RAPID RE-HOUSING FOR HOMELESS FAMILIES
DEMONSTRATION PROGRAMS EVALUATION REPORT

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PART I: HOW THEY WORKED— PROCESS EVALUATION

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Acknowledgments

Foreword

In 2009, the U.S. Department of Housing and Urban Development (HUD) awarded funding to 23 communities to implement a demonstration program to expand a promising new intervention for addressing homelessness among families. The *Rapid Re-housing for Homeless Families Demonstration* (RRHD) program awarded the first set of federal funds intended to support the expansion of this new model of homeless assistance nationwide. Rapid re-housing is designed to enable households to exit shelter quickly by assisting them in finding a housing unit in the community and subsequently providing them with a short-term housing subsidy (not to exceed 18 months) along with a modest package of housing-related services designed to stabilize the household in anticipation of the conclusion of rental assistance.

HUD's evaluation of the RRHD program sought to understand the variations among rapid re-housing programs established in the demonstration communities and also the outcomes of the families served through the program. Key observations include—
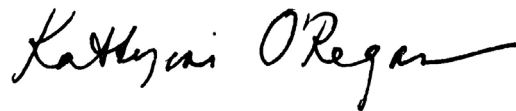
- Grantees varied greatly in all aspects of program implementation, including (1) structure and length of the housing subsidy, (2) breadth of the package of supportive services offered, (3) intensity of case management, and (4) target population.

- Families had a low likelihood of returning to emergency shelter within the study period— a review of Homelessness Management Information System, or HMIS, data found that only 10 percent of households served experienced at least one episode of homelessness within 12 months of program exit.

- Families were highly mobile following the end of program participation—76 percent of households moved at least once within the 12-month period following their exit from the RRHD program.

From the perspective of the homeless assistance system, which has the role of reducing the number of households that experience homelessness, this outcome is excellent. That said, the high rate of mobility raises some concerns, as does the finding that family income showed little or no increase, and very few families exited the program with any type of subsidized housing assistance. These findings suggest that the short-term assistance offered may be just that, and that some families who continue to struggle with severe poverty may find themselves again in housing crisis before too long. From a homelessness prevention perspective, this finding is vexing.

Since the time that this demonstration was initiated in 2009, communities have moved swiftly to implement rapid re-housing programs and to refine the model to meet the needs of the homeless households presenting for assistance

and also the conditions of the local housing market. Considerable attention has also been paid to how communities measure the success of their rapid re-housing programs: Should the goal of the intervention be housing stability or avoidance of a return to shelter? Should rapid re-housing be considered an intervention with long-term or short-term goals? The evidence generated through this research effort does not definitively answer these questions, but rather it adds to the collection of findings that is helping to shape what we know about how rapid re-housing programs are implemented and to considerations for the proper role of rapid re-housing programs in a communitywide response to homelessness.

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Executive Summary

Rapid re-housing is a homeless assistance strategy that provides homeless families with immediate, temporary assistance to help them return to permanent housing and to promote their housing and economic stability. This approach has been growing in popularity for 10 years. In 2007, in response to the growing emphasis on rapid re-housing, the U.S. Congress appropriated $23.75 million for the Rapid Re-housing for Homeless Families Demonstration (RRHD) program. As part of its 2008 competitive application for McKinney-Vento Homeless Assistance Act funding, the U.S. Department of Housing and Urban Development (HUD) awarded RRHD grants to 23 communities to serve homeless families with moderate barriers to housing.

Along with appropriating the RRHD funding, Congress mandated an evaluation of RRHD activities and their effect on families. This report describes the findings of that evaluation's first phase, a process evaluation examining how programs were designed and how they are being implemented. The findings were distilled from information gained during site visits or intensive phone interviews with all 23 RRHD grantees conducted between February and May 2011.[1] Results are organized to answer the following research questions established by HUD.

How Do RRHD Programs Fit Into Their Communities?

HUD expected communities to design their RRHD programs to complement other available resources and reflect community conditions. RRHD programs fulfilled this expectation in numerous ways.

- Each successful RRHD application evolved through an analytic process within local Continuums of Care (CoCs), which were involved either as RRHD grantees themselves or as the entity that selected grantees from among possible agencies.

- CoCs chose agencies to become RRHD grantees that had significant experience working with homeless families, often through previous rapid re-housing programs. Twelve RRHD agencies and their communities had rapid re-housing programs in place before applying for RRHD grants, two others had programs that closely resembled rapid re-housing, and several had committed themselves to rapid re-housing philosophically and were actively seeking funding sources when the RRHD program was announced. The existence of rapid re-housing before RRHD informed each community's program design.

- Community context strongly influenced RRHD program design and client selection.

- Communities that had alternative interventions available for families tended to be highly focused on the families they enrolled in RRHD, because they had the resources to send families to other programs more appropriate to their circumstances, needs, and barriers. Communities with fewer or no other options tended to accept families with a broader need profile into their RRHD program if the program had sufficient capacity.

- Communities that had both RRHD and a different rapid re-housing option that included coverage for education and training sent families to the latter if a member of the family wanted to enroll or was already enrolled in a course of study that would enhance the family's progress toward self-sufficiency.

- Communities with very high housing costs tended to target families with minimal rather than moderate barriers, reasoning that only families with strong skills and solid work histories would be able to reach self-sufficiency in the period of time that the RRHD program could help them with rental assistance. Grantees in communities with a more mixed housing picture were more flexible, with the most inclusive programs accepting about 80 percent of families coming through emergency shelter into their RRHD programs.

Implication: Rapid re-housing programs should be designed to reflect the local context, including the availability and focus of existing homeless prevention and assistance programs, local housing costs, and other homeless system goals and strategies.

How Do RRHD Programs Identify Appropriate Participants?

This research question has two components: (1) "How do families learn about and approach an RRHD program, and (2) How are families selected to receive services from the RRHD program?"

Prospective RRHD families learn about the program in numerous ways, including being referred by emergency shelter providers, hearing about it from friends, or calling 2-1-1 or another centralized information and referral service. However families hear about the program, RRHD communities are generally divided into two groups, depending on whether the communities have a centralized system of intake and referral among homeless programs or operate in decentralized structure.

1. Centralized intake structures provide a single point of entry into the homeless system that is organized to answer, "Of the several services available, what mix of housing and service assistance is best for this family?" Approximately one-third of the RRHD sites have tightly organized central intake structures, and four others have a modified form of central intake.

   Communities with centralized intake generally place a range of resources at the disposal of the intake agency. The agency's job is to learn enough about a family to determine what it needs and to decide which of the program and resource types available best suits the family's needs. If the answer is rapid re-housing, the family is offered rapid re-housing; otherwise, the family is referred elsewhere.

   In communities with centralized intake, the screening and much of the assessment process occur immediately upon entry to the homeless system and tend to be intensive and deliberately tied to making enrollment determinations across multiple housing and service options. The options usually include diversion from shelter (that is, homelessness prevention) and shelter or other homeless assistance programs.

2. Noncentralized intake structures rely on individual programs to screen families and, at intake, each answers, "Should we accept this

family into our rapid re-housing program?" Eleven communities use a noncentralized system where a family approaches the RRHD provider agency directly and the agency makes a decision about whether it thinks the family is right for its program. In these communities, screening generally occurs after a family enters shelter (that is, diversion is not an option for most families). Once a family has entered shelter, shelter caseworkers make decisions about where to refer families, often without thorough knowledge of the program availability and eligibility criteria and certainly without control over the outcome of the referral.

Implication: Based on information gathered for this evaluation, a decentralized approach seems to be less efficient and possibly less effective than a centralized model, unless it is strongly coordinated across intake points.

Screening, Assessment, and Family Selection Into RRHD Programs

All RRHD programs had to work with the eligibility criteria HUD set for the RRHD program, which were that families must (1) include at least one child; (2) be literally homeless; (3) have at least one moderate barrier to housing; and (4) be able to independently sustain themselves, with or without a subsidy, after a short period of time. The first two criteria are relatively clear; RRHD programs differ substantially, however, in what they consider a moderate barrier and what they perceive it will take to be able to sustain one's family independently.

- HUD defined moderate barriers, but RRHD programs varied in how they interpreted and applied the definitions. For example, some programs rated "having a low-paying or part-time job" as a moderate barrier, while for others, only "long-term unemployment" would have been considered a moderate barrier.

- In addition to differences in interpreting different barriers, programs varied greatly in how many barriers they considered in making the decision to accept a family into the program. Some focused only on information related to the major areas in which they expected to make a difference with housing access or stability, of which housing, employment, and income were the top three. Other programs included as many as 18 or 20 domains in their consideration of a family's appropriateness for their services and gave equal consideration to housing, employment, mental health, public benefit use, and involvement in community activities such as the Parent Teacher Association.

- Programs focused strictly on housing-related domains tended to accept families with higher barriers, in part because they did not penalize families for barriers that would not directly affect housing placement and in part because they had developed targeted strategies to mitigate significant barriers to re-housing.

- The eligibility criterion that families must have the ability to sustain themselves after assistance was also interpreted differently. Despite HUD's explicit inclusion of the receipt of a rent subsidy as one way to be able to sustain oneself in housing, several RRHD programs thought of sustainability only in the sense of what a family could do for itself. In some communities, this interpretation reflected the scarcity of available subsidies, but even in communities with available subsidies, some programs screened out families who they deemed unlikely to be able to pay their full rent unassisted after program completion.

- Differences among RRHD programs often reflect different philosophies about rapid re-housing and the characteristics of families who should be served by these programs, the range of other housing and service options within the local community, the cost of housing relative to the length of assistance offered, and the feasibility of families becoming economically self-sufficient within that timeframe.

- Some programs use highly selective criteria, based on beliefs that only those families with high levels of self-sufficiency and few barriers will be able to maintain permanent housing with time-limited assistance and that other families will benefit from other types of assistance in shelters, transitional housing programs, or longer-term interventions—whether or not the local housing and homeless assistance system has the capacity to offer enough assistance to respond to those needs. In some cases, programs that use highly selective criteria were unable to find enough homeless families who qualify to participate in the program.

- Other programs have adapted their selection criteria as they have gained experience with the rapid re-housing model, using more selective criteria when offering only short-term rental assistance. These programs balance their criteria for short-term assistance with much less selective, more flexible criteria when they can offer more months of housing assistance combined with services to address more substantial housing barriers. In some cases, they may be able to offer access to permanent affordable housing or long-term rental assistance from other sources as a safety net for families who need more help.

- Three family vignettes were used to reflect selectivity among the 23 RRHD programs. The families in these vignettes varied in the number and types of barriers to housing they had. Research staff judged that 10 programs would accept all three families, 8 programs would accept one or two of the vignette families, and 5 programs would reject at least two and probably all three families.

- Many programs' enrollment policies demonstrated a belief in the interrelationship of family barriers and the length of rapid re-housing assistance. The longer the term of assistance they offered, the more likely they were to accept families with more barriers. Programs that had elected to apply only for short-term assistance felt they could not in good conscience accept multiple-barrier families, because they believed the families would fail unless they had more time to resolve their issues.

Implication: No simple recommendations of best practices are likely to emerge from the array of assessment tools and procedures used by RRHD programs. An important finding is that the same tool can be used in many different ways, with quite different consequences for families requesting services. Selection of a specific tool and decisions about how to use it must be considered separately. Communities or agencies will need to consider their resources, housing and employment market conditions, alternative interventions available, program size and length of intervention, and intake structures before selecting a tool and crafting a strategy for use.

How Rapid Is Rapid Re-housing?

Some RRHD programs aimed to move people from shelter into housing in fewer than 30 days. These programs tended to have been created with the belief that shelters are bad for families, that rapid should be rapid, and that families could only begin to stabilize after they moved back into housing. Other programs did not even consider families for re-housing resources until they had been in shelter for 4 months or more, operating from the belief that families needed time in shelter to catch their breath, recover from the immediate crisis that precipitated their homelessness, and get their act together. Further, rapidity and family barrier levels did not vary in tandem in RRHD programs. Some programs took families with considerable barriers and moved them out of shelter within 30 days, others only accepted families with minimal barriers and considered 4 months in shelter reasonable, and still others fell in between these extremes.

What Housing and Services Do the RRHD Programs Deliver?

RRHD programs provide temporary rental subsidies paired with case management, housing search assistance, direct supportive services, and linkages to community-based services. The 23 RRHD programs vary in the length of rent assistance they provide to families, the amount of the subsidies, and the types of support services a family receives. The package of assistance offered by programs directly reflects their decisions about whom to serve and vice versa.

Length and Level of Rental Assistance

The goal of the RRHD is to re-house families in permanent housing (subsidized or unsubsidized) that they can sustain on their own after they cease to receive the program's rental assistance. Communities could apply for funding to provide short-term housing assistance (3 to 6 months), long-term housing assistance (12 to 15 months), or both, based on expected family need. Five CoCs offer short-term rental assistance, and 13 CoCs offer long-term rental assistance. The remaining 5 CoCs offer both, determining the length of assistance awarded to each family during the assessment. Some programs offering short-term assistance indicated that it has been difficult to find families with moderate barriers that could successfully sustain housing within 6 months. Most communities (16) told participants the length of assistance they would receive upon enrollment. Seven programs used an "incremental approach," where a family was guaranteed a first increment of rental assistance (usually 3 months), followed by some regular recertification or progress review. Most often, the length of the rental assistance is based on the progress made on self-sufficiency plans and compliance with program requirements.

RRHD programs had some flexibility in how they provided rental assistance to families. The level of subsidy provided generally fell into three categories: a flat dollar amount, a proportion of income monitored on a monthly or quarterly basis, and a graduated rent subsidy that decreases over the duration of the assistance (and whereby the family is responsible for rent contributions that increase over time and the family is expected to pay the entire rent at the end of the program). Most programs made adjustments or exceptions to requirements for the tenant portion of rent if the family was working to pay outstanding debts or had an unexpected crisis.

Supportive Services

RRHD programs provide a variety of supportive services. All programs provide some type of housing search assistance or placement assistance to link families with housing units that will be affordable to them at the conclusion of the program. Some programs were passive in the provision of these services, pointing families to newspaper or online advertisements or providing a list of postings or landlords that the families could contact. Other programs offered more direct assistance, driving clients to available units or to meet with landlords. Many RRHD programs operate out of agencies that have established relationships with a large pool of landlords in the community willing to rent to program participants. Five programs have a housing specialist on staff who works directly with families to help them find a unit and set up the lease. Three programs offer housing in master-leased units or on their own property, simplifying the upfront housing placement process for RRHD but often requiring the family to move at the end of the program.

All RRHD programs provide case management to families and require families to work with a case manager at enrollment to set up housing and self-sufficiency plans, identify service needs, and set a family budget. Progress toward these plans generally is evaluated on a weekly or monthly basis but sometimes may be reviewed only quarterly at recertification. These meetings may be conducted by phone, in the office, or in the home, though most RRHD programs require at least monthly inperson visits. In most

cases, RRHD programs offer case management after the conclusion of the program, and six RRHD programs identified a formal followup process to check on families 6 or 12 months after program exit.

Most programs provide support services in addition to housing search and case management. Several RRHD programs provide some employment assistance either through job and career development, coordinating and linking with Temporary Assistance for Needy Families and workforce development agencies, or the direct provision of employment assistance offered by the agency. Linkages with mainstream benefits were a requirement of the grant, and all RRHD providers had arrangements with mainstream agencies to some extent. Some communities had formal arrangements, established through memoranda of understanding, to help streamline benefit application procedures; a few programs actually out-stationed staff in offices within the county human services department. For others, case managers had established relationships to help facilitate benefit application procedures.

Conclusions

RRHD is, first and foremost, a demonstration program. Congress provided and HUD allocated resources to learn what communities would do if they had funding for rapid re-housing. The process component of this evaluation provides evidence of what communities did (the outcome component of the evaluation, which looked at whether the RRHD interventions made a difference for families). What conclusions can we draw from our observations of how RRHD programs were designed and how they have been implemented?

First, it is clear that community context affects each aspect of program design and implementation. The research team observed a great variety of RRHD program designs, family selection criteria, and services and supports across RRHD communities and this report seeks to articulate the ways that community context shaped each RRHD program.

Second, the culture and past experiences of the agencies administering RRHD affect program design. Agencies accustomed to having families in shelter for 4 to 6 months, while the caseworkers assist families with various issues, continue to do so for most families, even when they have funding intended to help move families out of shelter quickly. For these programs, *rapid* often meant that families could leave shelter in a few months instead of staying much longer. Agencies expecting families to move out quickly design their RRHD programs with those expectations intact and often move families out of shelter in less than a month. Further, agencies holding the attitude that "we have not seen a family we cannot work with" operate different RRHD programs than those of agencies that look for substantial demonstrations of family motivation before they accept a household into their program.

