difficult for study participants to discern.

CASH provides access to a waiting list for supported housing. Access to housing rests with the housing provider. Housing providers may choose among several prospective tenants for each vacancy and thus make the final decision as to who is housed. It is not within the mandate of CASH to direct a provider to house any specific individual. Though this distinction is well understood by those closely involved with CASH, documentation often refers to "accessing housing" which may cause some confusion about the real nature of the CASH program, especially among clients. In essence, due to lack of information and lack of understanding, most all interview participants expressed concerns about the transparency of the CASH process and the process itself was seen as slow and overly bureaucratic.

2. CASH: A Ticket in a Supported Housing Lottery

Every participant noted a lack of safe, adequate, affordable housing in the Greater Victoria area as a concern impacting homelessness and as essential to solving homelessness. Inability to acquire adequate housing is a significant barrier to health and wellness for people in poverty including those who experience homelessness. Supported housing is subsidized by government so that rents are affordable for individuals on various forms of income assistance and who qualify for supported housing but such housing is unavailable, as evidenced by the CASH waiting list. CASH then sits at the intersection of an affordable housing crisis and supported housing as access to a type of affordable housing. It is not surprising then that according to one CASH partner, "We are dealing with a housing stock that has a probably zero vacancy rate²¹".

As mentioned above, CASH receives about 28 referrals per month. The Selection Committee processes ten to twelve referrals each week, the majority of whom were waitlisted in meetings observed by one researcher. Currently, there are 277 individuals on the overall CASH waitlist. Every waitlisted client is not suitable for every vacancy that occurs. There are a limited number of vacancies each week that may be filled from those already on the waitlist for that housing program or site. This means CASH must function in the untenable but required position of deciding who among an enormous group of those in desperate need should go on a list to wait for the *prospect* of receiving housing. One participant suggested the CASH process was more a "lottery for housing" rather than a realistic process to obtain housing.

²¹ One provider experiences a higher vacancy rate due to the transitional nature of their housing stock and difficulties locating potential tenants many of whom may be actively experiencing homelessness, quickly when vacancies arise.

With the pressure of a large number of individuals seeking housing through the CASH process, there is a 'no-win' scenario for the CASH program staff, agency partners and crucially, supported housing applicants. In a context of a scarce resource CASH's primary goal of fair and equitable access to supported housing becomes paramount. To address this goal, strategies such as a detailed referral form, separation of referral and selection processes and prioritizing clients deemed to have the highest needs have been implemented.

3. CASH Aims to be a Fair and Equitable Process

Prior to 2012 and the initiation of the CASH program, many providers kept individual waitlists for their housing programs. Referral agents often depended on relationships with staff of individual housing providers to facilitate housing placement. This sometimes means that a client with a strong advocate was housed before another individual on a provider's waitlist. Thus, access to housing was unequal. Separating referral and selection processes is aimed at promoting fairness and equity by removing the ability of the referral agent to advocate for individual clients and facilitate appropriate matching of a client with a housing program. One result of this change is that referral agents often feel disconnected from CASH processes and unable to fulfill the advocacy role that is central to frontline work. In the absence of this role, referrers are often extraordinarily concerned with completing CASH forms in a way that will present their client as suitable for supported housing,

And so it's like you have to get this delicate balance. And so it becomes a bit of a game... Oh, I wonder who is going to review this. I have to say, okay, we can't make them [seem] too sick or they'll turn them down because they have too high needs.

At Selection Committee, client files are reviewed, a decision is made to waitlist or not waitlist and if waitlisted, specific housing sites are recommended. Applications are scored to determine where each client sits on the waitlist. Clients with high needs and scoring in the range of 50-60 during the selection process receive priority in housing placement. This means that a client, with a higher score placed on the waitlist today, will have a greater priority for housing than someone who scores lower and who has been on the waitlist for six months or even two years. Scoring process at Selection Committee is "a best guess" according to one participant, based on all available information. This includes information on the referral form, collateral information gathered by the facilitators, how a particular client is evaluated against scoring criteria and knowledge a member may have of a particular client. Clients with lower scores and thus lower needs²² can remain on the waitlist for extended periods and may be unlikely ever to receive housing. This reflects a process that prioritizes those with the greatest needs over first come first serve as the basis of fairness and equity. One implication of this is that the program lacks an ability to provide housing as a form of homelessness prevention. Those with fewer needs initially have the potential for their needs to increase over time. Without adequate housing there is little opportunity to break the cycle of homelessness and poverty that affects many clients as early as might otherwise be possible.

