

RHODE ISLAND HPRP-FUNDED PREVENTION PROGRAM

Rhode Island's statewide prevention program, funded by HUD's Homelessness Prevention and Rapid Re-housing Program (HPRP), was administered by a partnership of the four entitlements in the state. In Rhode Island, HPRP provided short- to medium-term financial assistance to 806 persons (362 households) as of September 30, 2010. Participants stayed in the program an average 122 days and a median 100 days.

The amount of assistance to participants was based on their individual needs, and case management services were focused on housing stabilization. The program made legal services available to participants who could benefit from it. The program largely emphasized moving participants into safer and more affordable housing to increase long-term sustainability.

Community Description

Within the state of Rhode Island, the 2010 homeless point-in-time count showed 761 people in emergency shelter, 445 in transitional housing, and 76 unsheltered, totaling 1,282.¹³⁷ The annual unduplicated count from the homeless management information system (HMIS) showed 4,398 people accessed the shelter system in 2010.¹³⁸

The Consolidated Homeless Fund (CHF) Partnership (comprised of the state of Rhode Island, city of Pawtucket, city of Providence, and city of Woonsocket) along with the Rhode Island Housing Resources Commission (HRC)¹³⁹ coordinates all homeless efforts within Rhode Island, including program design and funding application and coordination processes. The CHF Partnership and HRC work closely with local county and city governments and service providers to coordinate homeless sheltering, planning, and service delivery. Rhode Island Housing (the state's mortgage and finance agency) oversees the application for the Rhode Island statewide Continuum of Care (CoC) on behalf of the HRC/CHF Partnership. The CoC covers the entire geographic area of the state, which consists of five counties. According to the 2010 housing inventory, the state's sheltering stock included 771 emergency beds, 17 safe-haven beds, 427 transitional housing beds, and 1,321 permanent supportive housing beds.

The Rhode Island Housing Resources Commission is also responsible for developing and adopting the state's homelessness plan and for overseeing its implementation. In March 2012, HRC finalized and adopted *Opening Doors Rhode Island*, a revised plan to end homelessness that is more targeted and aggressive than the prior ten-year plan and aligns more closely with the "Opening Doors" federal strategic plan.¹⁴⁰ On April 5, 2012, the Rhode Island Interagency Council on Homelessness approved the new \$130 million plan; state funding for the plan remains uncertain. Rhode Island's revised plan builds on the success of the HPRP prevention component.

DESIGN AND SETUP OF HPRP PREVENTION

Rhode Island received HPRP funds through four grantees: the Rhode Island Office of Housing and Community Development (\$3,282,670), and the cities of Pawtucket (\$845,934), Providence (\$2,303,402), and Woonsocket (\$545,802). The four grantees chose to form the Rhode Island HPRP-Partnership (the

¹³⁷ http://www.hudhre.info/CoC_Reports/2010_ri_pops_sub.pdf.

¹³⁸ <http://www.rihomeless.org/AboutHomelessness/HomelessnessStatistics/tabid/248/Default.aspx>.

¹³⁹ <http://www.hrc.ri.gov/index.php>.

¹⁴⁰ <http://www.epaperflip.com/aglaia/viewer.aspx?docid=1dc1e97f82884912a8932a3502c37c02>.

Partnership) to create and implement a single statewide program, with a total of \$6,977,808. The Partnership allocated approximately 63 percent of the funds to prevention activities, 30 percent to rapid re-housing, 2 percent to homeless management information system (HMIS) activities, and 5 percent to administrative support. The four grantees each contributed administrative funds for a full-time HPRP coordinator for the statewide HPRP program, employed by the Office of Housing and Community Development, Office of Homelessness. The HPRP coordinator was responsible for developing and providing HPRP-related training and technical assistance; monitoring grantees and subgrantees; and assisting with required documentation and reporting. The HPRP coordinator also facilitated monthly workshops and training opportunities to support understanding of HUD policies and procedures.

The Partnership chose not to target any specific populations and to allow all program activities and eligible populations, in order to address the full range of needs and to learn applicants' needs to better inform decision making in the future. The program was designed with monitoring in mind, and documentation standards were prescriptive. Subgrantees set their own goals and determined any program specific entry criteria beyond HUD eligibility.

IMPLEMENTATION

The Partnership funded 20 subgrantees. Of these, eight conducted prevention only and seven conducted both prevention and rapid re-housing. The Partnership selected two subgrantees to perform specific roles in the HPRP implementation. Rhode Island Legal Services (RILS) was chosen to provide HPRP clients facing eviction with legal assistance. The Rhode Island Coalition for the Homeless (RICH), which managed the state's HMIS, received funds for HPRP activities.

With the exception of RILS and RICH, subgrantees conducted screening and assessment, developed individualized housing stability action plans with clients, provided direct financial assistance, and provided ongoing case management. The subgrantees were responsible for determining assistance depth and time frames, referring to other resources, assuring client continued eligibility, and entering HPRP data into HMIS.

