Program and Service-level Collaboration

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WHERE'S THE CASH (CENTRALIZED ACCESS TO SUPPORTED HOUSING)?: EVALUATION OF A SINGLE POINT OF ACCESS TO SUPPORTED HOUSING

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Since the 1980s homelessness has been and continues to be a significant concern throughout Canada. The number of people experiencing homelessness in Canada is estimated to be 235,000 (Gaetz, Gulliver & Richter, 2014). Like other cities in Canada, the City of Victoria is grappling with issues of homelessness. There are more than 1,700 people who experience homelessness in one year and more than 1,000 people in need of permanent housing on a single night (Pauly, Cross, Vallance, Winn-Williams & Styles, 2013). Emergency shelter beds are often oversubscribed and capacity in recent years has been at 111% due to the use of additional mats on the floor in emergency shelters.

Addressing homelessness requires a multi-sectorial response with engagement of multiple partners. A key response to homelessness in many jurisdictions is the development of coalitions and 10-year plans to end homelessness. Such efforts were initiated in Victoria following a 2007 City of Victoria mayor's task force on breaking the cycle of homelessness, mental illness and addictions and the formation of the Greater Victoria Coalition to End Homelessness (GVCEH) in 2008. The GVCEH consists of over 50 agencies and corporate partners including municipal and community links with responsibility for the development of a plan to end homelessness by 2018. A key tenet of this and many other plans to end homelessness across Canada is the adoption of the principles of Housing First. These principles are "immediate access to permanent housing with no housing readiness requirements; consumer choice and self-determination; individualized, recovery-oriented and client driven supports; harm reduction and social and community integration" (Homeless Hub, 2015).

Housing First principles provide a philosophical orientation that can be integrated into a wide range of homelessness programs if the aim is to end homelessness. While Housing First programs are often premised on access to market housing, Housing First principles can be incorporated into social and supported housing programs, thus increasing opportunities for permanent housing and providing client choice in type of housing.

Direct access to market housing in Victoria is often challenging. Market units are unaffordable and unavailable for people experiencing homelessness and

those living on low incomes including those working for minimum wages or on social assistance (Pauly et al., 2013). As a result, an essential resource for people who are homeless or at risk of homelessness is access to social[1] and supported housing[2]. As of March 31, 2013 the waiting list for social housing in Victoria was 1,477 (Pauly et al., 2013). The number of people on the waiting list for social housing has remained relatively stable since 2006. Further, in order to access social and supported housing, individuals and families must navigate a complex and fragmented maze of services and resources (Albert, Pauly, Cross & Cooper, 2014; Pauly et al., 2013). For example, supported housing providers may have their own referral process, admission criteria and waiting lists often resulting in confusion and frustration for clients. In addition, clients are often required to access multiple income support services as well as health and other social services. To further complicate the situation when housing resources are limited and overprescribed, individuals may experience extended waiting periods on social housing lists for months or even years and in some cases never receiving housing.

"I had to actually ask what CASH stood for, and that was just a month ago. But when they said 'CASH referral,' I didn't know that it was an acronym, so I'm thinking cash referral, I'm thinking, okay, cool!"
– A client participant

In an attempt to increase access to housing, centralized intake or 'single point access' programs have been developed in the United States and the United Kingdom. The rationale for these programs is that a single point of entry to services provides individuals with easier access to information and needed supports in a timely way while providing more effective use of limited resources (Gaetz et al., 2014). Centralized services may include housing, case coordination, assertive case management or other health care services. In 2012, CASH (Centralized Access to Supported Housing) was established to improve equity in access to supported housing in Victoria.

In this chapter, our purpose is to describe the CASH program and provide an overview of the findings and insights from an initial program evaluation. We begin with some background on centralized programs, a description of the CASH program and our approach to evaluation. We then present the findings and discuss their implications and recommendations for improving such programs.

1. Social housing generally refers to housing whose rents are reduced through government subsidy. Here social housing refers to housing provided through the BC Housing Management Corporation.
2. Supported housing is defined here as a specialized form of social housing that integrates tenancy and onsite support services often seeking to house and support people with mental health and/or substance use concerns.