²² Clients who score lower, i.e. have lower needs, may be waitlisted for the 'Streets to Homes' program. This program is offered through rent supplements in market housing and offers fewer supports.

Housing providers are requested to choose from among three individuals from a CASH waitlist for any vacancy in a program. As often only individuals with 'high needs' reach the top of the waitlist, providers may be faced with a program of all high needs clients. This can put a good deal of stress on housing providers who must balance sometimes competing needs. As one provider noted, "The whole idea is to support the highest level of acuity that we possibly can, but still maintain some sense of....responsibility... to our neighbors. And in the building, the tenants have to be somewhat respectful of each other". He added,

So we review the ...files of the individuals and then make the best choice at that time, for that building. And what are the resources attached to the building? What neighborhood is that building in? So all of those things we take into consideration and we make a decision.

Housing placement also depends on a referral agent remaining in contact with the client. Clients could sometimes not remember who referred them and having heard nothing about their application, reapplied for housing through CASH with another worker. This has resulted in some confusion both for clients and referral agents. Additionally, clients may lose a housing opportunity if they cannot be found when a vacancy occurs. Further, an application may be closed if the referral agent has had no recent contact with a client and when an update is requested by CASH staff.

The CASH process does not allow for emergent situations or innovative approaches in housing placement. One participant noted that there is a "worry about any centralized process is that it becomes slow and bureaucratic and we only meet then, and we grind through this big list... and there's no way to deal with an emergency, a crisis, a special circumstance, or to be nimble in situations where there's opportunities for thinking outside of the box". Thus how to be 'nimble' in central access processes becomes a noteworthy consideration. For example, though shifting clients occurs 'in house' between programs of an individual provider, there is no simple mechanism for shifting clients between providers to achieve an optimum fit between client needs and level of supports in a particular program.

4. Having CASH is Better than Not Having CASH

Though there are significant issues in the process many participants, particularly housing providers, viewed CASH as a useful approach that seeks to facilitate more fair and equitable admission to limited supported housing resources. Referral agents and housing providers often believe that CASH has streamlined the process. As one referral agent suggested, CASH "has certainly streamlined the housing process in greater Victoria; it's reduced overlaps [of having] many waiting lists." Having one referral form is also seen as helpful. The ability to capture information through the database may provide support for new housing initiatives. As one participant notes, "There's really good tracking and gathering of statistics, and I think that's very helpful in demonstrating what the issues are."

Bringing a range of housing providers to the table to work together has been an unexpected and valuable outcome of the CASH program according to one provider, “I think it’s created a much improved relationship between housing providers because they’re all part of the selection process and the advisory committee. So I think that that’s really been a benefit to develop those relationships with the different housing providers”. A community partner offered, “I think the relationship between the housing providers and the health authority has strengthened... they’re working together so much through CASH... I think the health authority has probably gained knowledge from the housing providers too. So I think there’s been a deeper understanding both ways”. A community partner summed his appreciation for a new approach that the CASH program represents,

I think access is one of the most highly coveted pieces of currency in any system. Who controls ‘access?’ So many different organizations have agreed to share that. That’s a pretty remarkable thing, and I think that’s the core of this, and brings I think, a lot of other possibilities.

Thus, community partners and housing providers valued the process for the actual and perceived opportunities for collaboration and working together associated with the development of CASH.

5. Lack of Client Engagement in the CASH Process

In the overall CASH process, interview participants commented very positively on CASH staff and the way in which staff worked to be responsive given the available resources. While community partners and housing providers highlighted collaborative benefits of the CASH process, clients experienced a lack of involvement and choice. Client involvement is a central tenet of the Coalition and client choice is a central principle of Housing First. Participants across all sectors made note there was no place for clients in the CASH process. As one provider observed, “there is a lack of humanity.... It [CASH] eliminates the humanness side of it. And it just becomes a system and a number.” Participants felt there should be a clear role for clients “at the table” such as stating their case at Selection Committee, filling out the application form or accessing information on their waitlist status from a website or through other means. Notably, at The Access Point²³ program in Toronto, clients may fill out their application forms online and begin the process of accessing supported housing and case management services. Access Point staff contact applicants directly to collect collateral information as necessary and individuals may either call or attend at Access Point offices at any point to see the status of their application or check in with Access Point staff. Further, a client resource group (CRG) meets several times a year to provide input and feedback on Access Point services, processes and proposals for service changes.

²³ The Access Point is a program that coordinates access to a range of housing and support services for people who experience mental health and addictions issues in the Toronto area. Program information was gathered either from the website at theaccesspoint.ca or in conversation with Linda Brett Access Point team leader, May 29, 2015.

