ADAMH

Alcohol, Drug and Mental Health Board of Franklin County

2015-2017 STRATEGIC PLAN FOR HOUSING

--- FINAL ---

Foreword

For more information about ADAMH Board Housing Programs or this strategic plan, please feel free to contact ADAMH Board staff members with questions or comments:

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1. ABSTRACT

The ADAMH Board (Alcohol, Drug and Mental Health Board of Franklin County) plans, funds and evaluates programs for mental health and substance abuse services in Franklin County, Ohio. The ADAMH Board does not provide direct services, but contracts with 33 local agencies to serve the needs of people with mental illness and substance abuse issues. Through its system of care, Franklin County residents can utilize treatment and prevention programs located in neighborhoods throughout Franklin County. Services are provided on a sliding-fee scale so any one can get the help they need.

The purpose of this document is to establish a plan to guide the housing needs of the Franklin County ADAMH Board over the next three years. The current state of affairs is compared to the demand for services with gaps in the system being identified. As a result, planning objectives - including strategies, short-term goals, and long-term objectives, have been developed to address the housing needs of people with mental health and alcohol and/or substance abuse issues in the community.

2. MISSION AND VISION

The mission of the ADAMH Board of Franklin County is to improve the well-being of our community by reducing the incidence of mental health problems and eliminating the abuse of alcohol and other drugs in Franklin County.

The ADAMH Board's vision for housing is for consumers to be treated with dignity and respect; to have safe, quality and affordable housing accessible to services; to be housed in the least restrictive environment according to their needs; to choose to live in the community which matches the consumer's level and pace of recovery. ADAMH intends to **place the right person, in the right place, at the right time, at the right cost**.

3. COST EFFECTIVENESS OF SUPPORTIVE HOUSING

Findings from an evaluation of the New York/New York III Agreement – the largest supportive housing initiative in the country for vulnerable, high-cost individuals – demonstrate the great potential of supportive housing for individuals with a mental illness. Among participants that were placed in supportive housing after being discharged from state-operated psychiatric facilities, net savings – including the costs of housing services and operating costs – amounted to approximately $77,425 per person per year, accruing mostly to the state.

Over the years, community after community has illustrated that supportive housing not only improves outcomes but reduces health care costs when targeted at high-cost utilizers. The most recent evaluation report of Massachusetts' Home and Healthy for Good Program (HHG), which housed 766 chronically homeless individuals in supportive housing, showed that in the six months prior to housing, participants accumulated 1,812 emergency department visits, 3,163 overnight hospital stays, 847 ambulance rides and 2,494 detox stays. The estimated total cost per person for measured services – including Medicaid ($26,124), shelter ($5,723) and incarceration ($1,343) – amounted to $33,190 per year. After one year in the program, the total per person costs for these same services fell to $8,603. With the cost of housing and services through the HHG program amounting to $15,468 per tenant, the total estimated return on investment to the state was $9,118 per person.

In 2012, the ADAMH Board conducted an analysis in Franklin County with two 24/7 supportive housing programs (Briggsdale and Southpoint) to evaluate the cost for the period of up to two years prior to a consumer moving into supportive housing compared to the period while the consumer was in housing. The average treatment costs per person per year decreased from an average of $34,986 before move-in to $14,028 after move-in, a 60% reduction. This was due in part to a shift from a high cost residential setting to a supportive housing environment for the ADAMH designated clients. Among chronically homeless single adults, outpatient costs increased slightly, as expected, now that the person is engaged in receiving services.

According to a literature review conducted by the Ohio Council of Behavioral Health and Family Services Providers and the Center for Social Innovation as part of the *Recovery Housing in the State of Ohio* report:

> "Longitudinal studies of peer-run recovery homes have shown that after 24 months, when compared to individuals who returned to their communities of origin after treatment, peer-run housing residents had significantly better outcomes, including: decreased substance use, decreased rates of incarceration, and increased income (Jason et al., 2007a; Jason et al., 2006). Furthermore, studies have shown that living in recovery housing (when compared to control groups) leads to higher rates of employment, ranging from 79% to 86% (Jason et al., 2007a; Polcin et al., 2010). Many of these positive outcomes have been attributed to the support individuals receive living in recovery-oriented communities." (p. 38)

The group also reported:

> "In addition to the positive recovery outcomes indicated by research, studies attempting to calculate the economic costs and benefits of establishing recovery homes have overwhelmingly found that the benefits far outweigh the costs. For example, researchers have documented cost savings of $29,000 per person, when comparing residency in a peer-run recovery home to returning to a community without recovery supports. This factors in the cost of substance use, illegal activity, and incarceration that might occur (Lo Sasso et al., 2012)." (p. 9)

4. ENVIRONMENTAL SCAN

The ADAMH Board believes that housing is a basic human need and that housing should be safe, decent, affordable, adequate, and accessible to services and employment. It has been proven many times over that most people respond better to a "home-like" setting that fits within a neighborhood rather than an institutional setting.

A. Environmental Scans from ADAMH Sources

ADAMH Strategic Plan and Supplemental Reports

The ADAMH Board's strategic plan for 2012-2017 highlights a number of significant factors that will impact the business environment during this period. The plan explores the business environment in three broad areas: consumers, provider network, and community. Two factors affecting housing are:

1. An increased demand for more supportive housing and support services will require the Board to determine the unmet need and the level of supports that are required within a continuum of care.

2. Medicaid expansion continues to impact the consumer landscape, which the Board must continue to monitor to better serve its consumers. According to a supplemental report by the Director of Housing, 63% of the tenants had received Medicaid benefits prior to moving into supportive housing. One year after moving into supportive housing, 91% of the tenants had received Medicaid benefits. Medicaid however does not pay for all of the services that are vital to keep an individual living in an independent environment. These services include housing, outreach and engagement, social and recreational, vocational and employment, etc.