BACKGROUND

According to the United States Department of Housing and Urban Development (HUD), central intake has numerous potential benefits for service seekers, service agencies and planners (2010). For service seekers, a single point of access may simplify and accelerate access to the most useful services; for agencies it may provide an ongoing source of referrals, a clear picture of client needs, support interagency collaboration and reduce overlapping service functions and provide decision makers and funders with accurate information that will assist them in more effective service planning and provide data to support future service planning (HUD, 2010). A benefit of centralized intake services is the use of a common assessment instrument to collect information that is held in a single location. The Rapid Rehousing for Families Demonstration program in the United States in 2008 used a centralized intake tool because of the potential benefits to individuals and the system (HUD, 2010).

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Burt and Wilkins (2012) suggest that coordinating access to supported housing for people who have experienced chronic homelessness can improve efficiencies and access to available housing. Further, Burt (2015) suggests that coordinating housing among a suite of care services for people who experience chronic homelessness may improve health outcomes and reduce the cost of care. A 'coordinated entry system' for accessing housing piloted in Los Angeles is emerging on the national level in the Housing for Health program within the Department of Health Services in the United States. Burt cautions that such coordinated efforts among service providers must however offer "an expanded supply of housing options… to find the best fit between homeless people with the greatest needs and the available housing options" (2015: 59). To our knowledge coordinated entry system efforts have not yet been evaluated.

In Canada, the Access Point[3], formerly known as Access 1 and the Coordinated Access to Supported Housing program, is operated by the City of Toronto Mental Health and Addictions services. The Access Point (accesspoint.ca) is a single online site where individuals who may be homeless and experiencing mental health and addictions issues or a professional working with them may apply for supported housing and assertive case management services in the Greater Toronto Area. The Access Point coordinates access to 4,000 housing units ranging from shared rooms in licensed boarding home situations to independent living in scattered site apartments. The Access Point has 20 staff and a budget in excess of $1M annually. Centralized access programs provide access to a range of housing types including access to market housing and programs which may or may not operate in accordance with Housing First principles.

Given the long waiting list in Victoria for social housing, it is clear that availability of this resource is limited for those who require only low cost housing. Further, there is limited availability of supported housing for people experiencing mental health and substance use concerns. Two previous attempts at coordinating access to supported housing in Victoria were abandoned, in part due to lack of access to a supply of social and supported housing. In an effort to improve access and efficient use of an extremely limited resource, supported housing units, service providers developed CASH in 2011 through the Service Integration Working Group (SIWG) of the GVCEH. The Victoria CASH program was launched in May 2012 and is funded and staffed by Island Health, one of seven regional health authorities in BC.

3. Please see theaccesspoint.ca for more information.

In early 2014, the authors were invited to undertake an evaluation of the CASH program in Victoria, BC. The focus of this evaluation was to provide feedback on the extent to which the CASH program objectives were being met and provide recommendations for improvements. Before describing the evaluation approach and findings, we provide an overview of the CASH program.

PROGRAM DESCRIPTION

The primary goal of CASH is to "streamline access to supported housing with a fair and equitable process for all people seeking… supported housing[4] in the Greater Victoria area" (Centralized Access to Supported Housing, 2013). Through a "cross-organizational hub"[5] format CASH staff coordinate referrals and facilitate placement of wait-listed participants in approximately 976 supported housing units in Greater Victoria. The vast majority of supported housing that is part of CASH is provided by six not-for-profit housing/support agencies. CASH includes the Streets to Homes program which provides housing and supports through 120 rent supplements to individuals placed in market housing. Streets to Homes is described as a Housing First program.

The objectives of the CASH program are:

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

The CASH program operates under a memorandum of understanding (MOU) between housing providers and Island Health, the local recipient of provincial health funding. The advisory committee oversees CASH, responding to challenges and changes in the operating environment. The advisory group consists of a senior manager from CASH partners and an Island Health representative responsible for the CASH program. The selection committee is comprised of managers/coordinators from partner agencies. Each provider is encouraged to have a staff person attend selection committee. Generally, three or four housing provider representatives attend selection committee meetings. Thus, the selection committee may have different partner agency representatives at each meeting with the exception of Island Health and CASH coordinating staff who attend all meetings.