Many different program designs are possible within the rapid re-housing framework; we have seen that the designs all "work," to some degree, in the sense that they can be implemented and they serve homeless families. The varieties of program offerings, coupled with the extreme range of families and family barriers considered acceptable by different RRHD programs, provide us some strong contrasts to work with when we look at family outcomes during the next phase of this evaluation. The critical questions we will be addressing in the outcomes phase include: "*Do the RRHD families with greater barriers do as well as those with fewer barriers?*" And, if the answer to this first question is yes, then— "*What is it about their RRHD programs (and possibly also their communities) that helps them work through their barriers and reach a situation of housing stability?*"

Chapter 1
Introduction

Rapid re-housing for homeless families is both a philosophy and a homeless assistance intervention designed to quickly move homeless families from literal homelessness back into permanent housing. From a philosophical perspective, rapid re-housing tries to minimize the time that families spend homeless, premised on the belief that time in shelter harms families and children and that most families do not need a long period of preparation before they can succeed in housing. Rapid re-housing interventions generally offer families a package of temporary assistance that may include housing placement search assistance, one-time financial assistance to offset move-in costs, case management, housing stabilization services, ongoing financial assistance to bridge the gap between family income and housing cost, and other supportive services or linkages to community resources to help families develop the capacity to keep their housing in the future. The rapid re-housing model is usually thought of as most appropriate for families with moderate barriers to getting and keeping housing, such as barriers that are mostly economic in nature and of relatively recent origin. This report examines the 23 programs funded by the U.S. Department of Urban Development (HUD) as part of a national Rapid Re-housing for Homeless Families Demonstration (RRHD) program. This component of the research effort was intended to identify essential dimensions of rapid re-housing programs and the community contexts that affect program design and operations. Lessons learned are expected to guide development of similar programs in the future.

This chapter briefly describes the history of the rapid re-housing program model, the RRHD initiative, the programs funded by it, and the RRHD evaluation and research questions.

Background

Rapid re-housing for homeless families has a history going back more than a decade but has only recently come into greater prominence as a best practice. Two communities—Columbus/Franklin County, Ohio, and Hennepin County, Minnesota—are known as the pioneers of rapid re-housing for families. Hennepin County began shifting to a rapid re-housing approach in 2000 and 2001; Columbus used the approach even earlier but had a gap of some years because of funding changes. In both communities, rapid re-housing is part of a larger, carefully articulated strategy built on the premise that extended shelter stays do not, by definition, end homelessness (that is, the families are still in shelter, homeless) and that shelter stays of any length (but especially long ones) are not good for children.[2] Also, for communities that pay for shelter with public funds, long shelter stays are costly and do not demonstrably reduce homelessness.

Several aspects of these pioneering Continuum of Care (CoC) homeless assistance networks contribute to their ability to prevent families from losing their housing and to move families quickly out of shelter if homelessness cannot be prevented, as seen in the following specific aspects:[3]

- Strategists in both communities considered it essential that the same system coordinate families' access to prevention, emergency

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2   The evidence that homelessness specifically harms children is weak; homeless and poor housed children do not differ on most dimensions that research has measured (chapter 5 in Dennis, Locke, and Khaddurhi, 2007). The evidence that extreme poverty harms children is strong, however, and homeless children are extremely poor, as are the housed children with whom they are compared in most recent studies. Children in families served by emergency shelters have been observed showing signs of great stress; program staff work to help the children they can—those in their care. Rapid re-housing is a way to reduce time in shelter to a minimum, thus removing at least the stress of homelessness from parents and children. Supportive services offered during the transition to housing and for several months after families regain housing are designed to help families with budgeting and organizational skills that could lead to improved employment and earnings opportunities, parenting, and other issues that could help stabilize their lives and reduce some of the stresses associated with extreme poverty.

3   See Burt, Pearson, and Montgomery (2005) and appendix A for an entire description of Hennepin County's prevention–rapid exit system.

shelter, and some transitional housing services. This level of coordination ideally would include all transitional housing and other services, but neither community has yet achieved this level of control.

- Families receive assistance in relation to their level of need; a comprehensive assessment process following initial screening determines whether the family will receive help to remain in housing or an offer of emergency shelter. The latter in all cases leads to programs working with the family to help it move out of shelter within a few weeks. Families assessed as needing more long-term solutions to their housing situation, such as permanent supportive housing, are referred to relevant programs if they are available.

- A collaborative network of nonprofit agencies provides the actual prevention and rapid exit services. Emergency shelter and rapid re-housing efforts are separated; shelter providers supply shelter, while contracts with other agencies hand over the responsibility for and provide the families resources to help them leave the shelter.

The credibility of rapid re-housing for families was first demonstrated through local data. An essential component of the two CoCs that pioneered rapid re-housing has been custom-designed data systems that link all prevention and rapid exit agencies to grant providers access to real-time family service histories dating back 10 to 15 years. Not only do these data systems provide staff working with families the information they need, they also provide system administrators with data that can document the effectiveness of prevention and rapid re-housing interventions. At the local level, this documentation has led to continued and sometimes expanded funding for the approach.

Other evidence suggests that housing availability, subsidies, and resources are the factors that best predict how long families will stay in shelter.[4] Personal characteristics such as age, race, education, employment, health, and mental health

do not have this predictive power. If housing is relatively inexpensive or short or long term, or permanent rent subsidies are available and communities are organized to link families and landlords, families leave shelter faster than if housing is expensive, no landlord linkages exist, and the subsidy waitlists are years long. These findings support the value of providing families with upfront move-in costs and a few months of rental assistance to keep their stay in shelter short. Dissemination of evidence about rapid re-housing has catapulted this approach into the national spotlight.

The Rapid Re-housing for Homeless Families Demonstration

In 2007, the U.S. Congress appropriated $23.75 million to fund the RRHD program to support pilot rapid re-housing programs in communities throughout the country. Funds were also included to evaluate the programs and determine their impact.

HUD sought proposals for demonstration programs through the 2008 application process for McKinney-Vento Act funds. To be eligible for funding, applicants had to demonstrate that they had a central intake process in place within the community to identify and screen all homeless families and that a standardized tool would be used to systematically assess families for appropriateness for the RRHD program as compared with other community interventions. RRHD programs were supposed to be designed to serve families identified as having at least one moderate barrier to housing, based on the assumption that families with low barriers to housing would not need the RRHD assistance to regain housing and that those with significant barriers would need more assistance than could be provided through the RRHD program. RRHD program eligibility requirements are described more fully in the following section.

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4   See Weinreb, Rog, and Henderson (2010) for a recent analysis and summary of past research, which is consistent with these findings.

Applicants could ask for support to provide short-term rental assistance of 3 to 6 months, medium-term rental assistance of 12 to 15 months, or both levels if they planned to serve families with different intensities of moderate barriers to housing. Supportive services eligible under the program were limited to housing placement, case management, legal assistance, literacy training, job training, mental-health services, childcare services, and substance-abuse services. To augment these supports, agencies running RRHD programs could partner with other agencies or leverage other funding sources to supplement and round out the services offered to families through RRHD.

HUD received 212 applications, totaling $122 million in requests, from the more than 400 CoCs eligible to submit as part of the annual competitive request for HUD funding for homeless programs. Programs were removed from the competition before scoring if the applicant (1) submitted more than one RRHD application; (2) failed the initial eligibility review through failure to attach an appropriate assessment tool, proposing to serve ineligible households (for example, those without dependent children or households not coming from streets or shelter), or otherwise not meeting basic RRHD criteria; (3) submitted a program without a leasing budget; or (4) failed to pass the Supportive Housing Program grant review threshold.

Agencies in 23 CoCs were awarded the 3-year RRHD grants; however, well before HUD finished executing the grant agreements, rapid re-housing became part of newly elected President Obama's American Recovery and Revitalization Act through its Homelessness Prevention and Rapid Re-Housing Program (HPRP) (P.L. 111-5, February 2009). HPRP sent $1.5 billion to hundreds of state and local jurisdictions— three to four times more funding than any of these jurisdictions had ever had for either homelessness prevention or rapid re-housing. The rapid re-housing idea might not have been mature, but HPRP put it squarely on the nation's agenda. Each community that won an RRHD grant also received HPRP funding, and most devoted some of these new resources to rapid re-housing. In this changed environment, RRHD communities had not only the rapid re-housing funds that came with their new grant but also HPRP funds for a similar purpose. Each program had its own regulations, however, and the administrative challenges were significant. Key program features of the RRHD program and the HPRP are summarized in exhibit 1.1.

Further complicating matters, HPRP, and the infusion of resources it provided, would end by September 2012 because of statutory expenditure deadlines. By contrast, the RRHD program may continue as part of a community's homeless assistance system if the grantee elects to renew the funding.[5] Thus, although communities had to ramp up quickly to design systems to deliver both HPRP and RRHD, now RRHD sites must determine how to continue to operate their programs in a changing environment.

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[5] RRHD grants were not originally intended to be renewable because they were appropriated as a demonstration program; however, in the 2009 appropriation, language was provided to clarify that they are renewable under the annual CoC competition.

Exhibit 1.1: Key Program Features of the RRHD Program and the HPRP

Key Features	RRHD Program	HPRP
Eligible participants	Homeless families with children who have been living on the streets or in shelter for at least 7 days and have at least one moderate barrier to housing.	Homeless individuals or families who meet the homeless definition. (Prevention assistance can also be funded from HPRP.)
Eligible housing activities	Financial assistance: • Short-term rental assistance of 3 to 6 months. • Medium-term rental assistance of 12 to 15 months. • Both levels, to serve two levels of families with moderate barriers to housing.	Financial assistance: • Rental assistance, up to 18 months, including arrears. • Security and utility deposits. • Moving cost assistance. • Motel and hotel vouchers.
Eligible service activities	Supportive services: • Housing placement. • Case management. • Legal assistance. • Literacy training. • Job training. • Mental health services. • Childcare services. • Substance abuse services.	Housing relocation and stabilization services: • Housing search and placement. • Outreach and engagement. • Case management. • Legal services. • Credit repair.
Recertification requirements	Grantees can commit to providing assistance for a 3- to 6-month period or for 12 to 15 months. SHP regulations require an annual rent calculation.	Participants must be recertified for assistance every 3 months, and assistance can only be guaranteed in these 3-month increments.
System design requirements	Community must have central intake or coordinated intake system whereby all homeless families in the community can be systematically screened for assistance using a standardized tool.	None specified by the HPRP Notice, although grantees had to amend their consolidated plans to specify the estimated amount that would be used for prevention versus rapid re-housing.
Period available	3-year renewable grants, beginning as early as August 2009.	Nonrenewable grants, beginning July 2009. 60% of funds had to be expended by September 30, 2011, and all funds by September 30, 2012.

HPRP = Homelessness Prevention and Rapid Re-Housing Program. RRHD = Rapid Re-housing for Homeless Families Demonstration.

RRHD Design Requirements

In the announcement of RRHD funding availability, HUD identified specific criteria against which the Department would judge proposals. These criteria were based on the most current evidence pertaining to specific program elements that seemed to be important to the functioning of the few examples of successful rapid re-housing approaches that existed when the announcement was written. These criteria included specifications detailing which families could be served and certain structural characteristics of CoCs in which the RRHD program would be located.

Eligibility

To be eligible for RRHD programs, families had to have been homeless for at least 7 days, using HUD's definition of homelessness. In practice, this requirement means that they must be staying in an emergency shelter or be sleeping in a place not meant for habitation, such as a car, unconverted garage, abandoned building, or a similar venue. Families were also supposed to have at least one moderate barrier to housing stability, which the grant announcement listed as temporary financial strain, inadequate employment, inadequate childcare, a head of household with low-level education or low command of English, legal problems, health diagnosis, history of substance abuse (without active use), poor rental history, and poor credit history.

Community Structures and Practices

HUD also described several structures and practices that characterized the pioneering rapid re-housing communities and that it wanted to see in communities that received RRHD grants. One such structure was a central or uniform intake process through which homeless and at-risk families would be screened, assessed, and offered participation in one or more programs that fit their needs. An important practice that HUD wanted to see was communitywide use of a common screening and assessment tool that

would provide the information needed to allocate housing and supportive service resources to families in the array and intensity needed to help them. HUD permitted communities to structure their RRHD program around different lengths of housing provision and other assistance, specifying that they had to choose short-term (3 to 6 months) assistance, long-term (12 to 15 months) assistance, or both levels. Recognizing that landlords are a vital part of the community without whose active cooperation rapid re-housing programs cannot work, HUD also placed a high priority on the existence of strong associations between the agencies proposed as RRHD providers and local landlords, ranging from long-term personal relationships to formal websites maintaining up-to-date lists of available apartments and landlords willing to accept homeless families.

The RRHD Communities

The RRHD Notice of Funding Availability specified core design features and basic requirements for the RRHD programs but also gave applicants the latitude to design their RRHD proposals to meet their local needs and the context of their local system and partners. Some grants embraced the principles in the Notice, and others adapted them. As a result, the 23 RRHD programs vary considerably. These variations enable HUD to learn about how rapid re-housing efforts function in different environments; however, the differences between programs and their communities will make it more challenging to draw clear conclusions about the impact of rapid re-housing in later phases of this evaluation. Throughout this report, we document the various ways in which RRHD grantees implemented the demonstration, and we attempt to categorize common features and differences across the 23 sites.

Exhibit 1.2 presents some basic information about the 23 RRHD communities. Grants ranged from $78,300 to $2 million. The earliest date an RRHD grant was executed was August 31, 2009, and the earliest month in which a program

Exhibit 1.2: RRHD Program Information

Demonstration CoC Programs	CoC Number	Grant Amount	Grant Execution Date	Month of First Enrollment	Length of Assistance Planned	Point-in-Time Capacity	# Exited by 4/11
Anchorage, AK	AK-500	$193,485	11/4/2009	01/2010	Short	20	11
Austin, TX	TX-503	$795,540	01/20/2010	02/2010	Long	25	2
Boston, MA	MA-500	$1,896,587	11/9/2009	01/2010	Long	24	6
Cincinnati, OH	OH-500	$1,678,310	12/22/2009	02/2010	Long	60	11
Columbus, OH	OH-503	$844,634	01/22/2010	03/2010	Short	40	28
Contra Costa County, CA	CA-505	$510,971	07/2010	10/2010	Long	12	0
Dayton, OH	OH-505	$784,700	01/15/2010	03/2010	Long	36	5
Denver, CO	CO-503	$1,578,753	10/28/2009	02/2010	Short (6 mo.)	35	29
District of Columbia	DC-500	$1,866,274	12/1/2009	03/2010	Long	17	0
Kalamazoo/Portage, MI	MI-507	$232,318	10/8/2009	10/2009	Both	20–21	12
Lancaster, PA	PA-510	$528,341	02/5/2010	03/2010	Short	24	1
Madison, WI	WI-503	$247,280	12/4/2009	12/2009	Long	6	6
Montgomery County, MD	MD-601	$541,738	10/15/2009	04/2010	Long	7	2
New Orleans, LA	LA-503	$2,000,000	06/2010	08/2010	Short	60	9
Ohio BOS	OH-507	$1,999,881	12/10/2009	01/2010	Both	358	16
Orlando, FL	FL-507	$1,171,934	05/19/2010	05/2010	Long	64	4
Overland Park, KS	KS-505	$78,300	09/1/2010	09/2010	Long	6	0
Phoenix, AZ	AZ-502	$1,981,371	05/1/2010	05/2010	Both (6–9 mo. target)	80	9
Pittsburgh, PA	PA-600	$839,501	02/5/2010	03/2010	Both	20	6
Portland, OR	OR-501	$1,085,075	08/31/2009	10/2009	Long	40	1
San Francisco, CA	CA-501	$2,000,000	05/2010	07/2010	Both	33	0
Trenton, NJ	NJ-514	$387,220	12/28/2009	02/2010	Long	9[a]	0
Washington BOS	WA-501	$656,639	10/6/2009	01/2010	Long	50	19

BOS = Balance of State. CoC = Continuum of Care. RRHD = Rapid Re-housing for Homeless Families Demonstration.

[a] These 9 slots are combined with about 40 slots supported by other rapid re-housing resources, and all are treated identically.

enrolled a family was October 2009.[6] The latest date for execution was September 2010, and the latest month a program enrolled its first family was October 2010. Five programs offer only short-term rental assistance, 13 programs offer only long-term rental assistance, and 5 programs offer both. Programs range in the number of families they can serve at one time from 6 to 358 and in the number of families they expect to serve during the entire 3 years of their grant from 18 to 1,000.

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6   One program enrolled a few families directly after it learned it had been awarded a grant in August 2009, but then it stopped enrollment until the grant was actually executed.