Franklin County Needs Assessment

At the Board's request, the Health Policy Institute of Ohio and Community Research Partners conducted a needs assessment in 2014 for mental health and addiction services in Franklin County. A few of the comments related to housing are quoted here:

> "While the federal government provides housing subsidies that are managed locally by the Columbus Metropolitan Housing Authority, the demand exceeds the supply for this assistance. The lack of sustained federal or state funding for housing presents challenges not only for people who are in institutions, but for those who live in the community as well." (p. 34)
>
> "Housing support services continue to be vital to recovery. Local ADAMH boards have an important role in partnering with providers on development projects to use local funds to match state and private capital funds. Housing assistance for behavioral health consumers relies heavily upon resources from outside the behavioral health system. Building safe, affordable housing requires that ADAMH boards partner with local planning boards to secure Housing and Urban Development (HUD) subsidies to access vouchers to pay for rent for people with very low incomes and those with disabilities. In Franklin County, Columbus Metropolitan Housing Authority is the planning entity that manages and monitors federal housing subsidies that flow thru HUD (e.g., Section 8, Shelter + Care, and HUD 811).
>
> Developing and sustaining a continuum of housing options that support recovery requires three key elements:
> 1. Capital for infrastructure,
> 2. On-site services help that engage tenants in <u>treatment</u> and <u>support</u> services, and
> 3. Rent subsidies

> ADAMH Boards play a critical role in investing in local, flexible funds for the first two elements. Other funding streams, such as those from HUD, are responsible for covering ongoing rent subsidies. Recent funding freezes for HUD vouchers have made it difficult to cover rent costs. Overall, housing lends itself to partnership opportunities with private and public organizations that also have a stake in housing supports, and ADAMH must continue to play a key role to play in coordinating housing-related activities and advocating for rent subsidies." (p. 68)

The needs assessment also included consumer perspectives on unmet needs:

> "ADAMH consumers often have substantial housing needs and many are going through the shelter system while seeking services. During the focus groups, some people expressed that while shelters are meeting primary housing needs, the current shelter environment does not include an adequate code of conduct to protect vulnerable people. Additionally, participants mentioned that shelters are not always adequately equipped to handle individuals with behavioral health concerns." (p. 41)

B. Environmental Scans from External Sources

Additional factors have been identified by external sources. According to *Housing is the Best Medicine: Supportive Housing and the Social Determinants of Health,* a 2014 report from CSH (Corporation for Supportive Housing):

> "Supportive Housing, an evidence-based practice that combines permanent affordable housing with comprehensive and flexible support services, is increasingly recognized as a cost-effective health intervention for homeless individuals and other extremely vulnerable populations. Several studies demonstrate that linking care management to supportive housing leads to improved health outcomes. A Denver study found that 50 percent of supportive housing residents experienced improved health status, 43 percent had better mental health outcomes and 15 percent reduced substance use."

According to the *Recovery Housing in the State of Ohio* report, health reform:

> "…has begun to favor a more integrated, holistic care approach for people with substance abuse and mental health issues. Based on a continuum of care model, this concept emphasizes the need for various recovery supports, including housing. Individuals who are in recovery and struggling with housing insecurity have few housing options that are supportive to their recovery needs. This trend is likely to increase as program cuts in managed care settings have led to shorter stays in primary treatment centers (Fisher, 2010). As a result, many programs face the dilemma of how to find supports for someone who has been stabilized during their stay in a primary treatment center, but who may not be ready to maintain their recovery in their prior homes and neighborhoods—thus increasing their likelihood for relapse (Granfield & Cloud, 2001).
>
> Recovery Housing approaches provide safe, healthy, environments that support residents in their recovery from alcohol and other drugs. The varied models of recovery housing also provide communities where individuals are able to improve their physical,

mental, spiritual, and social wellbeing (NARR, 2012). These communities enable individuals to build resources that support their recovery through peer support and other services and supports. Recovery housing may be particularly important for low-income groups who have the least number of affordable and recovery-oriented housing options (Polcin et al., 2012b)." (p. 8)

5. MENTAL HEALTH & AOD HOUSING CONTINUUM (SUPPLY)

In order to address the diverse needs of individuals within the community suffering a mental illness and/or a co-occurring alcohol and other drug addiction, the ADAMH Board seeks to identify the proper supply of units/beds along a continuum. The continuum identifies the setting appropriate for individuals from a least independent environment (more intense services) to a most independent environment (less intense services) setting.

- The ADAMH Mental Health housing portfolio includes 927 units of housing including transitional housing and residential care facilities (see Appendix A – MH Housing Continuum). Most of the units are owned and managed by Community Housing Network (CHN), a non-profit housing provider specializing in supportive housing for people with disabilities. Other housing owners are National Church Residences and Columbus Metropolitan Housing Authority. In general, the units are located in areas of Franklin County where housing is affordable; there is access to public transportation, stores and employment opportunities; and are within reasonable distance to service providers.

- The ADAMH AOD housing portfolio also includes 276 units of housing including residential housing and levels II and III recovery residences (see Appendix B – AOD Housing Continuum).

Institutional Setting (TVBH/Netcare)	A. Transitional Housing	B. Residential Care Facility	C. 24/7 Supportive Housing	D. Service Enriched Housing	E. Independent Housing
Least Independent →					**Most Independent**
--- Mental Health / AOD ---					
ADAMH Units	**17 Beds**	**95 Beds**	**160 Units**	**40 Units**	**615 Units**
2015 Projects			***40 Units***	***40 Units***	
--- Recovery Residences (AOD) ---					
		b. Level IV	**c. Level III**	**d. Level II**	
		95 Beds	**155 Beds**	**26 Beds**	
2015 Projects				***10 Beds***	

A. Transitional Housing

Transitional housing is a short-term setting that can include room, board and/or personal care. It is a non-permanent setting that provides supports needed for residents to return to previous housing setting; to move into a more permanent housing setting; or a break from current housing. Most often treatment and/or services are part of facility rules. Transitional housing is NOT intended as a permanent

housing environment. Program rules include length of stay. This setting is not subject to tenant landlord law.

ADAMH utilizes the YMCA and YWCA to provide temporary housing for individuals with no income coming out of an inpatient psychiatric hospital or Netcare's Miles House or crisis stabilization unit. The length of stay is up to 120 days to allow the individual to secure benefits and locate appropriate housing.

----- Transitional Housing Facilities -----	
	Beds
YMCA (Men)	15
YWCA (Women)	2
TOTAL UNITS	17

B. Residential Care Facilities (RCF)

Mental Health Residential Care Facilities: An RCF is a licensed facility that is staffed 24 hours a day/seven days a week that provides room, board, personal care and clinical services on-site as part of the treatment stay. The facility is owned and operated by a certified provider agency for the clinical/medical services provided on-site. This type of housing is licensed and is not subject to tenant landlord law. Reasons for this placement level of care are more clinically driven than environmental.

