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OMNI



Boulder County Pathways to Housing Stability End of Grant Report



Boulder County Pathways to Housing Stability Report

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Boulder County Community Services
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For More Information:

Project Code: BCPHS
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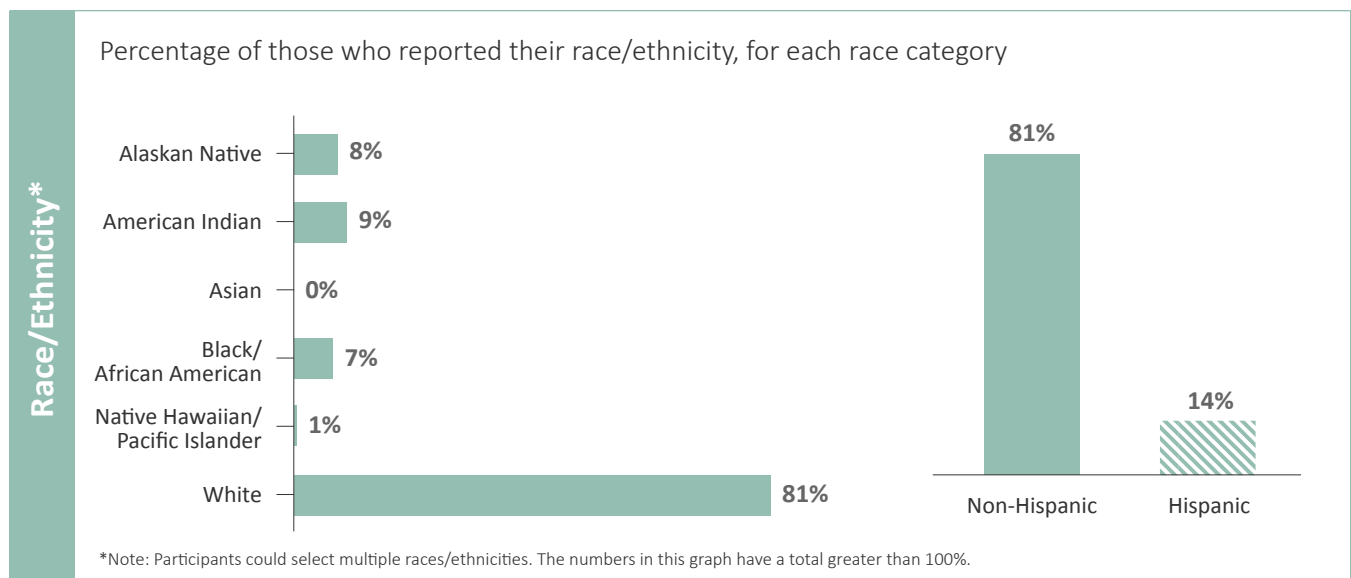
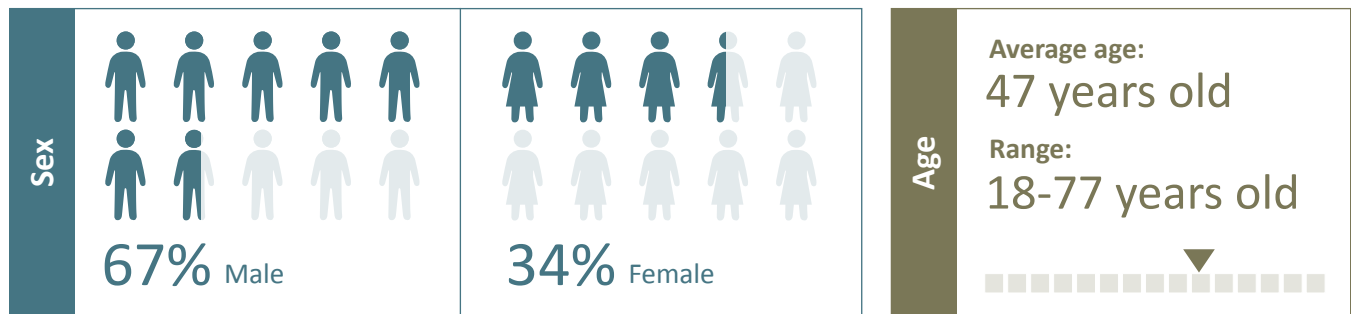
Executive Summary

The Boulder County Pathways to Housing Stability (BCPHS) initiative, funded by a 5-year SAMHSA-TIEH grant, supports adults experiencing chronic homelessness who also have behavioral health needs in finding and maintaining stable housing. Integrating behavioral health treatment and recovery support services with housing navigation, the goal is to help clients move quickly into housing with access to evidence-based programs and services. Demographic and outcome data on enrolled participants were collected using the National Outcomes Measures System (NOMS) tool. This report presents data for 226 clients who enrolled in the BCPHS program and completed evaluation assessment(s) during the five years of the grant between November 30, 2018, and November 29, 2023.



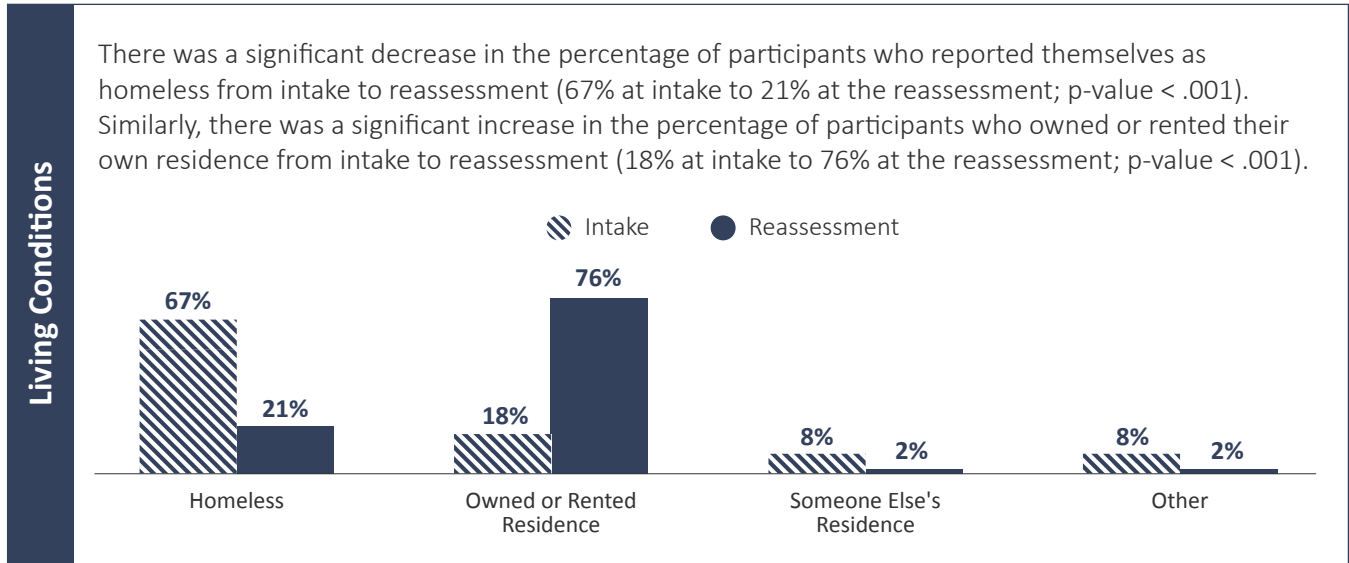
BCPHS Client Demographics at Intake

Program participants were mostly white, non-Hispanic men with an average age of 47. In addition, participants reported spending an average of 20 nights of the past 30 nights homeless at intake.



Key Program Outcomes

This section of the report discusses the changes in certain items from the baseline intake NOMS that participants completed when they were first enrolled in the program to the 6-month reassessment. These changes help to highlight the myriad ways that participation in the BCPHS program has impacted participants' lives and functioning. Paired-sample t-tests and McNemar's chi-squared tests were performed to assess change over time in variables of interest from intake to reassessment.



Functioning

Participants felt that their quality of life was improving after being in the program for 6-months, reporting a significant increase in quality of life between intake and 6-month reassessments (p-value = .027). The percentage of participants who rated their quality of life as "good" increased from 28% from the intake interviews to 42% at the 6-month reassessments.

Social Connectedness

Participants' feelings towards their happiness with friendships, feelings of belonging in their community, having support needed in a crisis, and having family and friends who are supportive of their recovery had a significant change from intake to reassessment (p-values < .05).

Variable	Intake Mean	Reassessment Mean	p-value
I am happy with the friendships that I have.	3.18	3.71	.002
I feel I belong in my community.	3.02	3.42	.016
In a crisis, I would have the support I need from family or friends.	3.00	3.41	.031
I have family or friends that are supportive of recovery.	3.35	3.85	.005

Reassessment Outcomes

Overall, clients had a positive experience while participating in the BCPHS program and indicated that staff were helpful in navigating their treatment. The support clients received from staff and general feelings of positivity, such as feeling free to complain and feeling comfortable in asking questions, could be an aspect that contributes to their success in the program.

92% of clients agreed or strongly agreed that they liked the services they received in the program.

89% of clients agreed or strongly agreed that they would recommend MHP to a friend or family member.

84% of clients agreed or strongly agreed that BCPHS staff believed that they could grow, change, and recover.

83% of clients agreed or strongly agreed that staff were sensitive to their cultural background.



Innovative Evaluation Efforts



Program Implementation Study

Key informant interviews were conducted with each member of the MHP BCPHS team to document and understand BCPHS program policies, processes, and team member experiences with program startup and implementation. These qualitative data served to identify and further inform effective program practices, areas of improvement, and opportunities for sustainability beyond the 5-year SAMHSA funding period.



Landlord Evaluation

OMNI conducted key informant interviews with four landlords, property managers, or individuals who work with landlords and property managers and who could provide insight into the broader housing landscape. Themes surfaced from the key informant interviews and were used to inform future strategies for enhancing relationships between clients who use housing choice vouchers and landlords in the Boulder County community.



Application Fees Evaluation

OMNI team conducted a review of application fees data to gain a better understanding of the way that the application process works across properties. This evaluation effort was intended to provide information for program staff to make more informed decisions about funds that are used for applications and other associated fees. This evaluation included information on applications for housing, the program funding used for those applications, and the results of each submitted application.



Case Management Standards Evaluation

OMNI assisted BCCS and MHP in designing a pilot study to understand the relevance, adherence to, and efficacy of the Homeless Solutions for Boulder County's (HSBC) Case Management Standards. They developed complementary surveys based on the HSBC Case Management Standards: one to assess case manager perspectives, and one to assess client perspectives. Both BCPHS case managers and clients generally had high levels of agreement with most of the Case Management Standards constructs.

Introduction

The Boulder County Pathways to Housing Stability (BCPHS) initiative, funded by a 5-year SAMHSA-TIEH grant, supports adults experiencing chronic homelessness who also have behavioral health needs in finding and maintaining stable housing. Integrating behavioral health treatment and recovery support services with housing navigation, the goal is to help clients move quickly into housing with access to evidence-based programs and services. The initiative sought to enroll 69 un-duplicated clients annually (345 over five years) and place an average of 56 clients annually (280 over five years) into housing. The program was a collaboration between Mental Health Partners (MHP), who delivered clinical and case management services to program participants, Boulder County Community Services (BCCS), and OMNI Institute. Demographic and outcome data are from the National Outcomes Measures System (NOMS) tool. This report includes data from the entire program and discusses the many additional evaluation efforts that sought to capture the impact of the program on participants.



Impact of Similar Programs

The main goal of the BCPHS program was to get individuals into permanent supportive housing because housing helps vulnerable populations live and thrive in the community and has positive impacts on individuals' mental and physical health, as well as reducing the length of stay in the justice system and long-term health care institutions. The program was modeled on a “housing first” approach. This model focuses on getting clients into permanent housing, with the support of case managers and clinicians, and then focuses on providing ongoing mental and behavioral health care services to that individual.