The CASH office is co-located with two other Island Health programs near the downtown core of Victoria. The CASH program has three full-time staff members employed by Island Health. The office assistant manages the client database and waiting lists. A social program officer and occupational therapist 'facilitators' receive and ensure completeness of referrals, gather collateral information as required and present individual cases at selection committee meetings.

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

5. 'Cross organizational hub' means that the CASH program is the centre point through which the wait-listing process for supported housing is provided through the six partner agencies.

Selection and Wait-listing Process

The selection committee meets twice weekly totaling approximately four hours a week. Generally, six to eight referrals are reviewed at each meeting. Facilitators present details of the case. At the end of the case presentation and discussion, a decision is made to wait-list or not wait-list the client. Files of clients not wait-listed may be closed or, if new information comes from the community, amended and re-reviewed. Individuals who are not wait-listed may also be re-referred should their circumstances change. If the client is selected for wait-listing he or she is placed on those waiting lists that, in the opinion of the selection committee, best support the client. Committee members confer and come to an agreed upon score for each application on a scale of zero to 80 representing the level of client need and likelihood the client will benefit from supported housing services. The score determines the individual's place on the waiting list. Occasionally, only one program may be considered appropriate for a specific client based on the match between client needs and a particular housing program's supports. Generally, referrals are dealt with chronologically; however, individuals who are hospitalized at the time of referral[6] are prioritized for selection committee. Thus, the application of an individual who is in hospital will be finalized and reviewed at selection committee ahead of other referrals. If approved these applications enter the waiting list in the same way as other community referrals.

Each application on the waiting list is reviewed every three months to ensure that the client is still in need of supported housing. If the client has found other accommodation, has not been in contact with the referral agent or for other reasons no longer needs supported housing the application is closed and removed from the waiting list. In essence, clients are placed onto a waiting list and prioritized for supported housing when it becomes available.

OBJECTIVES OF THE EVALUATION

The objectives of the evaluation were:

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

Committee members confer and come to an agreed upon score for each application on a scale of zero to 80 representing the level of client need and likelihood the client will benefit from supported housing services.

6. Individuals may be in in-patient psychiatric care or acute care.

METHODOLOGY

Case study designs are characterized by drawing on multiple sources of data and inclusion of the sociopolitical context to better understand how the program operates and provide a useful framework for findings (Baxter & Jack, 2008).

A descriptive case study design was employed with the unit of analysis being the CASH program. Case studies aim to understand how phenomena operate in the real world (Stake, 1994; 2005) by accounting for the circumstances or context in which they are being implemented. Our interest was in evaluating CASH, a central registry for supported housing, and how such a registry operates within the broader sociopolitical and economic context of Victoria, BC. Case study designs are characterized by drawing on multiple sources of data and inclusion of the sociopolitical context to better understand how the program operates and provide a useful framework for findings (Baxter & Jack, 2008). Pauly, Wallace & Perkin (2014) argue that case study designs are appropriate for evaluating services for people who are homeless as the sociopolitical, historical and economic context that influence program operations may be taken into account rather than simply blaming programs and participants for lack of success. Further, these authors suggest that inclusion of user voices in case study-based evaluation can contribute important understandings of the program's operation and context (Pauly, Janzen & Wallace, 2013).

DATA SOURCES

For the evaluation we drew on multiple data sources including a series of 30 individual interviews, participant observations of CASH meetings and CASH program documents including program statistics. One researcher observed five meetings of the selection committee over a period of six weeks during December 2014 and January 2015. All participant interviews were audiotaped and transcribed verbatim. The data were coded line by line and analyzed inductively (Thorne, 1997) to elicit themes and gain an overall understanding of the current operation and outcomes of the CASH program. Thematic interpretation is enhanced and augmented by observations of selection committee proceedings and program data. The findings are situated within the sociopolitical and economic context of housing in Greater Victoria to further augment understanding of the CASH program and the extent to which it is meeting its objectives.

Participant Recruitment

Client participants were recruited through posters placed at several agencies serving people who experience homelessness. Interview opportunities were scheduled at each agency and clients indicated a willingness to participate by presenting themselves to the interviewers. Referral agents, housing providers, community and funding partners were recruited by email through a third party. These individuals indicated their willingness to participate by contacting the interviewers by email. Interviews were conducted at a convenient and private location of the participant's choice most often their office or a room at the GVCEH.