One referral agent voiced the concerns of many around gathering client information and that such information may lead to a refusal for housing without a provider having an opportunity to interact or assess an individual applicant,

There's a lot of information that I don't think is really relevant to housing, especially if we're talking about hard to house people...I have a lot of issues with bringing information about a client upfront, before the workers ever meet that client. Like the historical record of violence form...If a client has never been into your housing before, certainly I can understand why you might want to know if that client has a history of violence, but at the same time... you should already have structures in place to be prepared for that.

Or as another referral agent noted, "Is all this information really critical to make a final decision when it's a crapshoot [for housing] afterwards anyway?" Several referral agents expressed a desire for trauma informed practice to be a part of the CASH process. One referral agent observed,

Not respecting the amount of trauma and emotional conflict that comes up when [clients] constantly tell their life story over again. We're re-traumatizing them... and we're not even giving any supports after. I don't necessarily have the time ...to properly debrief this person. Do I have the mental health resources to help them if I've now triggered their PTSD or whatever? And I've taken this information and can't really guarantee that it's going to be completely confidential. Now there's ten other people sitting around reading their story.

While the CASH process aims to be fair and equitable, it was clear from participants, particularly clients and referral agents that the lack of client engagement in the process was not only difficult and confusing but in some cases potentially harmful and re-traumatizing. People who have and are experiencing homelessness often suffer from past trauma, dismissal and lack of social inclusion. As described above, these experiences are reinforced and reproduced by the current lack of client engagement in the CASH process. While it is not possible to quickly change the supply of housing, the CASH process can immediately implement changes that humanize the process and reduce trauma for clients as well as connect them to other available services. Making such changes could lessen for example, the impact of being on the CASH waitlist for a long period. As one client reflected on his waitlist journey,

Yeah, the waiting part- it's the worst. Like I said, hope ...it's the most powerful motivator we've got, is hope. But when there's no hope, it's the most powerful de-motivator we've got. Even if they don't say you're number one on the list, just saying, 'Yes, you're on the list. How're things going? Check in, in a little bit. That would be so god damn helpful. Why don't they do shit like that?'

What Can We Now Say about CASH?

CASH currently provides access to a waitlist process for 976 supported housing units for people with mental health and addictions concerns who are experiencing homelessness or at-risk of homelessness through six partner agencies in the Greater Victoria area. CASH may be more clearly termed a process to access the waitlist for supported housing rather than a process to access supported housing. This subtle distinction may further clarify and distinguish the role CASH plays in access to supported housing.

Chief among the challenges CASH faces is a lack of affordable housing in Victoria. Indeed, a need for more affordable housing was highlighted by all participants in this review and is consistent with previous research emphasizing the need for affordable housing to address the problem of homelessness.²⁴ The overall CASH waitlist is extremely long and there is often little movement, especially for sites that are suitable for many individuals. Obtaining housing, once waitlisted, is most often achieved by applicants designated as ‘high needs’. Those assessed with either very high or low needs are less likely to obtain housing. CASH is thus a process for allocating a limited housing stock. While adding additional staff resources could shorten the CASH process by reducing the length of time to complete applications, the only real strategy for reducing the waitlist is the addition of new affordable housing stock including strategies to increase access to market housing such as rental supplements.

CASH then is ‘stuck between a rock and a hard place’ in a sea of desperate individuals with little hope or likelihood of obtaining supported housing and a lack of mooring on the shore (i.e. housing). As CASH is the process where the waitlist for supported housing is created and managed, it is then a focal point for concerns arising among stakeholders when individuals do not obtain housing. Recognizing the severely restrictive housing environment in which the CASH program operates there were several issues of concern to participants.

The CASH program is not well understood. Referral agents, clients and some providers lacked a clear understanding of CASH processes. As staff are the main interface with CASH they must often deal with referral agent questions, concerns and frustrations with the waitlisting process. Staff also receive and respond to inquiries from client family members and the general public regarding the program. CASH staff was overwhelmingly viewed as doing their utmost with limited resources. Several referral agents and clients viewed a comprehensive and interactive website where they could find more information and where clients might check their waitlist status, as one way CASH may be more accessible. A significant concern for many participants is the lack of client involvement in CASH processes.