Similar programs have shown that individuals in supportive housing report improved health outcomes and quality of life satisfaction. The Colorado Coalition for the Homeless created the Denver Housing First Collaborative, a program “designed to provide comprehensive housing and supportive services to chronically homeless individuals with disabilities.” After 150 participants participated in the program for 24 months, they found that 50% of participants indicated improved health, 43% reported improved mental health, 64% reported improved overall quality of life, and 15% decreased their substance use (Perlman & Parvensky, 2006). The Massachusetts Housing and Shelter Alliance found a 34% increase in life satisfaction, 32% increase in housing satisfaction, and 22% increase in health satisfaction among participants after being placed in permanent supportive housing (*Home & Healthy for Good: March 2012 Progress Report*, 2012).



For people experiencing homelessness, supportive housing interrupts the cycle of incarceration or placement in long-term healthcare institutions. An assessment that studied the impact of supportive housing for people experiencing homelessness with severe mental illness in New York City found that individuals who were placed in supportive housing spent on average 115 fewer days per person in homeless shelters, 75 fewer days in state-run psychiatric hospitals, and eight fewer days in prison or in jails (Culhane, Metraux, and Hadley, 2002). The Denver Housing First Collaborative found that after 24 months in the program, utilizations of emergency room care, inpatient medical and psychiatric care, detox services, incarceration, and emergency shelter were significantly reduced. Incarceration days were reduced by 76% and detox visits were reduced by 82% (Perlman & Parvensky, 2006).

Program Timeline

The BCPHS program began on November 30, 2018, and ran through November 29, 2023. During that time, the program had to adapt to many challenges, including the onset of the COVID-19 Pandemic in the spring of 2020 and the Marshall Fire in 2021.

When the COVID-19 pandemic began in March of 2020, MHP adapted to remote work over the course of only a few days. Staff within the BCPHS grant program continued to provide some in-person services via home visits, wearing masks and taking other public health precautions. MHP staff used the opportunity to outreach to landlords during the shutdown, and work to build positive relationships. MHP staff also provided information to participants around community resources in response to COVID, coordinated with the COVID shelter for individuals who were experiencing homelessness and tested positive for COVID, and assisted clients with getting food boxes from EFAA when people were unable to safely get to the store.



Staff changes occurred at times throughout the project, including having three different program supervisors throughout the course of the grant. A core feature that ensured program stability during this time of great change is the strength of the collaborative partnership. Leaders from MHP, OMNI, and Boulder County committed to continuity of services and worked together to ensure clients' needs were met.

In December 2021, the Marshall Fire occurred in the community, putting the onus on the MHP Housing team to assist, which also affected the availability of housing in Boulder County. Despite these challenges, BCPHS staff worked tirelessly to provide clients with the best possible services.

Demographic and Outcome Methodology

Program and participant outcome data were captured by the case managers at MHP, who did the NOMS assessment with clients at intake, at regular follow-ups, and, if possible, at program discharge. These data were then de-identified and sent to OMNI Institute for evaluation. Analyses were conducted using SPSS.

In January of 2023, SAMHSA's SPARS system stopped accepting follow-up data from reassessments that took place more than 6-months after enrollment in the program. Therefore, although follow-ups were conducted at 6-month intervals, data in this report only include responses from the first follow-up at the 6-month time point.

Program Participants

This section of the report will provide a brief overview of the program details as well as a snapshot of the demographic information about program participants.

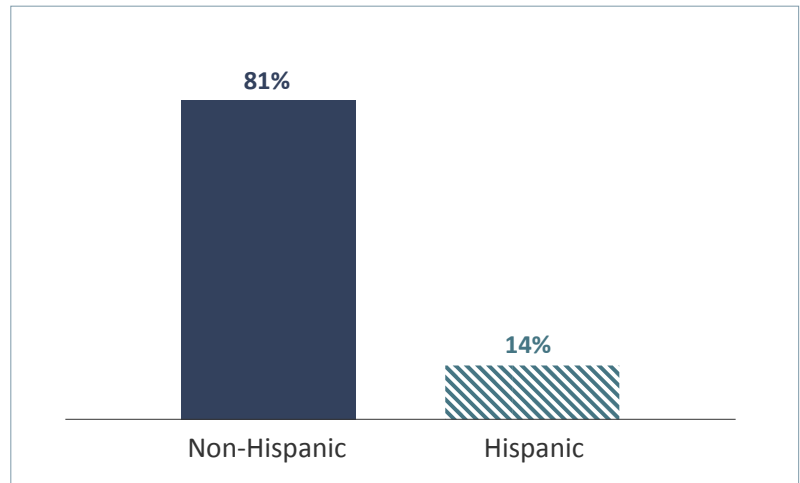
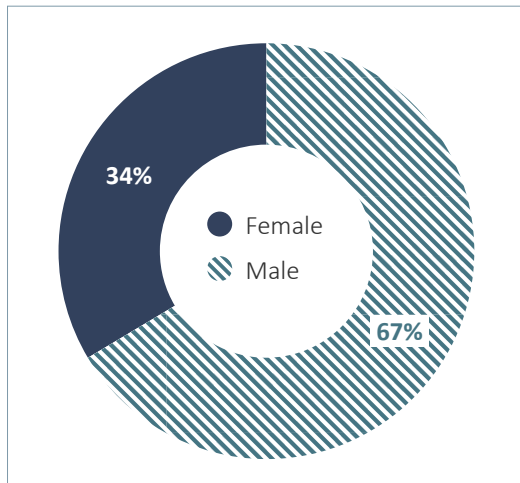
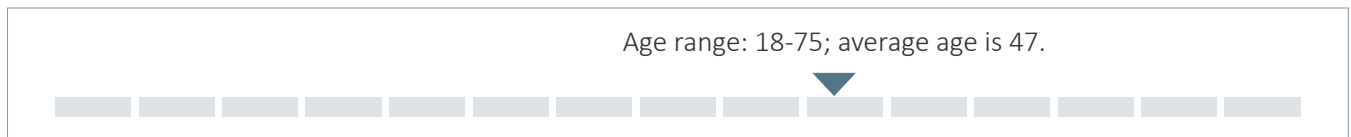
Program Details



*Includes all clients housed during the life of the grant, not including multiple housing events for each client.

Demographics

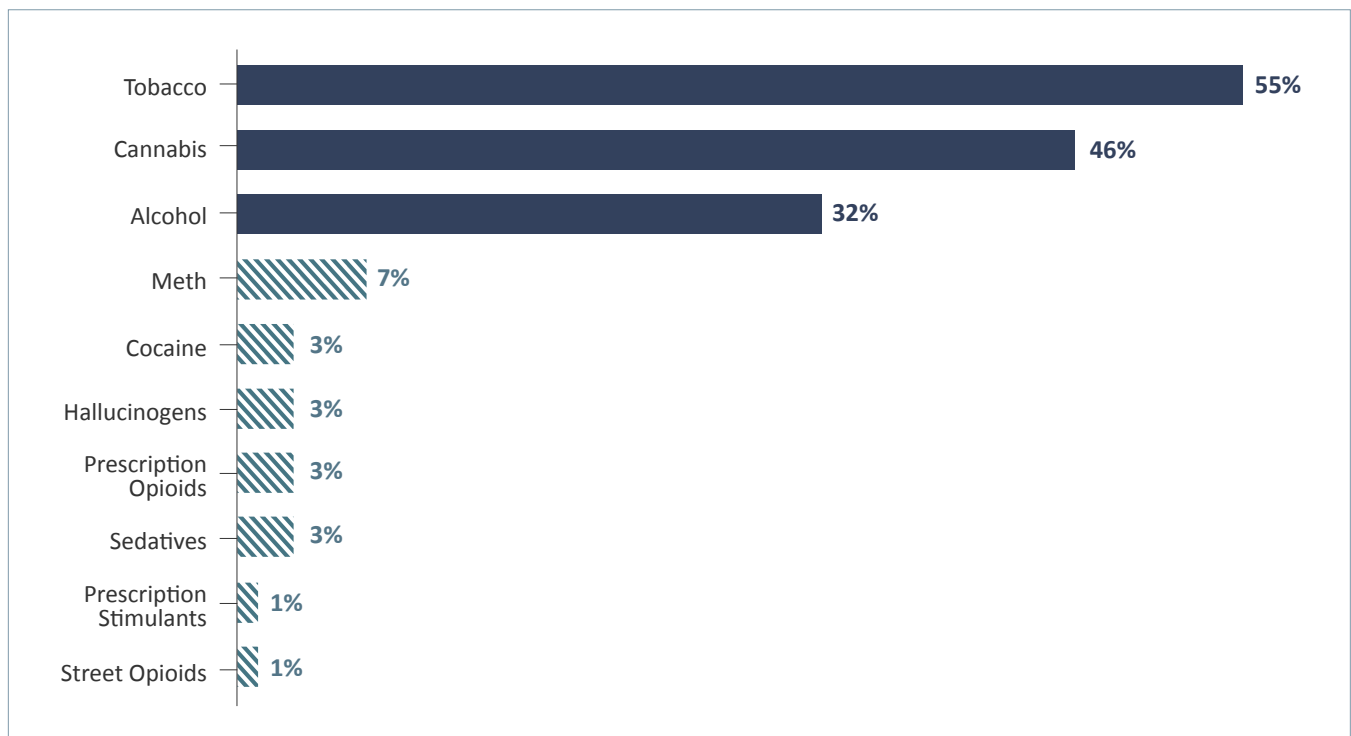
Program participants were mostly white, non-Hispanic men with an average age of 47.



At intake, participants spent an average of **20 out of 30** nights homeless.



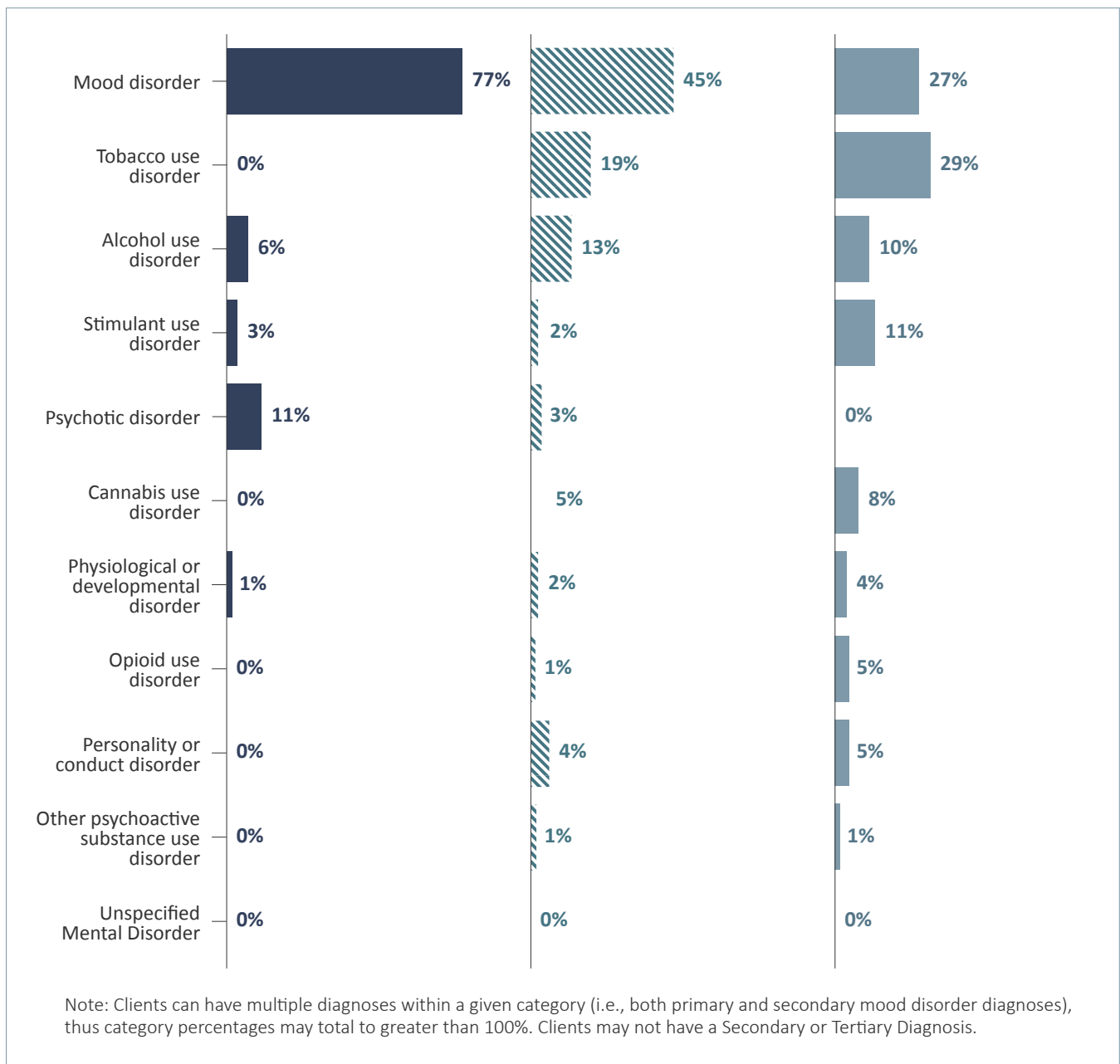
At intake, over half (55%) of participants used tobacco products in the 30 days prior to intake. In addition to tobacco, cannabis (46%) and alcohol (32%) were widely used by participants prior to intake.