Participants

Thirty semi-structured individual face-to-face interviews were conducted lasting from 20 to 75 minutes. Participants came from all major CASH stakeholder groups. Interviews focused on program knowledge, experiences and suggestions for program enhancements.

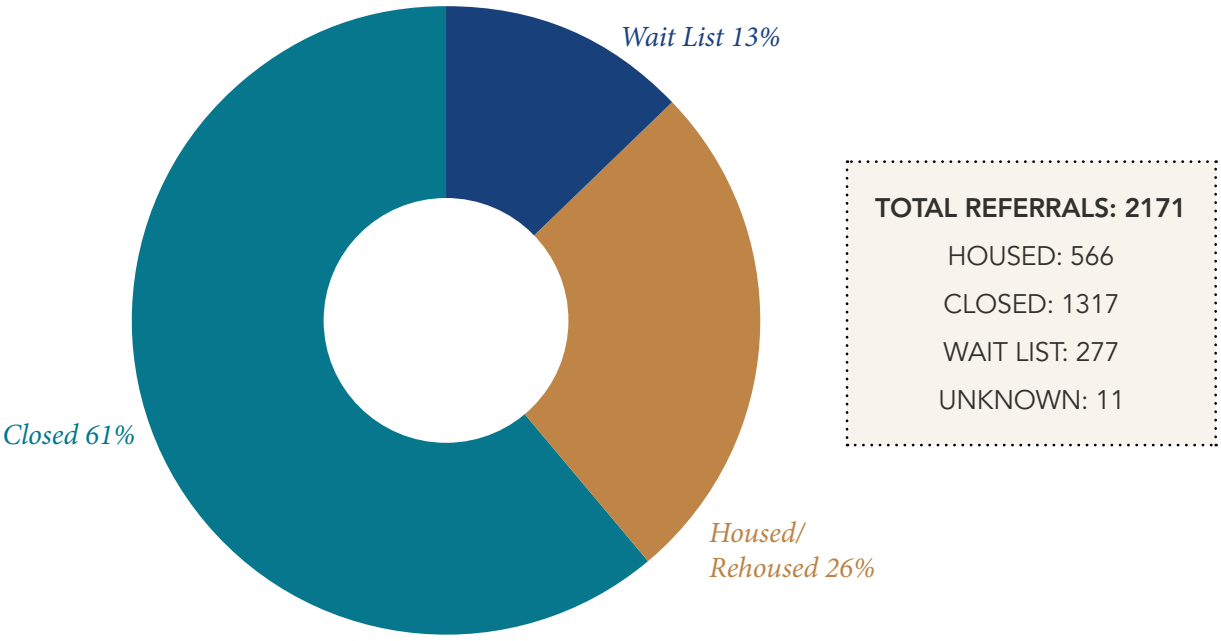
There were nine client participants with five identifying as male and four as female. They ranged in age from 31 to 60 years. Seven client participants identified as Caucasian, one as Aboriginal and one as other (Black, Asian or from Southern India). Clients were primarily staying at a shelter at the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

The remaining stakeholders came from four groups including referral agents (eight), housing providers (seven), funding and community partners (three) and CASH staff. Eleven identified as female and nine as male. All were currently employed by either government or a not-for-profit social service agency.

Findings

During the three year period from June 1, 2012 to May 31, 2015, 2,171 referrals were received and assessed for placement on the waiting list. Of those referrals, 566 people were eventually housed and 1,317 referrals closed (see Figure 1). At the end of this period, there were 277 individuals (or 13% of all of those referred) on the CASH waiting list. The outcome of 11 applications is unknown. It is of note that 25% of those housed through the CASH process were already living in supported housing at the time of placement.

FIGURE 1 *CASH Referrals (June 1 2012 - May 31, 2015)*



OUTCOMES OF THREE YEARS OF CASH REFERRALS

In the analysis, several themes emerged from interviews, observations and document analysis. These themes are: one, CASH: A housing waiting list or a housing program?; two, CASH is a ticket in a supported housing lottery; three, CASH aims to be a fair and equitable process; four, lack of client engagement in the CASH process; and five, having CASH is better than not having CASH.