As of the end of March 2011, the RRHD program had served a total of 815 families. Of these families, 235 had been served with assistance intended to be short term (3 to 6 months), and 580 families had been served with assistance intended to be long term (12 to 15 months).

As of April 2011, 25 percent of families (207 families) had exited the program. Five RRHD programs had not yet exited any families by this date. More than one-half (54 percent) of the families who exited had received short-term assistance. In some cases, the exits were unplanned or sooner than planned, because the RRHD program was not a good fit for families' needs. In other cases, families had participated in RRHD programs for the entire period offered and had formally exited as planned. Several RRHD programs that offered both short- and long-term assistance noted that families originally earmarked for short-term assistance required help for longer than anticipated to achieve housing stability, so fewer families had exited by April 2011 than were expected. More statistics on actual program usage will be provided in the outcomes evaluation.

This Study

The RRHD grant programs are part of a nationwide evaluation to assess what types of impact the programs have on the families they serve. In October 2009, HUD awarded Abt Associates Inc. (Abt) a contract to conduct a two-stage evaluation. This report presents the results of the first stage, which has focused on learning how each RRHD program operates, which families it serves, what housing and service options it offers to families, how it fits into its community, how it works with prevention and other rapid re-housing programs in the community—if they exist—and how the community is thinking about the future. This stage of the evaluation offers the first opportunity to understand rapid re-housing program design and functioning in communities across the country that vary in size and complexity, housing and employment

environment, and community organization and generosity. The results of this implementation/process part of the evaluation may help guide communities, and HUD, as they decide how to use the resources made available by the Homeless Emergency Assistance and Rapid Transition to Housing Act (P.L. 111-22), passed in May 2009, that identifies rapid re-housing as an eligible activity under both the new McKinney-Vento Emergency Solutions Grant and the CoC Program.

The second phase of this study focuses on the outcomes of RRHD participation for families. To conduct the outcomes study, the research team interviewed families by phone 12 months after the rental assistance they received through RRHD ended. Interviews gathered information about family experiences during and after their RRHD participation. Analysis of the data collected was used to assess "the efficacy of the assessment process and the housing/service intervention related to how successfully households are able to independently sustain housing after receiving short-term leasing assistance," as HUD stated in the notice of RRHD program funding availability. The information collected through these interviews will provide the first systematic view of what rapid re-housing programs do for families and what effects those actions have on housing stability that goes beyond a simple determination that they did or did not return to shelter within 12 months.[7] This report does not attempt to discuss family outcomes, as a relatively small number of families had exited as of the time we conducted interviews with RRHD programs. Also, the early exits may disproportionately represent families who had exited unsuccessfully, because those who were successfully engaged in RRHD programs would still be enrolled in programs.

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[7]   RRHD programs started serving families between October 2009 and August 2010. Depending on the program and sometimes on the family, programs offer from 3 to 15 months of rental assistance. Followup interviews of study families began in late 2011, and findings of the outcomes evaluation are available in the report: Rapid Re-housing for Homeless Families Demonstration Programs: Outcomes Evaluation Report.

Research Questions

The process component of this evaluation provides an important opportunity to examine how 23 communities structure and deliver their RRHD programs. Research questions for the process component cluster into the following four groupings.

How Do RRHD Programs Fit Into Their Communities?

1. How isolated or well integrated are the RRHD programs within their community service networks? Is the RRHD program limited to one shelter, available to guests of all family shelters, something in between, or something entirely different? How is referral structured?

2. How did the community decide on the size, structure, and characteristics of its RRHD program and who would run the program? What factors affected the decisions and the ultimate shape of the program? What previous experience did the community have with anything like RRHD?

How Do the RRHD Programs Identify Appropriate Participants?

3. What does the intake process look like? Is there a central intake process? Is assessment for RRHD part of general shelter intake for families, or is it a separate step? Who does it? How do families get to it? Where and when does it happen?

4. How is assessment done? Who does it? What tool is used? How has it worked? Has the way it is used, or the tool itself, been modified since RRHD began? Why, and in what ways?

Who Is Served and Who Is Not?

5. What families do RRHD programs serve? What families are rejected? What families never get a chance to be assessed? Why?

6. How is a family's eligibility determined? What criteria are used? How flexibly or rigidly are criteria applied? What proportion of assessed families is ultimately referred to the RRHD? What proportion to less intensive services? What proportion to more intensive services?

7. How much does the availability of other rapid re-housing programs in the community influence which families an RRHD program will serve?

What Housing and Services Do the RRHD Programs Deliver?

8. What do RRHD programs offer in terms of housing and services to families who enter the program?

9. How does the service process work? What determines how long a family's rental assistance lasts or how much it is? What supportive services are offered with the housing assistance? How is the decision made that enough services have been provided? How is the decision made that the original term of housing subsidy is enough and that the family is now on its own? What factors would result in extension of benefits?

Answers to these questions are vital to the overall evaluation for several reasons:

- First, they will help us understand whether different RRHD programs are serving different types of families and offering different types of interventions, indicating not only how RRHD programs work but also showing how they differ from place to place. If we are to interpret program outcomes derived from surveys of participating families, we need to understand these differences and incorporate them into analyses, including how families are selected, what the families receive, and how the programs are structured.

- Second, to develop meaningful recommendations about how and when RRHD programs should be implemented, we need to know about the variety of RRHD approaches, which ones are most easily mounted, which ones might be best suited for different community circumstances, and the factors that can limit the effectiveness of these approaches.

- Finally, the information gleaned from early phases of the process evaluation will help shape the strategies to be used for gathering outcome data from participating programs.

Process Evaluation Data Collection

To obtain the data needed to answer these research questions, Abt's research team gathered information from all 23 RRHD communities between February 2011 and May 2011. Members of the research team conducted in-person site visits with 12 RRHD programs and telephone surveys with the remaining 11 programs. Decisions about which programs to visit and which to call depended largely on the availability and location of research team members but also on the size of the programs. Key stakeholders interviewed included representatives of the agency that received the RRHD grant (the grantee), representatives of any programs to which the grant recipient allocated some grant resources to serve program families (subgrantees), and CoC member(s) involved in planning for the program. Caseworkers in each program who do the actual work with participating families were always interviewed. Often the telephone survey was conducted during the course of more than one call with one or more types of respondents just described; site visits were regularly completed during the course of 1 entire day.

The research team members used a common discussion guide for all contacts with RRHD programs, writing a case report after completing conversations with program representatives that summarized what they learned in a structured format. These reports were organized around the central issues of the process evaluation and provide the information organized and summarized in this report's remaining chapters. The evidence to answer the research questions was discussed during a 2-day meeting of all research team members, including the Principal Investigator Dennis Culhane; Project

Quality Advisor, Jill Khadduri; and HUD Government Technical Representative, Elizabeth Rudd. These discussions helped to structure the report and determine the main findings.

Organization of This Report

The remaining chapters of this report present our findings, organized around key research questions.

- **Chapter 2** describes some structural factors of RRHD communities and programs, including how the community designed its program and the role of CoC processes in developing the design; the communities' and RRHD service delivery agencies' previous experience with rapid re-housing; partnership arrangements to deliver the RRHD program; and how the RRHD, HPRP, and any other rapid re-housing and other programs interact.

- **Chapter 3** describes how families learn about the RRHD program and how they get from their first point of contact with the homeless assistance network to the RRHD program's door. Varieties of intake structures are discussed, including how centralized the intake process is and what other procedures are in place.

- **Chapter 4** examines screening and assessment procedures, focusing on what tools are used, who does the screenings, where they happen, what programs in addition to RRHD are included in the screening process, and which families are accepted or rejected for RRHD based on these assessments.

- **Chapter 5** examines the housing interventions offered and the variety of supportive services that accompany them. The chapter describes the ways that RRHD agencies, and sometimes whole CoCs, have organized themselves to work with landlords and briefly discusses the types of followup that RRHD programs offer participant families after the families' rental assistance has stopped.

- **Chapter 6** summarizes key aspects of the results and documents what RRHD communities are planning for the future.

- **Appendix A** presents two-page case studies of the 23 RRHD programs. Each case study provides a brief and accessible overview of how rapid re-housing is being implemented in each community.

- **Appendix B** presents the Arizona Self-Sufficiency Matrix, the basis of self-sufficiency tools that many RRHD grantees used to assess families' appropriateness for rapid re-housing.

- **Appendix C** presents three family vignettes used for analyses in chapter 4 that assess the inclusiveness of RRHD programs.

Chapter 2
Rapid Re-housing for Homeless Families Demonstration Programs in the Community Context

This chapter examines how communities developed their Rapid Re-housing for Homeless Families Demonstration (RRHD) programs, asking where they fit within their community's overall network of services for homeless families and how they interact with other parts of that network. These issues are particularly important for rapid re-housing efforts because, unlike some components of a homeless assistance network, rapid re-housing cannot and should not be a standalone activity. As described in chapter 1, the concept and model of rapid re-housing first developed in communities that were intent on restructuring their entire approach to helping homeless or at-risk families—in particular, Columbus/Franklin County, Ohio, and Hennepin County, Minnesota. These efforts sought to structure the community's response to family homelessness as a coherent whole, having perceived that the every-program-for-itself approach did not move the entire community toward reducing family homelessness. The pioneers of rapid re-housing wanted first, if at all possible, to prevent families from becoming homeless. If prevention failed, they wanted to keep shelter stays to a minimum and move families back into housing as quickly as possible. In these communities, only families with quite severe barriers would be considered for the more intensive types of assistance such as longer term transitional housing or permanent supportive housing.

The pattern of supports envisioned by these pioneering communities requires a fairly high level of control over families' entry into and subsequent placement within the homeless assistance network. This level of control can only be accomplished if all families seeking help come through the same door, are assessed against the same criteria, and decisions about the type of assistance to offer are based on the results of assessment. Therefore central intake and application of a single assessment tool became key factors in the rapid re-housing model, leading the U.S. Department of Housing and Urban Development (HUD) to make them requirements for programs seeking funding through RRHD. In addition, these models work best when the agencies administering them have long-standing and excellent relationships with landlords who accept "difficult" tenants, thanks to the supports available to both tenant and landlord from the homeless service agencies. Therefore, having well-established relationships with landlords became another HUD eligibility criterion for RRHD grant applications.

Another structural factor of local homeless assistance networks, the relative availability of temporary or permanent rent subsidies from programs other than RRHD, affects the ways that communities conceptualize and use their RRHD program. Some communities have one or more short-term rapid re-housing subsidy programs in addition to RRHD, some have one or more existing long-term rent subsidy funding streams that they use to help families move out of shelter quickly, and some communities have both.

Communities with short-term rapid re-housing subsidies in addition to RRHD usually offered families the subsidy alternative that best fit their needs, as the different alternatives pay for different things. For example, RRHD cannot pay for arrearages but programs with Homelessness Prevention and Rapid Re-Housing Program (HPRP), private foundation, and Temporary Assistance for Needy Families (TANF) funding

can do so. Communities that have existing long-term (2 to 5 years) subsidy programs often use these for families with more extensive needs and restrict use of RRHD dollars to families with few and minimal barriers.

Communities with access to permanent rent subsidies (for example, Section 8/Housing Choice Vouchers, project-based subsidies, public housing) are likely to design their programs to accept more challenged families into RRHD, because they can provide a permanent subsidy to families who still cannot afford to pay rent without assistance after they have completed an RRHD program. Representatives of one RRHD program that had control of post-RRHD vouchers said they felt that all families other than those clearly eligible for permanent supportive housing were appropriate for RRHD.

Local rent levels also figure into these calculations. High-rent communities such as San Francisco, California, and Montgomery County, Maryland, restrict eligibility for rapid re-housing to minimal-barrier families, figuring that only these families will be able to afford the local rents on their own after subsidies end. Communities in this study also consider the relationship between barrier levels and length and intensity of rent and service assistance when shaping their rapid re-housing program. With longer subsidies and more intensive services, rapid re-housing programs felt they could succeed with families presenting greater barriers; if only a few months of rent and service assistance are available, they tend to select low-barrier families for these programs.

Finally, the design of RRHD programs is shaped by the philosophy of the Continuum of Care (CoC) leadership and homeless assistance providers. In communities such as Columbus and Cincinnati, providers believe that rapid re-housing is an appropriate approach for nearly all families, so they seek various funding sources to target each population, and RRHD is part of a larger strategy. Other communities such as Washington, D.C., believe that rapid re-housing is only appropriate for families experiencing certain types of barriers to housing stability, so RRHD was sought to fill a gap for families with mostly economic barriers to housing and other program models are used to target families with other challenges. Thus, the local philosophy is also a part of the local context that informs the design of each community's RRHD program.

This chapter explores some of these factors, including the nature of CoC involvement in RRHD program design, selection of agencies to conduct the RRHD program, experience with rapid re-housing and other rent subsidy programs, and the relationship to the local philosophies underlying homeless assistance within the RRHD communities. Some structural factors are reserved for other chapters where they can be discussed in more detail. These include central intake structures (chapter 3), the communitywide use of a single assessment tool (chapter 4), and a structure for developing and maintaining landlord relationships and tracking unit availability (chapter 5).

CoC Involvement in Agency Selection

Each community receiving an RRHD grant benefited from its CoC's active involvement in program planning and implementation. In some communities, the CoC lead agency is itself the grantee, while in others the annual CoC decision-making process led first to the decision to bid and then to inviting one agency or partnership of agencies to apply as grantee. Communities followed various approaches, including centralized control through the CoC lead agency, discussions and decisionmaking within communitywide CoC planning structures, formal requests for proposals both before and after RRHD grant acquisition, and informal assumptions that a particular agency within the CoC was particularly suited to running a rapid re-housing program.

Exhibit 2.1 lists the ways in which the CoC lead agency managed the process of deciding

Exhibit 2.1: CoC Involvement in RRHD Design and Provider Selection

CoC Lead Agency Was the Applicant/Grantee		Providers Solicited To Be Grantee Through the Annual CoC Planning Process, but CoC Lead Agency Is Not Itself the Grantee		CoC Not Involved in Planning; Grantee Applied Without Significant CoC Input or Prioritizing
CoC lead agency issued a formal request for proposals to select RRHD providers after receipt of RRHD grant.	CoC lead agency used other process of choosing RRHD providers but not formal request for proposals.	CoC lead agency issued formal request for proposals, or CoC invited two or more agencies to make formal presentations to select a proposal writer who would become grantee and housing/service provider(s).	Agreement as part of the annual CoC planning process as to which agency was the most appropriate to write the proposal and be grantee and housing/service provider.	
District of Columbia New Orleans, LA Trenton, NJ	Boston, MA Columbus, OH Contra Costa County, CA Orlando, FL Pittsburgh, PA San Francisco, CA	Dayton, OH Montgomery County, MD Washington BOS	Anchorage, AK Austin, TX Cincinnati, OH Denver Metro, CO Kalamazoo/Portage, MI Lancaster, PA Madison, WI Ohio BOS Overland Park, KS Phoenix, AZ Portland, OR	None

BOS = Balance of State. CoC = Continuum of Care. RRHD = Rapid Re-housing for Homeless Families Demonstration.

how to respond to the RRHD application and which agency would be proposed to operate the program. The chart includes two broad categories: communities in which the CoC lead agency is the RRHD grantee and communities in which providers were solicited to be the grantee through the annual CoC planning process. Communities in which the CoC lead agency is the RRHD grantee are separated into those that used a formal proposal process after receiving the RRHD grant to identify the agencies that would provide the actual services (three communities) and those that used some

other selection process (six communities). This less formal process usually involved working with the largest, most experienced, or only relevant agency in the community to serve as subgrantee and service provider for the RRHD program. In several of these CoCs, decisions about the lead agency were made in advance, and the anticipated provider agency contributed substantially to or wrote the proposal itself.

Communities in which a homeless assistance agency wrote the application and received the grant directly can also be divided into two

groups: those in which the CoC ran a formal preapplication competition to determine which agency would write the RRHD proposal (3 communities) and those that agreed on which agency should take the lead through their annual CoC deliberations (11 communities). Exhibit 2.1 also explicitly shows (in the final column on the right) that no RRHD grant went to a community in which the CoC played no active role in obtaining the grant.

Holding discussions during the annual CoC planning and prioritizing process for HUD's McKinney-Vento Homeless Assistance Act funds was the most common approach used to decide whether to apply for RRHD funds and who would write the grant application. The next most common approach, used in eight communities, was for the CoC lead agency to write the proposal and assume formal control of the resulting grant. CoCs in this position thereby acquire a formal monitoring role with respect to RRHD program performance, whereas grants that went directly to provider agencies as grantees place those agencies in the role of monitoring their own performance. Two grantees in this situation have transferred performance-monitoring activities into CoC hands to take advantage of the CoC's greater access to data and analysis and to avoid any question about the validity of outcomes for families enrolled in RRHD.