All ADAMH system of care residential care facilities are owned and operated by three independent, not-for-profit comprehensive community mental health centers under contract with the Board and licensed by the Ohio Department of Mental Health and Addiction Services (OhioMHAS). In Franklin County, there are 14 residential care facilities totaling 95 beds (ranging from 4 to 15 beds) and varying in scope for on-site service delivery and staff credentialing. Unlike other housing programs, ADAMH bears the entire cost of both housing and treatment less any client contribution.

ADAMH currently utilizes four of its residential care facilities for step down from acute care settings when this is the appropriate level of care for the consumer and capacity is available. These residential treatment programs include: Kendall Manor, operated by Columbus Area; Redmond and Carpenter House, operated by Southeast; and Norwich House, operated by North Central Mental Health. All serve as an alternative to hospitalization for those individuals who need a less restrictive environment, including those who have received the maximum benefit from a current or recent hospitalization but need additional treatment, support and independent living skills development to help facilitate a successful transition back into the community. Each program provides 24-hour residential assistance seven days a week. The average length of stay is 180 days.

Much like the facilities above, Fowler, run by North Central, is a program tailored to people with severe and persistent mental illness who also struggle with issues surrounding alcohol and/or other drugs. The average length of stay is 180 days.

The Next Generation (residential) program was originally designed as permanent or long term housing for severely mentally disabled (SMD) consumers who have spent a number of years in a state psychiatric facility and their prognosis for living independently was poor. Due to advancements in psychotropic medications and a recovery model approach for treating individuals with severe mental illness, many of these individuals are now able to move on to a more independent living environment.

The Next Generation program run by Columbus Area consists of four individual homes where five consumers reside per house. The Next Generation program run by North Central consists of five individual homes where four consumers reside per house. Each residence is managed as a home environment with resident's choice being the defining guideline. Residential assistance is provided 24 hours a day 7 days a week. The average length of stay is one year.

----- **Residential Care Facilities** -----	
	Beds
Columbus Area Next Gen #1 Courtright	5
Columbus Area Next Gen #2 E 4th Ave	5
Columbus Area Next Gen #4 20th St	5
Columbus Area Next Gen #5 Kellner	5
Columbus Area Kendall	11
North Central Denbeigh	4
North Central Honeytree	4
North Central Sharon/Waters	4
North Central Woodsfield	4
North Central York/Bob Fay	4
North Central Norwich	11
North Central Fowler (MH and AOD)	10
Southeast Redmond	15
Southeast Carpenter	8
TOTAL BEDS	95

Due to the high cost of supporting this level of residential care, over the last several years ADAMH focused on ensuring that the most appropriate consumers were placed in these facilities. A tool was developed for determining both the level of care provided by a facility and level of care needed for the individual consumer. A client scoring form is completed at time of admission and at six month intervals for the purpose of determining continued stay. Clients whose score indicates that they need at least 50% or more of the services offered are considered to meet criteria for admission and/or continued stay. Clients who score below the 50th percentile should be considered for a less intensive setting such as independent or supportive housing. Clients' scores on the admission form are for planning purposes and treatment recommendations only. They are not the final determination for acceptance or continued stay.

After over two years of administering the admission form we can say with confidence that over 90% of the residents are in the appropriate level of care (individuals scoring below 50% are typically awaiting independent housing), turnover is within the expected average length of stay, and consumers functionality on a whole are showing improvement.

AOD Level IV Residential Care Facilities (RCF): All ADAMH system alcohol and other drug (AOD) residential care facilities are owned and operated by three independent, not-for-profit alcohol and drug treatment rehabilitation centers under contract with the Board and licensed by Ohio Department of Mental Health and Addiction Services (OhioMHAS).

In Franklin County, there are five residential care facilities totaling 95 beds (ranging from 9 to 34 beds) and varying in scope for on-site service delivery and staff credentialing:

Maryhaven's Women's Residential Program assists women who are in treatment for chemical dependency to restore their lives. The average length of stay is 100 days. Likewise, Maryhaven's Dan Canon Hall, a short-term adult residential treatment program, provides chemically dependent men and women with a firm foundation in a recovery program. About one-fourth of persons served have a diagnosed mental disorder in addition to an AOD disorder. The average length of stay is 20 days.

Columbus Area's Bell Center Africentric Therapeutic Community (ATC) is a positive environment where men who have addictions of alcohol and other drugs live and work together to holistically improve their lives. In addition, Columbus Area operates the Intensive Prison Program (Bell Re-Entry) in conjunction with the Pickaway County Correctional Institution to provide a seamless re-entry for men that have been selected for early release. The average length of stay for each of these two programs is 90 days.

House of Hope's Adult Men's Residential Program provides intensive residential services with the goals of increasing sobriety and self-sufficiency among its program participants. The average length of stay is 90 days.

--- AOD Level IV Residential Care Facilities ---	
Maryhaven Women's Program	34
Maryhaven Dan Canon Hall	20
Columbus Area Bell ATC	16
Columbus Area Bell Re-Entry	9
House of Hope – Men's	16
TOTAL BEDS	95

C. 24/7 Supportive Housing

24/7 supportive housing includes units that are unique to the ADAMH housing portfolio that are dedicated for ADAMH consumers with greater needs coming out of the state inpatient psychiatric hospital or residential care facilities. Care coordination between the on-site housing provider and the community treatment agency is critical to the success of the tenant.

24/7 Supportive Housing Facilities: The ADAMH Board supports 160 units of housing that are known as "24/7 Supportive Housing" for people with severe mental disabilities (SMD) and/or serious alcohol and other drug abuse (AOD) problems with on-site services available. This level of housing is ideal for people coming from Twin Valley Behavioral Healthcare (TVBH), or stepping down from group homes or other ADAMH residential care facilities. The sites have varying levels of on-site services, and most have desk or reception staff available to assist residents twenty-four hours per day. As indicated in the cost effectiveness section of this plan, individuals moving into 24/7 supportive housing experienced a 60% reduction in cost. The average length of stay is over three years.