1. CASH: A housing waiting list or a housing program?

As described above, CASH provides access to a waiting list for housing. Housing providers may choose among several prospective tenants for each vacancy and thus make the final decision as to who is housed. It is not within the mandate of CASH to direct a provider to house any specific individual. Though this distinction is well understood by those closely involved with CASH, it likely creates confusion for others as documentation often refers to "accessing housing" rather than accessing the waiting list.

Through interviews and observations, it emerged that there was often a lack of understanding, information and transparency about the CASH program among users affecting their satisfaction with the program. One referral agent observed," CASH sometimes is thought of by people, both [those who] refer to it but certainly some clients, as this omnipresent beast that has tremendous housing, where technically it has no housing it's just a referral system." The referrer continued, "For the average person CASH becomes… housing. "I'm going to get housed through CASH.'"

The exact nature of CASH processes, where CASH is located, who the staff are and how the program operates was not entirely clear to many participants, particularly referral agents and clients. Among referring agents and housing providers there was reasonably clear knowledge of their role in the referral process but some referral agents did not know where the CASH office is located or had met CASH staff. One participant wryly noted, "CASH… that secret room in their secret building."

A majority of participants expressed a hope and indeed a belief that the wait-listing process was transparent. However, several admitted concerns around the application, review and process at selection committee. According to one referrer:

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

Many referral agents were not aware they could observe selection committee if they chose to do so. Basic information is available on the website yet critical processes such as information about review and selection seem difficult to discern. Few clients or referral agents knew of the CASH website or, if aware, used it. Others knew about the site but did not find it helpful. Though staff do outreach to various agencies to discuss the program, referral agents often lacked detailed information leading to questions of fairness in the wait-listing process.

For clients, what they believe CASH to be often varied greatly from reality. At best, clients knew a form needed to be filled out by a worker and that he or she would be placed on a waiting list for housing. A client participant noted:

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

Most were unclear as to which agencies formed CASH and since clients may be placed in market housing through the Streets to Homes program, were very confused about which housing was part of CASH and what was not part of CASH. Generally, only referral agents may find out where an individual sits on a particular waiting list and must do so either by emailing or calling CASH. The website does not allow access to waiting lists for referral agents or clients.

We reviewed the length of time for each segment of the CASH process. We identified the median number of days from the time a referral is received until the client is wait-listed and until the client is housed. It may take up to 125 days for a decision to be made on a referral. Some referrals may never reach selection committee and others may be closed after review by the selection committee. The median number of days from receipt of referral to housed is 240 days. Clients must seek out the worker who referred them to receive updates on their waiting list status. This was challenging given the competing priorities facing clients with many opportunities for clients to be lost while in the wait-list process.

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In general, the CASH process was seen as lacking transparency, being slow and bureaucratic. A client reflected on his wait-list journey:

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

This highlights the importance of providing information and transparency about what the program is and how it works but also the importance of clients and referrers having access to information about the status of their application.

