

CITY OF PHILADELPHIA  
OFFICE OF SUPPORTIVE HOUSING  
DAINETTE M. MINTZ, DIRECTOR

# Homelessness Prevention and Rapid Re-Housing Program

Public/ Private Stakeholder Recommendations

2009

[1401 JFK BLVD. PHILADELPHIA, PA 19102]

## Homelessness Prevention and Rapid Re-Housing

### Full Committee Recommendations

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The City of Philadelphia anticipates receiving an allocation of funding under the American Recovery Act for Homelessness Prevention and Rapid Re-Housing in the amount of \$21,486,240 or \$7.162M annually for 3 years. Funding will be used to assist persons affected by the current economic crisis that are at risk of becoming homeless or are currently homeless as defined by the McKinney Vento Act.

As a part of the public comment process, the Office of Supportive Housing convened committees of public and private stakeholders to review the guidelines of the Homelessness Prevention and Rapid Re-Housing Program and to provide recommendations on the programmatic designs of the following proposed activities:

1. Housing Prevention Summary (Community Based) – provide homeless prevention and retention assistance to low-income city residents who have delinquencies in rent and utilities. Case-management, legal services, credit repair can also be provided to assist households and ensure housing stabilization. HPRP is not intended to provide long term support for program participants, nor will it be able to address all of the financial and supportive services needs of households that affect housing stability. Focus should be on housing stabilization and linking participants to community resources and mainstream benefits.
2. Housing Diversion (Intake Center Based) - conduct assessment and remediation of households requesting shelter placement to determine housing retention possibilities and provide: rental, utility and delinquency assistance, 1<sup>st</sup> month rent or security deposit assistance or shallow rental assistance, motel costs when shelter is not available to prevent homelessness. Both the Appletree Family and Ridge Center Single Intake Centers will have program components.
3. Rapid Re-Housing – targeted to residents of City funded Emergency and Transitional Housing. Goal is to rapidly re- house households by providing 1<sup>st</sup> month rent, security deposit and short term rental assistance to households experiencing homelessness. Will include providing 1st month rent and security deposit for single households exiting shelter and drug treatment programs and entering PHA and Pathways Housing First.

Recommendations are organized by activity and comments are provided on the following: target population, program design, budget, # served, goals and outcomes. Summarized below are the parameters described in the HUD NOFA that were used in crafting the recommendations.

1. Eligible activities include:

- a. Short term rental assistance up to 3 months and medium term rental assistance up to 4- 18 months with assessments every 3 months
  - i. Subsidies can vary from shallow to 100% of rent
  - ii. Rental assistance can cover arrearages up to 6 months if the funding allows the household to remain in the housing unit or move to another unit
  - iii. Funding can not be provided for households already receiving another federal, state or local housing subsidy.
  - iv. Unit inspection required for initial inspections and annual if household remains in the unit over 1 year
  - v. HUD's standards of rent reasonableness will be used.
  - vi. Funding max is 18 months however assistance does not have to be continuous.
- b. Utility assistance up to 18 months and can include 6 months of arrears. In contrast to the requirement regarding rental assistance payments, utility deposits covering the same period of time in which assistance is being provided through another housing subsidy program are eligible as long as they cover separate cost types.
- c. Legal assistance to help households remain in their homes
- d. Housing Stabilization Specialists to assist households achieve housing stability
- e. Credit Repair

2. Ineligible Activities include:

- a. Construction or rehabilitation of property
- b. Credit card bills
- c. Consumer debt
- d. Car repair
- e. Transportation costs
- f. Travel costs
- g. Food
- h. Medical
- i. Dental care
- j. Medicines

