RESEARCH REPORT

Show Me Healthy Housing

Year-Two Evaluation Report

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Executive Summary

This report summarizes the Urban Institute's findings from the second year of its evaluation of the Show Me Healthy Housing (SMHH) supportive housing projects funded by the Missouri Foundation for Health (MFH). At this point, all four projects have completed development and begun serving tenants. Our findings are based on analysis of program assessments, administrative data from the US Department of Veterans Affairs (VA) and MO HealthNet (Medicaid) health systems, and interviews with tenants and staff. Tenant demographic data is available for all but one project. Tenant outcomes are based on the two projects—Patriot Place for veterans and Beacon Village II for families—that have had tenants for at least 12 months. The following are key findings from the second year of the evaluation:

- Beacon Village II and Patriot Place have been successful at helping homeless individuals and families with disabilities and chronic health conditions find and maintain housing. More than 80 percent of tenants in these programs have kept their housing for at least 12 months.
- Tenants continue to be satisfied with the quality of the housing and services provided in SMHH projects and grateful for the opportunity to live independently in their own homes.
- Patriot Place was the only one of the four SMHH projects that included a permanent rental subsidy to ensure long-term housing affordability and funding for supportive services. This reflects the challenges of securing permanent rental subsidies and services funding during the development process. Ensuring fidelity to the supportive housing model was also difficult because this was MFH's first effort funding supportive housing development and the Missouri Housing Development Commission lacked transparency and monitoring of supportive housing developments funded through competitive tax credits.
- Health care costs, as measured by average annual Medicaid claims, decreased 20 percent—from $7,578 to $6,065— for Beacon Village II tenants after entering supportive housing.
- Average annual emergency room visits decreased 44 percent for Beacon Village II tenants, but they increased slightly for Patriot Place tenants after entering supportive housing.

- Veterans experienced modest reductions in the acuity of their health care and social service needs after entering Patriot Place. Veterans who entered the program with higher-acuity needs saw greater improvements.
- Tenants' average monthly income has increased more than $100 since entering supportive housing, and there was a slight increase in the percentage of households with earned income.
- Beacon Village II tenants' self-reported health status was about the same after staying in supportive housing for 12 months as it was when they entered.
- Lack of transportation, social isolation, and interpersonal conflicts with other tenants were the most consistent challenges SMHH tenants reported.

Our final report will include another year's worth of interviews, program assessments, and MO HealthNet and VA health care data. It will also include data on the use of homeless programs captured in Homelessness Management Information Systems and corrections system data on arrests and jail stays.

Show Me Healthy Housing: Year-Two Evaluation Report

Background

In 2014, Missouri Foundation for Health created the Show Me Healthy Housing (SMHH) grant program to help subsidize the development costs of new permanent supportive housing (PSH) projects. PSH projects combine a permanent rental subsidy with case management and supportive services for formerly homeless people with disabilities. The SMHH program awarded grants, totaling slightly more than $1 million, to four organizations to fund PSH projects in Columbia, Hannibal, Mexico, and Springfield, Missouri. These projects have all been successfully completed and are now housing people from a variety of backgrounds, including veterans, seniors, people with serious and persistent mental illness, and homeless families (table 1). Patriot Place is the only project where all the apartments are reserved as supportive housing for formerly homeless people. Every other project includes a mix of apartments specifically set aside for special populations and a more general pool of affordable housing apartments for low-income renters.

TABLE 1

Show Me Healthy Housing Grantees

Organization	Project	Location	Target population	Total apartments	Set-aside apartments
North East Community Action Corporation	Berkshire Estates	Mexico	Seniors, with units set aside for senior homeless veterans	29	5
Columbia Housing Authority	Patriot Place	Columbia	Homeless veterans eligible for HUD-VASH vouchers	25	25
Preferred Family Healthcare	Chloe Place	Hannibal	Low-income families, with units set aside for individuals with serious mental illness	25	12
The Kitchen, Inc.	Beacon Village II	Springfield	Affordable housing, with units set aside for homeless families	32	8

Sources: SMHH application materials and stakeholder interviews.

Notes: The total number of housing units and supportive housing units are 111 apartments and 50 set-aside apartments. HUD-VASH = US Department of Housing and Urban Development Veterans Affairs Supportive Housing.

To measure the impact of its investment, Missouri Foundation for Health (MFH) contracted with the Urban Institute to conduct an evaluation of SMHH supportive housing projects. The evaluation is documenting the development and implementation for each project site and the supportive housing programs' success in promoting housing stability, quality health care, financial self-sufficiency, and overall well-being for tenants and in reducing public costs in the health care and homelessness system. This report summarizes findings from the second year of the evaluation, building on our first annual SMHH evaluation report (Leopold et al. 2016). In this report, we

- provide updates on the development process and lease-up at Chloe Place and Berkshire Estates;
- summarize accomplishments and challenges in the first full-year of implementation at Patriot Place and Beacon Village II; and
- present detailed data on tenants' health insurance coverage, diagnoses, health care utilization, and health care costs.

We conclude with a discussion of the implications of our research for MFH and its partners in improving health for vulnerable populations and for the larger supportive housing field.

Methodology

Our evaluation includes a process study to document each grantee's implementation of supportive housing and an outcome study to measure the impact of the programs on tenants. This second annual report is based on data collected from the following sources:

- document review, including interim reports submitted to MFH, memorandums of understanding and other contractual documents, and written policies and procedures
- two rounds of interviews, one by telephone and one in person, with key staff at each site to understand decisions made during the development and implementation phases
- in-person interviews with tenants to learn about their experiences in supportive housing thus far
- analysis of program data on tenants in Patriot Place, Berkshire Estates, and Beacon Village II collected by staff during regular assessments[1]

- analysis of Medicaid diagnosis, claims, and prescription drug data on tenants in Beacon Village II from 2014 to 2016 and health and functioning assessment scores and emergency room utilization data from the VA for Patriot Place tenants

Our final evaluation report in the fall of 2018 will include follow-up information for tenants in all SMHH projects. We are also seeking to incorporate data on tenants' use of homelessness programs, jails, and prisons before and after entering SMHH projects and more detailed health records.

Implementation Updates

In this section of the report, we provide updates on the design and staffing model for each of the four SMHH sites, with a focus on Chloe Place and Berkshire Estates, the projects that completed construction and began lease-up over the last year.

Development and Design

In the past year, Preferred Family Healthcare (PFH) completed construction on Chloe Place and tenants began moving in. Though the project experienced some delays resulting from site selection problems and then weather conditions during construction, staff indicated positive overall impressions of the development process. The project consists of four ranch-style structures, such as the one shown in figure 1, in a U-shaped pattern. The units have hardwood floors, granite countertops, and spacious living rooms. The units are not furnished, although they came with a washer and dryer hookup. Rent includes water, sewer, and trash pickup but not electricity, phone, and cable. The apartments are in a commercial area adjacent to several social service agencies and near a Walmart Supercenter and a shopping center. Both staff and tenants reported that, despite its proximity to stores and service providers, Chloe Place was in a quiet area that offered tenants a lot of privacy. PFH hopes to build a new Federally Qualified Health Center adjacent to Chloe Place, but that is dependent on the federal government making funding available.

FIGURE 1

Exterior of Chloe Place Apartments

Photo by Josh Leopold, October 2017.

Berkshire Estates, located in Mexico, Missouri, is primarily a senior housing apartment complex with some units set aside for formerly homeless veterans. From conception to occupancy, Northeast Community Action Corporation (NECAC) has been committed to the principles of universal design for Berkshire Estates. Universal design is an architectural concept asserting that the features of a building should be accessible to people of all ages, sizes, and abilities. Berkshire Estates does not have a shared recreational area for tenants, but staff have daily office hours for tenants to use the computers and support monthly tenant gatherings. NECAC recently purchased an outdoor tent for tenants to use for these events. The Berkshire Estates apartments are not furnished, but the Veterans of Foreign Wars of the US provides household furnishings (e.g., beds, sofas, coffee tables, televisions) to veterans as they move in. The Office on Aging of the Central Missouri Community Action has come on site to educate tenants on available services and benefits eligibility. Although Mexico does not have public transportation, residents of Berkshire Estates offer each other rides to the grocery store and can schedule bus rides to the VA hospital in Columbia.