Community Planning Context and History Providing Rapid Re-housing

Many communities receiving RRHD grants have 10-year plans for ending homelessness. These communities are generally strategic in thinking through what they need and when they need it. Thus, they can actively search for ways to fund the gaps they perceive within their homeless assistance networks. Their plans had either already generated funding for rapid re-housing in response to perceived need and interest in trying this new model or had identified rapid re-housing as a desirable approach

but did not yet have the resources to create a program. For the communities in the former situation, the RRHD announcement was a way to get *more* rapid re-housing resources and sometimes rapid re-housing resources for particular types of homeless families. For the communities in the latter situation, the RRHD announcement was a way to get started with rapid re-housing.

Other communities were less systematic in their planning but were still interested in trying rapid re-housing and seeing how it worked. Exhibit 2.2 arrays the 23 RRHD communities in columns representing a continuum of pre-RRHD rapid re-housing experience and commitment.

Nearly one-half (10) of the communities that received an RRHD grant already had one or more rapid re-housing programs, were highly organized, and were good at identifying gaps and pursuing resources to fill them. Five others were also highly organized but somewhat less targeted than the first group: they already had some rapid re-housing and knew they needed *more*.

Among the CoCs that did not have any rapid re-housing resources before the RRHD grant, three had already identified rapid re-housing as part of a system transformation they were already working to establish and saw the RRHD announcement as an opportunity to begin this system change. The five CoCs in the final group were not previously as committed to the rapid re-housing concept as many of the other CoCs that received RRHD grants. Nevertheless they wanted to try rapid re-housing, the decision to bid emerged from a community planning process, and experience with their RRHD grant has sparked their interest in moving further in the rapid re-housing direction. Note that, again, each CoC that received an RRHD grant had done at least some collective thinking about rapid re-housing and was interested, intrigued, and poised to try it; none was starting from scratch with an idea that was completely new.

Exhibit 2.2: CoCs' Pre-RRHD Experience With Rapid Re-housing Programs/Resources

Pre-RRHD Experience/Other Existing Rapid Re-housing Programs		No Rapid Re-housing Resources/Programs Before Receiving RRHD, but…..		
Highly articulated strategy of identifying gaps in types of families, length of assistance, services available, new geography, and applying to fill one or more gaps.	CoC also highly organized, had at least some rapid re-housing resources, liked what they could do with them, needed/wanted more capacity, no special targeting.	Had already decided to shift system toward rapid re-housing and early triage (and prevention), away from long shelter and transitional housing—poised to activate new system when they received RRHD/HPRP.	Not initially as committed to shift system focus as previous category, but decision to bid was part of community planning process; RRHD experience will encourage CoC to push more in rapid re-housing direction.	No rapid re-housing experience or organized thoughts about trying.
Austin, TX Boston, MA Columbus, OH Denver Metro, CO[a] Madison, WI Montgomery County, MD Pittsburgh, PA Portland, OR San Francisco, CA Washington BOS[b]	Contra Costa County, CA District of Columbia Kalamazoo/Portage, MI Lancaster, PA New Orleans, LA	Cincinnati, OH Dayton, OH Trenton, NJ	Anchorage, AK Ohio BOS Orlando, FL Overland Park, KS Phoenix, AZ	None

BOS = Balance of State. CoC = Continuum of Care. HPRP = Homelessness Prevention and Rapid Re-Housing Program. RRHD = Rapid Re-housing for Homeless Families Demonstration.

[a] Only Denver/Colorado Coalition for the Homeless and Jefferson/Family Tree had previous experience, not other two subgrantees.

[b] Only two counties within the Washington BOS are involved in the RRHD program.

Rapid Re-Housing Before the RRHD Grant

Roughly one-half of the communities with RRHD grants had one or more rapid re-housing programs in place before they applied for RRHD. These existing rapid re-housing efforts all have in common the goal of moving families out of shelter or off the streets quickly—usually in a maximum of 30 days from when they entered shelter or became homeless.

Despite their common goal, program characteristics vary along several dimensions:

- **Funding sources** could be tenant-based rental assistance from HOME Investment Partnerships Act or Community Development Block Grant funds, city or county general fund dollars, TANF dollars, private (United Way) funding, or Section 8/Housing Choice Vouchers. In one case, the community had no actual housing resources programmed for rapid re-housing but had case management with a strong push to leave shelter quickly.

- **Length of rental subsidy** ranged from one-time move-in assistance (deposits, first and last month's rent, moving costs, but nothing

else) to short-term assistance (3 to 9 months), long-term assistance (12 months up to 5 years), and permanent subsidy (Section 8).

- **Depth of rental subsidy** could be the whole rent for the whole time, all or most of the rent to start with decreasing proportion over time, the difference between the contract rent and 30 percent of tenant income (the standard for HUD subsidies), or a flat amount, usually in the range of $200 to $400, regardless of the contract rent or family income.

- **Other eligible expenses** came from most to pay for some level of case management/supports, at least initially, but some (usually the ones that provide one-time move-in costs) do not offer even that much. They also vary in whether they will pay for rent or utility arrearages, rent or utility deposits, other move-in costs such as furniture, ongoing case management/coordination, housing and job search assistance, education and training expenses, behavioral health care, childcare, legal expenses, health care for parent(s) and child(ren), and other needs.

- **Target populations** could be low- or minimal-barrier families; moderate- and multiple-barrier families; or, in some communities, families who have lost their own housing and are in precarious doubled-up situations (that is, not literally homeless by HUD's definition).

Exhibit 2.3 displays specific characteristics of the contexts in which the 23 RRHD programs were designed. The first row shows that 12 of the 23 communities had one or more rapid re-housing programs or funding streams in place communitywide before they applied for RRHD. In addition, another community had a rapid re-housing program in two jurisdictions within the CoC but not in others, and another had been doing rapid re-housing for years but without any designated financing to pay for moving and other housing-related costs. A third community had just revised its 10-year plan to shift a significant portion of local public

resources into rapid re-housing but waited for RRHD (and HPRP) to start before implementing the new system.

The second row shows the gap in local service delivery that the RRHD program was designed to fill. Ten CoCs wanted to start a rapid re-housing program for the first time or extend it to new locations. Of all the CoCs, 14 had some rapid re-housing funds but wanted to expand their rapid re-housing programs, either in terms of program capacity or offering more extensive assistance, and three had specific underserved target populations of families in mind for the new program. A few communities mentioned that they designed RRHD to fill more than one gap.

RRHD providers had varied experience with running rapid re-housing programs before RRHD (exhibit 2.3, third row). Eight RRHD provider agencies had no previous rapid re-housing experience, and 10 either had previous experience operating rapid re-housing programs or had similar experience to draw upon. In five other communities, either the CoC lead or at least one of the subgrantees had experience, but not all provider partners had a past history operating rapid re-housing. In a couple of these CoCs, such as in Orlando, Florida, the RRHD provider had some doubts about the wisdom of the approach, which surfaced later in more intensive and restrictive screening processes.

Another design decision was whether the housing and services would be delivered by a single agency or a partnership (exhibit 2.3, fourth row). In 13 communities, a single agency runs the RRHD program without benefit of formal partnering arrangements. Another grant covers several counties, each of which has a single agency offering RRHD. Two more RRHD CoCs have more than one RRHD provider, but the two agencies operate their RRHD programs separately. RRHD providers in the remaining seven CoCs are involved in partnering arrangements, most of which build on long-standing partnerships for delivering a variety of other programs (usually for other rapid re-housing or transitional housing).

Exhibit 2.3: Specific Characteristics of RRHD Structure and History

	Yes	No	Other
Community had one or more funding sources for rapid re-housing before RRHD	12	8	3[a]
Gap that RRHD was designed to fill:[b]			
Start rapid re-housing, or start in new locations.	10	13	
Get additional rapid re-housing resources, funds for longer subsidies.	14	9	
Target specific types of families (for example, larger, newly unemployed).	3	0	
RRHD provider(s) had pre-RRHD experience with rapid re-housing:			
No.		8	
Yes for all RRHD providers.	8		
Yes for some RRHD providers but not for others.	2		
Yes for grantee (CoC) but no for actual RRHD providers.	3		
Sort of—with a Supportive Housing Program grant or without actual re-housing resources but with goal of rapid exit.			2
Partnership structure for RRHD program:			
No, only one RRHD agency that does both housing and services.		13	
No, several RRHD agencies, but only one per county that does all.		1	
No, more than one RRHD agency, but operate separately.		2	
Yes, housing and services done by different agencies in partnership.	1		
Yes, two or more partners, all/most do both housing and services.	6		
RRHD agency also administers a rapid re-housing program funded under HPRP (currently homeless).	14	5	4[c]

CoC = Continuum of Care. HPRP = Homelessness Prevention and Rapid Re-Housing Program. RRHD = Rapid Re-housing for Homeless Families Demonstration.

[a] One community had rapid re-housing in two counties but not the others; one had been doing rapid re-housing but without re-housing resources; and one had committed itself to rapid re-housing and reorganized its local public funding but did not start rapid re-housing efforts until RRHD and HPRP started.

[b] Some communities mentioned their intent to fill more than one gap.

[c] Virtually all HPRP resources are allocated to prevention; an RRHD agency might have HPRP funding but not enough to make HPRP a serious alternative to RRHD within the agency itself.

The use or nonuse of partnering arrangements for RRHD program delivery is quite unrelated to the strength of a CoC's RRHD effort; rather, it reflects the heterogeneity of CoC structures and arrangements. Some CoCs have strong and comprehensive single agencies, and so it made sense for that agency to serve as the RRHD provider. Others have partnerships with long histories of collaboration to deliver rapid re-housing and other similar programs to homeless families; again, it made sense in those CoCs to pick that partnership to run RRHD. In the few RRHD communities for which rapid re-housing was new and service providers rare, one all-purpose agency was selected to administer RRHD.

RRHD, HPRP, and How They Relate in RRHD Communities

In September 2008, when RRHD proposals were submitted, the American Recovery and Reinvestment Act, which contained the HPRP, was still far in the future. No one expected communities to be on the brink of receiving three to four times more money for homelessness prevention and rapid re-housing than they had ever handled

before, so applicants were not thinking about large-scale RRHD. The RRHD grant announcement came in July 2008, proposals were submitted in September of that year, and grants were expected to start in the fall of 2009. HPRP was signed into law in February 2009, and communities began to serve households with HPRP as early as October 2009. In a few RRHD communities, RRHD and HPRP began at the same time (October 2009), but in most, HPRP actually began earlier than RRHD for a variety of reasons, including the need for HUD regional offices to focus on processing HPRP grants as a priority, because they were larger and more widespread. The final RRHD community began serving families with its grant in August 2010.

HPRP funds can be used for prevention and rapid re-housing. The advent of HPRP affected some CoCs with RRHD programs considerably and others less, depending on how much access the homeless assistance network had to HPRP for rapid re-housing (heretofore referred to as HPRP-RR) and how much of that funding was directed to the same agencies that do central intake for homeless and at-risk families or that run RRHD programs. HPRP funds went directly to civil jurisdictions (states, counties, and cities) rather than to the homeless assistance system through CoC conveners or lead agencies. Most but not all civil jurisdictions subgranted HPRP resources to homeless assistance agencies, where they could be integrated with other homelessness prevention and assistance activities. But when jurisdictions kept the HPRP funds themselves or sent them to antipoverty agencies such as community action programs, such integration rarely happened.

In 14 RRHD communities, one agency administers RRHD and HPRP-RR (exhibit 2.3, last row). In four additional communities, HPRP is used exclusively or nearly exclusively for homelessness prevention, so the RRHD agencies do not have the opportunity to administer both RRHD and HPRP-RR and do not receive

HPRP-prevention funds. In the remaining five communities, HPRP for both prevention and rapid re-housing is handled by agencies other than those administering RRHD.

In some RRHD communities, HPRP-RR began serving families before RRHD, in others the reverse was true, and in a couple of communities the two programs began simultaneously. RRHD communities also varied in the relative generosity of the two programs and in the family barrier levels each program would accept. In some communities, RRHD offered more months of rental assistance, and in others, HPRP did so. Likewise, in some communities RRHD took only low-barrier families and HPRP was structured to serve families with more barriers, while the reverse was true in other communities. Most communities set up their programs to have some differences, so families were offered either RRHD or HPRP, depending on their particular circumstances and needs.

People interviewed for this report in several RRHD communities said that if they had known HPRP was coming, they would have designed their RRHD program differently. Representatives of RRHD programs mentioned desirable changes in the length or depth of rent subsidies, including more flexibility, the types of expenses covered by the RRHD grant, and which families they would serve.

Philosophical Approach to the RRHD

Each CoC's philosophy for addressing homelessness was a major factor in RRHD program design. Local philosophy affects the length of time in which families are moved from shelter to housing, the length of assistance that is offered to them, and the types of families who are targeted by RRHD programs. In chapter 4, we discuss community attitudes toward "Which families can benefit from and therefore should receive rapid re-housing—only those with minimal barriers, those with moderate or even multiple barriers, or both?"

What Is Rapid?

Providers in some communities believe it is possible to move families from shelter to housing within 30 days. These RRHD providers are firmly in the rapid camp, in large part because they believe that each day a family spends homeless is a day too long and that homelessness is damaging to children, parent-child relations, school continuity, and other aspects of family life. They also believe that other issues families face can be better addressed after a family is stably housed, and they perceive that the homeless assistance network will be able to help more families if they can keep families moving through shelter quickly. These providers set the goal of getting homeless families back into housing in 30 days or less and aim to do so within 2 to 3 weeks.

In other communities, providers wait 4 months or more before the housing placement process starts. This schedule is intentional, based on their belief that families need time to stabilize, take care of issues that caused or were created by their loss of housing, acquire job-related skills, get a job, save money for move-in costs, and so on. These providers think that several months in shelter is a reasonable period of time for at least a subgroup of families, even when they have the resources through RRHD to move families out sooner. Many of these providers also believe that the time in shelter is necessary to get to know families and the types of assistance they will need to remain stable after being housed and for families to demonstrate their motivation to achieve and maintain the skills and income needed to succeed in housing.

The range of RRHD provider attitudes and beliefs before RRHD reflects the same tensions experienced in the drive to establish housing first principles for the support of chronically homeless individuals with disabilities. Does a person have to be housing ready before moving into housing, or does moving into housing in and of itself start the real process of learning how to keep housing?

Rapid re-housing is housing first for families. Among the communities receiving RRHD grants that were not yet convinced that rapid re-housing could work, most say that the RRHD experience has opened their eyes and that they will be promoting more rapid re-housing in the future. In some RRHD communities this conviction has taken hold only at the CoC level, with specific providers remaining unconvinced, but in others both CoC and RRHD providers believe rapid re-housing can work.

Chapter Summary

Each RRHD program was designed and developed within its own community context and was clearly shaped by the availability or absence of other local resources and the local philosophy for addressing homelessness. All the communities had active CoC involvement and support in developing RRHD programs. In many cases, the CoC has continued to play a key part in overseeing or delivering the RRHD assistance. Participating in highly organized and thoughtful CoCs gave these RRHD applicants important advantages in the RRHD competition, such as an understanding of clear and well-documented gaps that RRHD intended to fill, knowledge of and interest in rapid re-housing, and capacity to coordinate intake and shelter resources with the new RRHD resources.

Some RRHD providers had extensive history providing rapid re-housing, while others were exploring rapid re-housing for the first time through this grant. The availability of preexisting rapid re-housing or rental assistance programs informed the design of each CoC's RRHD program, as did each community's decision about how to use HPRP resources.

The process evaluation revealed that communities already committed to the concept of rapid re-housing as part of their homeless assistance system continued to support it as an intervention for families. In addition, providers and communities that were uncertain or skeptical of rapid re-housing as an approach to addressing family homelessness found new value in the program as part of their community strategy to end homelessness.

Because the RRHD programs were designed to fill gaps in community assistance for homeless families with specific needs and to complement existing homeless programs, RRHD providers indicated frustration that the RRHD program was designed without knowledge that the HPRP program was coming. Many providers said that they would have made different design decisions had they known. Although communitywide planning would not have prevented the overlap between HPRP and RRHD, communities with well-developed community planning processes appeared better able to adjust to make effective use of available homelessness resources.

Chapter 3
System Entry for Families

In the two communities that pioneered rapid re-housing—Columbus/Franklin County, Ohio, and Hennepin County, Minnesota—centralized intake has been a key component of the homeless assistance system. All families in these communities facing a housing crisis must pass through the central intake point as their first contact with the system. If they connect with any other part of the system first, they are referred to the central intake point. The agency operating the centralized intake function has at its disposal resources for preventing homelessness, offering temporary shelter, moving families out of shelter and back into housing quickly, and often some longer-term program options such as transitional or permanent supportive housing.