75% of clients at intake said that they had experienced violence and trauma at some point in their lives. Of the clients who reported experiencing violence and trauma, many also reported PTSD symptoms, as shown in the table below.

PTSD Symptom	Yes
Had nightmares about it or thought about it when you did not want to?	61%
Tried hard not to think about it or went out of your way to avoid situations that remind you of it?	59%
Were constantly on guard, watchful, or easily startled?	60%
Felt numb and detached from others, activities, or your surroundings?	55%

Below, the graph shows the primary, secondary, and tertiary diagnoses of 214 BCPHS clients at intake, ranked by overall highest prevalence. Most participants were diagnosed with a mood disorder as their primary (77%) and secondary diagnoses (45%). 29% of participants were diagnosed with a tobacco use disorder as their tertiary diagnosis.



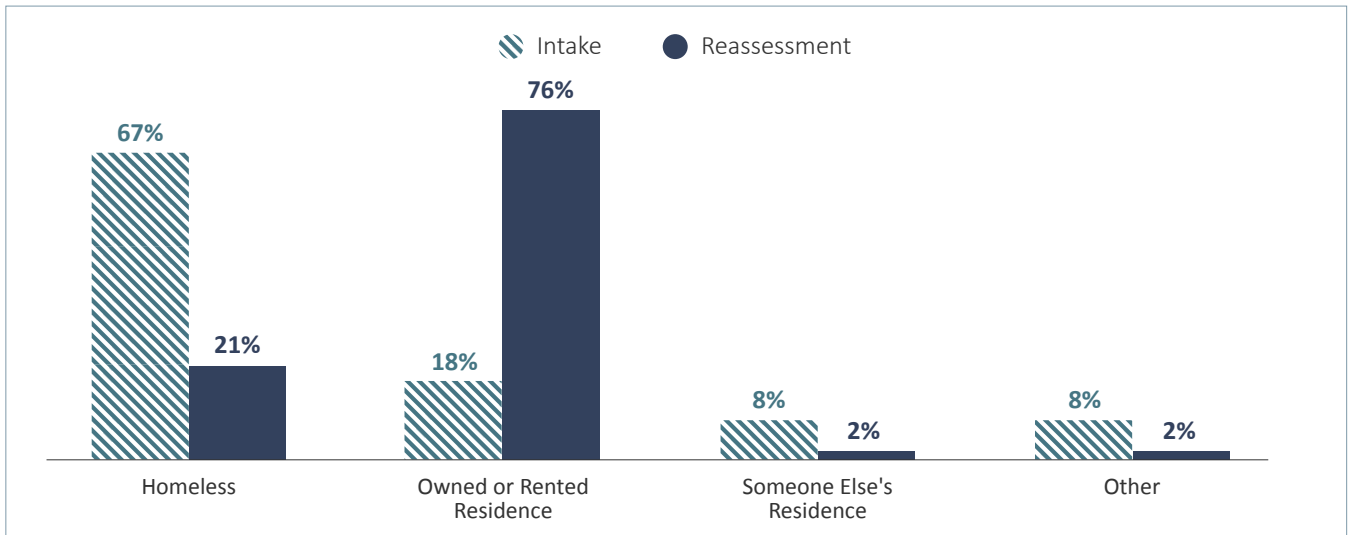
Key Program Outcomes

Pre & Post NOMs

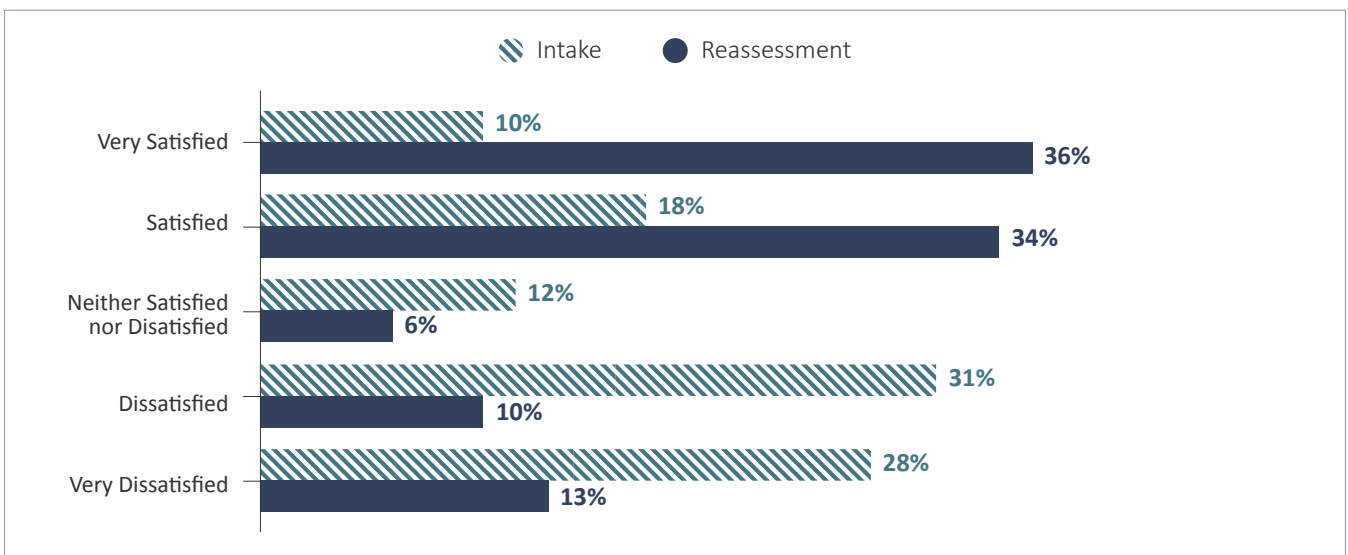
This section of the report discusses the changes in certain NOMS items from the baseline intake NOMS that participants completed when they were first enrolled in the program to the 6-month reassessment. These changes help to highlight the myriad ways that participation in the BCPHS program has impacted participants' lives and functioning. Paired-samples t-tests and McNemar's chi-squared tests were performed to assess change over time in variables of interest from intake to reassessment.

Living Conditions

Participants were asked where they have been living most of the time in the past 30 days. The places where participants lived at intake ranged from being homeless, staying at a correctional facility, detox/inpatient facility, a hospital, someone else's residence, or in their own residence. McNemar's Chi-square tests were performed to assess change over time for each living situation from intake to reassessment. There was a significant decrease in the percentage of participants who reported themselves as homeless from intake to reassessment (67% at intake to 21% at the reassessment; p -value < .001). Similarly there was a significant increase in the percentage of participants who owned or rented their own residence from intake to reassessment (18% at intake to 76% at the reassessment; p -value < .001). There were no significant changes in the other living situations from intake to reassessment.

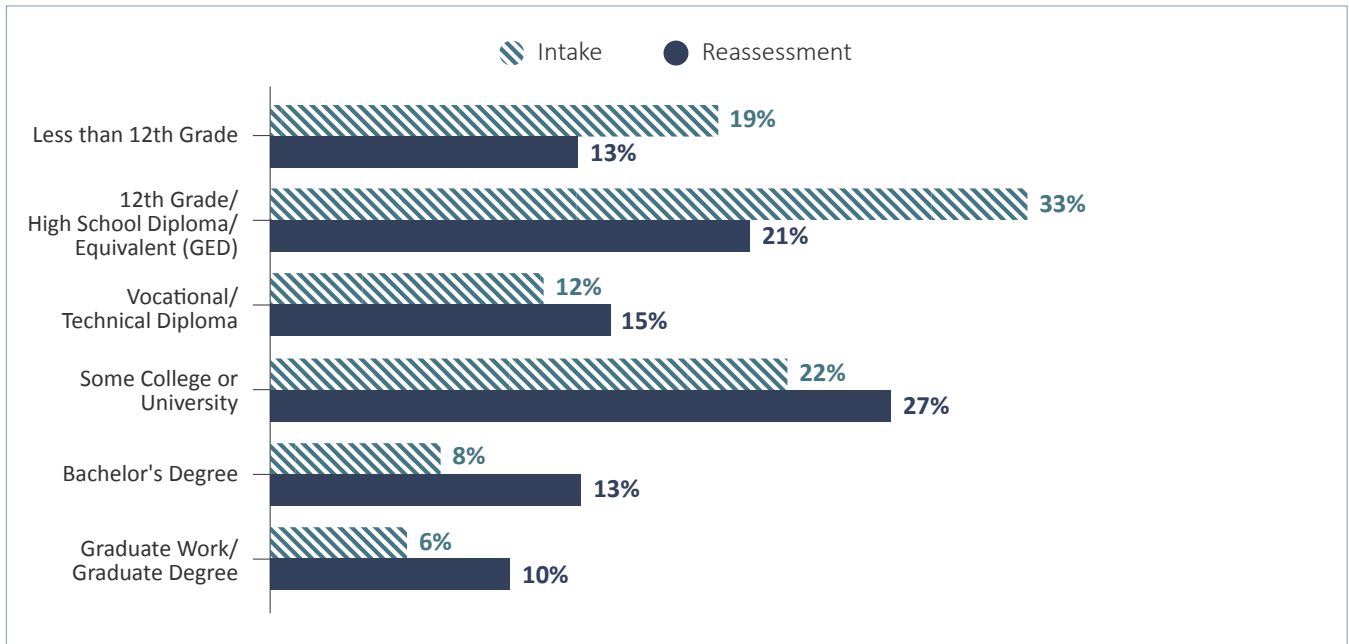


Participants were asked to identify how satisfied they were with the conditions of their living place in the last 4 weeks at the time of the intake and reassessment interview. The scale ranged from 1 (Very Dissatisfied) to 5 (Very Satisfied). From intake to 6-month reassessment, participants became more satisfied with their living conditions, moving from being dissatisfied to satisfied. The mean from intake to reassessment increased from 2.51 to 3.69, showing that participants were more satisfied with their living conditions after being in the program for 6-months, showing a significant difference in condition satisfaction between intake and 6-month reassessments (p -value < .001). At the 6-month reassessments, 70% of participants indicated they were satisfied or very satisfied with their living conditions.