- k. Clothing
  - l. Grooming
  - m. Home furnishings
  - n. Pet care
  - o. Entertainment activities
  - p. Work or education related materials
  - q. Cash assistance to program participants
  - r. Discharge planning development
  - s. Certifications, licenses or general training classes
  - t. HPRP may not charge participant fees
3. Risk Factors for homelessness for consideration by grantee and sub-grantees in developing programs (included in NOFA):
- a. Eviction within 2 weeks from a private dwelling (including housing provided by family or friends)
  - b. Discharge within 2 weeks from an institution in which the person has been a resident for more than 180 days
  - c. Residency within 2 weeks from an institution in which the person has been a resident for more than 180 days (including prisons, mental health institutions, hospitals)
  - d. Residency in housing that has been condemned by housing officials and is no longer meant for human habitation
  - e. Sudden and significant loss of income
  - f. Sudden and significant increase in utility costs
  - g. Mental health and substance abuse issues
  - h. Physical disabilities and other chronic health issues including HIV/AIDS
  - i. Severe housing cost burden (greater than 50% of income for housing costs)
  - j. Homeless in the last 12 months
  - k. Young head of household (under 25 with children or pregnant)- Heavier assistance may be considered
  - l. Current or past involvement in child welfare, including foster care
  - m. Pending foreclosure of rental housing
  - n. Extremely low income (less than 30 % of Area Median Income)
  - o. High overcrowding ( the number of person exceeds health and/or safety standards for the housing unit size)
  - p. Past institutional care (prison, treatment facility, hospital)- Ex Offenders
  - q. Recent traumatic life event, such as death of a spouse or primary care provider or recent health crisis that prevented the household from meeting it's financial responsibilities

- r. Credit problems that preclude obtaining housing
- s. Significant medical debt
- t. Domestic Violence

### **General Recommendations**

- 1) Create a Self Sufficiency Assessment tool to be used in all HPRP activities and as a baseline for case-management activities in shelter.
- 2) Redefine case-management services provided through HPRP activities as Housing Stabilization activities. Staff providing services will be referred to as Housing Stabilization Specialists (HSS).
- 3) Proactively reach out to households in need of HPRP services.
- 4) Use this funding as an opportunity to create systemic change.

### **Housing Stabilization Specialist Activities**

- 1) Conduct initial assessments that determine initial financial package of assistance and linkages to social services.
- 2) Create service plan that focuses on housing stabilization services and facilitates linkages to social services.
- 3) Assess initial need and continuing needs – minimum of 3 month check-ins
- 4) Ensure services provided meet household's needs.
- 5) Follow up with households should include status of: 1) Rent and utility payments 2) Effectiveness of linkages; 3) Additional support determination needed to keep the household stabilized.
- 6) Contact household every 3 months at a minimum if rental assistance was provided
- 7) Determine whether assistance should be extended.
- 8) Assist with budgeting - some connection to budgeting classes may be indicated for some households
- 9) Coaching
- 10) Home visits if necessary
- 11) Provide supports to plan for the end of this assistance

## Prevention Committee Recommendations

### **Target Population**

- 1) Households in need of rental or utility assistance to retain their current housing and prevent the household from entering the shelter system and do not qualify for other sources of economic recovery funding that can assist in preventing their impending homelessness.
- 2) Households in unfit housing so they can relocate and avoid entering the shelter system.
- 3) Households with incomes that do not exceed 50% of the Section 8 area median income.

### Comments

- 1) Prison discharge / prevention will not be targeted in this group. There are other sources of funds dedicated to prevention and discharge planning for this population.
- 2) Other funding sources are available to veterans.
- 3) Eligibility will be determined by a short risk assessment with scoring system that instructs level/intensity of HSS service and amount of rental, utility or security deposit assistance. Documentation of the following will be required.
  - a. Eviction notice
  - b. Utility shut-off notice
  - c. Notice of impending loss of income
- 4) If unfit housing is indicated, HSS worker visits home to determine need for services as a part of the assessment process.
- 5) Will assist youth aging out of foster care – DHS should be able to provide referrals

### **Program Design**

- 1) Households will seek services directly through community based prevention providers.
- 2) Households will be referred through the Diversion program. Prevention providers will administer packages of assistance that were initiated through Diversion.
- 3) Households will be served on a first come, first served basis.
- 4) Assistance will include: security deposits and rental assistance to households that have arrearages and /or need subsidies to retain their homes or relocate and utility assistance to households that have arrearages or need assistance with utility payments to retain their homes. Legal assistance will also be offered if it will help a household retain their housing.