The question these centralized intake structures seek to answer is, "*What housing and service assistance is best for this family of the several that we are able to offer?*" These intake centers want first and foremost to prevent homelessness; if they cannot do that, they want to keep a family's period of homelessness as short as possible. Answering this central question means targeting specific resources to families with specific circumstances, and targeting means one must have a way of knowing what families need—hence, systematic assessment for all families. Centralized intake processes may appear more burdensome for families at first, because they have to provide substantial information up front, but they may be less time consuming over time if families are referred directly to the programs that suit them best and they do not have to apply to multiple programs before finding one that has availability and will accept them.

The U.S. Department of Housing and Urban Development's interest in centralized intake and standardized communitywide assessment is based on the way these early model programs worked and is the reason the Rapid Re-housing for Homeless Families Demonstration (RRHD) grant competition and subsequent guidance gave them such priority in scoring applications. Chapter 3 and chapter 4 examine the intake, screening, and assessment processes in communities that received RRHD grants. Chapter 3 documents how families arrive at the RRHD program's door, after they have sought help for a housing crisis, describing the various entry point models used by RRHD communities and programs. Chapter 4 examines in detail the processes used to determine whether the RRHD program is appropriate for specific families.

How Do RRHD Communities Structure Family Intake?

Communities with RRHD grants were expected to use a centralized intake process to select families most appropriate for the rapid re-housing intervention and to refer and link families who were not deemed appropriate for the rapid re-housing program to other appropriate and available service options. Interviews with Continuum of Care (CoC) representatives in the 23 RRHD communities indicated significant differences in the structure and process being used to identify homeless families and to decide how to refer or link those families to available programs within the CoC.

Some communities provide only information and referral, such as a 2-1-1 hotline, as their entry point strategy. Other communities have centralized intake agencies with full authority to admit clients to an array of programs throughout the community. Communities in which one comprehensive service agency is the RRHD provider follow a centralized intake model, but only for the broad array of programs offered within their own agency. Finally, other communities combine intake processes in different ways.

Centralized Intake—How Can We Tell?

Families will reach out to the most accessible agency when they are in a housing crisis, and that may not be the community's designated central intake agency. For example, they may call 2-1-1 or another hotline, contact an emergency shelter, go to a community action agency, or take some other initial action. Under a central intake model, service providers will refer them to the designated central intake agency for assistance instead of working with the family directly when learning about the housing or homelessness crisis. Some communities may have some "leakage" because a shelter may occasionally permit a family to enter before contacting central intake, but these instances would be the exceptions.

Any structure in which families approach RRHD programs directly or in which several RRHD providers make their own arrangements with shelters, and perhaps other outreach, is not central intake. Although the agencies in the community may operate a coordinated intake process using a standardized protocol to consistently direct referrals, we do not consider this approach centralized intake for purposes of this study. A few communities have a centralized sign-off function for accepting families into RRHD that have been screened and assessed by subgrantees that offer the actual RRHD program. This approach means that no family may be accepted into RRHD without the sign-off, but that is the only centralized aspect of intake.

Primary Intake Models—Centralized or Decentralized

For purposes of this evaluation, we have classified each community as having a centralized or decentralized intake model based on which of the following two questions the point of entry attempts to answer:

- What housing and service assistance is best for this family of the several that we are able to offer?

- Should we accept this family into our RRHD program?

Centralized intake systems focus on the first question. In communities where RRHD service providers manage their own intakes in decentralized systems, the primary focus is on the second question.

Communities and programs create models unique to their own circumstances, which inevitably means that exceptions may exist each time we try to classify a specific program. Even in the RRHD communities we identified as having centralized intake, leakages exist. When RRHD programs focus on the second question—"Should we accept this family?"—they may also be considering the first question—"What is best for this family?"—but may be unable to offer families other types of housing and service assistance if access is limited or controlled by other agencies. The classification of programs into two groups is the clearest way we could reflect systematic differences in how RRHD programs and communities operate, but as with all classification schemes, this approach is not perfect.

RRHD Structures Answering the First Question—What Is Best for This Family?

Eight RRHD programs use a clear central intake structure, and four other RRHD programs do so with variations. All 12 programs are designed to answer the question, "Of the range of housing and service opportunities we control, which is best for this family?" Most of these programs operate in communitywide CoCs with many programs; some programs are run by the only or largest agency in their community addressing homelessness and operate central intake functions within their own agency only—which ends up being communitywide, in effect.

The eight grantees that have well-defined central intake systems are Cincinnati, Columbus, and Dayton, Ohio; District of Columbia; Kalamazoo, Michigan; Lancaster, Pennsylvania; Montgomery County, Alabama; and San Francisco,

California. Most agencies responsible for intake in these communities are not the agencies administering RRHD; rather, the RRHD program is run by other agencies. In Kalamazoo and Lancaster, the same agency is both the central intake point for all housing and homeless-related issues and also the community's RRHD housing and services provider. San Francisco is also an exception; the nonprofit agency that operates centralized intake for homeless families is one of two agencies operating the RRHD program under a contractual arrangement with the county's Human Services Agency.[8]

The central intake agencies receive referrals for all families experiencing a housing crisis from many sources, including direct contact by the families. Their staff screen families for housing and homeless status, refer those families still housed to prevention services, and refer those families without housing to receive assessment to determine their needs and to refer them to the most appropriate housing and service programs. In some cases, such as in Cincinnati and Columbus, the choice to offer RRHD versus another approach is bundled with the referral to a shelter, and the RRHD assistance begins immediately upon placement in shelter. In other cases, such as in the District of Columbia and San Francisco, the central intake agency refers families to a shelter, and then the family shelter takes responsibility for using a standardized assessment instrument to determine what each family needs and to make the appropriate referrals. After a family is referred to the RRHD agency following a central or coordinated assessment process, the RRHD agency sometimes completes its own assessment to determine whether it will assist the family. Sometimes the agency is required to accept all families referred through the central intake process, however, depending on its role within the CoC.

We consider four RRHD grants to be "centralized intake with variations": Washington Balance of State (BOS); Denver, Colorado; Contra Costa County, California; and Trenton/Mercer County, New Jersey. Two of these, Washington BOS and

Denver, cover geographically dispersed civil jurisdictions but have some centralized intake within the jurisdictions. The Washington BOS RRHD grant went to two counties, one on each side of Puget Sound, working as partners on many aspects of their grant, including intake forms, assessments, and criteria for accepting a family into RRHD. Intake itself, however, is not one of those aspects, for the obvious reason that the families they serve come from and expect to remain in their own counties. The RRHD agency in each county is the core housing and homeless assistance agency in that county, and each provides a centralized intake function within its own county.

The Metro Denver area presents an especially complicated intake (and service) structure. The RRHD grant recipient is one of four RRHD service agencies covering four of the CoC's seven counties and two of its cities (Denver counts as both a city and a county). Three of the four RRHD agencies offer broad housing and homeless-related programs and services, including the Homelessness Prevention and Rapid Re-Housing Program (HPRP), and serve as the centralized intake point for their counties. The fourth agency has a narrower scope and does not follow a centralized intake model. Further, the RRHD agency in Denver runs a large central intake function for its own extremely broad and deep array of family-related services. Denver added an intake point in the welfare office after the RRHD grant's first year, because the flow of families requesting assistance was too low after HPRP funding was fully expended. An RRHD staff member is now stationed at the welfare office, conducting screening and intake using the same procedures used at the agency's main offices.

Contra Costa and Trenton/Mercer Counties are anomalies but still belong in the centralized intake for rapid re-housing category. Contra

8   Shortly after the site visit for this part of the evaluation, at the end of the RRHD program's first year of implementation, the second agency ended its participation; one agency currently operates both central intake and the RRHD program in San Francisco.

Costa, a county with three distinct regions separated by natural barriers, runs its RRHD grant in its central region and to some extent in its eastern region. In these locations, the RRHD agencies are large and complex, have many programs, and are the agencies people are most likely to seek out for housing and homeless-related assistance. Each agency runs its own central intake function to determine which programs and services fit a given family best. As the primary agency serving homeless families in the central and eastern parts of the county, each agency is essentially a central intake point for the portion of the county that is being served by RRHD.

During the first year of RRHD operations, Trenton/Mercer County placed its centralized intake function in the county welfare office. This year was also the first for the county's completely reorganized program structure, focusing on prevention and rapid re-housing for families facing a housing crisis. The 9 slots per year for families in the county's RRHD grant were blended into the other resources the county had committed to rapid re-housing, totaling about 50 slots in all. The welfare office screened and assessed all families with a housing crisis, whether already receiving Temporary Assistance for Needy Families (TANF) or potentially eligible for it, as part of its larger assessment of what services families receiving TANF might need. All referrals to RRHD or to any of the other components of the redesigned system came after families completed this screening and assessment process. During RRHD's second year, the central intake function for prevention and rapid re-housing continued for TANF and TANF-eligible families, but the county split off RRHD's nine slots and designated them for serving non-TANF families. The RRHD service agency subsequently had to develop ways to recruit relevant families, which it did through outreach and advertisement in many different venues. Although the intake model shifted after program inception, the partnership with the welfare office reflects the community's

success in engaging and building connections with the local mainstream welfare system, a topic discussed further in chapter 5.

RRHD Programs Answering the Second Question—Should We Take This Family?

Of the remaining 11 CoCs with RRHD grants, 10 are in communities without a centralized intake system: Anchorage, Alaska; Austin, Texas; Boston, Massachusetts; Madison, Wisconsin; New Orleans, Louisiana; Orlando, Florida; Overland Park, Kansas; Phoenix, Arizona; Pittsburgh, Pennsylvania; and Portland, Oregon. The RRHD service agencies in these communities recruit families in a variety of ways. If they themselves run an emergency shelter, they recruit from their own shelter. Most seek referrals from other shelters as well, but those that operate the biggest or only family shelter in the community keep the recruiting focus in-house. If RRHD agencies do not run their own emergency shelter, they recruit from other shelters. All also take self-referrals and referrals from 2-1-1, antipoverty service agencies, domestic violence service agencies, and similar programs that families in crisis might contact first. To increase the odds that referrals from these venues will be appropriate for RRHD, most RRHD providers have created short screening tools or lists of criteria for shelter caseworkers and 2-1-1 staff to use. They have trained referring agency staff on these criteria and, if it seems that staff are referring people inappropriately, renew that training periodically. Some RRHD agencies conduct periodic training for referring agency staff as a matter of course and use that training to develop strong relationships with referring agency staff if they do not have them already.

The biggest difference between communities with and without centralized intake and screening is that in the latter, staff in numerous shelters and other agencies are making decisions about where to send families. Even when referring programs, usually emergency shelters, do a thorough assessment, they often do not have comprehensive knowledge of what the various

programs in their community do or what they do relative to other homeless programs, and they frequently lack a shared community understanding of what to offer families with varying needs. As a result, staff often provide each family several options rather than a single definitive referral. On the surface, this approach does not seem problematic, but multiple options require families to figure out by themselves which programs have availability and which will accept them. In addition, it was not uncommon to hear that RRHD programs in communities without central intake received many inappropriate referrals (including single individuals), because shelter staff gave families rapid re-housing as one of many places to try to get help. Further, when a family is not accepted, the shelter case manager is generally back to helping the family try different programs in turn until one is found that will serve them. Thus, a decentralized approach, unless strongly coordinated, is frequently inefficient and ineffective.

The final RRHD grant went to Ohio BOS, which has one central supervising, training, and overseeing agency and many service providers that cover the CoC's 80 counties. Obviously no statewide or CoC-wide central intakes exist, nor is it clear what the concept of "community" might mean in this CoC. Each of the 22 local agencies that provide housing and services through RRHD operates in compliance with the supervising agency's protocols and procedures for RRHD but in its own milieu and according to its own structure and program offerings for all other services. Most agencies are the only provider of services for homeless people in their catchment area, which often has no shelters. Thus, these agencies are central for their own area, but the activities are so dispersed that it is difficult to consider this RRHD program as providing centralized intake. In this aspect, the approach is typical of most BOS CoCs.

Exhibit 3.1 summarizes the distinctions we have made throughout this chapter, showing which RRHD programs use each of the various intake structures.

Exhibit 3.1: Intake Structures for RRHD Programs

Question Being Answered	What Is Best for This Family?		Should Our RRHD Program Take This Family?	
Structure	Centralized	Centralized "with variations"	Network for outreach and recruiting families	Geographic spread prohibits CoC-wide central Intake
Number of RRHD programs	8	4	10	1
CoC names	Cincinnati, OH Columbus, OH Dayton, OH District of Columbia Kalamazoo/Portage, MI Lancaster, PA Montgomery County, MD San Francisco, CA	Contra Costa County, CA Denver, CO Trenton, NJ Washington BOS	Anchorage, AK Austin, TX Boston, MA Madison, WI New Orleans, LA Orlando, FL Overland Park, KS Phoenix, AZ Pittsburgh, PA Portland, OR	Ohio BOS

BOS = Balance of State. CoC = Continuum of Care. RRHD = Rapid Re-housing for Homeless Families Demonstration.

Chapter Summary

In the communities that pioneered the rapid re-housing approach—Columbus, Ohio, and Hennepin County, Minnesota—the experience of a decade or more indicates that family homelessness can be prevented or dramatically shortened when the community has a central intake system designed to assess family need and immediately route families to the most appropriate program that will keep or move the families back into permanent housing. About one-half of the CoCs that received RRHD grants use a central intake system to assess the housing and service assistance that is best for presenting families of the several that are available through the intake agency. In communities with centralized intake, the screening and much of the

assessment process occur together and tend to be intensive and deliberately tied to making enrollment determinations across multiple housing and service options. In communities without centralized intake and screening, staff in numerous programs make decisions about where to refer families, often without thorough knowledge of program availability or eligibility criteria and certainly without control over the outcome of the referral.

Thus, a decentralized approach, unless strongly coordinated, is frequently less efficient and effective than a centralized model. Further, a decentralized approach is not able to respond when the need is to *prevent* family homelessness, as the various programs are most likely to offer assistance only after a family becomes homeless.

Chapter 4
Screening and Selection Criteria

The U.S. Department of Housing and Urban Development's (HUD's) grant announcement and related HUD guidance, provided as part of the 2008 application process for McKinney-Vento Homeless Assistance Act funds, specified that Rapid Re-housing for Homeless Families Demonstration (RRHD) programs should serve homeless families with at least one moderate barrier to housing stability. The grant announcement specified that households served by RRHD "are expected to independently sustain housing, either subsidized or unsubsidized, at the end of the leasing subsidy; therefore it is crucial that households are appropriately assessed."[9] As a condition of program eligibility, the agency using RRHD funds was required to have a single assessment tool to use in assessing all families.

This chapter describes the assessment process and tools used by RRHD programs, the specific domains included in standardized tools when programs used them, and the types of families targeted by each program.

The Assessment Process

The HUD requirements for these programs established basic threshold eligibility criteria for families to receive assistance through RRHD. In addition to these basic threshold criteria, most programs established additional criteria for selecting families they thought would be appropriate for their RRHD program. Some programs are highly selective when choosing families for RRHD and use screening criteria and procedures that are intended to select families with relatively high levels of self-sufficiency and motivation and few barriers to housing stability. Other programs use screening criteria that are intended to select families facing more substantial challenges and therefore use assessment tools to identify a range of needs that can be addressed through services provided after a family moves into housing rather than as a way of determining which families to serve.

Differences in screening criteria and procedures reflect important differences among RRHD programs, including the size and structure of the RRHD program, availability of other housing and service options for homeless families, local rental housing market characteristics, and the program philosophy of RRHD grantees and subgrantees. As a result of the different criteria, families with similar characteristics may be accepted by one program and not by another.

Basic Threshold Eligibility Criteria

The HUD grant announcement and related guidance specified that for families to be eligible for RRHD they should meet four criteria.

1. Include at least one minor child.

2. Be literally homeless, meaning that they were staying in emergency shelter or on the streets for at least 7 consecutive days.

3. Be able to independently sustain subsidized or unsubsidized housing at the end of short-term housing assistance.

4. Have at least one moderate barrier to housing stability.

The HUD grant announcement specified that "The family most appropriate for this demonstration should have, or be willing to obtain, employment that increases the income of the household to such a degree that it can independently sustain housing at the end of the short-term housing assistance."[10]

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9   Notice of Funding Availability (NOFA) for the Continuum of Care Homeless Assistance Program: 39843. July 10, 2008. http://www.hud.gov/local/mn/working/cpd/mn-cochomeless071008.pdf.

10   Notice of Funding Availability (NOFA) for the Continuum of Care Homeless Assistance Program: 39846. July 10, 2008. http://www.hud.gov/local/mn/working/cpd/mn-cochomeless071008.pdf.

For the purposes of the NOFA, HUD identified the following list of moderate barriers.