Patriot Place has not had major changes to its design or features in the least year, but it did add a chicken coop and horseshoe pit. The horseshoe pit was the tenants' idea, and both tenants and staff reported that it greatly improved morale and helped engage more socially isolated veterans. The tenants maintain the chicken coop, and the chickens provide a source of fresh eggs. The biggest change to the property is that Welcome Home, the transitional housing program for homeless veterans, completed construction next door to Patriot Place and began serving clients. Welcome Home had only been open for a few weeks when we were interviewing staff and tenants at Patriot Place. Staff at Patriot Place expressed optimism that their tenants would have access to Welcome Home vocational programs. Patriot Place tenants indicated a desire to support their fellow veterans at Welcome Home, but they had concerns about maintaining the shared space in the dog park, vegetable garden, and horseshoe pit.

The physical layout and design of Beacon Village II has not changed since we published our first annual report.

Lease-up

Both Chloe Place and Berkshire Estates have struggled to lease-up their supportive housing units. The sites have been challenged by the lack of a dedicated operating subsidy to make rents affordable to those with little or no income. Berkshire has faced additional challenges because of its location and strict eligibility requirements.

PFH is one of the largest health care providers in Hannibal, Missouri, and it operates the local homeless coordinated entry system, so it is well positioned to identify eligible supportive housing tenants interested in living at Chloe Place. It has struggled, however, to connect eligible households with rental subsidies so that they can afford the monthly rent, which start at $369 for a one-bedroom unit.

In its 2014 grant application to MFH for the Show Me Healthy Housing program, PFH indicated that the Missouri Department of Mental Health had dedicated rental subsidies for the supportive housing set-aside units at Chloe Place. When the development completed construction this year, those subsidies were no longer available. For unsubsidized renters, PFH has a minimum annual income requirement of between $14,760 and $23,200 depending on the number of bedrooms, to ensure that tenants' rent does not exceed 30 percent of their income.[2] PFH staff report that many otherwise

eligible applicants have not been approved for an apartment because they do not meet the income requirement.

Fortunately, the Missouri Department of Mental Health recently awarded PFH with Rental Assistance Program funding, which can provide up to two years of rental assistance. The funds can only be used for Chloe Place units and, to be eligible, households must have a disabling condition, be connected to services from a Department of Mental Health–contracted provider, and be homeless or experiencing a housing crisis. PFH staff have estimated that the award could fund up to 12 subsidized renters depending on their income and the number of bedrooms for which they qualify. In addition, PFH staff have worked to get clients from its Shelter Plus Care program, which provides supportive housing for formerly homeless people with disabilities, into Chloe Place units. As of January 2018, all 25 apartments at Chloe Place were leased: 15 were for households in supportive housing, 10 were receiving a Rental Assistance Program subsidy, 4 had a Shelter Plus Care subsidy, and 1 was subsidized through the project's operating reserve.

Berkshire Estates set-aside 5 of its units for formerly homeless veterans, although staff have indicated that they could house up to 10 formerly homeless veterans if they had enough eligible referrals. Like Chloe Place, it lacked a dedicated rental subsidy that would make apartments affordable to veterans with little or no income. NECAC established a memorandum of understanding with Welcome Home, a local service provider that administers multiple programs for homeless and at-risk veterans, to identify and refer interested veterans to Berkshire Estates. Staff turnover and lack of clarity on roles has mitigated the effectiveness of this relationship. Staff report that many veterans are not interested in moving to Mexico, a small town located 40 miles away from the Harry S. Truman Veterans' Hospital (Truman VA). In addition, NECAC staff report that many of the veterans who were initially referred to Berkshire Estates were not "housing ready" and thus not accepted into the program. The Truman VA has stepped up and actively promoted the property to veterans on its US Department of Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH) waiting list. All four veterans who have moved into Berkshire Estates came from referrals from the Truman VA.

Beacon II is fully leased with eight families in the supportive housing set-aside units. Beacon II families came from emergency shelters, domestic violence safe houses, and couch surfing with family or friends. To qualify for Beacon Village II apartments, applicants must go through an in-depth background check. Applicants are ineligible if they have a prior eviction, property damage, unpaid rent or utilities, and certain criminal convictions. The Kitchen staff reported that some of these requirements, particularly the policies around past evictions, screen out many of the families in the greatest need for help. They are contemplating loosening some of these restrictions.

During the initial lease-up process for Patriot Place, the Truman VA prioritized chronically homeless veterans with the greatest barriers to housing and most-acute service needs. The project was considered ideally suited for high-need veterans because it had a full-time case manager onsite and a landlord (the Columbia Housing Authority) that was obligated to accept all eligible tenants. Over the past year, the VA has adjusted its thinking about how to fill vacancies at Patriot Place. Though the VA still prioritizes veterans based on need and does not screen out applicants based on their backgrounds, it is more deliberate about selecting new tenants for Patriot Place who would help support a positive culture. Staff also spend more time preparing veterans interested in Patriot Place about the culture to make sure they will not have a problem with living with a large group of other veterans in various stages of recovery from drug and alcohol abuse.

Staffing Structure

Each of the four SMHH sites involves a collaboration between case managers, who help tenants maintain their housing and address other needs, and property managers, who are responsible for collecting rent, maintaining the interior and exterior of the property, and ensuring compliance with property rules. Some projects also have specialists on their teams that provide primary or behavioral health services or employment assistance.

Chloe Place made a significant change to its original staffing plan. The original PFH staff member who was going to shift into the project manager role ended up taking on new responsibilities within PFH and could no longer be the project manager at Chloe Place. A new project manager was brought on. The new staff member underwent the same process of trainings and shadowing the director of supportive housing (who is also the property manager at Callyn Heights). PFH's Shelter Plus Care manager is involved at Chloe Place and is an additional support for tenants. These three positions form the core of the supportive housing department at PFH.

All supportive housing tenants at Chloe Place will receive case management from community support specialists (CSSs). CSS case managers generally hold bachelor's degrees and are part of PFH's psychiatric rehabilitation teams. They assist clients with activities of daily living, budgeting, and accessing services in the community. CSS case managers also assist with clients' care coordination, which can include helping to schedule medical appointments, finding transportation to appointments, and being a client advocate for medical and psychiatric treatments. Recent changes in Medicaid allow PFH's CSS staff to bill their time spent on housing navigation and tenancy support services. For the tenants we spoke with, CSS case managers were their primary source of support and provided services

often associated with supportive housing case management. Tenants had established relationships with their CSS case managers that predated their move to Chloe Place by several years.

Though Berkshire Estates does not include supportive services in its budget, veterans there are connected to services through the HUD-VASH program. The veterans at Berkshire all share the same VA case manager and are eligible for the same VA services as veterans at Patriot Place. This includes case management through the HUD-VASH program and vocational training, supported employment opportunities, legal assistance, and health care. Berkshire Estates also has an on-site property manager who helps to coordinate activities, provide referrals to community services, address maintenance needs, and resolve interpersonal conflicts between tenants.

The staffing structure for Patriot Place has largely remained the same. There is still a full-time HUD-VASH case manager located on the property as well as a Columbia Housing Authority property manager, although she had been spending less time on the property. There has been some turnover among case managers, which is common in the HUD-VASH program, and there is a planned change in property manager (Montgomery and Cusack 2017). The Truman VA is currently evaluating the staffing structure for case management to ensure that the on-site case manager does not have a disproportionate amount of the responsibility for Patriot Place tenants.

The Kitchen has made a few changes to its staffing structure that affect families in Beacon Village II. First, the Kitchen has shifted its case management model to a team approach where each case manager works with individuals and families in a variety of programs rather than working within a single program. Second, the Kitchen now has a nurse on staff to provide health care services to families in its programs. The nurse is available to help high-need tenants with medication management, scheduling medical appointments, arranging transportation, and providing support during and after these appointments. Finally, Beacon Village II has a new property manager. This is the third property manager the property has had since Beacon I opened.

Tenant Characteristics

In total, Patriot Place, Berkshire Estates, and Beacon Village II have provided supportive housing to 71 people in 46 households (table 2). The data include self-reported information on tenants' demographics, income and benefits, health status, and criminal justice involvement for all programs except Chloe Place. Demographic characteristics were quite different for tenants in the two veterans' programs

(Patriot Place and Berkshire Estates) than for the family program (Beacon Village II). Though both groups were predominantly white, veterans were much more likely to be male.

Most households (70 percent) were homeless when admitted into their housing programs, and some were at imminent risk of homelessness. Roughly a quarter of tenants were considered chronically homeless upon admission, meaning they had a disability and had been homeless for at least a year. Beacon Village II families were more likely to be chronically homeless (36 percent) than veterans at Patriot Place and Berkshire Estates (20 percent). This is surprising because the HUD-VASH program is explicitly targeted to people who are chronically homeless and rapid rehousing is not (HUD 2014).