In addition to the 160 units of 24/7 Supportive Housing for mental health – Van Buren Village, a 100-unit housing project being developed by Volunteers of America of Greater Ohio is scheduled to open in October 2015 in which 40 units are dedicated for ADAMH consumers. The remaining 60 units are dedicated for Community Shelter Board clients who meet the Rebuilding Lives criteria for homelessness.

----- 24/7 Supportive Housing Facilities -----	
	Units
Briggsdale (CHN/Concord)	10
Southpoint Place (CHN/Concord)	34
Inglewood (CHN/Columbus Area)	15
National Church Residences	55
Franklin Station (Southeast)	25
Safe Haven	13
Wilson	8
Fall 2015 – Van Buren Village	*40*
TOTAL UNITS	200

AOD Level III Facilities: In addition to the mental health units, ADAMH supports funding for 155 AOD Level III housing beds. The National Alliance for Recovery Residences (NARR) identifies these facilities as a Level III Recovery Residence, and the Ohio Council of Behavioral Health and Family Services Providers further defines this level as offering "a high level of support, with the goal of eventually transitioning residents to lower levels of support (NARR, 2012), or in some cases, to independent living. These programs have an organizational hierarchy that provides administrative oversight for service providers, which include certified staff and case managers, and a facility manager (NARR, 2011). Services provided in supervised residences are typically met in the outside community, with the exception of clinical services (NARR, 2011)" (*Recovery Housing in the State of Ohio*, p. 34).

Alvis House's CHAT Program addresses the needs of women who are survivors of human trafficking, have histories of prostitution and have drug and/or alcohol addiction. Program participants are referred by the Changing Actions to Change Habits (CATCH) Court specialty docket of the Franklin County Municipal Court. The CATCH Court works with women who have multiple arrests for prostitution.

Amethyst's Women's Program helps women achieve sustainable life-long recovery through abstinence and an understanding of their addiction. Women have supportive housing as they attend intensive outpatient group sessions three times per week for three hours a day. The average length of stay is two years.

----- AOD Level III Facilities -----	
Alvis House	15
Amethyst's Women's Program	140
TOTAL BEDS	155

D. Service Enriched Housing

A level of care less than 24/7 Supportive but greater than Independent living, service enriched housing includes units that are unique to the ADAMH housing portfolio, which includes an on-site resident manager who provides an additional level of security and support. Resident managers typically work about 20 hours per week, available in the evenings and weekends. The facility provides space for possible group activities to encourage the development and recovery of the tenants. Service coordination can be provided through in-house resident services staff or an external agency. Community treatment providers are certified by OhioMHAS.

Service Enriched Housing Facilities: There are 40 units of "Service Enriched Housing" for people with severe mental disabilities (SMD) and/or serious alcohol and other drug abuse problems (AOD). The average length of stay is three years.

In addition to the 40 serviced enriched housing units for mental health, Hawthorn Grove, a 40 unit housing project developed by CHN, is scheduled to open in the summer of 2015 in which all 40 units are dedicated for ADAMH consumers.

----- Service Enriched Housing Facilities -----	
	Units
Dogwood Glen (CHN)	40
--- Future (July 2015) ---	
Hawthorn Grove (CHN)	*40*
TOTAL UNITS	80

AOD Level II Facilities: In addition, there are 26 recovery residence beds for individuals who desire to live in an environment that is free from the use of alcohol and other drugs. NARR identifies these facilities as a Level II recovery residence. Monitored by a house manager, treatment and recovery programs all coordinate within and among local service and support systems. No clinical services are provided in-house. Sustainability of the program is maintained as residents live together in community and are expected to pay rent as well as a share of food and utilities in order to build their path to independence. Residents also agree to share in the responsibilities of running the house and develop routines and strategies for healthy living in order to support their recovery as they transition to independent living in the community. The average length of stay is one year.

In addition to the 26 Level II recovery residence units for AOD consumers, 10 new beds will become available in the spring of 2015, with capital funding from OhioMHAS. This includes five beds for men at House of Hope's Rhoads House and five beds for women at Amethyst's Belmar House.

----- AOD Level II Facilities -----	
Parsons Avenue (HoH)	16
Highland House (HoH)	5
Riley House (HoH)	5
--- Future (Spring 2015) ---	
Rhoads House (HoH)	*5*
Belmar House (Amethyst)	*5*
TOTAL BEDS	36

E. Independent Housing (Scattered Site Housing)

Independent housing, also known as scattered-site housing, is affordable, rent subsidized housing. Independent housing is the least restrictive housing setting. Housing sites are located in widely

scattered, low-density clusters. Service supports available to residents are off-site through community-based service providers. Community Housing Network (CHN) owns or manages 615 units of "Independent Housing" for ADAMH consumers in Franklin County. The average length of stay is over four years.

Independent Housing	Units
Scattered Sites	615

6. CONSUMER NEED (DEMAND)

A. Housing Demand

The need for safe and affordable housing in Franklin County for consumers in the ADAMH system of care continues to be a concern. Currently, there are approximately 3,000 individuals in Franklin County on a waitlist for housing. It is believed that this number is considerably understated. ADAMH tracks demand for housing from three main sources: Columbus Metropolitan Housing Authority (CMHA), Community Housing Network (CHN) and the Unified Supportive Housing System (USHS).

CMHA reports there are 1,403 applicants on a waitlist for a Home Choice Voucher (HCV). We believe this number would be higher since this waitlist has been closed since 2008.

According to the Board's 2014 needs assessment, the recent freeze on HUD vouchers made it difficult for individuals to cover their rent. Currently, the freeze has been lifted, however helpful, this does not totally resolve the problem. CMHA has approximately 2,000 leased units in the Project Based Voucher (PBV) Program. The PBV Program allows a resident to move with a "free standing" voucher after one year provided the issuing Public Housing Authority has vouchers available. In the wake of sequestration, CMHA had to "freeze" voucher issuance – no free standing vouchers were available for residents wanting to move out of the PBV Program – until recently.

Now that the freeze is lifted, CMHA reports, CMHA reports some activity from residents wanting to move. The current waiting list is comprised of approximately 150 people. The impact on the community going forward will be a more normal cycle of client movement from PBV to vouchers. The PBV Program that see clients "graduate" their supportive service program will now have the ability to see these clients move on to a more independent style of living while opening up an opportunity for a new client.