- 5) Assistance packages will be determined by an assessment tool designed to determine the level and variety of needs of the households. Assessment tool will score risk factors across a variety of indicators determining the household's level of crisis and need for linkages to other resources.
- 6) Provider will conduct housing search, home inspections and rent reasonables for relocated households.
- 7) HSS should provide initial assessments and ongoing housing stabilization services to each household based on needs determined by the assessment tool.
- 8) Households will be provided the amount of financial assistance needed and as indicated by the assessment tool. Households will not be required to contribute 30% of their adjusted gross income towards living expenses. The committee agrees that households should receive the amount of financial assistance they need to achieve and maintain housing stability.
- 9) HSS will create service plans based on the assessment tool and will follow up with each household as indicated in the service plan.
- 10) Service plans will outline linkages recommended to each household, frequency of contacts needed, home visits needed and re-assessments needed.
- 11) Provider will have a system for ensuring that assistance packages are determined consistently and that continuing financial assistance is authorized by supervisory staff.
- 12) Households will not be limited to the number of time services are rendered. Total amount of financial assistance may not exceed 18 months.

### **Recommended Outreach**

- 1) Schools
- 2) Child Care providers
- 3) Shelters
- 4) Senior centers
- 5) Food Pantries
- 6) Colleges
- 7) Unemployment centers
- 8) Career Link
- 9) Churches, Mosques, Synagogues
- 10) MH/MR Centers
- 11) Health Centers
- 12) Medical Centers/ Outpatient Clinics

## Comments

- 1) May want to track how many households lost their income as a result of loss of employment.
- 2) We should serve households that have no income, but need to determine whether or not they can maintain housing after subsidy ends. Committee agreed that households that were working may have skills that will allow them to become re-employed and able to maintain their housing as the economy recovers.
- 3) OSH will issue an RFP that can be used to support security deposits and rent to prevent refugees fleeing other countries from becoming homeless.
- 4) Reviewed zip-codes currently served. Committee agreed not to focus PR efforts on the following zip-codes based on the high levels of income- 19118, 19104, 19106
- 5) Should focus on helping households retain housing.
- 6) Will help household relocate if necessary to another unit to prevent homelessness
- 7) Should serve those that are doubled up so that they don't enter shelter. Should ask a series of questions to discern households that need assistance to prevent them from becoming homeless versus households that don't need this assistance
- 8) Caseload for current Retention Programs is 50 to 60 households. This committee recommends caseloads of 25-40. Housing Stabilization Specialist will need to follow up with households unlike the current providers.
- 9) Develop tiers of HSS that will be instructed by the Self-Sufficiency Assessment. HSS worker will develop follow up plan based on initial assessment. HSS worker will do initial assessment, provide rental and utility assistance as needed, provide follow up, track services in HMIS data base. We do not want to prescribe length or level of service – HSS worker should have enough information from intake and repeated Self-Sufficiency Assessments to make those decisions.
  - a. Low level of services
    - i. when only security deposit assistance is needed
    - ii. less than 3 months of rental assistance is needed
  - b. High level of services
    - i. young mothers
    - ii. recipient has no income
    - iii. domestic violence suspected or reported
    - iv. recipient returns for services within 18 month timeframe
  - c. Home Visits
    - i. mandatory if 3 or more months of rental assistance is provided
    - ii. high risk families where violence or neglect is suspected

- d. Assessments should include strengths and be “trauma-informed”
- 10) Complete individualized budgets with each household. Encourage households to take budget classes as necessary.
- 11) HSS may refer client to Fair Housing Commission if housing is out of compliance
- 12) Providers will need to set up a quality assurance system to make sure that clients are treated fairly and monies are distributed according to need.
- 13) Households will not be required to “spend down” their resources to qualify for this funding.
- 14) HMIS may require that all financial and non-financial services be tracked
- 15) Want to provide quality services rather than just focus on quantity of HH served.