Nearly all tenants reported having health insurance, but less than half (48 percent) report receiving Supplemental Nutrition Assistance Program (SNAP), also known as food stamps. This is somewhat surprising because, statewide, nearly 90 percent of eligible households in Missouri receive SNAP benefits (Cunnyngham 2015). The low participation rate is driven primarily by Patriot Place tenants. Staff attribute this to an emphasis on self-reliance among veterans and an attitude that the size of the SNAP benefit is small relative to the work it takes to access it.

TABLE 2

Baseline Demographic Characteristics and Homeless Histories of Show Me Healthy Housing Tenants

	Total		Patriot Place and Berkshire Estates		Beacon Village II	
Characteristics	**No.**	**Percentage**	**No.**	**Percentage**	**No.**	**Percentage**
Total tenants served						
Households	46		35		11	
People	71		35		36	
Age[a]						
18 and younger	0	0	0	0	N/A	
18–30	0	0	0	0	N/A	
31–50	6	17	6	17	N/A	
51+	29	83	29	83	N/A	
Gender of household head						
Male	29	63	29	83	0	0
Female	15	33	6	17	9	82
Missing	2	4	0	0	2	18
Ethnicity (all tenants)						
Hispanic	1	1	1	3	0	0
Non-Hispanic	63	89	34	97	29	81
Missing	7	10	0	0	7	19
Race (all tenants)						
White	54	76	28	80	26	72
African American	10	14	7	20	3	8
Missing	7	10	0	0	7	20
Homeless history (household)						
Homeless at admission	32	70	23	66	9	82
Number of homeless episodes						
0	7	15	7	20	0	0
1	17	37	15	43	2	18
2	8	17	5	14	3	27
3+	9	20	5	14	4	36
Missing	5	11	3	9	2	18
Chronically homeless at admission						
Yes	11	24	7	20	4	36
No	33	72	28	80	5	45
Missing	2	4	0	0	2	18
Benefits (household)						
Health insurance	44	96	33	94	11	100
SNAP/food stamps	22	48	14	40	8	73
TANF/general assistance	3	7	2	6	1	9
Disability assistance	11	24	9	26	2	18
Other	5	11	1	3	4	36
Criminal history (household)	28	61	26	74	2	18

Source: Baseline program data from Beacon Village II, Berkshire Estates, and Patriot Place.

Notes: Chloe Place was unavailable as it was still leasing up when this report was written. TANF = Temporary Assistance for Needy Families.

[a] Age data was not available from Beacon Village II.

Findings

In this section, we summarize our main findings on changes to tenants' housing stability, income and benefits, and health since moving into supportive housing. Our findings are based on program and administrative data, as well as interviews with staff and tenants. Overall, we find that most tenants have remained in housing for at least one year and, during this time, their incomes have increased, their health care expenses have decreased, and their health has either stayed the same or slightly improved.

Housing Stability

Show Me Healthy Housing tenants we spoke with generally considered safe, stable housing to be the primary benefit of the program. Tenants reported that the program allowed them to escape a variety of difficult housing conditions, including living in an unfurnished garage, living in the woods or under bridges, couch surfing, and living in poor-quality housing or in unsafe neighborhoods.

For the most part, tenants who moved into SMHH projects have remained there for at least 12 months. Of the 36 households who entered supportive housing projects more than 12 months ago, 30 were still housed in those projects at the 12-month mark. This yields a 12-month housing retention rate of 83 percent.[3] This is at the higher end of most supportive housing programs. A review of earlier evaluations of supportive housing found that average 12-month retention rates ranged from 75 to 85 percent (CSH 2011). A four-site analysis of the HUD-VASH program found that 87 percent of veterans remained housed after one year and 60 percent remained housed after two years (Montgomery and Cusack 2017).

Tenants exited supportive housing for a variety of reasons. At Beacon Village II, the predominant threat to housing stability was the temporary nature of the rental subsidy. Tenants were initially enrolled in a rapid re-housing program with a rental subsidy that expired after 18 months. Many tenants had begun receiving the subsidy before entering Beacon Village II and had already reached the time limit for assistance by the fall of 2017. After reaching the time limit, one family left abruptly without informing staff of where they were going. Another family left after their subsidy expired and they were offered housing assistance through a different program. The other families whose subsidies expired have stayed in their apartments, either by increasing their incomes sufficiently to afford the rent without a subsidy or transitioning to the Shelter Plus Care program, which provides a permanent subsidy.

At Patriot Place, some tenants passed away or moved into facilities with higher levels of care, such as skilled nursing facilities or residential drug treatment. Other veterans used their vouchers to find apartments elsewhere. Staff attributed some of the turnover at Patriot Place to persistent interpersonal conflicts between tenants. These conflicts were often over small issues, such as access to gardening equipment or decisions about landscaping. Though none of the conflicts have resulted in physical violence, they sometimes escalated into physical threats and racial epithets. Frequent public drinking, particularly on nights and weekends when no staff were present, exacerbated these conflicts. The interpersonal conflicts became quite serious in the summer and fall of 2017 but have since lessened if not completely dissipated. Tenants reported that things started getting better after some tenants exited and other tenants showed leadership in respecting personal boundaries and rejecting racism. Staff reported frustration about the lack of training and resources for addressing racial tensions in supportive housing. As one staff person told us, "We had this honeymoon period, then we had this backslide, now we are really seeing a turnaround where folks are quitting drinking together or joining programs."

Chloe Place supportive housing residents have all moved into their units within the past few months, and none have exited thus far. The tenants we spoke with were happy with the location and their apartments and had no plans to move. From their limited experience on the property, tenants at Chloe Place seem to have a positive perception of the stability the property offers. The tenants we spoke with were already housed through the Shelter Plus Care program before moving into Chloe Place, but they felt that the new location provides a safer neighborhood with better housing conditions.

At Berkshire Estates, tenants had moved into their current housing from staying with family or friends. Veterans we spoke with tended to like their housing, although some felt that the environment was "cliquish." Several tenants reported that they appreciate having an extra bedroom for when their grandchildren visit. Housing affordability is an issue because some veterans either have not yet received their voucher or are *overhoused*, meaning that they are renting a larger unit than the housing authority will fully subsidize. Berkshire Estate tenants have mixed feelings about living in Mexico, a rural town with a population of fewer than 12,000 people. Some tenants indicated that the relative quiet and safety of Mexico is preferable to Columbia, which they viewed as unsafe and expensive. However, tenants also indicated that boredom could be an issue and lack of access to transportation was a major problem. The process for arranging transportation through the Truman VA was seen as too slow and bureaucratic to be useful. One tenant likened it to trying to "get access to the nuclear codes."

Income, Earnings, and Benefits

One of the goals for the SMHH program is to help individuals and families become more self-sufficient through increased earnings and better connections to public benefits. The average monthly income of households in Patriot Place and Beacon Village II increased more than $100 after entering supportive housing: from $834 to $940 (table 3). Though benefits income is still much more common than earned income, the share of households with earned income increased slightly: from 22 percent at baseline to 27 percent at follow-up.

TABLE 3

Income for Show Me Healthy Housing Tenants at Baseline and Follow-up

	Baseline		Follow-up	
	No.	Percentage	No.	Percentage
Households with earned income	7	22	10	27
Households with benefits income	36	86	30	81
Average (mean) monthly income	$834	N/A	$940	N/A

Sources: Program assessment data from Beacon Village II and administrative data from the Columbia Housing Authority on Patriot Place tenants.
Note: Chloe Place and Berkshire Estates are not included because all tenants had moved in within the last six months.

Beacon Village II tenants may be more motivated to increase their incomes than the tenants in the other SMHH projects because of their expiring rent subsidy. Beacon II residents have a range of household compositions, ability differences, and earnings. Households with children younger than 18 receive Medicaid and a larger food stamp allocation than those without children. Though all residents we interviewed mentioned depression and anxiety as ongoing mental health challenges as well as some type of chronic pain or illness, only a couple of households receive Supplemental Security Income. In addition to disabling conditions, staff report that a lack of child care for families with younger children was a major obstacle to regular employment. For some families, the cost of child care combined with transportation costs negated any additional income from employment, so mothers wait to reenter the workforce until their children are old enough to attend school.

Disability benefits were the primary source of income for many of the tenants we interviewed at Patriot Place. We did not talk to any tenants with regular employment, although that could partially be because our interviews took place during normal business hours. One staff member reported that "for the most part, people who can work do," and that for the others it is a recurring challenge to "find something to do for residents so that they don't sit around and cause drama with their neighbors." Several tenants are focusing on educational goals, ranging from getting a GED to getting a master's

degree, rather than employment, and others, particularly those with more severe mental or physical impairments, sought volunteer opportunities to work with children or animals. Several of the veterans were interested in increasing their service-connected disability benefit and were frustrated at how much time and effort it was taking to get the VA to process their cases. Tenants who were interested in working had some difficulties with computer literacy that complicated their job search and were not always aware of the employment-related resources that their case managers could help them access.