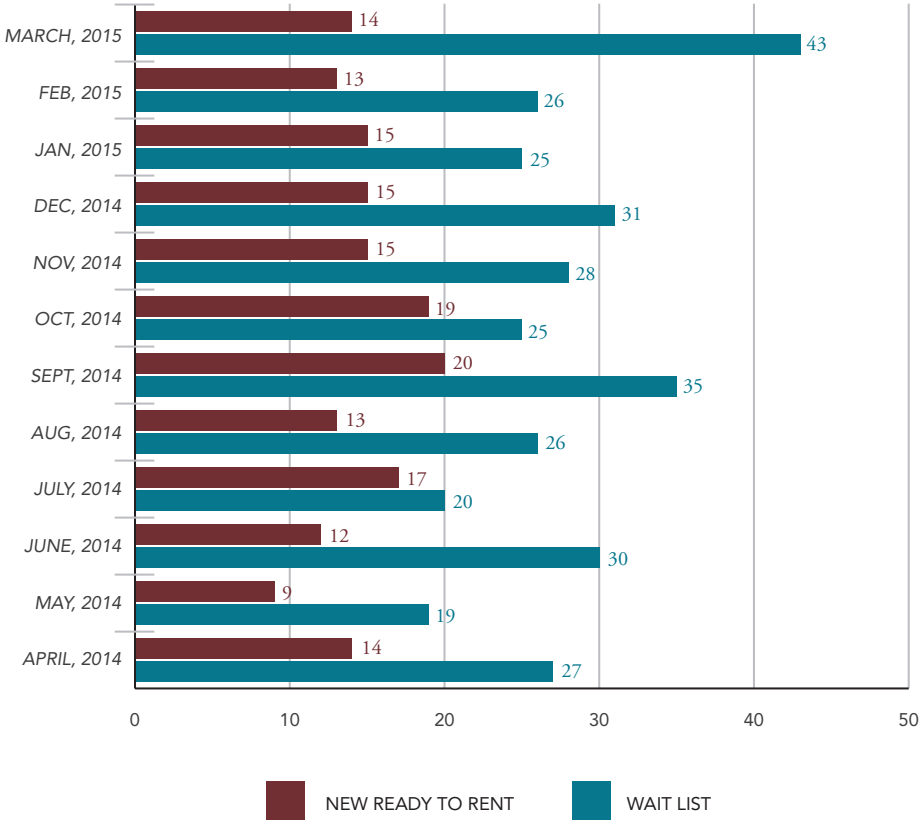
2. CASH: A ticket in a supported housing lottery

Current market conditions require that potential tenants pay more than 30% of their income on rent, making market housing unaffordable and market housing especially in the less than $700 range have a vacancy rate of about one percent (Pauly et al., 2013).

Every participant noted the lack of safe, adequate, affordable housing in the Greater Victoria area as a concern impacting homelessness and as essential to solving homelessness. Current market conditions require that potential tenants pay more than 30% of their income on rent, making market housing unaffordable and market housing, especially in the less than $700 range, have a vacancy rate of about one percent (Pauly et al., 2013). Supported housing is subsidized by government making rents affordable for individuals on various forms of income assistance and those who qualify for supported housing.

For the 2014/15 year, there were approximately 50 CASH referrals per month. Of those 50 referrals, approximately 28 referrals per month were wait-listed. In contrast, there were approximately 14–15 ready to rent supported housing spaces available on average per month (see Figure 2, below). Thus, the number of people being wait-listed per month exceeds the overall number of units available. As a result, there is an ongoing waiting list and inability to directly house people who are referred and met the criteria for placement.

FIGURE 2 *Number of People Wait-listed Compared to Vacancies Month by Month (2014/15)*



CASH then sits at the intersection of an affordable market housing crisis and access to supported housing. It is not surprising then that according to one CASH partner, "we are dealing with a housing stock that has a probably zero vacancy rate."[7] This means CASH must function in the untenable but required position of deciding who among an enormous group of those in desperate need should go on a list to wait for the prospect of receiving housing. One participant suggested the CASH process was more a "lottery for housing" rather than a process to obtain housing.

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

3. CASH aims to be a fair and equitable process

Prior to the initiation of the CASH program in 2012 many providers kept individual waiting lists for their housing programs. Referral agents often depended on relationships with individual housing providers to facilitate housing placement. This could sometimes mean that a client with a strong advocate was housed before an individual on a provider's waiting list without such a person. Thus, access to housing was considered unequal at times. Separating referral and selection processes is aimed at promoting fairness and equity by removing referral agent ability to advocate for individual clients and facilitate appropriate matching of clients with a housing program. One result of this change is that referral agents often feel disconnected from CASH processes and unable to fulfill the advocacy role that is central to frontline work. Without this role referrers are often extraordinarily concerned with completing CASH forms in a way that will present their client as suitable for supported housing,

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

At selection committee, client files are reviewed and specific housing sites are recommended. A decision to wait-list or not wait-list is made at that time. Applications are scored to determine where each client sits on the waiting list. Clients with high needs and scoring in the range of 60–80 during the selection process are prioritized for housing placement. This means that a client placed on the waiting list today

7. One provider experiences a significant vacancy rate due to the transitional nature of their housing stock and difficulties locating wait-listed potential tenants quickly when vacancies arise. Individuals wait-listed for this program are often those who are staying in shelters or living outside and who may have no means of contact other than face-to-face interaction.

with a higher score will have a greater likelihood of being housed than someone who scores lower and who has been on the waiting list for six months or even two years. Scoring process at selection committee is "a best guess" according to one participant, based on all the available information. This includes information on the referral form, collateral information gathered by the facilitators, how a particular client is evaluated against scoring criteria and any knowledge a member may have of a particular client. Clients with lower scores and thus lower needs can remain on the waiting list for extended periods and may be unlikely ever to receive housing.[8] This reflects a process that prioritizes those with the greatest needs over first come first serve as the basis of fairness and equity.