### **Budget and # Served**

- 1) Up to \$5K per household used as an approximate to determine number that can be served
- 2) 500-700 households (included households referred through Prevention providers and Diversion)

### **Goals**

- 1) Household gains stability
  - a. No recidivism for 6 months
  - b. Retains decent housing
- 2) Be proactive in providing assistance rather than reactive
- 3) Have a minimum services focus of “just enough” to stabilize HH
- 4) Fewer people entering shelter
- 5) Fewer people on the street

### **Outcomes**

- 1) 5% less households entering shelter
- 2) 5% fewer people on the street
- 3) Lower shelter point in time counts
- 4) 250-350 Households served through community based providers
- 5) 250-350 Households served through Diversion

## **Diversion Committee Recommendations**

### **Target Population**

- 1) Households requesting shelter placement at Appletree Family Center or Ridge Ave Men's Shelter that have been assessed as able to be successfully diverted from shelter services.
- 2) Households with incomes that do not exceed 50% of the Section 8 area median income.
- 3) Households that do not qualify for other sources of economic recovery funding that can assist in preventing their impending homelessness.

### Comments

- 1) Focus on households that can be stabilized by meeting primary need of financial assistance (rent, security deposit, or utilities) and can sustain housing once assisted.
- 2) Domestic violence situations or other cases where significant incidents/histories of trauma may interfere with stabilization. Households indicating that they are fleeing domestic violence may not be successful diversion candidates but instead need the safe haven of a DV shelter.
- 3) Households diagnosed with MH and D&A should be assisted if they demonstrate stability and ability to be diverted successfully.
- 4) For families that are doubled up, ask some screening questions, i.e. "How many people are living in the house? Do you feel safe where you are living? How many times have you moved in the last year?"

### **Program Design**

- 1) All households seeking emergency housing services at Appletree Family center or Ridge Ave Men's Shelter during normal business hours will be assessed for diversion.
- 2) Households will be served on a first come, first served basis.
- 3) Pre-assessment questions will be asked at the time of sign-in to determine if the household is an appropriate candidate for diversion.
- 4) Once determined appropriate for diversion, social workers will further assess the household's needs using the self-sufficiency assessment..
- 5) Social Workers will provide households with completed assessment and refer household to Prevention who will administer financial package, facilitate social service linkages and conduct necessary follow up.

- 6) Social workers will provide family remediation as necessary.
- 7) Analysts assigned to Diversion will work with social workers in facilitating the diversion process by making determinations on hotel vouchers, facilitating smooth transition for households to prevention providers and trouble shooting.
- 8) Households will be referred to the Prevention provider of their choice. See program design under Prevention.

### Comments

- 1) People with no resources many need to be provided shelter and then rapidly re-housed
- 2) Can place people in motels until housing is found- only if no shelter placements are available
- 3) Domestic Violence placement may need to be diverted to rapid re-housing. Domestic Violence survivors may need more support

### **Budget and # Served**

- 1) Diversion funding will be shifted to the Prevention Providers with the exception of some funding to cover hotel stays as needed.
- 2) Divert 250-350 households from entering shelter

### **Goals**

- 1) 5% less households entering shelter.
- 2) Households sustain housing a minimum of 6 months past assistance
- 3) Build public/private support for more affordable housing
- 4) Maximize number of people served who are truly at risk for homelessness

### **Outcomes**

- 1) Lower point-in-time count
- 2) Reduce recidivism of HH who have received assistance

## **Rapid Re-Housing Recommendations**

### **Target Population**

- 1) Households currently living in: emergency housing, transitional housing, Department of Behavioral Health facilities, and/or referred from the Prevention or Diversion programs.
- 2) Self referrals will not be accepted. Other households should be redirected to Prevention providers.
- 3) Household's targeted under the Mayor's Strategy will be assisted with security deposit and 1<sup>st</sup> month's rent
- 4) Households with incomes that do not exceed 50% of the Section 8 area median income.
- 5) Households that do not qualify for other sources of economic recovery funding that can assist in preventing their impending homelessness.