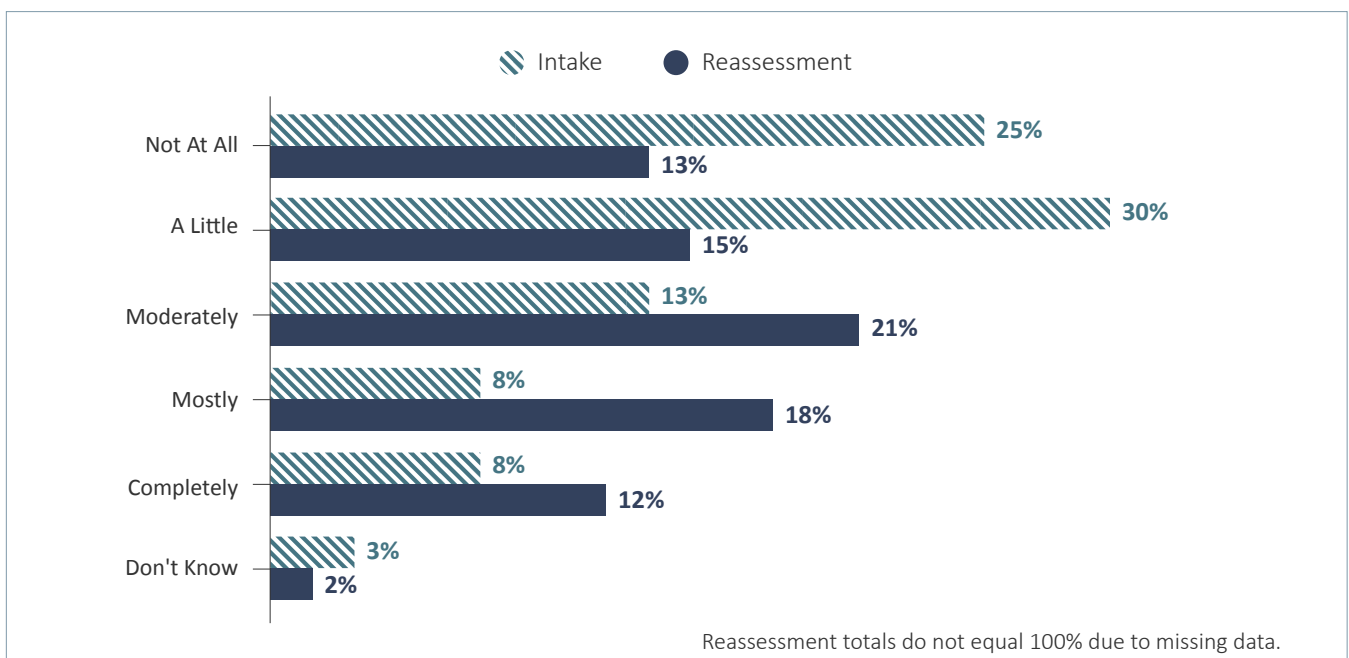


Education and Income

At intake and reassessment interviews, participants were asked to report their highest level of education. Participants who indicated that their highest level of education was 12th grade/high school diploma/equivalent (GED) decreased from 33% at intake to 21% at reassessment, indicating an increase in participants furthering their education while in the program. The greatest increase is seen among participants indicating some college or university education, which increased from 22% at intake to 27% at reassessment, and participants reporting a Bachelor's degree, which increased from 8% at intake to 13% at reassessment.

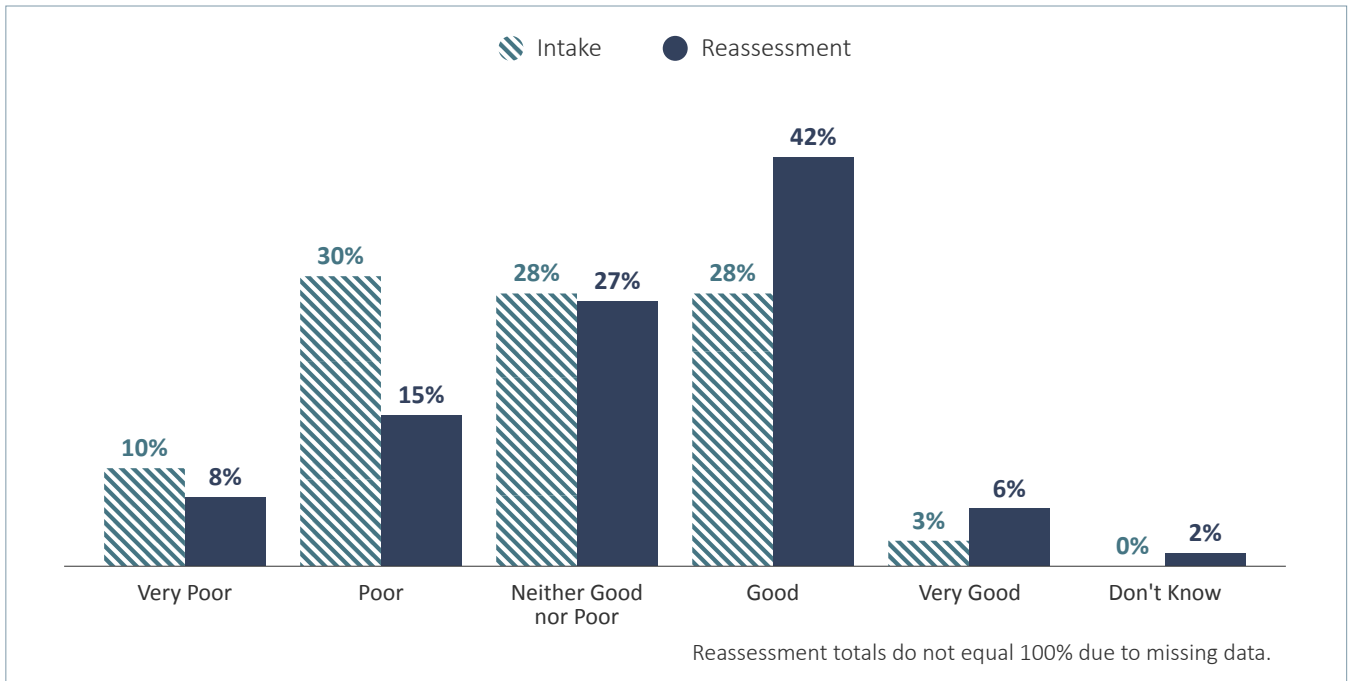


Participants were asked if they had enough money to meet their needs in the last 4 weeks at the time of their intake and reassessment interview on a scale from 1 (Not at all) to 5 (Completely). From intake to 6-month reassessment, participants felt they had more money to meet their needs. The mean from intake to reassessment increased from 2.32 to 2.91, showing a significant difference in having enough money between intake and 6-month reassessments (p -value = .009).

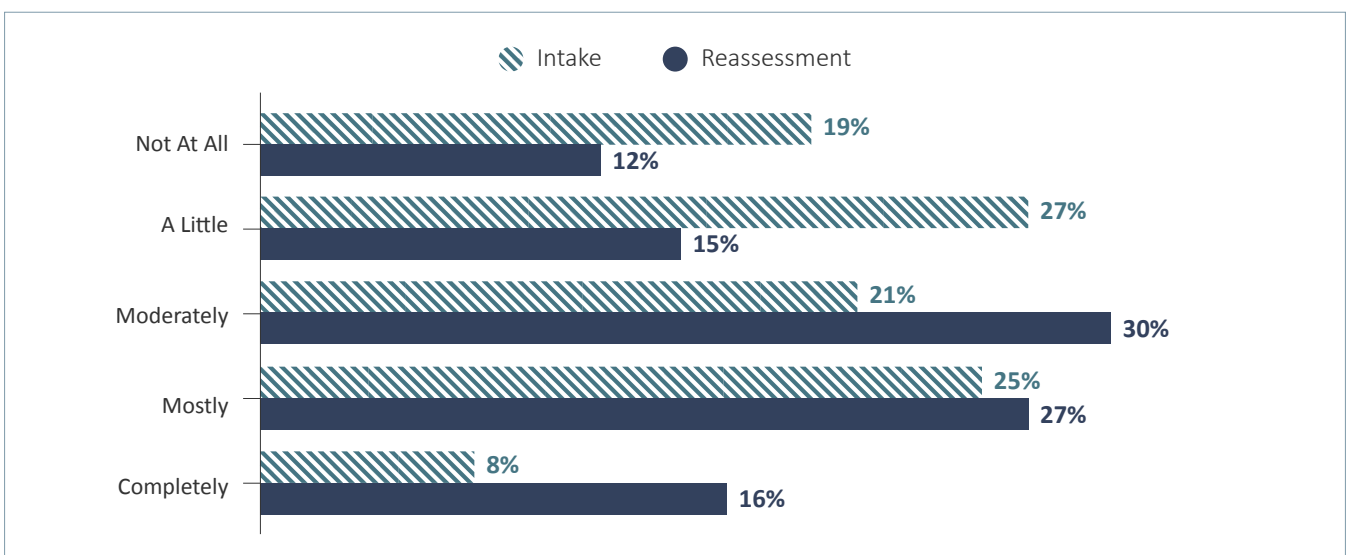


Functioning

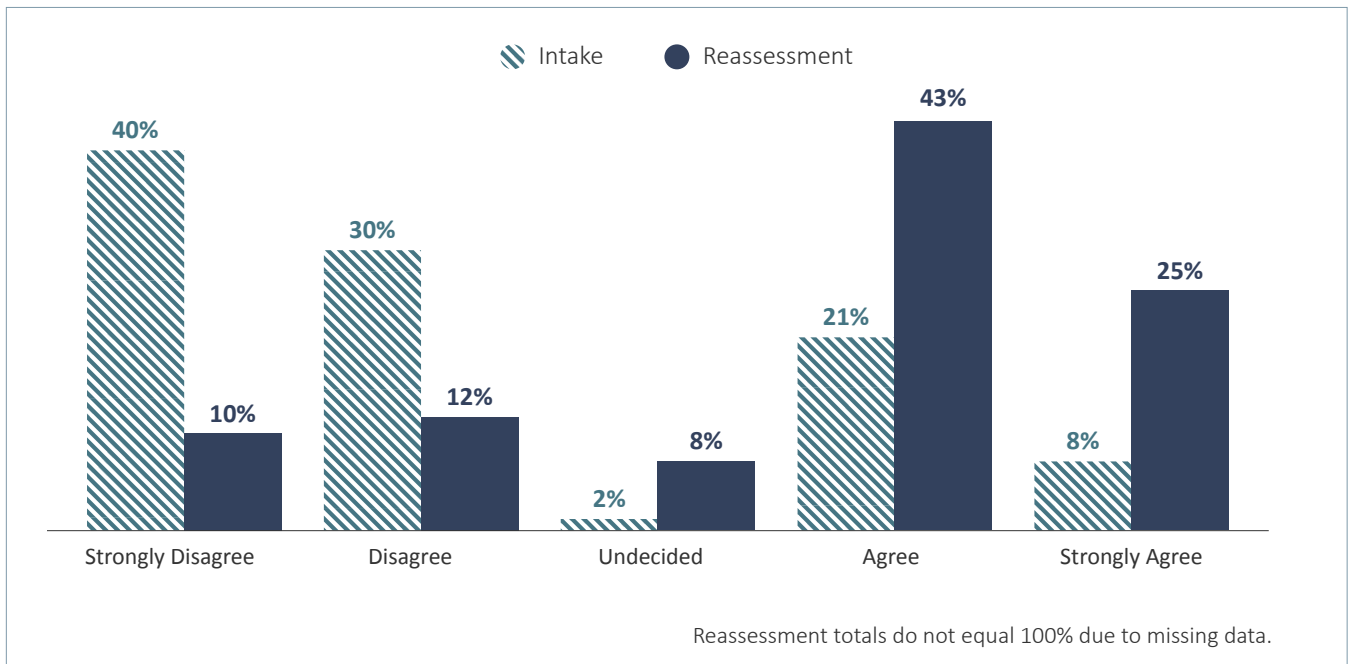
At the intake and reassessment interviews, participants are asked to rate their quality of life on a scale from 1 (Very Poor) to 5 (Very Good). The mean from intake to reassessment increased from 2.83 to 3.20, showing that participants felt that their quality of life was improving after being in the program for 6-months, showing a significant difference in quality of life between intake and 6-month reassessments (p-value = .027). The percentage of participants who rated their quality of life as “good” increased from 28% from the intake interviews to 42% at the 6-month reassessments.