Community Housing Network (CHN) is a not-for-profit corporation whose mission is to provide safe affordable rental housing and linkage to supportive services for people with disabilities and other special needs such as homelessness. The ADAMH Board has had over a 25-year relationship with CHN who serves as a developer, owner, and property manager, and facilitates access to rent subsidies and private housing. CHN serves over 2,200 individuals in Franklin County and currently has 1,412 individuals on its waitlist.

The Unified Supportive Housing System (USHS) is a collaborative effort between the Community Shelter Board, Columbus Metropolitan Housing Authority, and ADAMH created to provide a single point of entry

to access permanent supportive housing for disabled, homeless and other at risk individual and families with children. Currently, USHS has 60 applications on file for individuals waiting on an apartment.

The number of Franklin County consumers in need of housing at the time of discharge from an acute level of care, i.e., a psychiatric hospital, emergency department, or crisis unit presents a growing challenge for locating and securing safe and affordable housing for individuals homeless at the time of discharge. In November 2010, the Ohio Department of Mental Health rescinded an internal policy "Discharge of Person from ODMH Regional Psychiatric Hospitals." This policy, when it was in place, prevented the discharge of homeless individuals to shelters and the streets. Since this policy was rescinded the number of incidents of people discharged to homelessness has dramatically increased in recent years. In 2014, Franklin County experienced 111 homeless discharges to a shelter or the street from TVBH and Netcare's Crisis Stabilization Unit and Miles House. We recognize this number to be higher when including private hospitals and emergency departments where there is no consistent method of reporting. Of the eight local private hospitals and/or emergency departments, 6 facilities submit no information to the ADAMH Board on discharging individuals to homelessness, one places a phone call, and one submits the information via an electronic notification system.

Another reason for the number of individuals being discharged to homelessness is of the 111 individuals identified, 68% were never connected to CHN for housing. One reason is that the average length of stay in an acute care setting is approximately 7 days. It is virtually impossible to locate and secure permanent housing in that short of time

In an attempt to provide additional housing to those being discharged from an acute level of care, in 2013 the ADAMH Board expanded utilization of an existing program, from 10 to 15 single rooms, to provide temporary transitional housing with the YMCA of Central Ohio. Consumers with zero income and homeless qualified for this program. In December 2013, OhioMHAS awarded CHN $125,000 for the "Housing Navigator Services Discharge to Homelessness Demonstration Project." ADAMH also provided $100,000 in match money. The purpose of the grant was to prevent individuals being discharged from TVBH and Netcare's Miles House from ending up in a homeless shelter. In 2014, CHN worked with 121 individuals and have found safe and affordable housing for 78 of these individuals; 33 have found permanent housing and 45 are in transitional placements until long-term housing can be located for them. In spite of the increased capacity of transitional housing and additional funding, many individuals discharged from TVBH and Netcare ended up homeless.

The fair market rent (FMR) in Franklin County for a one-bedroom apartment in 2013 was $601. FMR is determined by the Department of Housing and Urban Development and represents an estimate of the average cost of rental housing in a given area based on market conditions. People with the greatest need for housing are likely to have limited income or have limited earning potential and are unable to afford housing without some type of subsidy. For example, an individual on SSI (supplemental security income) receives $733 per month. Without some assistance, an individual with just SSI would have to pay 82% of their income toward rent.

Regarding the alcohol and other drug population, the Ohio Council reports that "13,977 people experienced homelessness in Ohio in 2011; of those, 2,880 identified as having a chronic substance abuse problem" (*Recovery Housing in the State of Ohio*, p. 7). In 2013, an environmental scan was conducted of recovery housing in the State of Ohio. The purpose of the environmental scan was to document current status, needs, opportunities, and challenges for expanding recovery housing approaches throughout Ohio.

Currently, recovery housing providers in Ohio are loosely connected within and across communities, if at all. Inventories of recovery housing providers are informal at best and often non-existent, creating challenges in making referrals and monitoring program quality. Additionally, no formal system exists to provide quality oversight, infrastructure, or capacity building support to recovery housing providers.

B. Supportive Services Demand

According to CSH's *Housing is the Best Medicine* report:

> "Access to safe, quality, affordable housing – and the supports necessary to maintain that housing – constitute one of the most basic and powerful social determinants of health. In particular, for individuals and families trapped in a cycle of crisis and housing instability due to extreme poverty, trauma, violence, mental illness, addiction or other chronic health conditions, housing can significantly dictate their health and health trajectory. For these populations, housing is a necessary precursor of health. Supportive Housing, an evidence-based practice that combines permanent affordable housing with comprehensive and flexible support services, is increasingly recognized as a cost-effective health intervention for homeless and other extremely vulnerable populations." (p. 1)

Medicaid reimburses community mental health providers for services related to the direct treatment of a consumer's psychiatric condition. These services often referred to as Medicaid taxonomy services and include diagnostic assessment, medication management, counseling, crisis care, etc. Although Medicaid reimbursable services are core to the treatment of mental illness and community stability, they do not pay for ancillary or support services that research shows are just as vital to achieving a consumer's recovery goals. Non-Medicaid taxonomy services include assisting clients with such activities as: care coordination (making referrals, assisting with benefits), housing related activities (making application, moving in or out, bed bug eradication), life skills (grocery shopping, apartment cleaning), transportation (teaching consumers how to ride the bus, providing a ride to and from medical appointments), vocational/employment (vocational assessments, job training and searches).

ADAMH's objective of funding non-Medicaid taxonomy deliverables for supportive housing is to fund service components needed that will benefit tenant stability in housing, mental health and sobriety, but do not meet current Medicaid billing criteria for medical necessity. It is envisioned that many of these services can be performed by a 'Peer Specialist', someone whose life experiences qualify them to assist other individuals in their recovery. See Appendix E – ADAMH Non-Medicaid Taxonomy Deliverables for a complete list of non-Medicaid taxonomy services.

7. ISSUES/GAPS

Based on the environmental scan, the housing continuum, and consumer need, the following issues and gaps have been identified:

A. Although Franklin County has a considerable number of housing units, it is not enough to match the demand needed in this market. Over 3,000 individuals are currently on a waitlist for all

levels on the housing continuum. There is a need for more housing in Franklin County for ADAMH consumers.