Health

HEALTH CONDITIONS

Our evaluation includes information on tenants' health conditions from program assessments and Medicaid claims data. The overall picture is that SMHH tenants have high rates of physical disabilities, chronic health conditions, mental illness, and substance use disorders, indicating the supportive housing units were successfully targeted to high-need individuals and families.

For this evaluation, the Center for Health Policy (CHP) at the University of Missouri matched Beacon Village II tenants against the MO HealthNet (i.e., Medicaid) system between January 1, 2014 and December 31, 2016. Of the 23 Beacon Village II tenants during this period, 9 adults and 11 children from 7 different families, were enrolled in Medicaid for at least some of this period. To understand how Beacon Village II tenants compared with other families with similar background, CHP also constructed a comparison group of Medicaid enrollees in families with children who had experienced homelessness in Greene County. Although homelessness is a variable in the International Classification of Diseases (ICD-10), the standard classification system health care providers in the US and worldwide use, CHP's analysis showed that only 2 of the 20 Beacon Village II tenants were flagged as homeless in the ICD-10, which led us to conclude that it would not be a reliable marker of homelessness for the comparison group. This is consistent with prior research showing that homeless status, though it typically is not tied to payments, is rarely used throughout the US (Spillman et al. 2016). Thus, instead of using the ICD-10 code, CHP constructed the comparison group by matching the residential address in patients' enrollment data with the addresses of known homeless shelters and transitional housing programs in Greene County.

The comparison group consists of 46 families—49 adults and 60 kids—who lived in a homeless facility and were enrolled in the state Medicaid program between 2014 and 2016. Table 4 shows the

characteristics of the Beacon II tenants enrolled in Medicaid during the analysis period and the comparison group families.

TABLE 4

Characteristics of Medicaid Enrollees among Beacon Village II Tenants and Comparison Group

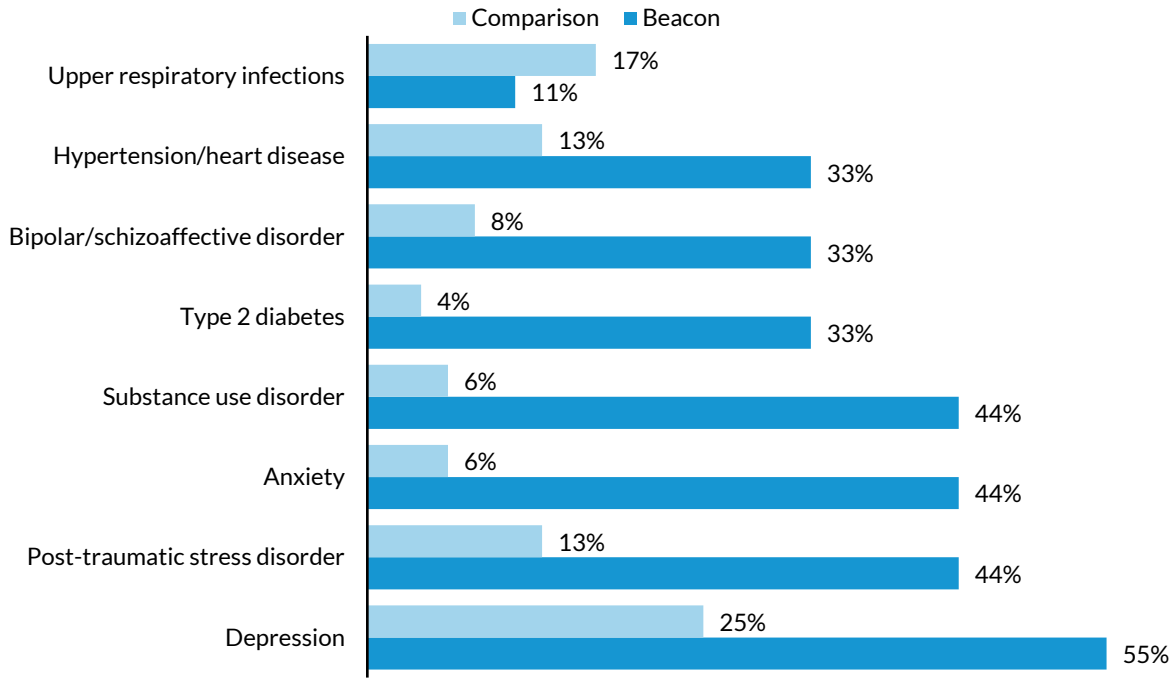
	Beacon Village II	Comparison group
Families	7	46
Adults	9	49
Children	11	60
Average age of adults	34	33
Average age of children	9	7

Source: MO HealthNet diagnoses data from 2014–16 compiled by the Center for Health Policy at the University of Missouri.

Figure 2 shows the diagnosis rates for common conditions between Beacon Village II Medicaid enrollees and the comparison group. Except for upper respiratory infections, diagnosis rates were more than twice as high for adults in Beacon Village II than for adults in other homeless families. More than half of adults at Beacon Village II had depression and nearly half had post-traumatic stress disorder, anxiety, or a substance use disorder. Children at Beacon Village II were more likely to be diagnosed with depression than children in other homeless families, but they were less likely to have upper respiratory infections (figure 3).[4]

FIGURE 2

Adult Diagnoses at Beacon Village II and Comparison Homeless Group in Greene County



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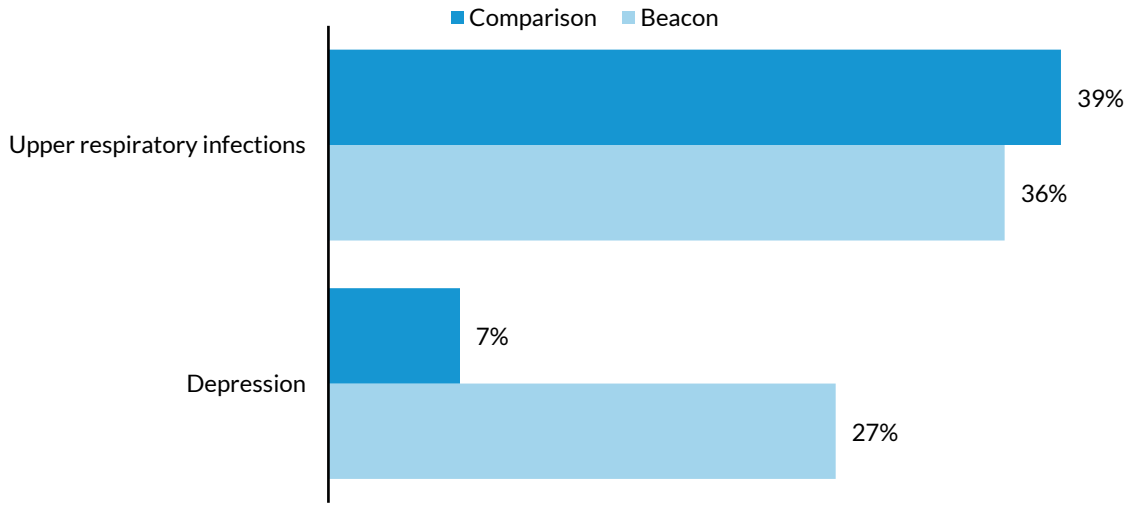
Source: MO HealthNet diagnoses data from 2014–16 compiled by the Center for Health Policy at the University of Missouri.

The high rates of disabilities and chronic health conditions at Beacon Village II were somewhat surprising because there was no disability eligibility requirement for this program. Further, HUD's Annual Homelessness Assessment Report has found that less than 25 percent of adults in homeless families have a disability (Solari et al. 2015). Staff at The Kitchen attributed the high rates of behavioral health conditions to the intake process, which used the Service Prioritization Decision Assistance Tool (known as SPDAT), an assessment tool widely used by homeless providers, to give priority to families with the most severe needs.

FIGURE 3

Child Diagnoses at Beacon Village II and Comparison Homeless Group in Greene County



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Source: MO HealthNet diagnoses data from 2014–16 compiled by the Center for Health Policy at the University of Missouri.

We did not have access to diagnostic information for VA health records and instead relied on assessment data staff collected at program entry for Patriot Place and Berkshire Estates tenants (table 5). The great majority of veterans (83 percent) in these programs had an alcohol or substance use disorder, and often both. More than half (54 percent) were tobacco users. Chronic pain, heart disease, diabetes, chronic obstructive pulmonary disease, and hepatitis were the most commonly reported physical health conditions for veterans, and post-traumatic stress disorder and anxiety were the most common mental health conditions.