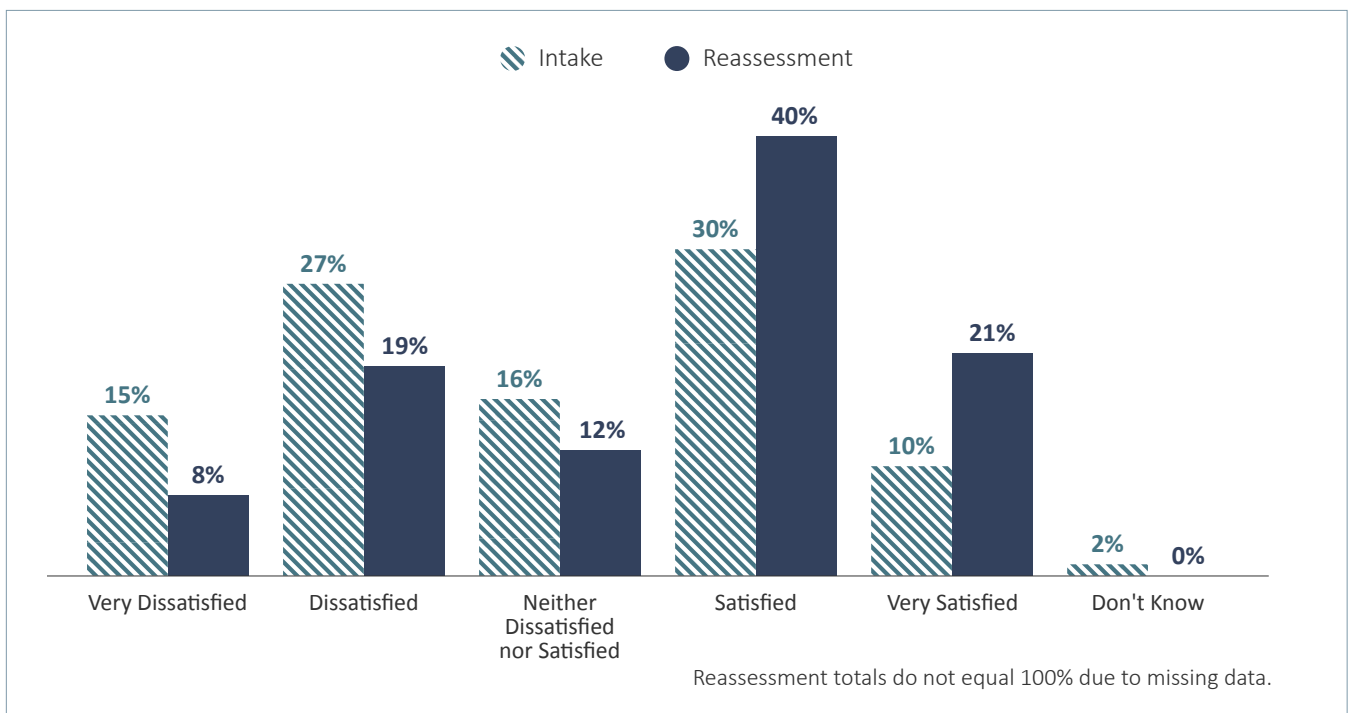
In addition, participants saw an increase in their energy for everyday life. At the intake and reassessment interviews, participants are asked if they have enough energy for everyday life on a scale from 1 (Not at All) to 5 (Completely). The mean from intake to reassessment increased from 2.75 to 3.21, showing that participants felt they had more energy for everyday life after being in the program for 6-months, showing a significant difference in energy between intake and 6-month reassessments (p-value = .005). The percentage of participants who said they “completely” have enough energy for everyday life increased from 8% to 16% at the 6-month reassessments, and participants who said they “moderately” have enough energy increased from 21% to 30%.



In addition, participants were asked to indicate their level of agreement with the statement *my housing situation is satisfactory* on a scale from 1 (Strongly Disagree) to 5 (Strongly Agree). The mean at intake was 2.24 and increased to 3.62 at the reassessment interviews. There was a significant increase in participant agreement that their housing situation was satisfactory from intake to reassessment (p-value < .001). At intake, 29% of participants agreed or strongly agreed that their housing situation was satisfactory, this increased to 69% at the reassessment.



Participants were asked to indicate their satisfaction with their ability to perform tasks of daily living on a scale from 1 (Very Dissatisfied) to 5 (Very Satisfied). There was a significant increase between the means at intake (2.90) to the 6-month reassessment (3.48) (p-value < .001). Clients who said they were satisfied or very satisfied increased from 40% at intake to 61% at reassessment.



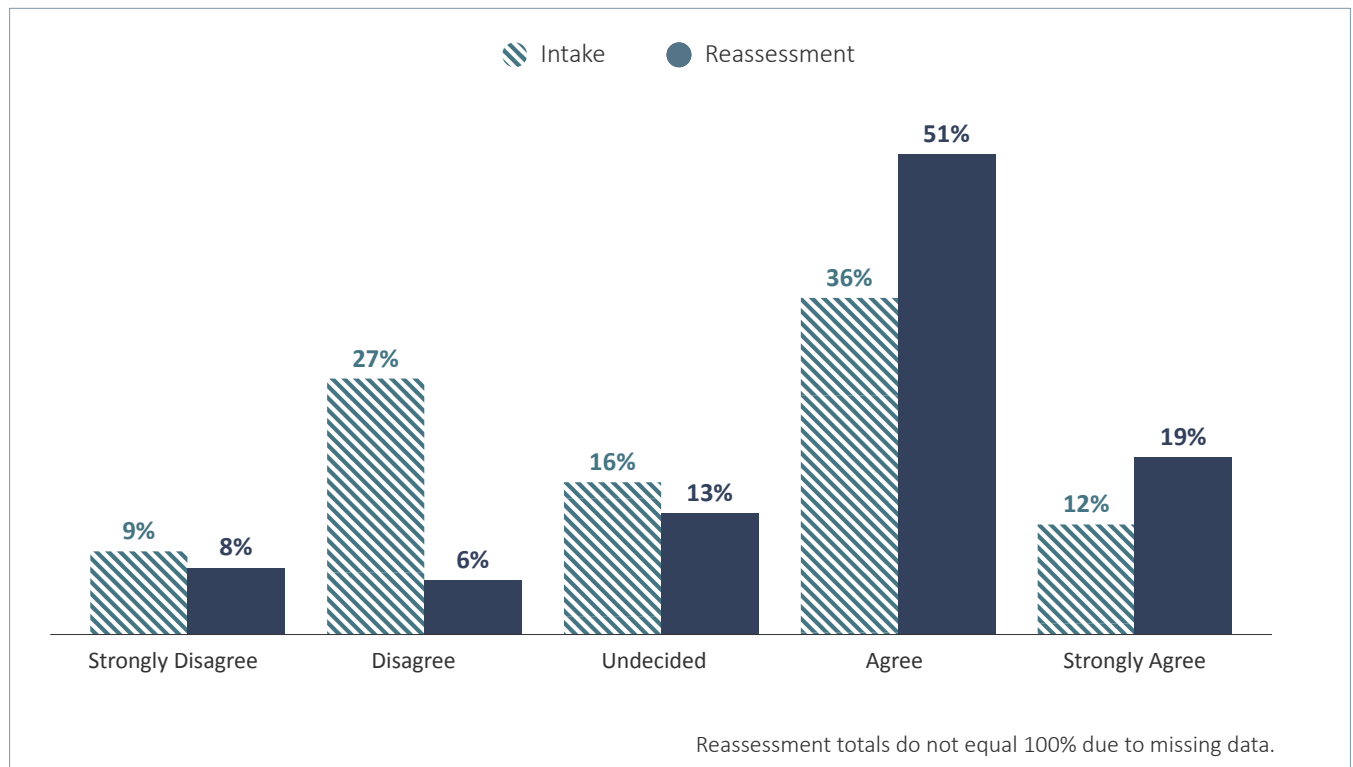
Social Connectedness

Participants were asked to indicate their level of agreement with statements regarding their relationships and social connections on a scale from 1 (Strongly Disagree) to 5 (Strongly Agree). Happiness with friendships, feelings of belonging in their community, having support needed in a crisis, and having family and friends who are supportive of recovery had significant change from intake to reassessment.

Variable	Intake Mean	Reassessment Mean	p-value
I am happy with the friendships that I have.	3.18	3.71	.002
I feel I belong in my community.	3.02	3.42	.016
In a crisis, I would have the support I need from family or friends.	3.00	3.41	.031
I have family or friends that are supportive of recovery.	3.35	3.85	.005

Clients' happiness in friendships had the greatest increase from intake to reassessment.

The percentage of clients who agreed or strongly agreed that they are happy with the friendships they have increased from 48% at intake to 70% at reassessment.



Reassessment Outcomes

At the reassessment interview, clients were asked to indicate their level of agreement with statements about the services they received during the past 30 days, the people who provided it, and the results.

Overall, clients had a positive experience while participating in the BCPHS program and indicated that staff were helpful in navigating their treatment. The support clients received from staff and general feelings of positivity, such as feeling free to complain and feeling comfortable in asking questions, could be an aspect that contributes to their success in the program. 92% of clients indicated that they liked the services that they received in the program.

Outcome	% Agreed or Strongly Agreed
Staff here believe that I can grow, change, and recover.	84%
I felt free to complain.	82%
I was given information about my rights.	86%
Staff encouraged me to take responsibility for how I live my life.	76%
Staff told me what side effects to watch out for.	65%
Staff respected my wishes about who is and who is not to be given information about my treatment.	92%
Staff were sensitive to my cultural background (race, religion, language, etc.).	83%
Staff helped me obtain the information I needed so that I could take charge of managing my illness.	86%
I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	84%
I felt comfortable asking questions about my treatment and medication.	90%
I, not staff, decided my treatment goals.	77%
I like the services I received here.	92%
If I had other choices, I would still get services from this agency.	88%
I would recommend this agency to a friend or family member.	89%

Innovative Evaluation Efforts

Boulder County Community Services (BCCS), through collaboration with MHP and OMNI conducted several process evaluations, data collection efforts, or other studies during the life of the program to document, evaluate, and improve program effectiveness or efficiency. Summaries of these efforts are below.

Program Implementation Study

In May 2020, at the request of BCCS and MHP, OMNI conducted key informant interviews with each member of the MHP BCPHS team to document and understand BCPHS program policies, processes, and team member experiences with program startup and implementation. These qualitative data served to identify and further inform effective program practices, areas of improvement, and opportunities for sustainability beyond the 5-year SAMHSA funding period. In the interviews, all team members were asked to describe their roles and responsibilities and general experience working in supportive housing, the interactions they have with program clients and community partners, and what support they needed in their role. The team members who were interviewed included:

2 Case Managers

2 Leadership Staff

1 Housing Navigator

2 Peer Support Specialist



Results

The interviews yielded program strengths and challenges, as well as valuable information about how the COVID-19 pandemic impacted the BCPHS program.



Program Strengths

- Staff flexibility and autonomy were key in allowing the program to meet client needs.
- Staff in all roles felt the BCPHS team dynamic was positive and supportive.
- Leadership was supportive, knowledgeable, and well-regarded by staff.
- BCPHS program staff were passionate about their work in supporting clients.
- The program team communicated effectively and efficiently with one another.
- The use of evidence-based practices and models worked well for the program.
- The peer support specialist played an important role in supporting both clients and case managers.
- Clients were well served.



Program Challenges

- The large and complex system of partners and providers that engaged with the BCPHS program and clients was difficult to navigate.
- High caseloads limited the staff's ability to meet client needs with agility and efficacy.
- Program services may not have adequately reached those clients whose primary language is not English.
- There was no standardized client or landlord education process around lease agreements and voucher requirements.
- Housing voucher loss because of eviction necessitated some adaptation to program delivery.
- Securing funding for costs associated with the housing process or other client well-being was a difficult and cumbersome process.
- Further training was needed for client facing staff around crisis de-escalation and a variety of clinical skills.
- The program lacked the capacity to provide life skills and quality-of-life support to clients, which may have indirectly impacted housing stability.
- There was a need to continue documentation and institutionalization of program processes.
- Staff boundaries and expectations with clients and landlords was not well-defined.



Impact of COVID-19

Clients | Clients experienced job insecurity and loss of income due to COVID 19 stay at home orders. They faced greater isolation due to transportation challenges and an inability to engage in in-person services. Clients may have been experiencing greater symptomology relating to their mental health diagnoses and may have engaged more heavily in substance use, while experiencing greater barriers to receiving care. Some clients were difficult to engage with due to general disconnect or lack of access to technology.