Emphasis will be placed on the development of a housing model appropriate for individuals discharged from residential care facilities that need extra supportive services. ADAMH's goal is to add 250 units of Permanent Supportive Housing (PSH) by the year 2026 by acquiring an average of 25 additional units per year over the next ten years. Funding for this type of housing typically includes a combination of private and public funding of which ADAMH is a minority funder. Three main cost components go into the development of a PSH property – capital, operations (rent subsidies), and supportive services. The average total cost to build one unit of PSH is approximately $165,000 with an additional $5,000 per unit/per year for operations and $2,000 per unit/per year for support services. To build and operate 25 units would cost approximately $4,300,000. See Appendix D – Projected Housing Needs – 24/7 Supportive Housing.

B. Most of ADAMH consumers do not earn enough money to pay fair market value rent for an apartment. The average income for CHN tenants in 2013 was $6,384. Fair market rent in Franklin County for a one-bedroom apartment is $601. The only way these people can afford housing is by having access to a housing subsidy through the Columbus Metropolitan Housing Authority. More housing vouchers are needed.

C. In 2014, there were 111 homeless discharges to a shelter or the street from TVBH and Netcare's Miles House. There is a need for additional transitional housing to prevent individuals from being discharged to homelessness.

   ADAMH's goal is to add 30 transitional beds to its housing portfolio by the year 2026. The cost to provide subsidies for these beds would be approximately $500 per bed per month. See Appendix D – Projected Housing Needs – Transitional Housing.

D. Until recently, there has been no formal way of identifying and tracking the need for recovery residences. In 2014, ADAMH funded two recovery residences with five beds in each. Within a matter of weeks after opening, the beds were filled and a waiting list was started. More recovery residences are needed.

   Emphasis will be placed on the development of a housing model appropriate for individuals with a history of AOD addictions who desire to live in an abstinence-based, sobriety-focused environment. ADAMH's goal is to add 50 recovery residence beds by the year 2026. It is estimated that the capital cost for the purchase and renovations of a house for 5 individuals would be approximately $300,000. This program is self-sustaining with tenants working to support the operations of the house. See Appendix D – Projected Housing Needs – Recovery Housing.

E. One determining factor for advancing supportive housing as a mainstream health care intervention is whether and how states and private plans use their health dollars to pay for housing-based support services. In many states like Ohio, housing-based services are not Medicaid benefits and are therefore not reimbursable. Critical services like outreach services, pre-tenancy supports (housing navigation, lease-up, move-in, etc.) and housing stability supports (eviction prevention, voucher re-certification support, landlord-tenant mediation, etc.)

are excluded. For this target population, outreach and housing supports are just as critical as medication management or other medical services for supporting good health outcomes. Flexible state funds to match local funds are needed to provide additional support services that are vital to achieving a consumer's recovery goals.

F. Housing has been identified as a key element to one's recovery. One way to determine if a person's health is improving is to monitor outcomes, such as a reduction in:

- Inpatient psychiatric hospitalizations,
- residential care facility stays,
- crisis services,
- overall cost reduction, and
- maintaining permanent housing for 12 months or more

All housing programs need to be monitored and evaluated by standardized quality outcome measures to determine their effectiveness.

8. PLANNING OBJECTIVES

The Board's plan to address the housing needs of people with mental health and alcohol and substance abuse issues in the community include these strategies, short-term goals and long-term objectives:

Strategies to meet objectives	***Short-term goals (2015)***	***Long-term objectives to meet demand / resolve issues***
Housing Inventory (MH) (Addresses Issues A. and B.)	Seek opportunities with CMHA for additional housing vouchers Submit capital plans to OhioMHAS for SFY17-18 (seek Board approval for matching funds) Co-lead the lease-up strategy for Hawthorn Grove to maximize use of resources Co-lead the lease-up of Van Buren Village to maximize use of resources	Advocate for more vouchers Access capital funds to increase housing inventory for housing individuals with a mental illness and/or addictions Increase permanent supportive housing units by an average of 25 units per year over the next 10 years. See Appendix D for cost estimates. Pursue other options to increasing housing (seek capital funds and/or subsidy funds)
Homeless Avoidance (Addresses Issue C.)	Improve the identification and tracking of individuals being discharged from TVBH and Netcare (Mile House and CSU) into homelessness Develop training plan to increase awareness and timeliness of referrals to housing providers Increase transitional housing stock	Continue to reduce individuals being discharged from TVBH and Netcare (Mile House and CSU) into homelessness Increase transitional housing units by 30 over the next 10 years. See Appendix D for cost estimates.
Housing Inventory (AOD) (Addresses Issue D.)	Submit capital plans to OhioMHAS for SFY17-18 (seek Board approval for matching funds) Monitor House of Hope and Amethyst purchase and renovation of OhioMHAS funded capital projects for recovery residences	Access capital to increase housing inventory for housing individuals in recovery Increase recovery residence beds by 50 over the next 10 years. See Appendix D for cost estimates. Pursue other options to increase the number of housing units (seek capital funds and/or subsidy funds)

Strategies to meet objectives	***Short-term goals (2015)***	***Long-term objectives to meet demand / resolve issues***
Supportive Services for Housing Retention (Addresses Issues E.)	Identify the appropriate level of services needed at Hawthorn Grove and allocate appropriate funding Identify the appropriate level of services needed at Van Buren Village and allocate appropriate funding	Monitor outcomes of ADAMH funded permanent supportive housing and adjust levels of services and funding as necessary for each project Advocate for Medicaid paying for housing and related supportive services
Quality Improvement (Addresses Issues F.)	Define standardized housing outcome measurements and tracking tools	Track quality improvement over time to ensure supportive housing programs are successful

9. WORKS CITED

ADAMH Strategic Performance Plan, 2012-2017

Preparing for the Future: Policy Landscape and Needs Assessment for Mental Health and Addiction Services in Franklin County.