TABLE 5

Health Conditions of Veterans at Patriot Place and Berkshire Estates

Condition	No.	Percentage
Alcohol or substance use disorder	29	83
Tobacco use	19	54
Post-traumatic stress disorder	12	34
Chronic pain	10	29
Heart disease	8	23
Affective disorder	8	23
Diabetes	6	17
Chronic obstructive pulmonary disease	5	14
Hepatitis	4	11
Anxiety	4	11

Source: VA HOMES Assessment data.
Note: There were 35 veterans at Patriot Place and Berkshire Estates.

SELF-REPORTED HEALTH STATUS

This section presents results on how tenants rated their own health while living in supportive housing. Staff at Patriot Place and Beacon Village II collected this information from tenants as part of their standard assessments, although Patriot Place staff collected this information at baseline only, and Beacon Village II staff reported it at baseline and at the 12-month follow-up point. These data are complimented by our perceptions of how the supportive housing programs addressed health concerns based on interviews with staff and tenants.

Case managers report that their ability to help tenants with health needs varies based on how much tenants feel comfortable sharing. In some cases, case managers get tenants referrals to specialized services, drive them to medical appointments, help them understand and adhere to their medications, and promote healthy eating, exercise, and relationships. Case managers may also advocate on behalf of tenants to make sure they are receiving necessary care. SMHH case managers have helped tenants receive medically necessary surgeries and assisted with rehabilitation and have helped tenants regain access to their prescription drugs and adhere to their medication regimen. In other cases, case managers may be aware that their tenants have serious physical or mental health conditions, but they are reluctant to get involved because tenants do not ask for help. This reluctance may be more common among veterans, who feel a greater stigma around asking for help. It also reflects the philosophy of providers that supportive housing is a housing and not a medical intervention and services should be voluntary and driven by the interests of clients. Another issue is that case managers are social workers and not health care professionals.

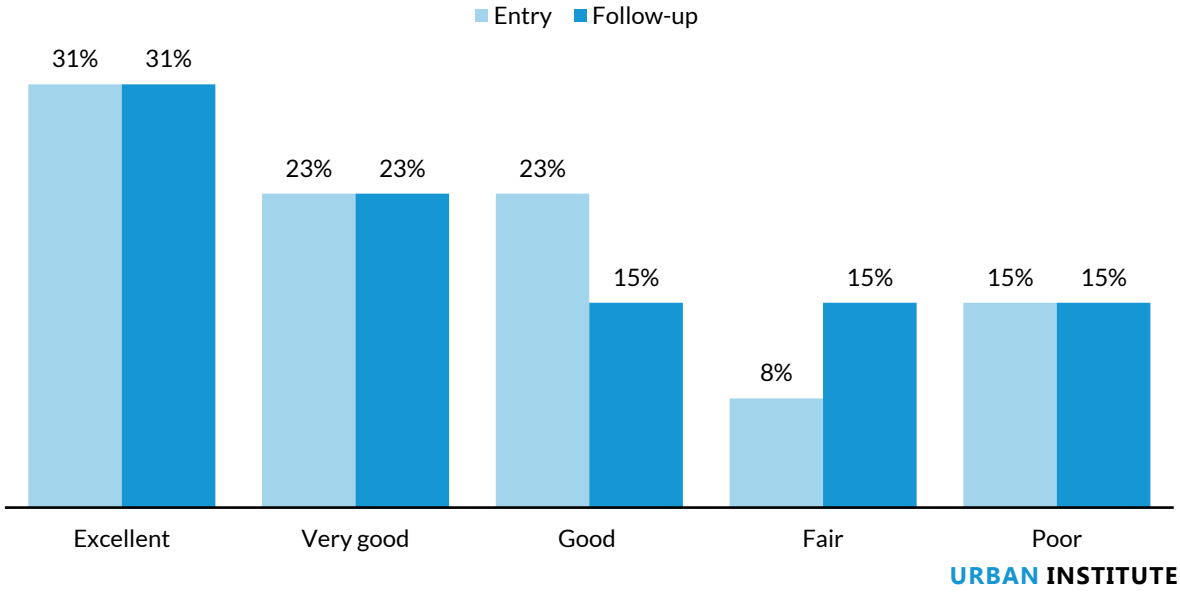
Nearly all the tenants we interviewed were active smokers who expressed interest in quitting or at least cutting back. Some tenants reported that they had cut back on smoking since entering housing, particularly because several of the properties prohibit tenants from smoking in their apartments. One tenant said he was smoking more after entering supportive housing because he had too much time on his hands.

When asked whether their health had improved since moving into supportive housing, some tenants reported that it had, mostly because having stable housing reduced their stress and they were more physically comfortable than living in shelters, outdoors, in cars, or other places not suitable for human habitation. Some tenants reported that their health had stayed the same because they had chronic conditions that did not improve after moving into housing. A few reported that, now that they have stable housing, they were more aware of health problems that they had been putting off while they were homeless.

For the most part, tenants' self-reported health status at Beacon Village II at program entry and at the time of their most recent follow-up (15 months after entry for most tenants) did not change (figure 4). Only one tenant reported a change in their health status from baseline to follow-up, moving from a "good" to a "fair" rating. Despite the range of disabilities and chronic conditions they experienced, most adult tenants reported their health was either excellent (31 percent), very good (23 percent), or good (23 percent) upon entering Beacon Village II. There were no changes in how household heads regarded the status of their children between entering Beacon Village II and follow-up data collection (figure 5). At both entry and follow-up, 70 percent of children were reported to be in excellent health, 15 percent in very good health, 10 percent in good health, and 5 percent in fair health.

FIGURE 4

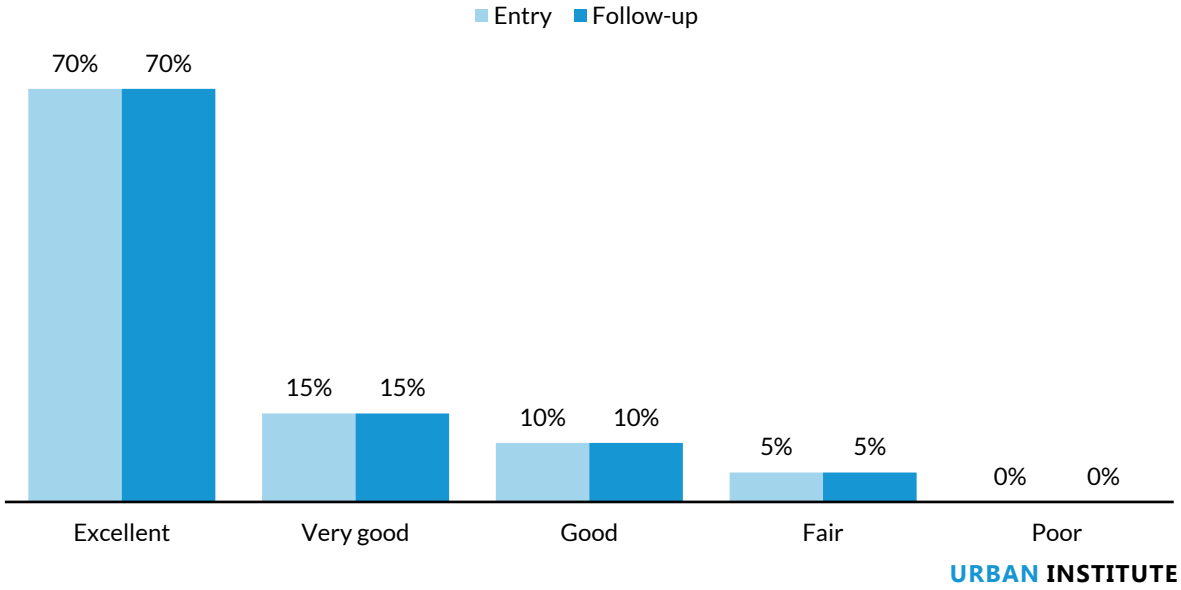
Self-Reported Health Status of Adult Beacon Village II Tenants at Program Entry and Follow-up



Source: Program data from Beacon Village II.
Note: There were 13 adults at Beacon Village II.

FIGURE 5

Health Status of Children at Beacon Village II at Program Entry and Follow-up



Source: Program data from Beacon Village II.
Notes: There were 20 children in Beacon Village II. The health status here is as reported by the child's parent or guardian.