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

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

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

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

8. Clients who score lower, i.e. have lower needs, may be wait-listed for the Streets to Homes program, designed for those who can live in market housing with fewer supports.

4. Lack of client engagement in the CASH process

The CASH process lacks client involvement and choice. Participants across all sectors made note there was no place for clients in the CASH process. As one provider observed, "there is a lack of humanity… [CASH] eliminates the humanness side of it. And it just becomes a system and a number." Participants felt there should be a clear role for clients 'at the table' such as stating their case at selection committee, filling out the application form or accessing information on their wait-list status from their website or through other means. Notably, at the Access Point[9] program in Toronto, clients may fill out application forms online and begin the process of accessing supported housing and case management services. Access Point staff contact applicants directly to collect collateral information if necessary and individuals may either call or visit Access Point offices at any point to see the status of their application. Further, a client resource group (CRG) meets several times a year to provide input and feedback on Access Point services, processes and proposals for service changes.

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

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

Or as another referral agent noted: "Is all this information really critical to make a final decision when it's a crapshoot [for housing] afterwards anyway?" Several participants expressed a concern about the potential for trauma and retriggering of trauma as part of the CASH referral process:

> *Not respecting the amount of trauma and emotional conflict that comes up when [they] constantly tell their life story over again. We're re-traumatizing them… and we're not even giving any supports after. I don't necessarily have the time… to properly debrief this person. Do I have the mental health resources to help them if I've now triggered their PTSD or whatever? And I've taken this information and can't really guarantee that it's going to be completely confidential. Now there's 10 other people sitting around reading their story.*

9. The Access Point information was gathered either from the website at theaccesspoint.ca or in conversation with Linda Brett, Access Point team leader, May 29, 2015.

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

5. Having CASH is better than not having CASH

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

Bringing a range of housing providers to the table to work together has been an unexpected and valuable outcome of the CASH program according to one provider:

> *I think it's created a much improved relationship between housing providers because they're all part of the selection process and… the advisory committee. So I think that that's really been a benefit to develop those relationships with the different housing providers.*

A community partner offered:

> *I think the relationship between the housing providers and the health authority has strengthened… they're working together so much through CASH… I think the health authority has probably gained knowledge from the housing providers too. So I think there's been a deeper understanding both ways.*

A community partner summed his appreciation for the different way of working that the CASH program represents as follows:

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

DISCUSSION

CASH currently provides access to a waiting list of 976 supported housing units for people with mental health and addictions concerns who are homeless or at-risk of homelessness through six partner agencies in the Greater Victoria area. Given that referrals already come through community agencies that provide supports, the provision of supports is not part of the CASH referral process. CASH may be more clearly termed a referral process to access the waiting list for supported housing rather than a process to access supported housing. This subtle yet important distinction may further clarify and distinguish the role CASH plays in accessing supported housing. CASH then is a collaborative process that allocates a limited housing stock. Moving between housing sites, while potentially increasing efficiencies by achieving an ongoing better fit between client and level of support offered, does not result in increased vacancies.

Given the lack of supported housing, CASH offers a wait-listing service for those who seek supported housing. It does not offer direct access to housing or other programming. Streets to Homes, deemed to be a Housing First program, is a part of the CASH program and access to Streets to Homes is managed through the CASH referral process. CASH was not set up as a Housing First program. Given the current housing context in Victoria, it would be impossible for CASH to meet Housing First principles of directly placing people in housing or providing clients choice of placement into permanent housing.