There is no avenue for client input in the CASH process other than providing information at the time of completing the referral form. In depth medical and social history information that may require individuals to relive traumatic experiences is gathered and shared among various individuals many of whom the client may never meet. Completing the referral form is the only way to apply for supported housing. Thus, individuals who often have little hope their situation will improve are placed in the extraordinary position of enduring further trauma to gain a glimmer of hope they will obtain the housing and supports they desperately need. A majority of referrals to CASH are closed for a range of reasons. Investigation of the reasons for closure may lead to a more detailed understanding of both the context in which CASH operates and ways in which the CASH process may be improved. As CASH is not an agile process there is little room for extraordinary situations or seizing opportunities that may arise.

²⁴ Ibid. 1

The CASH program is also viewed as having several successes. A vast majority of participants believe that the process of waitlisting and accessing supported housing has improved since the implementation of the CASH program. Specifically, a single application and waitlisting process are desirable and seen as streamlining access to supported housing. Many participants hoped and a number believed accessing supported housing is now more equitable. Enhanced relationships among housing providers and between housing providers and Island Health are welcome outcomes of the CASH program. Lastly, statistics now available through the CASH database may, through a variety of reports provide evidence of the challenges CASH faces and point to potential solutions such as a need for more housing options and how groups of individuals such as people identifying as Aboriginal, individuals with complex needs, and those in recovery may be better served by CASH or other programs.

The primary question to be answered in this evaluation was, to what degree is CASH meeting its stated objectives? CASH clearly meets two of its objectives (a single housing application/access point and “any door is the right door” for submitting referrals). Several other objectives, a transparent and clear selection and referral process, timely referrals and efficient use of supported housing resources are only partially met. This result stems from an intersection of three factors, a lack of affordable and supported housing, an unwieldy referral and waitlisting process and an absence of detailed information around how scoring and waitlisting for individual housing programs takes place at Selection Committee.

We were unable to determine if housing providers are sharing best practices. However, we believe this may develop as a result of the enhanced relationships developed among providers while working together as part of CASH.

We believe it is important to highlight the role clients play in the CASH process. Recent developments in the Housing First, drug user, HIV/AIDS and mental health consumer movements embrace a view that services such as housing and supports are appropriately delivered in partnership with service users. The “nothing about us without us” motto developed by HIV/AIDS groups has been further taken up by associations of drug users, and currently by people with lived experiences of homelessness. This partnership orientation between service providers and service users is increasingly considered a best practice in service provision. There are myriad ways people who seek supported housing may wish to be involved in CASH. Engaging with Access Point staff around their experiences in involving clients in services may be a place to begin examining ways in which clients might meaningfully take part in CASH processes.

Although CASH was not developed as a Housing First program, it was deemed important to determine whether or not CASH is consistent with Housing First principles which are considered best practices in ending homelessness. ‘Housing First’ is both an approach to and philosophy of housing people experiencing homelessness. The five principles of Housing First programs are, “immediate access to permanent housing with no housing readiness requirements; consumer choice and self-determination; individualized, recovery-oriented and client driven supports; harm reduction and social and community integration”.²⁵ CASH offers a waitlisting service for those who seek supported housing. It does not offer housing or other programming. Thus CASH cannot meet Housing First principles of providing clients choices for immediate placement into permanent housing and options for a range of supports they may need.

²⁵ Please see: <http://www.housingfirsttoolkit.ca/key-questions1#1whatishousingfirst>

How Can We Make CASH Better?

As a result of this evaluation we make the following recommendations:

1. An education program for all stakeholder groups detailing the scope and limits of the CASH program is undertaken. This can include outreach talks currently delivered by CASH staff, as well as a brochure aimed at referral agents and clients. Encourage referral agents to attend Selection Committee so they may meet CASH staff, Selection Committee members and view the selection process as it happens.
2. Review and revise the CASH website to include more detailed information about the process, enhance FAQ's, and examine the possibility of clients and referring agents accessing updates about their applications. Waitlist status may perhaps be more easily addressed through the use of an interactive website service.
3. That a process for meaningful inclusion of clients at all levels of the CASH program be instituted. Clients should have access to information about the status of their application and should be involved in redesigning CASH processes to be sensitive to client needs. A process for access to other types of referrals for those not deemed eligible for CASH should be given consideration.
4. That CASH referral forms and processes be reviewed with a view to limiting information collected to only that most crucial for deciding waitlist placement. A balance should be sought between individual privacy rights and the need for adequate information to decide the most appropriate waitlist placement.
5. That specific attention is given to increasing the supply of available and affordable housing for clients in need of social and supported housing. For example, this could be achieved through increased investment in rental supplements and access to market housing for clients; especially those who score lower in the assessment process.
6. The CASH partners lobby for increased investment in social and supported housing and increased access to rental supplements for market housing.