The VA collected self-reported health status information for veterans at Patriot Place and Berkshire Estates at program entry (table 6). Veterans tended to rate their physical health as either fair (47 percent) or poor (21 percent). The low health rating scores could be associated with their age (most respondents were over 50), their chronic health conditions, and their high rates of alcohol, drug, and tobacco use. Veterans tended to rate the health of their teeth and gums as either fair (53 percent) or poor (21 percent). Poor oral health may also be associated with respondents' age and high rates of alcohol and tobacco use as well as a shortage of oral health providers for low-income and rural Missourians.[5]

TABLE 6

Self-Reported Health Status of Patriot Place and Berkshire Estates Tenants at Program Entry

	Physical Health		Health of Teeth and Gums	
	No.	Percentage	No.	Percentage
Excellent	2	6	0	0
Very good	3	9	3	9
Good	6	18	6	18
Fair	16	47	18	53
Poor	7	21	7	21

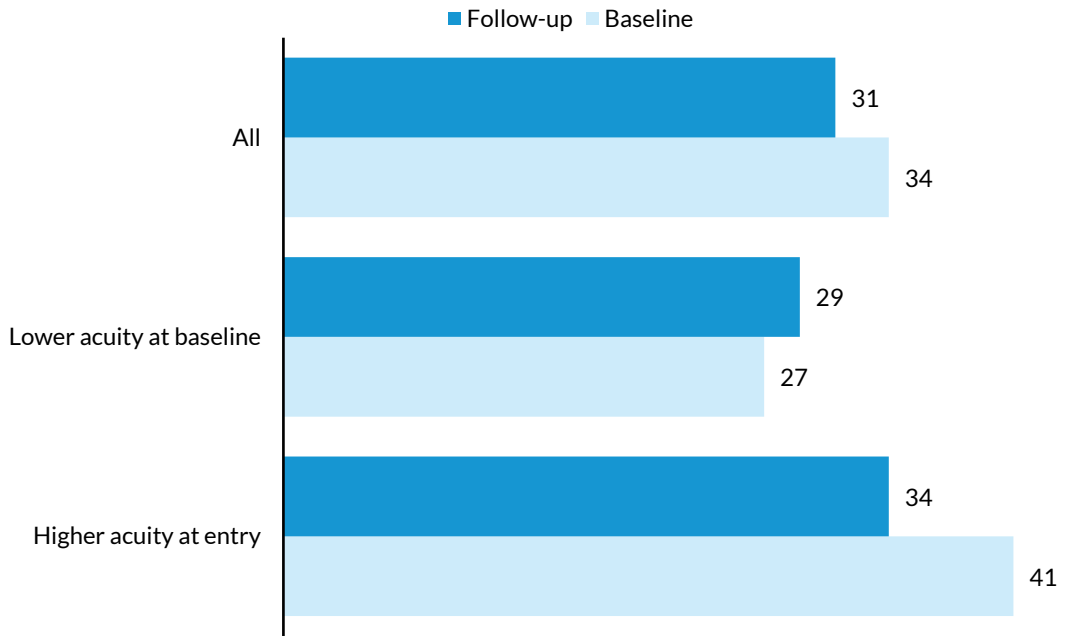
Source: VA HOMES Assessment data.

REPORTED CHANGES IN TENANTS' FUNCTIONING

The VA uses the HUD-VASH recovery scale to measure changes in health and other factors for veterans after entering supportive housing (see appendix). The HUD-VASH recovery scale has 12 dimensions, including housing, self-care and community living, use of medication, and health or medical status.[6] VA staff rate veterans on each dimension on a scale of 1 to 5 with 5 being the highest state of crisis and 1 being the most stable. For example, in the substance abuse domain, a score of 1 indicates "veteran does not have [a] history of substance abuse or has not abused substances for at least 12 months," and a score of 5 indicates "veteran is not ready to engage in substance abuse treatment and [is] actively abusing substances."[7] VA case managers use the recovery scale to determine when clients can be transferred from an "intensive" service level to a "maintenance" service level. Clients need to have scores of 17 or lower to be recommended for transfer to the maintenance level of care.

FIGURE 6

Changes in HUD-VASH Recovery Scores for Veterans at Baseline and Follow-up



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Sources: HUD-VASH Recovery Scale assessments from Truman VA staff.
Note: Higher scores = higher-acuity problems.

Veterans at Patriot Place were assessed at program entry and 12 months after entry. The average score for veterans at Patriot Place decreased from 34 at entry to 31 at 12 months—a slight improvement in overall functioning. Veterans who entered Patriot Place with higher-acuity needs were

more likely to see improvements. Veterans with above-average–acuity needs at baseline had a 7-point reduction in their score—from 41 points to 34 points— while veterans with below-average–acuity needs at baseline had a 2-point increase in their score, from 27 to 29 points.

This may be because veterans with higher-acuity needs are in more frequent contact with case managers. Some case managers reported only seeing lower-acuity cases once per quarter. One staff person told us, "Individuals who move into housing who are doing relatively well in a shelter environment tend to underestimate the impact of transitioning into independent housing and the stress that will accompany living alone without the support system they may not have realized they had. Folks [who] are struggling prior to moving into housing may be in an emotional place where it is more conducive to ask for help." One tenant at Patriot Place indicated that the recovery culture there can be alienating for people without a substance use disorder, and that may contribute to social isolation.

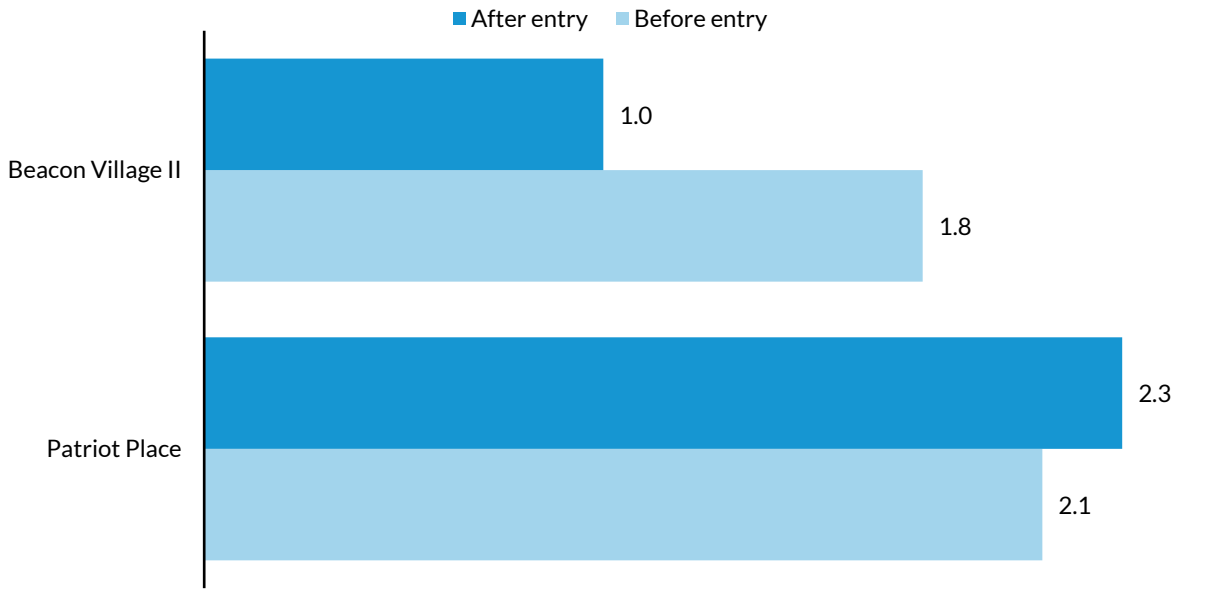
HEALTH CARE USE AND SPENDING

To assess the effect of supportive housing on health care use and access, we analyzed average annual trends in use and costs before and after tenants entered supportive housing. For Beacon II, we had access to all MO HealthNet reimbursed medical services tenants received from 2014 to 2016 from the Center for Health Policy. For Patriot Place, we had access to veterans' use of emergency rooms (ERs) in hospitals within Veterans Integrated Services Network (VISN) 15, which covers nearly all of Missouri, eastern Kansas, and western Indiana. ER visits were captured from two years before each veteran's move-in date through December 2017.

For tenants at Beacon Village II, the average number of ER visits declined from nearly two before entering supportive housing to one after entering supportive housing. For Patriot Place, tenants' average annual ER visits increased slightly after entering supportive housing, from 2.1 visits per year to 2.3 (figure 7). We know from interviews that some Patriot Place tenants had only recently moved to the area, so our analysis may be missing ER visits in other VISNs before entering Patriot Place. This may explain why Patriot Place tenants were slightly more likely to use ERs after entry.