### **Program Design**

- 1) OSH will issue an RFP to solicit Rapid Re-Housing providers to serve as the single point of contact for OSH.
- 2) The provider(s) will be expected to perform all housing and HSS activities including, initial assessment, determination of household eligibility and need, housing search assistance, inspections, rent reasonables, distribution of financial assistance, facilitation of social service linkages, re-assessments of household needs and HSS follow up.
- 3) The selected provider should create a department or subcontract with an additional agency to perform HSS activities as necessary. Recommend caseloads of 25-40 households per HSS worker.
- 4) OSH should select a provider(s) that can handle families and singles or consider selecting more than one provider that can handle different needs of each population.
- 5) Eligible households will be assessed and referred for rapid re-housing by their existing housing provider or prevention or diversion staff to the rapid re-housing provider.
- 6) Households will be served on a first come first served basis.
- 7) Assistance packages will be determined by an assessment tool designed to determine the level and variety of needs of the households. Assessment tool will score risk factors across a variety of indicators determining the household's level of crisis and need for linkages to other resources.
- 8) HSS should provide initial assessments and ongoing housing stabilization services to each household based on needs determined by the assessment tool.

- 9) Households will be provided the amount of financial assistance needed and as indicated by the assessment tool. Households will not be required to contribute 30% of their adjusted gross income towards living expenses. The committee agrees that households should receive the amount of financial assistance they need to achieve and maintain housing stability.
- 10) HSS will create service plans based on the assessment tool and will follow up with each household as indicated in the service plan.
- 11) Service plans will outline linkages recommended to each household, frequency of contacts needed, home visits needed and re-assessments needed.
- 12) Providers will have a system for ensuring that assistance packages are determined consistently and that re-assessments of assistance needed are authorized by supervisory staff.
- 13) Households will not be limited to the number of time services are rendered. Total amount of financial assistance should not exceed 18 months.

### Comments

- 1) May be a good opportunity to design living arrangements, such as congregate living, that groups of men and women may be able to maintain together.
- 2) Households cannot “double- dip”. Funding can support security deposit and first month’s rent going into an assisted facility however- multiple payments can not be made on the same cost factor.
- 3) Households in EH and TH that would be good candidates to move in to the community independently- should not wait till a household is at the end of their TH stay.
- 4) Households should be selected that can support themselves independently after the subsidy ends. May be good to target households that are designated to receive PHA subsidies or can move into tax credit properties
- 5) Would be helpful for households to have income or prospect of receiving sufficient income to sustain housing.
- 6) Households will not be required to “spend down” their resources to qualify for this program.
- 7) Households referred will not require aftercare from the referring Provider.
- 8) Households that fail will not be returned to referring Provider.
- 9) Households rejected will not jeopardize their current placement
- 10) If a household is rejected- a clear explanation should be given so that the households can work towards being referred again
- 11) Local housing code can be used. HQS not required
- 12) Rent reasonables will be required.
- 13) Referral process and criteria should be clear.

- 14) Referring agencies should use best judgment in making referrals and will not be penalized for referrals not accepted.
- 15) Provider processing referrals will determine eligibility and package of assistance and will communicate any rejections in writing to the household. Reasons for rejections should be clear so that households have the ability to re-apply.
- 16) Rejected households should have a deadline to fix items and re-apply.
- 17) Need to have a system in place to ensure that all EH and TH are submitting referrals- an allocation should not be prescribed
- 18) HMIS may require that all financial and non-financial services be tracked
- 19) Want to provide quality services rather than just focus on quantity of HH served

### **Budget and # Served**

- 1) Up to \$5K per household used as an approximate to determine number that can be served
- 2) 500-700 households

### **Goals**

- 1) Singles/families that are placed maintain housing stability
- 2) Strive for quality of services over quantity
- 3) Increase access to affordable housing
- 4) Identify profiles of individuals/families who will do best in Housing First placements