Staff | Staff had been able to work remotely and provide telehealth services to clients. The roles of staff had changed, with more emphasis on socio-emotional support for clients, along with ensuring basic needs were met by providing grocery and medication drop-offs for clients. Staff reported feeling less effective due to an inability to engage clients face to face and fear they may miss warning signs indicating the client is experiencing a decline in their mental health.

Overall Impact on BCPHS | The BCPHS program had been able to maintain operations and continue housing clients, for example providing phones to clients to allow them to engage with clinicians while policies that limit in person engagement are in effect. Several housing related processes, such as inspections, voucher briefings, and accommodation requests, had been adapted by housing authorities due to COVID-19 restrictions, generally increasing the efficiency of these processes.

OMNI prepared a list of recommendations for the program to address challenges and convened with both BCCS and MHP to discuss the implications of the findings.

Landlord Evaluation

As a part of the broader program evaluation effort, OMNI partnered with Boulder County Community Services, Mental Health Partners, and Boulder Shelter for the Homeless to recruit landlords to engage in brief conversations about their experiences renting to individuals with housing choice vouchers. The goal of these conversations was to gain a better understanding of how Boulder County can support landlords and voucher clients by building mutually beneficial partnerships.

In November 2020, OMNI conducted key informant interviews with four landlords, property managers, or individuals who work with landlords and property managers and who could provide insight into the broader housing landscape. Interviews lasted 30 minutes and were conducted using the Zoom video conferencing platform. Interview data were analyzed and coded into a priori themes based on the interview question prompt structure. Themes surfaced from the key informant interviews are grouped below and were used to inform future strategies for enhancing relationships between clients who use housing choice vouchers and landlords in the Boulder County community.

Interview Themes

1. Positive Aspects of Renting to Housing Choice Voucher Clients



Landlords described that successful experiences with voucher clients are those that do not differ from renting to non-voucher clients. One landlord described *“I don’t see them as any different from any other tenant. I just get money from a different entity.”* Another explained, *“We are a fair housing provider, we treat everyone the same”* and *“We have a lot of great residents on vouchers.”* Landlords mentioned that many voucher tenants are long-term renters with no issues and once they are able find a suitable living situation, they generally want to stay in that housing for a long time. One landlord described, *“The one program in particular we were partnered with the shelter for their housing choice voucher program. We worked with the program for a long time. [We] have residents who have been in the program for 10+ years.”* Successful voucher clients were described as those who are quiet, don’t cause disturbances or ‘drama’, and don’t require a high level of additional support due to substance use or mental health challenges.

2. Benefits of Renting to Housing Choice Voucher Clients



A key benefit surfaced by landlords was a sense of personal fulfillment they felt from renting to voucher clients. One stated: *“Even before we were required to take vouchers, I was trying to do that because it is important...it makes you feel good.”* Another said, *“It is my way of helping and knowing I did something that matters.”* That same landlord also discussed benefits to the community, *“we get people off the streets”* and mentioned that landlords and property managers have a personal responsibility to provide safe and clean housing because *“everyone needs a home.”*

“Even before we were required to take vouchers, I was trying to do that because it is important...it makes you feel good.”



Landlords agreed that guaranteed rent was a key benefit, with one stating that part of what makes renting to voucher clients attractive is that: *“the rent comes in on time every time.”* Another stated, *“It’s great in that you know that the rent is going to be paid.”* An additional benefit raised by the landlords is the stability of voucher clients and their tendency towards long-term renting.

3. Challenging Aspects of Renting to Housing Choice First Voucher Clients



The main themes raised by landlords related to challenging experiences centered on client behavior issues, lease violations, property damage, and lack of support in crisis situations. The landlords described examples of meth-contaminated units, tenants who get “irate” and threaten to sue or get landlords fired, and instances where tenants ended up in jail. One landlord explained: *“The most stressful part is when there are resident issues....You don't want to kick people out, but ultimately it is not our role to help with behavior.”* Another landlord described a situation where they were left to clean up an apartment after a voucher tenant broke a lease, resulting in hundreds of dollars of out-of-pocket cleaning costs and a month without rent while they cleaned up the apartment to re-lease. The landlord stated: *“Anytime someone has an experience like that, even if it is not 100% bad, why would they deal with that?”* The landlord described a need for a number to call in a crisis, stating *“there is no emergency system [that supports landlords].”*

“The most stressful part is when there are resident issues....You don't want to kick people out, but ultimately it is not our role to help with behavior.”



Some of the landlords described feelings of entitlement and defensiveness from either the voucher clients or their case workers. One landlord discussed that voucher clients feel proprietary “ownership” of their rentals and even there is an issue in a unit that requires a repair and someone gaining entry to fix *“they say no.”* Another landlord described that case workers *“feel entitled to get their clients in”* and that they feel that their clients shouldn't have to follow standard rental screening requirements.



Multiple landlords discussed experiencing payment issues including receiving voucher payments from the state or attempting to receive reimbursements from the recently created Landlord Assurance Fund. One landlord described a situation where payment for one tenant was attached to a check for a different tenant. *“I was frustrated with them...they just attached it to the check and didn't do what I instructed”* and *“somehow I was never in the loop even though they were sending me money.”* Another landlord described bureaucratic challenges associated with the Landlord Assurance Fund, *“What I need is to know how I get those funds from the county, state, city, or wherever. I just need to know that I will actually get them. Every landlord with my level of experience would expect to not get paid from that fund.”* Another landlord shared an experience of being denied funds from the Landlord Assurance Fund, *“I have applied for it but it was denied because the person moved in in 2012, prior to the start of the program. It should cover damages regardless of when the program started. Can't we get some help? Our unit is still damaged.”*



All of the interviewees discussed that landlords experience difficulties navigating the housing authority system when renting to voucher clients. One described that because there are five housing authorities, there are five different systems that one must learn to navigate in order to rent to different voucher clients. They explained, *“Different housing authorities have different requirements. Section 8 is a federal program; you would think the requirements would be the same across agencies and they are not.”* Another stated, *“When we reach out to housing authorities for assistance if there are issues like lease violation or trying to satisfy lease requirements, it feels like there is a lot of tension.”* In addition, multiple interviewees described difficulty in getting answers to questions, with one stating, *“Who do I contact and when do I contact them? They never answer the phone.”* Another described, *“As a landlord it took me a week to find a case worker in Boulder County. I had to track down four different people before I found the right case worker. I can't get anyone to answer the phone. Email even goes days.”*

“Different housing authorities have different requirements. Section 8 is a federal program; you would think the requirements would be the same across agencies and they are not.”

4. Reasons for Opting Out of Renting to Housing Choice Voucher Clients



The key theme that surfaced is that landlords and property managers do not want (and are not equipped) to be “social workers” or “therapists.” One landlord described the demanding nature of their role: “We have a hat we turn on our head: landlord, therapist, maintenance person. There are all of these different roles we play in dealing with the personalities of renters.” They further stated, “If there is a mental health problem, we have to become more qualified or aware of triggers so that we don’t escalate problems.” Several landlords described the emotional toll that renting to voucher clients can take, one stating “It is so hard dealing with the emotional side of it” and another, “It’s a really stressful job.” One interviewee described a situation where a landlord had a tenant who was suicidal and the tenant called the landlord, “The landlord is not trained to provide that support. Landlords really want to support tenants, but it’s kind of scary if you don’t have the training.”

“We have a hat we turn on our head: landlord, therapist, maintenance person. There are all of these different roles we play in dealing with the personalities of renters.”



Another barrier to renting to voucher clients identified by landlords was the stigma associated with Section 8 and affordable housing. One landlord explained, “It’s the type of housing that we’re talking about as well. If it is all Section 8 than there is a stigma.” Another landlord described “people on vouchers can have a bad reputation.” That landlord went on to explain that although most voucher clients are “stable” there are a few voucher clients who are “unstable” and that could scare landlords who aren’t used to working with people like that. Another landlord stated: “I have talked to other small landlords in Section 8 and it was too much trouble and they quit.”



The volume of paperwork was also surfaced as a barrier to renting to voucher clients. Landlords stated that the amount of paperwork was “unreal” or “overwhelming.” Another said, “For some people, they will find that it is too much work and it is just not worth it.”

5. Additional Support Needed to Rent to Housing Choice Voucher Clients



The key themes that arose around additional support include case management for voucher clients, additional resources and education to help navigate the housing system, and the need for relationship building among key stakeholders. With regard to case management, landlords agreed that this type of support is needed for voucher clients. One landlord stated, “Case workers is what I have found to be really helpful.” That same landlord discussed, “Dealing with the emotional side is important and knowing there is going to be a person to work with the tenant when something comes up.” Another interviewee described the fact that some voucher clients get support in the form of case workers, while others do not, “[There are] people who are getting the vouchers who are not getting support but need the support. Those are the folks who are in a gap. It would be nice to have support in place for that population in the middle to get what they need to survive and thrive.” An additional landlord echoed that support for every voucher client would be ideal, “[It would be] helpful if there was a resource to each and every voucher holder that you could go to for assistance.”

“[There are] people who are getting the vouchers who are not getting support but need the support. Those are the folks who are in a gap. It would be nice to have support in place for that population in the middle to get what they need to survive and thrive.”



Landlords also discussed the need for system-level supports, education, resources, or contacts to help them navigate the housing processes. A landlord described, *“We just need a liaison that can say ‘here’s what we do, here’s who you need to talk to, let me get that person on the phone.’”* The same landlord emphasized the need for additional support in navigating the Landlord Assurance Fund, *“Again, a liaison person who could help you get through that process so that you have all of your ducks in a row to get the funds.”* The need for additional support was echoed by another landlord who stated that landlords need *“somebody to talk to.”* A different landlord mentioned that landlords need education, trainings, and fact sheets, *“From case manager to case manager, within an organization, it’s all a little bit different. It gets us confused.”*



Relationship building is another key theme that emerged from the interviews. One landlord said, *“They [landlords] need to know you and understand that you are not a bureaucratic person that just sends us a check.”* They further explained *“Organizations should be exposing themselves to us, who are landlords and property managers, so that we understand how funds and programs work.”* Another landlord stated, *“We need to form a relationship between the landlord, the tenant, and the person who is supporting them.”*

“We need to form a relationship between the landlord, the tenant, and the person who is supporting them.”

6. Incentives for Landlords Renting to Housing Choice First Voucher Clients



Landlords had multiple recommendations about incentivizing renting to voucher clients. One mentioned the long length of tenancy of voucher clients, *“Length of tenancy is definitely an incentive.”*



Another interviewee suggested that having a more streamlined system in place would help motivate more landlords to rent to voucher clients: *“If you have done it once and you know the system you are more motivated to take someone else, versus having to learn new systems for new tenants.”* Another landlord described landlords needing patience to navigate the systems: *“It has to do with the landlord and whether they have the tolerance to deal with these programs and the challenges that are associated.”* That same landlord suggested, *“make sure there is some sort of support system.”*

“If you have done it once and you know the system you are more motivated to take someone else, versus having to learn new systems for new tenants.”



Two of the landlords described a need for more affordable housing in order to provide this housing to voucher clients, *“I am so tired of seeing housing authorities come in and buy properties that can be offered to people in low income.”* Another lamented, *“The city doesn’t really want to have affordable housing.”* The landlord went on to explain, *“landlords need to have a way to keep housing affordable if they want to provide affordable housing”* and *“little landlords are what we need. They tend to have the affordable housing.”*



Multiple landlords raised that landlords do not necessarily need incentives to rent to voucher clients, due to recent changes to source of income protections in the city of Boulder. One landlord explained, *“The City of Boulder prohibits discrimination based on where the funding comes from, so I am not turning anyone away now.”* Another described, *“with source of income walls that have passed in the city, you take a voucher person if they apply.”*

Recommendations

Based on initial findings from our interviews with landlords and others who have familiarity with the Housing Choice First Voucher program in Boulder County, OMNI makes the following recommendations for the county:



Create resource documents to distribute to landlords that explain how housing choice vouchers programs work including:

- Requirements to rent to voucher clients in Boulder County
- Necessary paperwork
- Who to go to with questions
- Explanations of fair housing laws, source of income requirements, and other local or state laws/ordinances that may apply to landlords who rent to voucher clients.
- Clients were well served.