Recovery Housing in the State of Ohio: Findings and Recommendations from an Environmental Scan

Housing is the Best Medicine

APPENDIX A: MH HOUSING CONTINUUM

ADAMH Mental Health Housing Continuum

	RESIDENTIAL CARE FACILITIES		24/7 SUPPORTIVE HOUSING		SERVICE ENRICHED HOUSING		INDEPENDENT HOUSING
							
Beds	**RESIDENTIAL CARE**	**Units**	**SUPPORTIVE**	**Units**	**SERVICE ENRICHED**	**Units**	**INDEPENDENT**
5	#1 Courtright	10	Briggsdale	40	Dogwood	615	Independent Apartments
5	#2 E 4th St	34	Southpoint				
5	#4 20th St	15	Inglewood				
5	#5 Kellner	23	Commons @ Buckingham				
4	Denbeigh	15	Commons @ Third		*--- Future ---*		
4	Honeytree	14	Commons @ Grant	*40*	*Hawthorn Grove (2015)*		
4	Sharon/Waters	3	Commons @ Livingston				
4	Woodsfield	25	Franklin Station				
4	York/Bob Fay	13	Safe Haven				
		8	Wilson				
11	Kendall Manor						
11	Norwich		*--- Future ---*		TRANSITIONAL HOUSING		
15	Redmond	*40*	*Van Buren Village (2015)*	15	YMCA		
8	Jesse Carpenter			2	YWCA		
10	Fowler						
95		200		97		615	Total = 1,007

APPENDIX B: AOD HOUSING CONTINUUM

ADAMH AOD Housing Continuum

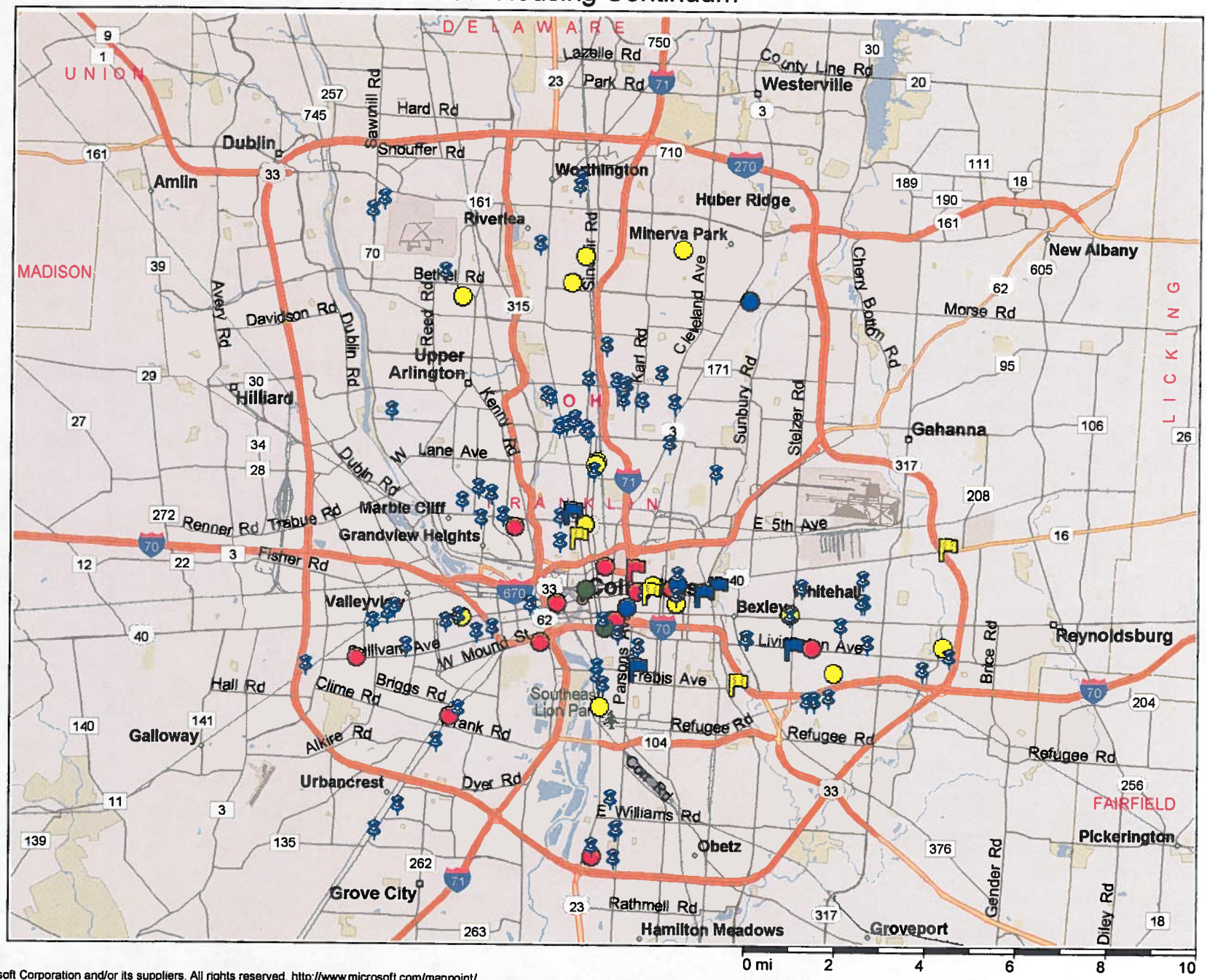
	RESIDENTIAL CARE FACILITIES		24/7 SUPPORTIVE HOUSING		SERVICE ENRICHED HOUSING		INDEPENDENT HOUSING
							
Beds	**LEVEL IV**	**Units**	**LEVEL III**	**Beds**	**LEVEL II**	**Units**	**LEVEL I**
34	**Maryhaven Womens**	**140**	**Amethyst**	**26**	**House of Hope (HoH)**		
20	**MaryhavenDan Cannon Hall**	**15**	**Alvis House**				
16	**Columbus Area Bell ATC**						
9	**Columbus Area Bell Re-entry**				***--- Future (2015)---***		
16	**House of Hope Dennison**			***5***	***HoH Rhoads House***		
				5	***Amethyst Belmar House***		
95		**155**		**36**			**Total = 286**

APPENDIX C

ADAMH MH-AOD Housing Continuum

Pushpins

- MH Residental
- MH 24/7 Supportive
- MH Service Enrich...
- MH Independent
- MH Transitional
- AOD Level IV
- AOD Level III
- AOD Level II



APPENDIX D: Projected Housing Costs

ADAMH Projected Housing Costs

Projections align with the upcoming levy cycle: 2017-2026
Capital projects align with the State Fiscal Year 17-18 biennium capital cycle

24/7 Supportive Housing **Assumptions:** Average capital cost of $165,000 per unit, Operatons cost of $5,000 per person/mth, & Support cost of $2,000 per person/mth.