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Chief among the challenges CASH faces is a lack of affordable housing in Victoria, including a range of models and types of housing from supportive housing to market housing. Indeed, the need for more affordable housing was highlighted by all participants in this review and is consistent with previous research emphasizing the need for affordable housing to address the problem of homelessness (Pauly et al., 2013). Only adding new supported housing, new affordable housing stock or increasing rental supplements will effectively accelerate the CASH process or improve outcomes. Thus, we conclude that in order to be successful in contributing to ending homelessness, centralized access programs need to be coupled with an available and affordable supply of housing. This points to important questions about the role of CASH partners and other centralized programs in lobbying and advocating for increased investment in social, supported and affordable housing.

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

The overall CASH waiting list is extremely long and there is often little movement, especially for sites that are suitable for many individuals. Obtaining housing once wait-listed is most often achieved by applicants designated as high needs. Those assessed with either very high or low needs are unlikely to obtain housing.

The CASH program is not well understood. Referral agents, clients and some providers lacked a clear understanding of CASH processes and processes are not transparent. As staff are the main interface with CASH, they must often deal with referral agent questions, concerns and frustrations with the wait-listing process. Staff also receive and respond to inquiries from client family members and the general public regarding the program. CASH staff were overwhelmingly viewed as doing their utmost with limited resources. Several referral agents and clients viewed a comprehensive and interactive website where they could find more information and where clients might check their wait-list status as one way CASH may be more transparent and accessible. Clearly, there is a need for attention to communication of program information and education about programs. In the CASH program, outreach by staff as well as opportunities to attend the selection committee were important strategies for providing awareness and education about the program. However, more is needed including printed materials and virtual resources such as a website that has detailed information about the process, provides FAQs and access to information about the status of applications for clients and referrers.

A significant concern for many participants is the lack of client involvement in CASH processes. There is no avenue for client input in the CASH process other than providing information at the time of completing the referral form. Indepth medical and social history information, that may require individuals to relive traumatic experiences, is gathered and shared among various individuals many of whom the client has never and may never meet. Completing the referral form is the only way to apply for supported housing. Thus, individuals are placed in the extraordinary position of enduring further trauma to gain a glimmer of hope that they will obtain the housing and supports they desperately need. As CASH is not an agile process there is little room for extraordinary situations or seizing opportunities that may arise.

Recent developments in HIV/AIDS (UNAIDS, 1999), substance use (Jurgens, 2005) and homelessness (Barrow, McMullin, Tripp & Tsemberis, 2007; Norman & Pauly, 2013; Owen, 2009) establish a view that services should be inclusive, designed and delivered in partnership with service users. The "nothing about us without us" motto developed by HIV/AIDS groups has been further taken up by peer-run organizations of people who use drugs and currently by people with lived experiences of homelessness. Increasingly, social inclusion and the right to participate in program development is being implemented as part of best practices in service provision and consistent with Housing First principles.

There are myriad ways that people who seek supported housing could be involved in CASH processes. Clients should have access to information about the status of their application and could be involved in redesigning CASH processes to be sensitive to client needs. With client input, referral forms and processes could be reviewed with a view to limiting information collected to only that most crucial for deciding waiting list placement. A balance should be sought between individual privacy rights and the need for adequate information to decide the most appropriate waiting list placement. A process for access to other types of referrals for those not deemed eligible for CASH should be given consideration. For CASH and any program, processes of meaningful client inclusion can and should be developed as part of the program.

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

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CONCLUSION

The primary question to be answered in this evaluation was: to what degree is CASH meeting its stated objectives? CASH clearly meets two of its stated objectives (a single housing application/access point and "any door is the right door" for submitting referrals). Several other objectives – a transparent and clear selection and referral process, timely referrals and efficient use of supported housing resources – are only partially met. This result stems from an intersection of four factors: a lack of affordable and supported housing, an unwieldy referral and wait-listing process, an absence of detailed information around waiting list processes and lack of client involvement and participation. We were unable to determine if housing providers are sharing best practices in delivering supported housing; however, there is evidence of enhanced relationships and collaboration among housing providers. Clearly, in the absence of an affordable supply of housing, it is impossible to align with critical Housing First principles such as direct and immediate access to housing, client choice and self-determination. However, principles of social inclusion and client participation could and should be incorporated given that such programs directly impact clients' lives.

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