- A temporary financial strain.
- Inadequate employment or loss of employment.
- Inadequate childcare resources.
- A low level of education or low command of the English language, with a willingness to obtain language skills or education.
- Legal problems.
- Mental health issues that do not greatly affect the household's ability to independently sustain housing.
- A history of substance abuse without any active use.
- Poor rental history, including up to three evictions.
- Poor credit history.

All programs recognized and used the basic threshold criteria to screen families for potential eligibility for RRHD as they interpreted the criteria. RRHD communities and programs had different approaches to determining what constituted a set of barriers that screened families out of the RRHD program, particularly in relation to whether they think families might be able to sustain subsidized or unsubsidized housing independently at the end of short-term housing assistance. We discuss these issues later in this chapter.

During site visits or telephone interviews with some programs using more stringent screening and selection criteria, staff expressed some frustration with the requirement of using RRHD to serve families who are literally homeless, indicating the difficulty in finding families who are living in a shelter, on the streets, or in cars who have only moderate barriers, as the programs have defined them. These programs are finding that the population for whom they have designed their services—more self-sufficient families with current employment but a housing-income mismatch or perhaps a temporary housing crisis—

New Orleans, Louisiana, uses a "Barriers to Housing Assessment" form to calculate scores for each family on 11 domains. Criteria focus on barriers that limit employment or affect a family's ability to maintain housing. The total score determines the best possible program match for families. Family scores in the mid-range (moderate barriers) are eligible for RRHD, with possible linkage to a housing voucher if needed for ongoing rental assistance.

are not in shelter for more than 7 days, because they are frequently diverted from shelter with homelessness prevention assistance or leave shelter quickly on their own. This sentiment illustrated that some programs have an underlying hesitation to serve families with rapid re-housing unless they were sure the family could be self-sufficient without a subsidy at the conclusion of their program participation. Other programs and communities were much more invested in using rapid re-housing for families with a broad range of barriers.

When Are Assessments Completed, and How Are Results Used?

The timing and location of screening and assessment varies, as described in chapter 3. In some Continuums of Care (CoCs), all families are screened by the central intake agency for eligibility for RRHD upon (or before) entry into the homeless assistance system or quickly after they enter shelter. In other communities, screening and assessment happen after families have already been in shelter for awhile or only

after a shelter case manager has referred a family to the RRHD program.[11] In some communities, the results of this assessment are used by the RRHD agency for the purpose of determining whether the family is appropriate for the RRHD program. In other communities, assessment tools and results are used by the central intake or shelter agency to guide decisions about which, of an array of housing and service interventions, would be the best match for the family's needs. This type of assessment is most likely to happen when the assessment is conducted as part of a CoC's centralized intake process and used to track families into the most appropriate type of intervention or level of assistance. This type of assessment may also happen when an RRHD agency itself offers an array of programs and uses one assessment tool to assess all families to determine which program option(s) it will offer to each family.

What Characteristics Will Get Families Screened Out of Most RRHD Programs?

Using the basic screening criteria articulated by HUD in the RRHD program design, program managers and staff from RRHD programs were generally consistent in saying that RRHD is not the appropriate intervention for families in which the parent has untreated serious mental illness or severe and active substance abuse problems. RRHD staff generally indicated that families with significant levels of disability or long-term barriers to employment would be better served through permanent supportive housing or transitional housing.

Program managers and staff also had general consensus that families with many evictions or recent serious criminal activity should not be served through RRHD. Some program staff believed that transitional housing programs that provide more structure and support would better serve these families. Other staff were concerned that landlords would be unwilling to accept these families, but some RRHD programs had long-standing relationships with

landlords who were willing to take families who otherwise would have been screened out, because they trust the program to provide the support services that would help families become successful tenants.

Dayton, Ohio, uses a "Housing Barriers Screen" to score families based on criteria in eight domains. Within each domain, multiple questions focus on common housing stability barriers. Barriers include inconsistent work history with gaps in employment or frequent job changes, eviction from subsidized housing, being barred from public housing, disabling conditions that have negatively affected housing stability, and a history of being unable or unwilling to seek help. Family scores in the mid-range (moderate barriers) are eligible for RRHD, and case workers also use the barriers screen to develop housing plans for each family. Assessment and case management are separate functions performed by different staff members who communicate frequently.

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11   During the initial startup period, one or more programs may have used RRHD to serve a small number of families who were coming from transitional housing and not in emergency shelter or living on the streets.

Staff of several RRHD programs also talked about the challenges of serving homeless families in which a parent is enrolled in postsecondary education or a training program. Parents who are within a few months of graduation or completing a training program often are seen as ideal for RRHD because they are likely to be able to obtain more stable employment with higher pay as soon as they finish school. The type of time-limited rental assistance and support services available through RRHD may offer exactly the help these families need to enable parents to complete their education or training. By contrast, grantees generally were reluctant to use RRHD to provide housing assistance for parents enrolled in longer-term education or training programs, because the family's income is unlikely to increase quickly enough to maintain housing after the period of time-limited rental assistance. Most programs seemed to have limited capacity to help parents obtain financial aid or other forms of income assistance that could help them pay rent while completing education or training programs that would lead to higher incomes.

Additional Screening Criteria, Tools, and Procedures

All RRHD programs collect substantial information about families during intake, screening, and assessment. Most programs use a standardized intake or assessment tool to gather information about:

- Family composition.
- Employment history and current income.
- Education and training.
- Housing history, including number of evictions.
- Current and past episodes of homelessness.
- Medical and mental health conditions, healthcare and treatment history, and medical insurance coverage for parents and children.
- Current and past substance abuse and treatment history.
- Disabilities.

- Legal history, including incarceration and probation or parole.
- Credit history and debts.
- Parenting skills and independent living skills.
- Domestic violence, child welfare system involvement, abuse or neglect, and family conflict.
- Childcare arrangements.
- Children's school enrollment and attendance.
- Other domains of individual and family functioning.

Important differences exist among programs in how (and how much) they use this information for screening and selection of families who will be offered RRHD. Some programs use considerable information about families to make selection decisions, while other programs base the selection decision on a narrower set of criteria and the additional information gathered during intake and assessment is used primarily to identify needs and priorities for supportive services to which the program will provide or link families.

How Standardized Are the Assessment Tools?

Significant differences exist among RRHD programs regarding the extent to which they rely on scores produced by standardized assessment tools to guide decisions about which families are selected for RRHD, as summarized in exhibit 4.1. Some programs use standardized tools, such as a variant of the Arizona Self-Sufficiency Matrix,[12] or a locally developed screening tool with explicit criteria that produce a score used to determine whether a family is appropriate for RRHD. At other programs, the screening and selection process uses implicit criteria, meaning less formally articulated criteria or scores, which leave more room for interpretation by the staff conducting the intake interview or reviewing intake documentation.

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12   Many RRHD programs use a variation of the Arizona Self-Sufficiency Matrix to measure family self-sufficiency. The original Arizona Self-Sufficiency Matrix, included as appendix B, was developed and validated through local research in Arizona, and it has been adopted across the country by homeless programs eager for a more standardized approach to measuring participant change in self-sufficiency.

Exhibit 4.1: Type of Assessment Tools Used in RRHD Screening and Selection

Selection Criteria and Tools	Self-Sufficiency Matrix	Another Standardized Tool With Explicit Criteria	Implicit Assessment Process (Without Scores)
RRHD programs	Anchorage, AK Denver, CO Kalamazoo/Portage, MI Montgomery County, MD Ohio BOS Overland Park, KS	Cincinnati, OH Dayton, OH District of Columbia[a] Madison, WI New Orleans, LA Phoenix, AZ Portland, OR Trenton, NJ Washington BOS[a]	Austin, TX Boston, MA Columbus, OH Contra Costa County, CA Lancaster, PA Orlando, FL Pittsburgh, PA San Francisco, CA
General characteristics	Many programs have modified the tool originally developed as the Arizona Self-Sufficiency Matrix, including modifying the number of domains or criteria associated with each level or score. Some programs use scores combining all the domains included in the original Arizona Self-Sufficiency Matrix, and some use scores based on a smaller number of domains that are more directly related to a family's potential for maintaining housing. Some programs have added domains that are included in the score or use additional criteria to determine eligibility for RRHD. Some programs are flexible in considering families on a case-by-case basis if the score is outside the range or level considered appropriate for RRHD, and some are not.	Most locally developed tools for screening and selection use some domains or criteria similar to those contained in the Arizona Self-Sufficiency Matrix. In addition to the score on the screening tool, some programs use other criteria or information to determine eligibility for RRHD. Some programs are flexible in considering families on a case by case basis if the score is outside the range or cutoff level considered appropriate for RRHD.	Holistic assessment of family needs and barriers may be used to match each family to the type of program and level of assistance within a range of options available. Sometimes, a variant of the Arizona Self-Sufficiency Matrix is used for assessment or service planning, but these communities do not use a score to select families. Selection criteria may place emphasis on motivation, a clear plan for self-sufficiency, compliance with shelter rules, and capacity to follow through on screening procedures.

BOS = Balance of State. CoC = Continuum of Care. RRHD = Rapid Re-housing for Homeless Families Demonstration.
[a] Both the District of Columbia and Washington BOS might arguably be included with grantees that use more implicit criteria, because the screening and selection process includes a significant level of caseworker judgment in addition to the results of screening tools. The Washington BOS forms and criteria do not produce a score and do not clearly differentiate among families or the types of interventions that will be provided to families at each level.

Several of the programs that use interview-oriented assessment tools also use the Arizona Self-Sufficiency Matrix as part of the assessment process but use information gathered with the Matrix only for case planning purposes, not as scores forming the basis for deciding whether families are appropriate for RRHD. One program requires an essay from applicants for RRHD, stating what they will do while in the program to achieve their goals. Another program requires a detailed and well-documented plan for being able to maintain housing stability after time-limited rental assistance ends. Having an explicit, versus implicit, assessment process is a different issue than whether the program is restrictive in

*The **Overland Park, Kansas** program uses the Self-Sufficiency Matrix with local modifications. The screening tool has two parts; families must reach a minimum score on the first part, which focuses on housing, income, employment and education domains, and a minimum total score. The same tool is used to assess families for eligibility for the Homelessness Prevention and Rapid Re-Housing Program (HPRP), but the RRHD program uses it more flexibly. If a family misses the cutoff score for program eligibility, staff can present a more holistic assessment and make a recommendation that a family is a good fit for the RRHD program.*

terms of who is targeted or served by the program. In practice, either approach can be targeted narrowly or broadly. Program selectivity or restrictiveness is discussed in the next section.

How Selective Are RRHD Programs When Screening Families for Eligibility?

The 23 RRHD programs vary widely with respect to selectivity. Some programs are clear about using RRHD to serve a small subset of "high-functioning" homeless families who have high levels of self-sufficiency and few barriers. These programs may screen out families who are not experiencing first-time homelessness or parents without full-time work or current enrollment in a training program that is likely to lead to employment at a good wage.

The RRHD programs take different approaches to the expectation that families will be able to independently sustain housing after being re-housed in subsidized or unsubsidized housing. A few programs offer RRHD to families who are likely to face ongoing financial challenges and get families into housing quickly while linking them to other sources of ongoing rent subsidies to enable them to keep their housing after the time-limited assistance from the RRHD program ends. Other programs select only families who are likely to be able to sustain unsubsidized housing after receiving support from RRHD. More selective programs often assume that families with household incomes below 30 percent of Area Median Income (AMI) will not be able to secure and sustain affordable housing. These programs consider households with incomes below 30 percent of AMI to have a barrier and may use that barrier to screen them out of eligibility for RRHD, especially when other barriers exist such as poor credit, unpaid medical or phone bills, or money owed to a utility company or landlord as a result of breaking a lease.

The assessment tools are crafted to enable caseworkers to identify the types of families they deem appropriate for their program. Of all the

programs, 15 use the Arizona Self-Sufficiency Matrix or a locally developed screening tool to assess family self-sufficiency and determine whether a family is appropriate for RRHD. The tools prompt program staff to rate each family, sometimes with family input, on each domain based on standardized rating definitions. For example, the least self-sufficient score in the mental health domain is defined as being a danger to self or others, having recurring suicidal ideation, or experiencing severe difficulty in day-to-day life due to psychological functioning. The lowest score in the community involvement domain (which considers involvement in advisory groups, support groups, or other community activities) is not applicable due to crisis situation; in 'survival' mode. After completing the assessment, the domain-level ratings are summed to calculate a family's overall self-sufficiency score.

The RRHD program, or a central intake agency charged with referring families to RRHD programs, then uses the score to determine whether to admit a family to the RRHD program. Five programs specify a "cutoff score," indicating a level of self-sufficiency that families must at least meet before the program will accept them. Seven RRHD programs specify a *range* of acceptable scores. This approach means that instead of establishing a cutoff score above which families are eligible, these programs establish both a lower and an upper range of scores, so they screen out both families with extensive serious barriers and families who are more self-sufficient—those with fewer barriers. The latter would be included rather than excluded if the program specified only a minimum score the family needed to meet. Communities establishing both upper and lower bounds on acceptable scores generally have identified different forms of assistance for those with scores outside of the range, such as lower-intensity assistance for those with higher scores and transitional or permanent supportive housing for those with lower scores.

What Domains Do RRHD Programs Consider When Screening, and How Are They Scored?

Several screening domains or assessment areas figure strongly in selection decisions for all RRHD programs that use standardized assessment tools. Income is a screening factor in all 15 tools; employment, rental history, criminal background, and mental health domains are included in 13 tools; and substance use is screened in 12. A lot of variability exists in the number and focus of the other domains, however. Exhibit 4.2 summarizes the domains used by RRHD programs that rely on the Arizona Self-Sufficiency Matrix or another standardized screening tool to determine family appropriateness.

Despite similarities among domains in the tools, RRHD programs define the domains differently, so for example, screening for criminal history does not mean the same thing from one RRHD program to another. Exhibit 4.3 provides examples to illustrate that some programs define domains in more restrictive ways than others. Programs using more restrictive definitions of domains also tend to use scoring methods that are more selective and screen out families with higher barriers. Programs using less restrictive definitions tend to focus on recent experiences that may directly affect a family's ability to get into housing.

Further complicating comparison of assessment processes, the way RRHD programs score the results can make a significant difference in the types of families accepted into a program. When a program uses and gives equal weight to *all* the domains contained in the Arizona Self-Sufficiency Matrix, the tool will screen out low-income homeless families with relatively minor barriers. For example, a family who is literally homeless (staying on the streets or in emergency shelter) and receiving Supplemental Nutrition Assistance Program (SNAP, formerly food stamps) and subsidized childcare and who is also enrolled in Medicaid will not have scores that reflect the highest levels of self-sufficiency

Exhibit 4.2: Criteria Used To Score Families Selected for RRHD Programs (1 of 3)

Domains or Topics Scored To Screen Families for RRHD	Minimum Score				
	Anchorage	Madison	Montgomery County	Overland Park	Phoenix
Income	❖	⊠	❖⊠	❖	⊠
Employment	❖		❖⊠	❖	⊠
Rental history (may include back rent or utilities owed)	❖	⊠	❖⊠		⊠
Homeless/housing status	❖		❖	❖	
Food			❖	❖	
Childcare	❖		❖	❖	
Children's education and/or special needs	❖		❖	❖	
Adult education	❖		❖	❖	⊠
English language skills/literacy				❖	
Legal/criminal background	❖	⊠	❖⊠	❖	⊠
Health care/disabilities	❖		❖⊠	❖	
Life skills	❖		❖	❖	
Mental health	❖		❖⊠	❖	⊠
Substance abuse	❖		❖⊠	❖	⊠
Family relations	❖		❖	❖	
Mobility/transportation	❖		❖	❖	
Community involvement	❖			❖	
Safety/domestic violence	❖		❖⊠	❖	
Parenting skills	❖			❖	
Child welfare				❖	
Credit history	❖	⊠	❖⊠		
Household composition (age, family size)			⊠		⊠

❖ Domain scored using a version of the self-sufficiency matrix (often adapted from the Arizona Self-Sufficiency Matrix; some criteria may be modified and some domains may be added).

⊠ Domain scored using a locally developed screening and assessment tool.

❖⊠ Domain scored using a version of the self-sufficiency matrix and also scored on a locally developed screening and assessment tool.