FIGURE 7

Average Annual ER Visits of Patriot Place and Beacon Village II Tenants before and after Entering Supportive Housing



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Sources: Truman VA health records for Patriot Place from March 2014 to December 2017. MO HealthNet records for Beacon Village II from January 1, 2014 to December 31, 2016.

Average annual hospitalizations increased slightly, from 0.5 to 0.9, for Beacon Village II tenants after entering supportive housing (table 7). Though some studies have found that supportive housing increases tenants' use of outpatient medical care, such as visits to the doctor's office, Beacon Village II tenants had almost no change in the average annual number of office visits before and after entry. The average annual cost per patient in Medicaid billing went down more than $1,500. Even after this reduction, Beacon Village II tenants had higher health care costs than the comparison group of homeless people in families in Greene County. As noted earlier, Beacon Village II tenants also had much higher rates of a variety of physical and mental health conditions. We do not know precisely when families in the comparison group entered or exited homeless programs, so we cannot compare their costs before and after program entry.

TABLE 7

Annual Health Care Use and Costs before and after Entering Beacon Village II Relative to Comparison Group

	Before entry	While housed	Comparison group
Hospitalizations	0.5	0.9	N/A
Office visits	4.8	4.7	N/A
Costs	$7,578	$6,065	$3,570

Source: MO HealthNet claims data from 2014–16 compiled by the Center for Health Policy at the University of Minnesota.

Conclusion

With two sites only recently beginning to serve tenants and limited follow-up data from the more-established sites, it is too soon to draw any major conclusions about the impact of SMHH projects. Early outcome data show positive signs for housing stability, employment and income, functioning, and health care costs. Interviews with tenants consistently show the value of stable, quality housing in their lives. Many tenants expressed that their new apartments were the nicest place they have ever lived, and for some it was the first time they had ever had their own home. For some, having their own home has given them the space to begin addressing personal issues arising from traumatic histories or pursuing educational or career goals. However, other tenants have had a more difficult transition into supportive housing, struggling with social or geographic isolation as well as interpersonal conflicts with other tenants.

Our evaluation also highlighted challenges in developing and operating quality supportive housing for high-needs populations with potential relevance for state and national funders and policymakers. Supportive housing development is often referred to as a three-legged stool: projects require capital subsidies to help pay for the costs of construction, operating subsidies to help tenants with little to no income afford the rent on an ongoing basis, and supportive services funding to help tenants' successfully find and maintain housing and get connected to essential services (CSH 2013). Only one of the four SMHH projects had all three of these components firmly in place at the outset of the development process. Though all the projects received public funding, only Patriot Place had a dedicated subsidy to provide tenants with rental assistance for as long as they need it. This means that tenants in the other projects sometimes lacked the guaranteed rental assistance and case management that are central to supportive housing. Beacon Village II and Chloe Place provide tenants with rental assistance for 18 to 24 months through a rapid re-housing program, after which they needed to either pay the full rent or find assistance through a different program. The Berkshire Estates project provides

minimal services and has no dedicated operating subsidy. If tenants in their set-aside units receive rental assistance and case management it is through involvement in other programs.

Our evaluation suggests that fidelity to the supportive housing model should be a top concern for funders at all levels: federal, state, local, philanthropy, and the private sector. Monitoring program fidelity is especially important when funders and developers have little or no experience with supportive housing. Since subsidies for housing development are scarce, developers may be motivated to pursue whatever programs are available even if they do not necessarily have a plan for meeting all the funder's priorities. As supportive housing gains recognition as an evidence-based practice, it will hopefully attract more new funders like MFH. They will also need support evaluating applicants to assess the soundness of their projects and their capacity to deliver high-quality supportive housing. MFH made technical assistance, via CSH, available to grantees during the development process, but grantees for the most part were not interested. Since the SMHH grants were awarded, MFH has teamed with CSH to conduct Supportive Housing Institutes, which try to build the capacity of Missouri organizations to successfully develop and operate supportive housing projects.

MFH and other philanthropies providing one-time grants have limited leverage over developers after they make their awards. State housing finance agencies, the administrative agents for low-income housing tax credits, are in a stronger position to monitor the development of supportive housing projects. Tax credits are awarded through a competitive application process, and, like many states, Missouri's Qualified Application Plan gave special preferences to applications that set aside at least 10 percent of units to people with special needs, including people with physical, emotional, or developmental disabilities, people with mental illness, people experiencing homelessness, and youth aging out of foster care. The Missouri Housing Development Commission, in its qualified allocation plan for 2015, also gave preference to projects that provide "service enriched" housing to help residents with special needs satisfy basic needs and build a sense of community (MHDC 2014). All the SMHH projects except for Patriot Place received the competitive 9 percent tax credits, but the commission does not make public whether these projects receive the credits in part through these preferences. Though the Housing Development Commission does some monitoring to ensure that tenants meet income requirements and are charged appropriate rents, since it is not required to make public which of its projects receive "special needs" preferences. It is also not required to monitor whether these projects fulfill their commitments under these preferences.

Since our last report, the Missouri Housing Development Commission has stopped issuing state-funded tax credits amid concerns that the program was inefficient and lacked oversight. It will continue to award federal tax credits. This decision is reportedly already threatening affordable and supportive

housing developments across the state. As Missouri works on revising its system for funding affordable and supportive housing, it should consider how it can improve transparency in deciding which projects to fund and begin monitoring to make sure these projects live up to their commitments.

Our evaluation also highlights common challenges supportive housing staff face in the early stages of project implementation. One persistent challenge was balancing the goal of reserving a scarce resource (supportive housing) for those with the highest needs, with the need for a harmonious living environment for all tenants. Federal guidelines encourage providers to take a Housing First approach, which means not erecting barriers to housing, such as sobriety, minimum income standards, or clean credit, rental, or criminal histories. Some traditional homeless programs adopt a "housing ready" approach of requiring applicants to demonstrate that they are capable of independent living before moving into their own housing. The SMHH projects show there are practical challenges with either approach. Berkshire Estates has a housing-ready philosophy and a highly specific target population (older homeless veterans) that has prevented it, thus far, from leasing up all its set-aside special-needs units. The Kitchen is considering relaxing its eligibility rules around past evictions at Beacon Village II because it feels they may be screening out some of the families who would most benefit from the assistance. Though Truman VA and the Columbia Housing Authority have not implemented any new eligibility requirements at Patriot Place, Truman VA has begun taking a broader view of how to fill vacant units. It now looks not only at acuity of need but also at how well the applicant would respond to the environment there and how he or she would get along with other tenants. Similarly, staff at PFH reported that when they initially leased-up their first supportive housing project, they looked solely at acuity of need, but negative experiences led them to take a more balanced approach to leasing up Chloe Place.

Another common challenge was the relationship between supportive housing tenants and property managers. This was an issue in all the developments except for Chloe Place, where the property manager had a background in supportive housing. None of the other projects reported that property managers participated in cross-trainings with case managers or other partners. In addition, the initial property managers were not selected because they had the necessary experience, skills, or attitude for succeeding with tenants. This has created problems where tenants feel they are not respected by property managers and property managers feel that they do not have the necessary training to successfully interact with supportive housing tenants. We recommend that CSH and MFH look for ways to increase the capacity of local property managers through enhanced training and technical assistance. This could be accomplished either through training experienced property management companies on

how to successfully hire and train property managers to succeed in supportive housing projects or training experienced supportive housing providers on how to do property management themselves.

The initial outcomes for tenants in SMHH projects are positive. More than 80 percent of tenants stayed in housing for at least 12 months, average incomes went up, health care costs went down, and staff observed improvements in health and functioning. One concerning data point is that tenants generally did not report improvements in their own health, although staff report improvements in overall functioning and reductions in acuity of needs.

Our findings are consistent with other research on the impacts of supportive housing. In a meta-analysis of permanent supportive housing program evaluations for the Congressional Research Service, Perl and Bagalman (2015) found that most evaluations do not examine mental health outcomes and, of those that do, most do not find significant improvements in mental health following placement in supportive housing. The authors speculate that this is because many supportive housing tenants have chronic conditions that are unlikely to show significant improvements, at least over a short timeframe, and because, although stable housing removes one impediment to appropriate care, other barriers, including stigma and a lack of mental health providers, remain. Their review of the research also found that improvements in how supportive housing tenants rate their housing situation do not necessarily translate to improvements in how they rate their health of overall quality of life, particularly for tenants with cooccurring mental health diagnoses and substance use disorders.