Outreach

Applicants primarily used the agency's existing outreach and marketing strategies to conduct outreach for HPRP. This included presence in the community, mailers, and flyers sent along with notices from the Low-Income Home Energy Assistance Program and Temporary Assistance for Needy Families. The list of HPRP service providers, along with their geographic area and contact information, was accessible on the HRC website. The biggest outreach and marketing tool was word of mouth. Providers found they were quickly operating their programs at maximum capacity with minimal outreach.

Point of Entry

There was no single point of entry or referral for Rhode Island's HPRP program. Clients were screened and assessed by the subgrantee in their area and referred to partner agencies for additional services if necessary. Prospective applicants were often identified through subgrantees' normal course of business (e.g., a client presenting for fuel assistance may mention rental assistance; these clients were automatically sent to HPRP for screening and assessment). RILS and the statewide 211 system also referred potential participants to the subgrantee providing services in the relevant geographic area.

Intake: Eligibility and Assessment

All HPRP subgrantees used standard initial screening, assessment, and recertification forms.

1. *Prescreening.* Applicants typically presented via telephone calls or walk-ins and were prescreened for eligibility based on a quick 5 to 10-minute form that evaluated resources, income, and housing status. Applicants found potentially eligible were scheduled for or referred to a subgrantee for screening and assessment.
2. *Screening and assessment.* During screening and assessment, case managers obtained necessary documentation and gathered indepth information on the participant's situation and background to verify eligibility. In addition, case managers obtained information to inform the housing stabilization plan, develop the participant's budget, and determine the extent and type of financial assistance needed. The form completed at assessment examined seven components, including housing information, an income assessment, an imminent risk of homelessness assessment, and other considerations. The information obtained during the assessment determined whether to enroll an applicant in HPRP. Once the applicant completed the assessment and all documentation was collected and verified, case managers made a final determination whether the applicant was a good fit for the program.
3. *Service package determination.* Case managers used information collected during the assessment to determine the participant's housing stabilization plan, including the level of assistance provided. The amount and type of financial assistance was based on the budget, housing stabilization plan, and assessment of current housing situation.

“But For” and Sustainability Rules

During screening, applicants had to demonstrate a lack of financial resources or housing options and show that they had attempted to use other community resources to alleviate their imminent risk of homelessness (General Assistance, etc.). Applicants had to show they would be evicted within 1 to 14 days and were unable to articulate any alternative housing options (i.e., would end up on the street or entering emergency shelter).

The prescreening form also asked specific questions to determine the applicant would be homeless “but for” HPRP assistance:

- Can the household move in with family or friends?
- Does the household have other housing options available?
- Does the household have adequate financial resources to avoid becoming homeless?
- Can the household consolidate or look for a roommate?
- Has the household pursued all other housing options and resources?
- How long before the household becomes *literally* homeless (not couch surfing)?
- What will the household do if found ineligible for HPRP assistance?

The prescreening form asked specific questions to assess the applicant's potential for sustainability. These questions aimed at understanding long-term income and housing prospects, as well as some housing history. In addition to the prescreening questions, the assessment and housing stability planning looked at these indicators of sustainability more thoroughly by asking more in-depth questions about the applicant's situation and background. In determining sustainability, case managers looked for evidence that the applicant would not need long-term or intensive financial or service supports. Some criteria indicating a potential need for long-term support included minimal income or potential for income, barriers to employment, the presence of severe substance abuse or mental illness within the household, and a longstanding history of housing issues. Applicants with long-term support needs were typically referred to more appropriate programs. However, a few subgrantees chose to serve participants with higher barriers to housing and typically used case management to connect them to long-term supports.

Prevention Activities

Although the grantee permitted subgrantees to provide any types of financial assistance and services allowable under HUD regulations, the services provided most often were rental assistance, security or utility deposits, case management, legal services, and credit repair. In addition, subgrantees were required to provide financial literacy services to participants.

Financial Assistance. Once enrolled in the program, participants worked with a case manager to complete a housing stabilization plan and to determine the types and amounts of financial assistance. This process typically included developing a thorough budget and assessing the suitability of the current housing situation.

Subgrantees assessed the suitability of the current housing situation by evaluating whether the current unit was affordable and sustainable given the participant's income, and if the housing met lead and habitability standards. All units had to have a lead certificate of conformance, a lead-safe certificate, a lead-free certificate, or a deed illustrating construction on or after January 1, 1978, and had to meet habitability standards or HUD housing quality standards.

In general, the grantee and subgrantee stressed that moving a participant into safer, more affordable housing was often the best option. Subgrantees viewed moving as a better use of HPRP funds when participants owed a large amount of arrears or landlord relations were strained. Approximately 60 to 80 percent of participants receiving prevention moved into new units. If moving, participants could receive security or utility deposits and ongoing rental assistance.

On average, participants received approximately 3 to 4 months of rental assistance. Some of the subgrantees chose to provide a graduated subsidy to all participants, and others chose to provide a graduated subsidy case by case based on participant need. Participants typically received rental and utility assistance month to month to ensure continued engagement in case management. Case managers held clients to tasks/housing stabilization plan, client would be required to complete GED course, show savings, show payment of an outstanding bill, etc. The focus of the assistance was on achieving a reasonable likelihood of sustainability rather than providing services and assistance for a set period.