Exhibit 4.2: Criteria Used To Score Families Selected for RRHD Programs (2 of 3)

Domains or Topics Scored To Screen Families for RRHD	Range of Scores						
	Cincinnati	Dayton	Denver Metro	New Orleans	Ohio Balance of State	Kalamazoo/ Portage	Portland
Income	☒	☒	❖	☒	❖	❖	☒
Employment	☒	☒	❖		❖	❖	☒
Rental history (may include back rent or utilities owed)	☒	☒	❖	☒	❖		☒
Homeless/housing status	☒	☒		☒	❖	❖	☒
Food					❖	❖	
Childcare		☒	❖	☒	❖	❖	☒
Children's education and/or special needs	☒	☒				❖	
Adult education		☒	❖		❖		
English language skills/literacy		☒		☒			☒
Legal/criminal background		☒	❖	☒	❖	❖	☒
Health care/disabilities		☒		☒		❖	☒
Life skills				☒		❖	☒
Mental health	☒	☒	❖	☒	❖		☒
Substance abuse	☒		❖	☒	❖		☒
Family relations					❖		
Mobility/transportation		☒					
Community involvement							
Safety/domestic violence		☒					
Parenting skills							
Child welfare	☒	☒		☒			☒
Credit history		☒	❖			❖	
Household composition (age, family size)		☒					

❖ Domain scored using a version of the self-sufficiency matrix (often adapted from the Arizona Self-Sufficiency Matrix; some criteria may be modified and some domains may be added).

☒ Domain scored using a locally developed screening and assessment tool.

❖☒ Domain scored using a version of the self-sufficiency matrix and also scored on a locally developed screening and assessment tool.

Exhibit 4.2: Criteria Used To Score Families Selected for RRHD Programs (3 of 3)

Domains or Topics Scored To Screen Families for RRHD	Flexibility in Using Scores To Determine Eligibility		
	Trenton	Washington Balance of State	District of Columbia
Income	☒	☒	☒
Employment	☒	☒	☒
Rental history (may include back rent or utilities owed)	☒	☒	☒
Homeless/housing status	☒		
Food			
Childcare			☒
Children's education and/or special needs	☒	☒	☒
Adult education	☒	☒	☒
English language skills/literacy	☒	☒	
Legal/criminal background	☒	☒	
Health care/disabilities	☒	☒	
Life skills			☒
Mental health	☒	☒	☒
Substance abuse	☒	☒	☒
Family relations			
Mobility/transportation			
Community involvement			
Safety/domestic violence	☒	☒	☒
Parenting skills			☒
Child welfare		☒	☒
Credit history			
Household composition (age, family size)	☒	☒	☒

❖ Domain scored using a version of the self-sufficiency matrix (often adapted from the Arizona Self-Sufficiency Matrix; some criteria may be modified and some domains may be added).

☒ Domain scored using a locally developed screening and assessment tool.

❖☒ Domain scored using a version of the self-sufficiency matrix and also scored on a locally developed screening and assessment tool.

Exhibit 4.3: Stringency of Criteria Used To Determine RRHD Eligibility

Domain	More Selective Definitions for Domains	Less Selective Definitions for Domains
Legal/or criminal history	Deduct points if people have any history of arrest or conviction, including: • Felonies or misdemeanors within the past 10 years (some also including felonies or misdemeanors from more than 10 years ago). • Current outstanding tickets or warrants.	Deduct points if people have recent or serious criminal history, including: • Focus on convictions within past 12 months. • Recent or frequent history of incarceration. • Current or recently completed parole or probation. • Felony convictions involving drugs or violence. • Criminal history related to restrictions on housing (for example, barred from public housing, registered sex offender).
Mental health or substance abuse	Deduct points if people have any: • Mental health problems or diagnoses. • Substance use or abuse. • History of treatment or hospitalization for mental health or substance abuse problems.	Deduct points if people have: • Mental health symptoms or substance abuse problems that currently interfere with functioning or ability to work. • Recent substance abuse problems.
Employment	Points earned based on current employment: • Full time. • Part time or temporary (sometimes considered).	Points earned for: • Current employment or history of employment. • Willingness to work. • Opportunities for employment with training and skill building.
Evictions	Deduct points for any evictions.	Deduct points based on the number of evictions (for example, lowest score for three or more evictions).
Children's education	For full points: • All children must be enrolled in and attending school regularly. • Children must have good grades and show academic progress.	Lose points for: • Children's behavior problems or juvenile justice system involvement.
Household composition	Deduct points if: • Head of household is under 25 years of age. • Family has more than three children.	Deduct points if: • Head of household is under 21 years of age. • Family has male teenager.

RRHD = Rapid Re-housing for Homeless Families Demonstration.

in several domains, and this score will lead some RRHD programs to turn that family down. Similarly, a parent with a high school diploma who has not completed postsecondary education, is fully compliant with the terms of probation or parole, has poor credit with one eviction, has limited community involvement, and has little support available from family or friends would also receive a total score on

the Arizona Self-Sufficiency Matrix too low to qualify for RRHD in the more selective programs. A family with a low score in the mental health domain but high ratings in the other domains, however, may receive a high total score. Using and equally weighting all domains in the Arizona Self-Sufficiency Matrix has the effect of giving equal consideration to domains that relate only tangentially if at all to housing

sustainability and domains that pertain directly to a family's capacity to sustain housing with the assistance available from RRHD.

Other RRHD programs use a narrower subset of the domains or topic areas in the Arizona Self-Sufficiency Matrix or locally developed screening tools as the primary criteria for selection. They focus on those domains that are most directly relevant to a family's potential for being able to maintain housing by increasing household income, managing expenses and debts, or obtaining other ongoing sources of rental assistance, if needed. These programs are less likely to consider a family's use of SNAP, Medicaid, or subsidized childcare a barrier or an indicator that the family is less self-sufficient. The criteria may focus instead on whether a lack of reliable childcare is an obstacle to a parent's employment.

A few RRHD programs are willing to enroll families with multiple previous evictions, previous felony convictions, or negative credit reports, despite the extra effort it takes to find housing for families with these "red flags." These programs have identified and built relationships with landlords who are willing to accept these families as tenants if the parent has completed a ready to rent class or similar training that covers the responsibilities of tenancy and the RRHD program commits to ongoing support services, close monitoring of rental payments, and regular communication with landlords to troubleshoot any problems that arise. The RRHD program may use a master lease arrangement in which the program establishes a lease with the landlord so that families who would not otherwise pass the landlord's screening criteria are able to enter into a sublease agreement with the program.

Thus, programs that have adapted the Arizona Self-Sufficiency Matrix to focus on fewer domains and those that have the most direct relevance to housing retention tend to accept families with higher barriers, because they do not penalize families for barriers that will not directly affect housing placement and they have developed targeted strategies to mitigate the others. These communities are also those that have established a *range* of scores to indicate that a family is appropriate for RRHD rather than a flat cutoff score. Families who score above the identified range are referred for less intensive assistance than the package offered by the RRHD program, and those who score below are referred for more intensive assistance.

What Family Characteristics Lead To Being Accepted Into or Screened Out of RRHD?

The significant differences in screening and referral processes, assessment tools, and selection criteria used by RRHD programs mean that the 23 programs serve families with different characteristics. To demonstrate the effect of differences among the tools and criteria used by programs, the research team developed vignettes that described three families with different characteristics. The families are described briefly in the following list. The complete vignettes, which include additional details needed to calculate a score using assessment tools used by RRHD programs, are included in appendix C.

- A 27-year-old mother with two school-age children works at a part-time job and has poor credit and unpaid debts to a landlord, utility company, and credit cards. The family relies on SNAP, and the children are enrolled in Medicaid and subsidized childcare. The mother has a high school diploma, is on probation for a minor criminal offense, and is feeling stressed but has not been diagnosed with a mental health problem, and does not have a history of substance abuse.

- A 21-year-old mother with an 11-month-old baby has been living in a car since fleeing domestic violence, because the local domestic violence shelter is full. The mother is completing a community college training program that is likely to lead to a good job, but she has a limited employment history. She has poor

credit and was not the primary tenant in her last apartment. The family is covered by Medicaid, applying for SNAP, and on a waiting list for subsidized childcare. The mother was in foster care herself as a child, and she does not have substantial social support.

- A 29-year-old mother with four children has a solid history of employment before a recent layoff. The mother is now working two part-time jobs with no benefits and hoping to increase her hours and income. The mother has been clean and sober for 3 years and is taking prescribed medication for depression. She has a history that includes past substance abuse and drug treatment and completed parole after a felony drug conviction several years ago. A few years ago, she was evicted once, and she has unpaid medical bills and bad credit. The family relies on SNAP and considerable strong support from extended family members and the church where they are actively involved.

For these three families, researchers used the assessment tools and criteria from each RRHD program to determine whether the family would likely be accepted or screened out of the program. This approach was relatively straightforward for programs that use a cutoff score or range of scores on a standardized assessment tool as the primary criterion for selecting families for RRHD. For programs that use implicit criteria rather than scores, it was more difficult to predict whether any or all these families would likely be accepted or screened out. The results are summarized in exhibit 4.4 and clearly indicate that some programs are likely to be serving families with significantly greater barriers to self-sufficiency, while families with similar needs are likely to be screened out of the RRHD programs in other communities.

Rationale for More Selective Screening Criteria and Procedures

During interviews, RRHD program representatives gave several reasons why they have adopted more selective screening criteria and procedures:

- **Size of RRHD program.** Some RRHD programs only have the capacity to serve a small number of homeless families relative to the total number of families who are staying in homeless shelters and are potentially eligible

Exhibit 4.4: Chances That RRHD Programs Will Accept Specific Families

Likely To Accept All Three Families	Likely To Accept One or Two of These Families	Likely To Screen Out All Three Families (or Screen Out at Least Two and Maybe Consider One of These Families on a Case-by-Case Basis)
RRHD programs using scores or standardized screening tools and criteria		
Madison, WI New Orleans, LA Ohio BOS Overland Park, KS Portland, OR Trenton, NJ	Cincinnati, OH (two) Dayton, OH (two, possibly all three) Denver, CO District of Columbia Kalamazoo/Portage, MI (two) Washington BOS (two)	Anchorage, AK Montgomery County, MD Phoenix, AZ
Programs using more implicit criteria (screening and selection decisions are much more difficult to predict)		
Austin, TX Columbus, OH Lancaster, PA (maybe) Pittsburgh, PA (maybe)	Boston, MA Orlando, FL	Contra Costa County, CA San Francisco, CA

BOS = Balance of State. RRHD = Rapid Re-housing for Homeless Families Demonstration.

for RRHD. When several eligible families are referred for each available slot in the RRHD program, criteria may be designed to select the family most likely to succeed with the program.

- **Structure of RRHD program.** Some RRHD programs offer only short-term rental assistance and use more stringent selection criteria that reflect the expectation that families must have fewer barriers or higher levels of self-sufficiency if they are going to be able to pay rent without assistance after 3 to 6 months.

- **Availability of other housing and service options.** In some communities, RRHD is only one of several options available to homeless families, and other options may also include rapid re-housing rental assistance and supportive services that are available for more (or fewer) months or an array of affordable and permanent supportive housing options. In these communities, families with more barriers to housing stability or a greater need for longer term rental assistance may be offered a different program that is more responsive to their needs, while RRHD is used to serve families who are more likely to be self-sufficient with only a few months of assistance. It is important to note, however, that other housing and service options are not always available in some communities in which programs have implemented relatively stringent screening and selection criteria, and families in those communities who are not offered RRHD may have to stay longer in shelter before they obtain housing.

- **Local rental housing market characteristics, including the availability of affordable rental housing or ongoing rental assistance.** In communities where rental housing is in short supply or rents are high, RRHD programs may use more stringent screening and selection criteria because of a concern that families will need to significantly increase their incomes to pay rent without assistance after a maximum of 12 to 15 months in the

RRHD program. In these communities, selection criteria were designed to target assistance to families with current full-time employment or strong work histories, good employment prospects, and few (if any) barriers to self-sufficiency. In some other programs, families with more barriers are accepted into RRHD programs with the expectation that they will be able to access affordable rental housing or ongoing rent subsidies if they still need additional financial assistance after they exhaust the time-limited assistance provided by RRHD.

- **Program philosophy.** Although some program philosophies clearly articulate the goal of reducing the amount of time families spend in shelters, others are more ambivalent and demonstrate concern that many homeless families need the services and supports that they can get in a family shelter or project-based transitional housing program. Further, some programs believe a key indicator of a family's future success is its motivation to succeed. Thus, more stringent criteria are sometimes designed to discover a family's motivation level. When program staff members and agency leadership believe that vulnerable families benefit from participating in other programs that are part of the homeless assistance system, they are more likely to be relatively selective about which families can be successful with the assistance available through RRHD. When program staff have a strong belief that longer shelter stays can be harmful for many families, the staff are more open to offering RRHD to families with more substantial barriers and to providing services and supports to address family needs after they are in housing.

How Have RRHD Programs Changed Their Screening and Selection Criteria?

In several communities, program managers indicated that they are making or considering changes to the screening and selection criteria they have been using for their RRHD programs.

At least four programs indicated that they were considering moving in the direction of serving families with more substantial barriers, in part because they had found too few homeless families who qualified for RRHD based on their initial criteria. They were unable to serve the number of families projected in their grant application without becoming more flexible in the selection process. One program has relaxed criteria that limited eligibility to families experiencing first-time homelessness, while another program has modified screening tools to distinguish between serious felonies and less serious criminal histories and between serious and less serious problems related to medical, mental health, or substance abuse.

A few other programs reported that they have moved toward more stringent screening criteria or procedures. Often these were programs that had established relatively restrictive selection criteria and found that some families entered the program with significant barriers related to mental health or substance abuse problems or criminal backgrounds that had not been disclosed during the screening and assessment process. Some programs had expected to use a mix of short-term (3 to 6 months) and medium-term (12 to 15 months) rental assistance but have found that few families enrolled in the program could maintain housing with only short-term assistance. In some cases, these programs are seeking to identify homeless families who can meet more stringent screening criteria and will be more likely to succeed with only a few months of assistance.

Chapter Summary

Communities have taken different approaches to RRHD screening and assessment. Because many RRHD communities do not have much affordable rental housing or ongoing rent subsidies available for homeless families, many RRHD programs are selecting only families likely to be able to maintain unsubsidized housing and are likely to screen out families who could succeed in maintaining their housing only

if subsidies were available. In some cases, selection criteria reflect local philosophies toward addressing family homelessness and the relative availability of other resources.

RRHD programs use a wide range of assessment tools, scoring methods, and target scores for program eligibility, but most programs assess families on a similar range of topics. When programs consider a broad range of domains as part of the assessment process, the tools generally weight all criteria equally and do not grant special consideration to the relatively few domains most likely to affect housing stability.

Some RRHD programs have refined their assessment scoring systems to focus on the domains most relevant to housing retention. These programs tend to accept families with higher barriers, in part because they do not penalize families for barriers that will not directly affect housing placement and because they have developed targeted strategies to mitigate the others.

Overall, the assessment tools currently in use by RRHD programs favor families with fewer barriers and needs, although nearly one-half of the RRHD programs would be likely to enroll families with multiple barriers. RRHD programs also vary in the latitude given to staff to take risks on families with scores close to cutoff or range limits. As RRHD programs gain experience in selecting and serving families, some are revisiting their selection criteria to focus on recent and serious barriers and problems that are likely to interfere with work or housing stability. Others are strengthening their eligibility criteria to further target the types of families they will accept.

One hope for the process component of this evaluation was that researchers could identify one or two screening and assessment tools that HUD could recommend to anyone desiring to mount a rapid re-housing effort in the future. Because of the great variability of assessment tools and procedures, however, the research team feels that the RRHD experience is not

likely to lead to simple recommendations of best practices. What seems clear is that the same tool, such as the Arizona Self-Sufficiency Matrix in its original or modified forms, can be used in many different ways, with quite different consequences for which families will ultimately receive services. Selection of a specific tool and decisions about how to use it must be considered separately. Communities or agencies will need to consider their resources, housing and employment market conditions, alternative interventions available, program size and length of intervention, and intake structures before selecting a tool or crafting a strategy for using it.

Chapter 5
Housing Assistance and Supportive Services Offered by Rapid Re–housing for Homeless Families Demonstration Programs

Housing assistance in the form of rent subsidies and supports in the form of case management, housing locator activities, and linkages to community-based services make up the core of Rapid Re-housing for Homeless Families Demonstration (RRHD) programs. This chapter describes the 23 RRHD programs and the program elements they offer: the duration and amount of housing assistance, the length of time between program acceptance and housing placement, and the connection to and types of supportive services.

In the RRHD grant announcement, the U.S. Department of Housing and Urban Development (HUD) set clear guidelines for the length of housing assistance participating providers may offer and the types of services that can be funded under this program. On the housing side, participating programs can use RRHD funds only to help families pay their rent. They cannot pay for arrearages of either rent or utilities, for move-in costs, or for utility deposits or costs. Applicants had to specify the length of time they would provide rental assistance, choosing between 3 to 6 months, 12 to 15 months, or both. RRHD funds for supportive services could pay for housing placement, case management, legal assistance, literacy training, job training, mental health services, childcare services, and substance abuse services, but not all grantees proposed to use their funds for all these services.