Work with the newly hired Landlord Acquisition Specialist at the Boulder Shelter to act as a liaison between landlords and other key stakeholders in the housing system, with a focus on relationship-building between landlords, housing authorities, and other key players in the housing system (MHP, BARHA, BCCS, HSBC, Boulder Shelter, and others)



Provide education to landlords through partnerships with organizations such as Boulder Area Rental Housing Association (BARHA).

- Create, distribute, and advertise trainings and resource documents



Obtain additional feedback from landlords about gaps in knowledge or resources (what types of information they need, don't have, or would be helpful). As a next step, the county may consider interviews with additional landlords or a survey focused on this topic that can be distributed broadly to landlords in the county.

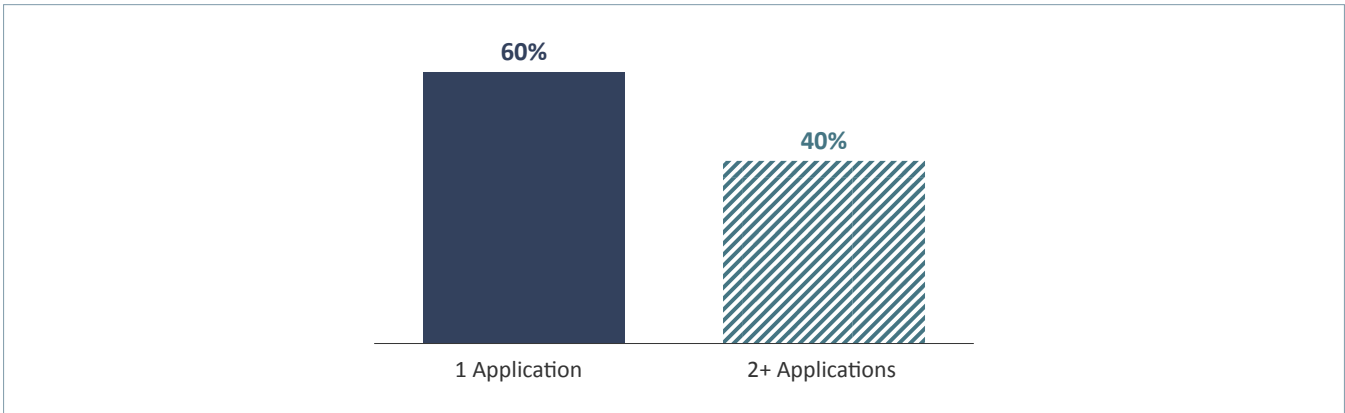
Application Fees Evaluation

To place individuals in stable housing, program staff and participants must engage with local landlords and property managers to apply for housing. Because each property handles applications processes differently and because the BCPHS case managers only work with a subset of the BCPHS client group, the OMNI team conducted a review of application fees data to gain a better understanding of the way that the application process works across properties. This evaluation effort was intended to provide information for program staff to make more informed decisions about funds that are used for applications and other associated fees. This evaluation included information on applications for housing, the program funding used for those applications, and the results of each submitted application.

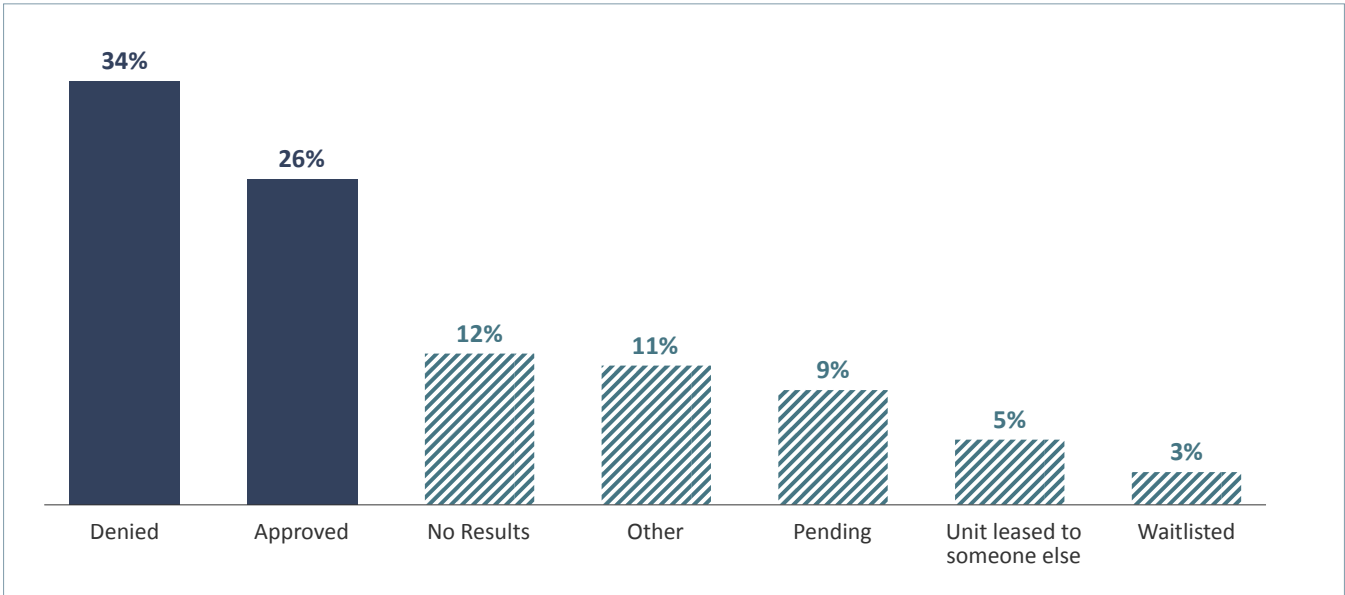
The data were collected by BCPHS case managers between April and December of 2022. OMNI worked with Mental Health Partners (MHP) staff to access the de-identified datasets. The data were collected in two separate Excel workbooks, the first containing client IDs, client admission dates, property names, application dates, results, grant funds allocated, and additional notes. The second workbook contained the same information as the first workbook in addition to the client’s request date, holding fees, administration fees, application fees, total amount of funding requested, purchasing card usage, Boulder County Community Services’ approval date, and grant billing information. OMNI merged the datasets together to analyze the application and result date, results of the application, properties applied to, holding fees, administration fees, application fees, total requested, and grant funds allocated to better understand the way that program funds were used. Because these data were collected during an 8-month period, they provide a snapshot of the application process and may not fully represent the process throughout the duration of the program. The data were cleaned and analyzed in Excel and SPSS.

Properties and Application Results

BCPHS clients applied to 55 properties in the 8 months of data collection. **Over half (60%) of the properties had only one application submitted. The remaining properties (40%) received 2 or more applications per BCPHS client** (n=55), meaning most applications are going to properties that are likely unfamiliar with the BCPHS program and, therefore, may not be aware of the supportive services that clients are offered as part of their participation.



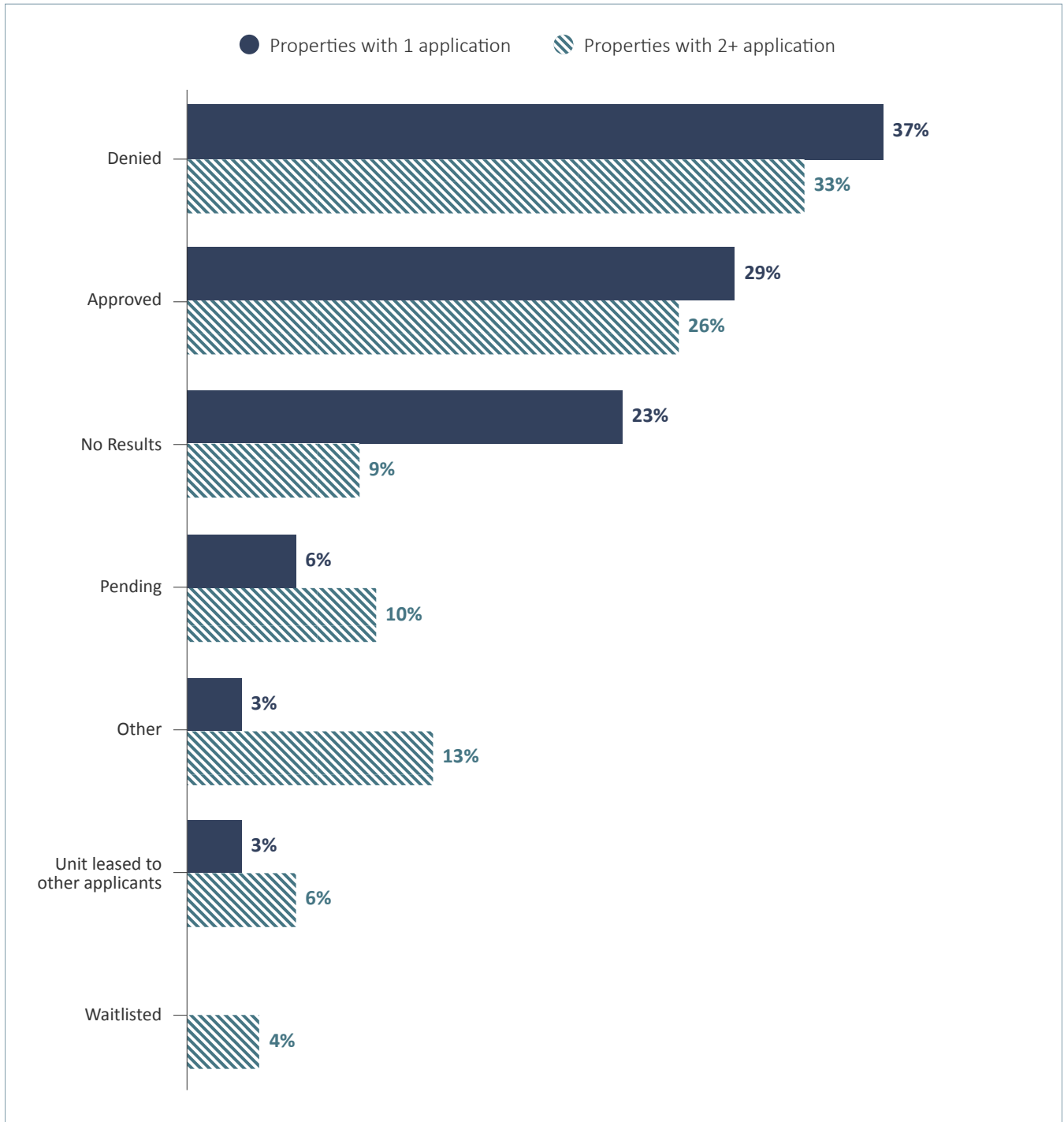
Overall, **while 34% of BCPHS clients were denied by the property they applied to, over a quarter (26%) had their applications approved.** 12% of applications did not have a result provided in the data, and 11% fell under “Other” due to a variety of reasons where no clear result was indicated. (n=139)