### **Outcomes**

- 1) Reduce emergency housing census by 5%
  - 2) Reduce amount of time it takes to place EH and TH in permanent housing
  - 3) At six month benchmark, no recidivism - we will know this by the HMIS tracking of singles or families who show up back at café or shelter.
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### **Committee Participants**

Prevention: Phyllis Ryan Jackson (PCEH), Robert Hayes (Bethesda Project), Laura Weinbaum (Project HOME), Maria Frontera (Health Federation of Philadelphia), Nicole Lawrence-White (TURN), Joye Presson (OSH), Sue Dichter (OSH), Katrina P. Roebuck (OSH)

Meeting Dates: 3/31, 4/6, 4/13, 4/20

Diversion: Carissa Feguson (DBH), Phyllis Ryan Jackson (PCEH), Rachel Falkove (NPIHN), Ed Speedling (Project HOME), Joye Presson (OSH), Sue Dichter (OSH), Katrina P. Roebuck (OSH)

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Meeting Dates: 4/1, 4/7, 4/14, 4/21

Rapid Re-Housing: Phyllis Ryan Jackson (PCEH), Jason Miller (Bethesda Project), Jennifer Leith (HAFI), Anne Marie Collins (Drueding Center), Laura Weinbaum (Project HOME), Allison Roth-Kerner (PEC), Phila Lord (TURN), Marcella Maguire, (DBH), Jenna Nottingham (FRP), Joye Presson (OSH), Sue Dichter, (OSH), Katrina P. Roebuck (OSH)

Meeting Dates: 4/2, 4/8, 4/15, 4/23

## **Materials / Background Information**

HUD NOFA - Notice of Allocations, Application Procedures, and Requirements for Homelessness Prevention and Rapid Re-Housing Program (HPRP) Grantees under the American Recovery and Reinvestment Act of 2009

HUD Audio Broadcast – April 8, 2009

HUD HPRP Questions and Answers

National Alliance to End Homelessness (NAEH) **HPRP: Opportunities for Systems Transformation and Sustainability** - Audio Broadcast and written summary– April 16, 2009

HUD HPRP Resources ([www.hudhre.info](http://www.hudhre.info))

Noteworthy Homeless Prevention and Rapid Re-Housing Programs in Other States:

Rapid Re-housing for Families – Los Angeles <http://www.beyondshelter.org>

Rapid Re-housing and Prevention – Hennepin County, MN

<http://www.monarchhousing.org/wordpress/wp-content/uploads/2008/05/rapid-rehousing-hennepin-county.pdf>

Targeting Neighborhoods – New York City

<http://www.nyc.gov/html/dhs/hlm/atrick/homebase.shtml>

Connecting to Schools – Columbus, Ohio [www.csb.org](http://www.csb.org)

Connecting to TANF – Westchester County, New York

Connecticut Coalition to End Homelessness [www.cceh.org](http://www.cceh.org)

Articles:

Burt, M., Pearson, C. & Montgomery, A., (2007) Community-Wide Strategies for Preventing Homelessness: Recent Evidence. *Journal of Primary Prevention*, 28: 213-228

Cunningham, M., (2009), Preventing and Ending Homelessness – Next Steps. *Urban Institute Metropolitan Housing and Communities Center*.

Kusserow, R. Homeless Prevention Programs. *Department of Health and Human Services Office of Inspector General*.

Lindblom, E., Toward a Comprehensive Homelessness-Prevention Strategy. *Housing Policy Debate*. Vol. 2, Issue 3. 957-1025.

Marshall, S., Washington, D.C. Community Care Grant Program: “housing first” for families powerpoint presentation

Shinn, M., Baumohl, J. & Hopper, K., (2001) The Prevention of Homelessness Revisited. *Analysis of Social Issues and Public Policy*, 95-127.

Tsemberis, S., Pathways’ Housing First: Ending homelessness and supporting recovery for people with co-occurring diagnoses powerpoint presentation.