Case Management. Each participant worked with his or her case manager to complete a housing stabilization plan. The plan focused on housing, but during its development, other issues were also considered. This is often when case managers referred clients to other resources. What was included in the plan and its resultant services depended entirely on the participant's household needs. The focus was on achieving a reasonable likelihood of sustainability rather than providing services and assistance for a set period. Case managers expected participants to show ongoing progress toward their goals.

Supportive Services. All participants were required to participate in financial literacy support and training. The content and format of the financial education was determined by each subgrantee. Participants also completed a monthly budget to support sustainability and financial goals. Some subgrantees also required households to maintain a spending diary and perform other financial activities, such as opening a checking account, to show progress toward financial sustainability.

Approximately 18 percent of the prevention participants also enlisted Rhode Island Legal Services, a statewide provider specializing in low-income and homeless people's needs. These services include review of legal documents for errors, negotiations with landlords, tenant and landlord rights training and advocacy, and legal representation at housing court. RILS educated the other subgrantees about tenant and landlord rights, the eviction process, the services that they provide, and other legal issues.

DATA AND MONITORING

The HPRP coordinator conducted multiple monitoring visits to subgrantees on behalf of the Partnership over the course of the program and had direct access to HMIS data to monitor clients. The HPRP coordinator also implemented a training program that consists of mandatory monthly meetings for HPRP staff and case managers.

Subgrantees entered all HUD-required HPRP HMIS data elements. In addition, they used HMIS to complete a self-sufficiency matrix upon clients' entry to the program and again at exit. The Rhode Island HMIS was an open system (i.e., it shared limited data) and covered the entire state. Eight of the subgrantees were new to HMIS (primarily the community action agencies). The grantees used HMIS data regularly for research and analysis and, therefore, all HMIS participants were aware of the importance of complete, accurate, and timely data. HMIS was able to respond quickly and inform program monitoring, future program design, and a deeper understanding of the Rhode Island homeless population. Rhode Island is analyzing HPRP data in the design of the Emergency Solutions Grant Program.

PLANS FOR THE FUTURE

Prevention activities will continue in Rhode Island through the Emergency Solutions Grant, and the HPRP coordinator will remain on staff to coordinate the new program. The grantee integrated lessons learned into the design of the ESG program. In particular, case management will be provided statewide, "but for" criteria will be more restrictive (e.g., direct diversion from shelter, on shelter waiting list, or existing court eviction), and grantees will focus on serving fewer people with more support.

Case managers will be required conduct frequent home visits to help identify couch surfers so they can more meaningfully engage (and understand the true extent of) that population. Rhode Island is also looking to implement a centralized waitlist for housing and screening forms into HMIS, to ease data collection and speed data entry.

Exhibit E.22: State of Rhode Island, City of Pawtucket, City of Providence, and City of Woonsocket Prevention Overview, Homelessness Prevention and Rapid Re-housing Program

	Persons		Households	
	#	%	#	%
Total served Year 1 ^a	2,177	100	852	100
Persons in families	1,682	77	—	—
Adults without children	400	18	—	—
Total served Year 2 ^a	2,035	100	766	100
Persons in families	1,680	83	—	—
Adults without children	316	16	—	—
HPRP services				
Rental assistance	—	—	752	59
Case management	—	—	1,120	88
Security/utility deposits	—	—	451	35
Outreach and engagement	—	—	3	<1
Utility payments	—	—	126	10
Housing search/placement	—	—	64	5
Legal services	—	—	211	17
Credit repair	—	—	584	46
Motel and hotel vouchers	—	—	2	<1
Moving cost assistance	—	—	19	
Destination^b				
Total leavers	2,953	100	—	—
Homeless	34	1	—	—
Institutional setting	5	<1	—	—
Permanent housing with subsidy	275	9	—	—
Permanent housing without subsidy	2,406	81	—	—
Family or friends	10	<1	—	—

Source: Rhode Island Office of Housing and Community Development Annual Performance Report Data, 2009 program start through September 30, 2011.

a Total served numbers may not add to 100 percent because the “children only” and “unknown” categories are not included in this table. Numbers may add to greater than 100 percent due to data reporting errors.

b Destination numbers may not add to total leavers because the “other,” “hotel/motel,” “unknown,” and “deceased” categories are not included in this table.

“Homeless” includes the following destinations: emergency shelter, TH for homeless persons, staying with friends (temporary tenure), staying with family (temporary tenure), place not meant for human habitation, safe haven, and hotel or motel paid by client.

“Institutional setting” includes foster care, psychiatric facility, substance abuse or detox facility, hospital (non-psychiatric), and jail or prison.

“Permanent housing” with subsidy includes housing owned by client with ongoing subsidy, rental by client with VASH subsidy, rental by client with other ongoing subsidy, and Permanent Supportive Housing for Homeless Persons.

“Permanent housing” without subsidy includes housing owned by client without ongoing subsidy and rental by client with no ongoing subsidy.

“Family or friends” includes living with family, permanent tenure or living with friends, permanent tenure.