Though supportive housing could be a platform for promoting better access to care and healthier lifestyles, independent living with minimal supervision can also present challenges for tenants with complex health conditions. Physical health is an understudied area in the research around supportive housing (Henwood et. al. 2013). What little research is available suggests that supportive housing programs are unlikely to produce improvements in physical health unless medical personnel are explicitly connected to the program. An evaluation of supportive housing for individuals with HIV/AIDS in San Francisco found that living in supportive housing properties with a nurse on-site increased tenants' T-cell counts and reduced their viral loads (Dobbins et al. 2016). Though another study of Housing First supportive housing programs that did not include a medical component found that tenants in these programs had higher mortality rates than a comparison group of homeless individuals (Henwood, Byrne, and Scriber 2015).

Our interviews with staff and tenants provide some insights into the promises and challenges of improving mental and physical health within a supportive housing environment. Although case managers were aware of tenants' health issues and tried to make connections to health care providers,

they did not regularly monitor critical health conditions and respond to emerging problems. Case managers were often aware of tenants' health problems, but waited to intervene until being asked to by tenants, at which point the needs had become quite severe. Similarly, some tenants reported that getting into housing improved their diet, sleep, exercise, and medication adherence, while others reported that the increased downtime they experienced after finding housing caused them to take up bad habits like smoking or drinking or that their new housing situation included new stressors, like conflicts with neighbors. In addition, chronic health conditions are very high for this population, and being in housing does not necessarily mitigate the risk of a relapse or worsening of these conditions.

In our final report, we will do a deeper dive into assessing and explaining the impacts of the Show Me Healthy Housing supportive housing projects on tenants' health. We will also include analysis of the impact of supportive housing on tenants' use of homeless programs and jails and arrests.

Appendix. HUD-VASH Recovery Scale

TABLE A.1

VASH Recovery Scale General Guidelines

Need dimension	1	2	3	4	5
1. Housing	Stable housing > (contact - monthly)	Stable housing (contact - twice a month)	HUD/VASH and Veteran actively working on housing stability/skill acquisition with veteran in VASH supportive housing (contact - weekly).	Housing situation is unstable and/or inadequate and requiring HUD/VASH intervention (admission into VASH and telephone weekly contact).	Homeless
2. Treatment/ rehabilitation participation	Veteran uses community resources and is ready to transition to other community-based treatment and support services.	Veteran has identified goals; veteran has achieved some recovery stated goals; veteran uses some community resources and has some supports.	Veteran has identified recovery stated goals; veteran has engaged with VASH staff and is working toward goals.	Veteran is minimally engaged with VASH staff; veteran is minimally engaged in identifying recovery stated goals.	Veteran is not engaged and does not want VASH services yet demonstrates need for VASH.
3. Use of medication	Veteran is not currently prescribed medication or takes medication as prescribed without VASH assistance > 12 months.	Veteran takes medication as prescribed without VASH assistance 6–12 months.	Veteran acknowledges benefit and is actively working toward taking medication as prescribed with VASH assistance.	Veteran acknowledges some benefit but requires VASH assistance and oversight to take medication as prescribed.	Veteran does not acknowledge benefit and is not taking medication as prescribed.
4. Psychiatric hospitalizations/ crisis management	Veteran uses crisis plan and skills without VASH assistance. No involuntary psychiatric hospitalizations > 12 months.	Veteran uses crisis plan and skills without assistance. No involuntary psychiatric hospitalizations or ER presentations 6–12 months.	Veteran is engaged in identifying and developing needed coping skills; 1–3 psychiatric hospitalizations and/or ER visits w/in 12 months.	Veteran is minimally engaged in coping skill development; 4+ psychiatric hospitalizations and/or ER visits w/in 12 months.	Veteran is not engaged in coping skill development; 4+ psychiatric hospitalizations and/or ER visits w/in 12 months.
5. Substance abuse	Veteran does not have history of substance abuse or has not abused substances > 12 months.	Veteran has not abused substances 6–12 months. Actively engaged in SA treatment and/or sober community supports.	Veteran is practicing harm reduction and engaged in SA treatment with VASH assistance.	Veteran has intermittent episodes of substance abuse and minimally	Veteran is not ready to engage in SA treatment and actively abusing substances.

Need dimension	1	2	3	4	5
				engaged with SA treatment.	
6. Community integration	Veteran functions in community, accesses community resources, and utilizes natural supports, and/or veteran works or volunteers in the community without VASH assistance.	Veteran functions in the community, accesses community resources, utilizes natural supports, and may work/volunteer in the community with minimal VASH assistance.	Veteran has difficulty socializing in the community, accessing community resources, or utilizing natural supports w/out moderate VASH assistance.	Veteran requires on-going VASH assistance to function in the community, has difficulty accessing community resources, or utilizing natural supports w/out VASH assistance.	Veteran requires maximum VASH intervention to function in the community.
7. Interpersonal relationships	Veteran has healthy relationships with family/friends and demonstrates appropriate interpersonal skills in social settings.	Veteran is actively developing healthy relationships with family and friends; their interpersonal skills are uneven in social settings.	Veteran is learning to develop and maintain relationships with family and/or friends and is improving interpersonal skills.	Veteran has unhealthy relationships with family/friends; interpersonal skills are limited but is engaged with VASH on addressing skill building.	Veteran is estranged from family/friends; poor interpersonal skills including at-risk behaviors.
8. Self-care and community living	Acts independently, self-sufficient, and/or has appropriate supports in place to assist with self-care.	Needs some verbal advice or guidance. May need reminders but can manage ADLs. Has supports in place to assist with self-care.	Needs some physical help or assistance. Has some ADL skills.	Needs substantial help. Has minimal ADL skills.	Unable/unwilling to act independently, totally dependent. Has no ADL skills.
9. Crisis incidents/danger to self or others	No reported incidents >12 months. Good insight and management of high-risk behaviors.	No reported incidents 6–12 months. Improved management of high-risk behaviors.	No reported incidents 3–6 months. May still be reporting minor incidents. Better management of high-risk behaviors.	Reported incidents occur with less frequency. May still be reporting some serious incidents. Reduction in high-risk behaviors.	Impulse control very challenged/frequent reported incidents/ some may be serious. Engages in high-risk behaviors.

Need dimension	1	2	3	4	5
10. Forensic	May be on parole or probation status in good standing, but no negative encounters with criminal justice system > 12 months.	May be on parole or probation status but no negative encounters with criminal justice system 6–12 months.	May be on parole or probation status with minimal negative encounters with criminal justice system for 3–6 months.	May be on parole or probation and has had negative encounters with criminal justice system within last 12 mos. May be actively engaged in illegal activity.	Has been incarcerated within the last 12 months.
11. Education vocational/social activities	Veteran is engaged in appropriate level given capacity, desire, and availability of options.	Veteran desires to be engaged in appropriate level given capacity, desire, and availability of options.	Veteran is open to engagement in appropriate level of activity.	Options have been presented to veteran and there is availability of resources.	Veteran is not ready to have a dialogue regarding interests, options and resources.
12. Health/medical status	Documented ability to manage and follow-up with medical treatment recommendations/regimens > 12 months.	Acute or chronic illness and most times compliant with medical treatment recommendations/regimens 6–12 months.	Acute or chronic illness and sometimes compliant. Requires VASH to monitor and remind or medical crisis may occur related to psychiatric condition.	Acute or chronic illness and not adhering to medical treatment recommendations as a result of psychiatric condition.	Acute or chronic illness mismanagement directly related to psychiatric condition.
SUMMARY SCALE -- Readiness for Transition from Intensive Level of Care to Maintenance Level of Care within the VASH Program If the veteran's Recovery Scale rating is 1 in dimensions 1, 3, 4, 5, 9, 10, and 11, and at least 2 in dimensions 2, 6, 7, 8, and 12 for 12 consecutive months, at face to face monthly visits, the client may be successfully transitioned from VASH Intensive Level of Services to the Maintenance Level of Care.					

Note: ADL = Activities of Daily Living; SA = substance abuse.

Notes

1. Program data for Chloe Place tenants was not available in time for this report.
2. These income requirements are posted on the Chloe Place Apartments website: http://www.chloeplace.com/.
3. Retention rates are based on analysis of program data from Beacon Village II and Patriot Place interviews. Of the households who exited the program, two remain housed in their apartments and switched to another housing program. Chloe Place and Berkshire Estates are not included because all tenants had moved in within the last six months.
4. Fewer than 10 percent of children in either group had any of the other diagnoses (e.g., PTSD, anxiety) included in figure 2.
5. "Promoting Oral Health," Missouri Foundation for Health, accessed February 7, 2018, https://mffh.org/our-focus/oral-health/.
6. We did not receive tenants' scores within each domain of the recovery scale for this evaluation.
7. See appendix for a copy of the HUD-VASH Recovery Scale.

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