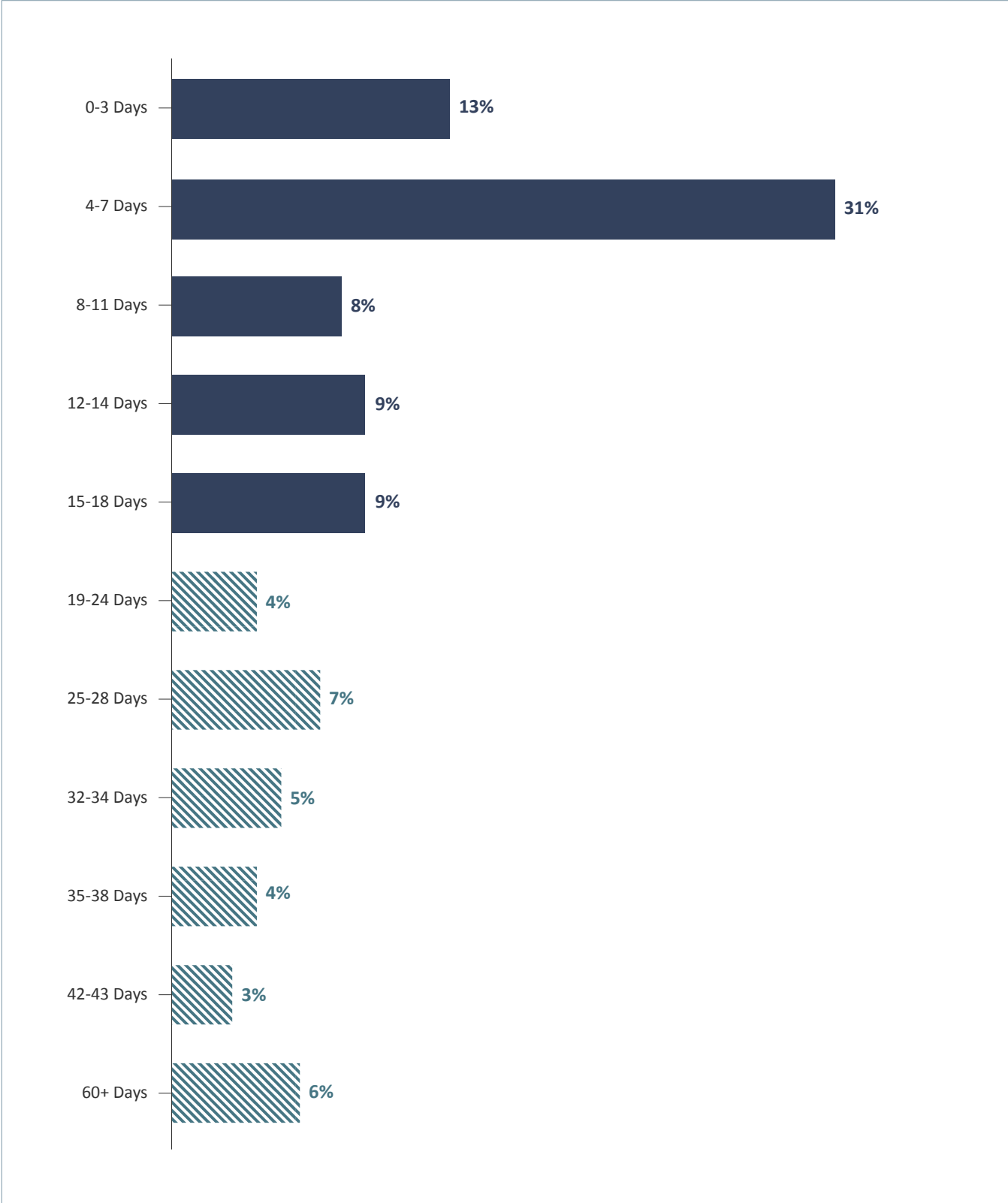
Property Responses and Fees

Properties that had only 1 application from the BCPHS program and with 2+ applications had similar numbers of approved and denied applications. Additionally, out of 55 properties where clients submitted applications, 27 properties denied BCPHS clients' applications (see Appendix A).

Properties that received 1 application were more likely to have no results, which indicates that properties that have more applicants from the BCPHS program may be more likely to respond to submitted applications (n=139).



The number of days it took from the submission of the application to the time of the result ranged between 0 to 85 days. **On average, clients heard back in 17 days. 40% of applications heard back with 2 weeks. 20% heard back within 1 month.** Interestingly, all clients who heard back in 60+ days had approved applications. (n=75)



50 BCPHS clients applied for housing between April and December of 2022. The number of applications submitted per client ranged from 1 to 11 applications. On average, clients submitted 3 applications. Over half of the clients submitted 2+ applications.

BCPHS case managers kept track of the administration fees, holding fees, application fees, total requested, and grant funds allocated. **Administration fees had the highest average (\$153.75) while the application fees had the lowest average (\$35.08).**



Case Management Standards Evaluation

Between February and July 2023, OMNI assisted BCCS and MHP in designing a pilot study to understand the relevance, adherence to, and efficacy of the Homeless Solutions for Boulder County’s (HSBC) Case Management Standards. The Case Management Standards were created to ensure the case management services provided to clients in the BCPHS and other housing stability programs and services achieve a set of benchmark goals for clients: securing permanent housing, reducing recidivism into homelessness, and referral to care and other behavioral health services. The standards are specific guidelines organized across these eight areas:

- 1 Benefits of a Practice Model/Shared Framework
- 2 Guiding Principles that Frame the Work
- 3 Overarching Goals to Focus on with Program Participants
- 4 Case Manager’s Role
- 5 Case Manager Actions and Tools to Support Overarching Goals
- 6 Guidelines for Housing Placement
- 7 Guidelines for Housing Retention
- 8 Guidelines for Housing/Program Disengagement

The study sought to collect data from both MHP case managers and the BCPHS clients they serve related to the application of the Case Management Standards above in services provided, and the perceptions of services received by clients. Rather than directly measuring benchmark housing stability outcomes, the study focused on understanding the process of implementing the Case Management Standards: where and how BCPHS staff and clients feel that the standards were being adequately implemented.

OMNI collaborated with MHP and BCCS to develop complementary surveys based on the HSBC Case Management Standards: one to assess case manager perspectives, and one to assess client perspectives. The development of the surveys went through several phases to ensure that the Case Management Standards were properly operationalized into survey questions, and that there was parity across the two surveys while still using language appropriate for each group (case managers and clients). The chart below shows a list of Case Management Standards constructs that were ultimately included in each survey.

Construct	Case Manager Survey	Client Survey
Program Procedures and Client Support: <ul style="list-style-type: none"> • Staff roles • Approaching clients • Agreement with program requirements 	✓	
Client Outcomes: <ul style="list-style-type: none"> • Strengths and skills • Autonomy • Success in housing • Client relationships • Service navigation 	✓	✓
Staff Support	✓	✓
Planning	✓	✓
Open-ended question for additional feedback	✓	✓

Results

Four BCPHS case managers, and thirteen BCPHS clients responded to their respective surveys. Both BCPHS case managers and clients generally had high levels of agreement with most of the Case Management Standards constructs. Disagreement or strong disagreement with items was rare, indicating that **most Case Management Standards are perceived by both case managers and clients as being adhered to and implemented.** Additionally, the open-ended responses provided by clients were all highly positive.

Some survey items applied to case managers and not clients, as they asked about BCPHS program procedures (e.g. working with community partners), or the items were otherwise not appropriate to directly ask clients. Though no case manager strongly disagreed with any survey item, four case manager-only items showed some incongruity within responses among case managers. Items where case managers showed lower levels of agreement or disagreement:







- BCPHS staff reevaluate client goals and housing stabilization plans in collaboration with the client at minimum every 6 months.
- BCPHS staff encourage communities to support clients by being good partners, showing ethical advocacy, and keeping the bigger picture in mind while working with clients.
- As a result of the BCPHS program, clients are more successful in hoarding prevention.

Among the 15 survey items that were presented to both case managers and clients, 6 items had 100% agreement from both groups. Those included:

- ✓ Case managers and BCPHS Staff met clients “where they are” in their life.
- ✓ Case managers and BCPHS Staff provided opportunities and support to clients.
- ✓ Case managers and BCPHS Staff respected clients’ ability to choose their direction and engagement in this program
- ✓ Case managers and BCPHS Staff assisted clients with getting the correct level of care they need by coordinating with the client, other service providers, family members/significant others, or community resources.
- ✓ BCPHS Staff encouraged clients to develop their own strengths as they move towards their goals, including developing and practicing needed skills.
- ✓ BCPHS Staff restored clients’ sense of self respect, self-reliance, and hope.

The table below shows the survey results for the remaining case management constructs and the percent of agreement/disagreement that was reported among each group. Again, the responses show high agreement overall.

Case Management Construct Item	% Agreement/Disagreement	
 <p>BCPHS program has helped clients build better relationships with people who provide them with social and emotional support.</p>	100% of case managers agreed or strongly agreed	
	93% of clients agreed or strongly agreed	7% of clients disagree
 <p>BCPHS Staff encouraged clients to celebrate their success in the program</p>	100% of case managers strongly agreed	
	93% of clients agreed or strongly agreed	7% of clients disagree
 <p>Case managers consider all cultural considerations identified by the client</p>	100% of case managers agreed or strongly agreed	
	92% of clients agreed or strongly agreed	8% of clients disagreed

Case Management Construct Item		% Agreement/Disagreement	
 Case managers helped clients create their own long and short-term goals that are relevant to them	100% of case managers agreed or strongly agreed		
	92% of clients agreed or strongly agreed	8% of clients disagreed	
 Case managers helped clients gain access to the services they need to reach these goals	100% of case managers agreed or strongly agreed		
	92% of clients agreed or strongly agreed	8% of clients disagreed	
 Case managers facilitated and encouraged clients in gaining more independence from services, including “graduating” from the program.	100% of case managers agreed or strongly agreed		
	91% of clients agreed or strongly agreed	9% of clients disagreed	
 BCPHS Staff encouraged clients to reflect critically on how they arrived where they are.	100% of case managers agreed or strongly agreed		
	85% of clients agreed or strongly agreed	15% of clients disagreed	
 BCPHS program has helped clients build better relationships with landlords.	100% of case managers agreed or strongly agreed		
	72% of clients agreed or strongly agreed	23% of clients disagreed or strongly disagreed	
 BCPHS program has helped clients build better relationships with neighbors or other primary relationships.	100% of case managers agreed or strongly agreed		
	69% of clients agreed or strongly agreed	31% of clients disagreed or strongly disagreed	

These data informed key recommendations for continued application of the Case Management Standards in order to achieve program success benchmarks.

Key Program Successes

The goal of BCPHS was to support people finding stability in housing who have behavioral health needs and have experienced chronic homelessness. The following examples of client successes demonstrate how that was accomplished.

A

Client A successfully completed [their] first 12-month lease and did not receive any violations. This was a significant improvement from the other properties [they have] resided in with an HCV. Further, the housing stability [they were] able to achieve not only allowed [them] to address medical concerns that had previously gone untreated, but also resulted in [them] establishing a medical team that [they] selected and fulfilled the needs [they] require as a result of the trauma [they] experienced for decades.

B

Client B, after being unhoused for 12+ years, successfully completed [their] first 12-month lease and was asked to renew. Perhaps even more impressive, is that [the client] reached out to [their] treatment team for support when struggling with conflicts with neighbors prior to reacting in a way that could have resulted in lease violations, non-renewal of lease, and potentially being criminally charged if [the client] had reacted prior to contacting [their] BCPHS CM and IHH team.

Both of the above-mentioned clients indicated that the ongoing, in-home support they received from BCPHS Grant staff, and their treatment teams as a whole, were (and still are) integral in their ongoing success.

C

Client C moved into a place after living in the shelter for 2+ years and communicated to BCPHS Staff that [the client] had 'never been happier.' Even more encouraging, is that this remained to be [the client's] message to grant staff for several months following [their] move-in. BCPHS staff have every reason to believe [they are] still experiencing notable success, despite no longer having the in-home support.

D

Client D was in prison for over 10 years. Through the support the client received from both IHH and BCPHS staff, [they] flourished. After moving into [their] new home, [the client] was able to gain the stability and confidence to reconnect with [the client's children]. [The client] eventually even got a job that [they] maintained until [they] relocated to [another place], to be closer to [their] children.

The transformation BCPHS Staff witnessed was/is one of the most extraordinary staff been blessed enough to observe in several years in this field. The client became more confident, so much so that Client D told staff there were a couple of incidents at [their] job in which [they] felt a colleague was mistreating [Client D]. The client calmly and assertively spoke to the [person] saying that [Client D] will not allow [the person] to speak to [them] that way, especially in front of other workers. [Client D] said that following that conversation, the other [person] began interacting with [the client] with a whole new respect and kindness. The client's appearance even changed. [They] stood taller, made eye contact, got a haircut, and arranged every detail of [their] move with little help from staff, other than porting [their] voucher and assisting in [their] apartment search. The client sent staff pictures of the HOME [they] are now renting, what appeared to be a very nice home; [they] are with [their parent] in some of the pictures, smiling and appearing to be doing very well.

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