Year	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	TOTAL
Projected Units	25	25	25	25	25	25	25	25	25	25	250
Projected Capital	$ 4,125,000	$ 4,125,000	$ 4,125,000	$ 4,125,000	$ 4,125,000	$ 4,125,000	$ 4,125,000	$ 4,125,000	$ 4,125,000	$ 4,125,000	$ 41,250,000
Projected Support and Operations	$ 175,000	$ 350,000	$ 525,000	$ 700,000	$ 875,000	$ 1,050,000	$ 1,225,000	$ 1,400,000	$ 1,575,000	$ 1,750,000	$ 9,625,000
TOTAL	$ 4,300,000	$ 4,475,000	$ 4,650,000	$ 4,825,000	$ 5,000,000	$ 5,175,000	$ 5,350,000	$ 5,525,000	$ 5,700,000	$ 5,875,000	$ 50,875,000
Projected ADAMH Levy Support - Capital	$ 200,000	$ 200,000	$ 200,000	$ 200,000	$ 200,000	$ 200,000	$ 200,000	$ 200,000	$ 200,000	$ 200,000	$ 2,000,000
Projected ADAMH Levy Support - Operations and Support	$ 50,000	$ 100,000	$ 150,000	$ 200,000	$ 250,000	$ 300,000	$ 350,000	$ 400,000	$ 450,000	$ 500,000	$ 2,750,000
Proportion	6%	7%	8%	8%	9%	10%	10%	11%	11%	12%	9%

Recovery Housing **Assumptions:** Average cost to purchase and renovate a five bedroom house is $300,000. ADAMH to match 50% to leverage OMHAS capital funds.

Year	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	TOTAL
Projected Units	5	5	5	5	5	5	5	5	5	5	50
Projected Capital	$ 300,000	$ 300,000	$ 300,000	$ 300,000	$ 300,000	$ 300,000	$ 300,000	$ 300,000	$ 300,000	$ 300,000	$ 3,000,000
Projected Support and Operations	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 300,000	$ 300,000	$ 300,000	$ 300,000	$ 300,000	$ 300,000	$ 300,000	$ 300,000	$ 300,000	$ 300,000	$ 3,000,000
Projected ADAMH Levy Support - Capital	$ 150,000	$ 150,000	$ 150,000	$ 150,000	$ 150,000	$ 150,000	$ 150,000	$ 150,000	$ 150,000	$ 150,000	$ 1,500,000
Projected ADAMH Levy Support - Operations and Support	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Proportion	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%

Transitional Housing **Assumptions:** $500 monthly rent times 12 months time 30 units times 10 years. ADAMH pays for 100% of the cost.

Year	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	TOTAL
Projected Units	30	0	0	0	0	0	0	0	0	0	30
Projected Support and Operations	$ 180,000	$ 180,000	$ 180,000	$ 180,000	$ 180,000	$ 180,000	$ 180,000	$ 180,000	$ 180,000	$ 180,000	$ 1,800,000
Projected ADAMH Levy Support - Operations and Support	$ 180,000	$ 180,000	$ 180,000	$ 180,000	$ 180,000	$ 180,000	$ 180,000	$ 180,000	$ 180,000	$ 180,000	$ 1,800,000
Proportion	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

APPENDIX E: ADAMH NON-MEDICAID TAXONOMY DELIVERABLES

A. CARE COORDINATION (Evidence that liaison has ongoing contact with lead provider is documented in the chart)

1. Coordinate referrals to Netcare, when needed.
2. Make calls and follow up to AOD services once placed on the waitlists.
3. Assist in accessing other community resources such as the health department (advocacy, calls, collateral contacts, etc.) until tenant is enrolled.
4. Make collateral contacts that result in tenant getting benefits, including outreach to previous or current providers.

B. HOUSING SUPPORTS (Evidence that the services in this group are documented in the chart)

1. Provide individual and group outreach with potential tenants.
2. Hold team meetings to arrange tenant admission into housing/services.
3. Provide orientation to housing and services at move in.
4. Coordinate applications for CMHA, USHS, and housing.
5. Provide bed bug education – prevention techniques, how they spread and how treatment works, avoiding re-infestation, assist in preparing unit (unlinked tenants only).
6. Assist tenants who are moving out in locating housing and developing a plan for packing and moving.

C. LIFE SKILLS (Evidence of activities occurrence documented in the chart)

1. Provide education for learning stable, cooperative living - learning how to not disturb neighbors, safety education, etc.
2. Teach tenants how to clean their apartment.
3. Provide education on setting and monitoring a household budget.
4. Provide training on how to shop for groceries.
5. Help tenants learn how to navigate the public transportation system.

D. TENANT SUPPORTS (Evidence that liaison engaged tenant is documented in the chart)

1. Coordinate AA/NA meetings for tenants in and outside of housing building.
2. Locate tenants who have been gone from their home for an extended period without contact.
3. Contact family or friends to develop a plan for problems and as a support network in recovery.
4. Provide mediation among family members, neighbors, and others when disputes jeopardize housing and stability.
5. Resolve conflicts and interact with tenant to address nuisance behaviors, borrowing behaviors, boundary setting, and immediate de-escalation skills.
6. Develop and monitor “eviction prevention” plans with tenant and property management.
7. Administer wellness checks to see how someone is doing (“well checks”).

E. SOCIAL AND RECREATIONAL ACTIVITIES/WELLNESS (Evidence client participates in activities is documented in the chart)

1. Provide classes such as nutrition/healthy diet, buying food, how to cook, etc.
2. Provide organized group recreational & leisure activities including exercise and physical education, crafts, gardens, etc.

F. TRANSPORTATION (Evidence that transportation, or the arrangement of transportation, is documented in the chart)

1. Transport tenants to medical/behavioral health, CMHA, Social Security, psychiatric, or other appointments directly related to stability, greater independence, and tenant service plans.

G. VOCATIONAL/EMPLOYMENT SERVICES (Evidence jobs skill training was provided or linkage to employment related services, e.g., COVA, BVR, etc., is documented in the chart)

1. Provide vocational assessments.
2. Provide activities including role playing, job shadowing, job coaching, developing computer skills, and helping with job searches, interviews, and dressing appropriately for interviews.