Housing

Grantees vary in the length of time they offer families rental assistance, the amount and pattern of subsidies, the time between a family's enrollment in the program and actually moving into housing, and the types of housing assistance families receive.

Length of Rental Assistance

According to RRHD program rules, families can receive rental assistance up to a maximum of 18 months, although programs were directed to offer rental assistance packages of 3 to 6 months or 12 to 15 months. As assistance can only be used for rent, to cover the other one-time costs of entering new housing, such as security deposits, moving assistance, furniture, and utility assistance, many RRHD programs use resources they have from other funders or connect participants to other community-based agencies that can help cover these costs or supply what is needed. Exhibit 5.1 shows the length of rental assistance offered by each of the 23 RRHD programs. Five programs offer only short-term rental assistance, from 3 to 6 months. Of the RRHD programs, 14 offer only longer term rental assistance, originally intended by HUD to be 12 to 15 months but in practice vary between 6 and 18 months. Four RRHD programs offer both long-term and short-term rental assistance based on the family housing plan and types of barriers identified during assessment.

Many RRHD programs offering short-term assistance indicate that they have difficulty finding families who can successfully transition to independent housing within 6 months; thus, they are providing assistance for longer periods than expected. Similarly, many of RRHD programs that assumed they would provide a mix of short- and long-term assistance have consistently provided the maximum length of rental

Exhibit 5.1: Length of Rental Subsidy and Notification Practice

Planned Length of Rental Assistance (Number of Months in Parentheses)			Family Notification Practice (Are Families Told the Planned Length of Assistance at Program Acceptance?)	
Short term (3 to 6 months)	Long term (originally intended to be 12 to 15 months)	Both short and long term	Yes Families notified up front of the number of months they will get if compliant with housing plan	No Length based on family need, recertification; not guaranteed up front
Anchorage, AK (6) Columbus, OH (3–6) Denver, CO (6) Lancaster, PA (3–6) New Orleans, LA (3–6)	Austin, TX (12) Boston, MA (12) Cincinnati, OH (12) Contra Costa County, CA (12) Dayton, OH (9–12) District of Columbia (12–15) Kalamazoo/Portage, MI (12–18) Madison, WI (12) Orlando, FL (6–12) Overland Park, KS (6–12) Phoenix, AZ (6–12) Portland, OR (12) Washington BOS (6–12)	Montgomery County, MD (3–6 and 12–15) Ohio BOS (4–6 and 9–12) Pittsburgh, PA (3–6 and 12–15) San Francisco, CA (3–6 and 12–18) Trenton, NJ (6–9 and 12–18)	Anchorage, AK Austin, TX Boston, MA Contra Costa County, CA Dayton, OH Denver, CO District of Columbia Madison, WI New Orleans, LA Orlando, FL Overland Park, KS Phoenix, AZ Pittsburgh, PA Portland, OR San Francisco, CA Washington BOS	Cincinnati, OH Columbus, OH Kalamazoo/Portage, MI Lancaster, PA Montgomery County, MD Ohio BOS Trenton, NJ

BOS = Balance of State.

assistance to all families. For example, when designing its program, one RRHD program initially thought that one-third of the families served would be able to stabilize with 3 months of assistance, one-third would need 6 months, and one-third would need 12 months. Instead, one-sixth of families participating in the program have succeeded with only 3 months of assistance, with the rest splitting about evenly between needing 6 and 12 months of assistance. Another RRHD program offers 9 to 12 months of assistance, but so far all participants have used the entire 12 months.

HUD's goal is to help families stabilize and afford housing, whether subsidized by another program or unsubsidized, on their own at the end of the RRHD program's rent subsidy. Despite families' ability to secure subsidized housing according to the program rules, some RRHD programs accept only extremely low-barrier homeless families who they think will be able to pay the rent *without* a subsidy. Program staff reported that their decision to be so restrictive reflects their knowledge that the waitlist for subsidies is years long or closed. The decision also sometimes reflects high housing costs in the community compared with the earning power of most poor families. Some programs calculate the odds that families would earn enough income by the end of rent subsidies to afford housing (for example, if a family had a good work history but recent unemployment

and had immediate prospects for returning to work) or would receive a rent subsidy within the same timeframe (for example, if it were near the front of the waiting list). If the odds seem good, the program accepts the family. If they seem too low, they send the family to a different program.

Many of the short-term RRHD program staff expressed difficulty in finding families who they felt could move toward to independence in less than 6 months. Differences in the RRHD programs' anticipation of families' abilities to become independent after only a few months

> *In Columbus, Ohio, households pay 30 percent of income toward rent. Participants with no income must pay $50 dollars a month.*
>
> **Incentive Month:** *At the end of the 6-month period, families who met their goals get a seventh month for free. The program uses the participant's portion of rent contributions to pay the seventh month.*

of rental assistance seem to be related to two factors: the availability of affordable housing in the community and whether the community has embraced rapid re-housing as a model and philosophy.

In one of the participating RRHD communities, the Continuum of Care (CoC) has adopted rapid re-housing as the primary vehicle for helping homeless families get back into housing. The CoC offers four distinct rapid re-housing programs, each with a different level of financial assistance and housing support services. Financial assistance can include some combination of help with utility payments, apartment and utility deposits, rent subsidy, and help with moving. To illustrate this CoC's array of housing assistance to homeless families, Exhibit 5.2 shows the four rapid re-housing options, with the RRHD program providing the longest period of rental assistance, up to 6 months, to families with multiple issues and barriers. Of participants in this community's RRHD, 86 percent are able to pay for housing on their own by the end of the short-term RRHD assistance.

What Families Hear at Enrollment

RRHD programs vary in what they initially tell families about the length of rental assistance they will receive after they start the program. The last two columns of exhibit 5.1 show the information that RRHD programs provide participants at enrollment about how many

Exhibit 5.2: Rapid Re-Housing Option in One CoC

Rapid Re-housing Program Options	Typical Services Provided	Service Intensity Needs of Referred Families	Families Enrolled in Option
Transition assistance	Minimal financial services to move out of shelter	Low	5%
Direct housing	1 month of rent assistance	Low	30%
Rolling stock	3 months of rent assistance	Moderate	20%
RRHD	6 months of rent assistance	High	15%
All other options	Varying	Varying	30%

CoC = Continuum of Care. RRHD = Rapid Re-housing for Homeless Families Demonstration.

months of assistance they will receive. The fourth column lists the 16 RRHD programs that tell participants up front what they will get; these programs nearly always fulfill the months of commitment they tell participants at the beginning, as long as the participants are fulfilling program expectations. The fifth column lists the seven programs that tell participants the first increment of rent assistance they will receive (usually 3 months) and explain how they will decide if this help will be extended—usually in quarterly increments.

All seven of the programs that use the incremental approach—and even some of those that give participants a specific commitment—require some sort of recertification or process for reviewing family progress on their plans to become self-sufficient at the end of RRHD rental assistance. These programs may adjust the number of months of rental assistance based on the review process. Staff of several programs indicated that the amount or duration of rental assistance is adjusted based on ongoing assessment of family needs and progress, including consideration of setbacks caused by job loss or changes in household composition. Some of these programs do not give the family a specific commitment about how many months of rental assistance they will provide. Most of these RRHD programs tell participants that the length of rental assistance is based on the family's housing and self-sufficiency plan, progress toward meeting goals, compliance with program requirements, and type and number of barriers being addressed.

Two RRHD programs offering 12 months of assistance initially notified families of this

commitment up front, but they found that families were less motivated to find employment immediately and to work on achieving their case plan goals. As a result, both programs now provide families an initial 3-month commitment and reevaluate quarterly. Participants must be compliant with program rules (for example, work on case plans, meet regularly with case managers by phone or in person, pay their portion of the rent) to qualify for continued rental assistance. Three programs conduct eligibility recertification monthly, three others do so quarterly, and two conduct recertification as needed. Many RRHD programs that tell participants up front how many months of assistance they may receive use the length of time to set expectations and to assist families with planning. Most RRHD programs will extend the length of rental assistance based on progress and ability to achieve self-sufficiency as long as the extension is within the length of time permitted in their RRHD grant agreement with HUD.

In **Ohio Balance of State,** *the first month's rent and security deposit is guaranteed. Each month of rent assistance is managed as a separate request and used as an opportunity to monitor and assess progress toward goals.*

Level of Rent Subsidy

RRHD programs have flexibility in the way they offer rent subsidies. Most RRHD programs will make exceptions or adjustments to the tenant portion of rent payments if a family is working to pay outstanding debts or has had an unexpected crisis (for example, job loss). The level of rent subsidy provided generally falls into one of the following three categories:

1. A flat dollar amount each month.

2. Families pay a proportion of their income (up to 30 percent), monitored on a monthly or quarterly basis, and the program pays the rest.

3. Graduated (declining) rent subsidies, decreasing assistance over time until the family pays the entire rent by program completion.

Programs in the third category use a variety of creative approaches (see exhibit 5.3) to gradually adjust the level of rent subsidies provided to families. One goal of these approaches is to prepare families to assume responsibility for paying rent on their own before the end of time-limited rental assistance. The graduated rent subsidy approach is also intended to provide incentives and reinforce expectations that families will increase their incomes from work or benefits and begin to pay a larger portion of the rent. For some participants, however, the graduated or declining rent subsidy approach could require that families contribute more than 30 percent of their income for rent, particularly if their incomes do not increase. Some RRHD programs made changes to their approach to providing graduated rent subsidies during the first year or two of program implementation, because that approach was determined to be inconsistent with HUD rules regarding maximum tenant rent contributions for families receiving assistance through any Supportive Housing Program grant. Although the examples in exhibit 5.3 may not be permitted under the RRHD program and may no longer be in practice, they are included because grantees were eager to implement alternative rent calculation approaches and these examples could inform subsequent rapid re-housing regulation development.

Exhibit 5.3: Examples of Graduated (Declining) Rent Subsidies

Program helps with security deposit and the subsidy pays the entire first month's rent; assistance declines by 20% each month thereafter.

Participants can choose a subsidy equal to 50% of rent for 12 months or 100% of rent for 6 months; the program also provides a third group of participants who are actively engaged in education or training to increase their earning power 100% of rent for 12 months to see how much they can increase their skills and income in 1 year if entirely relieved of rent burden.

Program pays 75% of rent in the first month, decreasing over time based on income. The program does not pay the landlord until the tenant does.

Monthly assistance level is flexible and individualized based on the family plan, up to a maximum total amount of assistance provided for each family.

Program pays 100% of the rent for one quarter, 67% for the next, and 33% for the final quarter (9 months total).

Program requires families to start paying some of the rent (25%) between 6 and 9 months, depending on family ability.

Tenants pay 30% of their income initially, increasing over 12 months to the entire rent amount.

Tenants pay 30% of income for the first 6 months, increasing to 40 or 50% if assistance continues.

Assistance level is flexible and individualized based on the family plan; all tenants pay 30% of income for the first month or for a few months, and then the tenant rent contribution increases to a maximum of 50% of income.

Time to Housing Placement

After an RRHD program accepts a family, it begins the process of moving that family toward reentering housing. The time between program entry and housing placement varies significantly among RRHD programs. Some RRHD programs are not able to report how long it takes between each step: referral, initial assessment, program acceptance, and housing placement. Most RRHD programs require that eligible participants be either unsheltered or in emergency shelter for at least 7 days before initial intake. Moving into housing occurs within 1 week in a few programs and in less than a month in most programs. In several RRHD programs, however, potential participants may stay in emergency shelter for several months before they are referred and offered housing assistance. Families in some of these programs have access to a service-rich shelter environment and will typically begin the process of budgeting, job search, and case planning while still in the shelter. In these instances, as a matter of shelter and RRHD policy, shelter case managers may not refer families to the RRHD program until after they decide that the family is ready. In some cases, families may be required to have a job or a plan that will meet screening criteria. One program also accepts participants who have been in transitional housing for fewer than 90 days.

Rapidity of housing placement and family barrier levels occur in each possible combination in the 23 RRHD programs. Some programs take families with considerable barriers and move them out of shelter within 30 days, while others take only families with minimal barriers and consider 4 months in shelter reasonable. Still other programs fall in between these extremes, either moving families with few barriers quickly or keeping families with many barriers in shelter for a long time. The outcome component of this evaluation will reveal whether these strategies are equally effective. If families served by programs using the first strategy (rapid movement for multibarrier families) are found to be about as likely to remain stably housed as those following more restrictive strategies, the finding should lend support to the utility of *rapid* re-housing as a desirable strategy.

Supportive Services

RRHD programs provide a variety of services to support families as they work to reestablish themselves in housing and achieve stability in the community. Up to 30 percent of RRHD funding can be used for services such as housing search assistance and case management. Most RRHD programs augment the services covered by RRHD with referrals or onsite program benefits funded from other sources, including legal assistance, literacy training, job training, mental health services, childcare, and substance abuse services. Indeed, RRHD proposals indicating that the proposed program, if funded, would be housed in an agency with many other resources to help program families received credit for that in the review process. Exhibit 5.4 shows the types of services offered.

Many RRHD programs noted that they try to help families find childcare, but that subsidized childcare is not readily available because of state and local budget cuts.

Exhibit 5.4: Supportive Services Provided by RRHD Programs

Services Commonly Provided in RRHD Programs	Services Occasionally Provided in RRHD Programs
• Housing search and placement. • Linkage to mainstream and community-based services. • Employment and job search assistance provided either by the RRHD program, the agency in which it resides, or through referrals to work force centers or other career development programs. • Budget counseling either directly through the RRHD program or through referral. • Credit counseling that can help with debt reduction and credit repair. • Training to earn skills certifications or licenses, general equivalency diploma (GED) assistance, and education programs. • Case management assistance in accessing mainstream benefits—Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Medicaid, and Supplemental Security Income (SSI). • Help obtain furniture, household items, clothing, groceries, and toiletries needed at move-in.	• Mental health and substance abuse treatment and services. • Youth and adult mentoring programs. • Parenting programs. • Life skills training. • Legal assistance to address back rent and bills. • Assistance in applying for subsidized housing. • Transportation to appointments. • Client advocacy with various departments and services. • Domestic violence assistance and counseling. • Prenatal care.

RRHD = Rapid Re-housing for Homeless Families Demonstration.

Housing Search Assistance

Finding housing is virtually always the first step in a family's case plan. All RRHD programs provide some type of housing search or placement assistance to link families with units that will be affordable to the family after program completion. In most RRHD programs, the case manager works with each family to develop a housing plan and then helps with housing search.

The type and intensity of assistance varies from pointing families toward newspaper ads, Craig's List postings, and similar resources, to providing families with lists of landlords and potential units, to more directed assistance. Three RRHD programs maintain an affordable housing database that case managers or housing specialists use to match clients to appropriate housing in their price range, including matching family needs, resources, and location preferences.

Directed assistance can be substantial and is usually effective. Directed assistance may include the following elements:

• Case managers who drive clients to available units and provide direct communication and paperwork to landlords (many RRHD programs).

• Employing a housing specialist who works directly with families to help them find an apartment, set up the lease, and ensure that all inspections are completed (five RRHD programs).

• Helping tenants locate community-based, scattered-site housing in market rate or tax-credit subsidized units (most programs).

• Offering housing in master-leased apartments or their own properties, simplifying the housing search process but usually requiring families to move when they complete their time in the program (three RRHD programs).

One RRHD program has a master lease arrangement that it uses to house families who would not normally pass the screening/tenant selection criteria used by most landlords because of

bad credit or criminal backgrounds. Families in this RRHD program may take over the lease and keep the apartment after RRHD assistance ends or get a landlord reference that will enable them to rent another apartment independently.

Many agencies with RRHD programs have staff members who work extensively with landlords in their community and have a large pool of landlords willing to take agency clients. In cases where a household finds its own apartment, these agencies usually are able to add that landlord to the group they work with regularly. Some of these RRHD agencies have landlord appreciation days and events, provide landlords specific information about what the agency will do under various circumstances (for example, nonpayment of rent, trouble with other tenants, property destruction), and check with landlords regularly to see if agency clients are doing well and if any issues exist that need to be addressed. In addition to knowing that the rent will be paid regularly, landlords appreciate this kind of support and are usually willing to be flexible in the types of tenants they take from the agencies.

In New Orleans, Louisiana, UNITY's Housing Link maintains a website listing affordable rental units in Orleans and Jefferson Parishes, with approximately 1,600 vacant and affordable units listed and available at any given time. Affordable means offered at 80 percent of Fair Market Rent or less. Two staff people recruit landlords and keep the listings up to date. The website received 2,300 hits in February 2011.

Case Management

Each RRHD program requires families to work with their case manager to develop a housing and self-sufficiency plan. Case managers focus on identifying service needs, providing referrals, and connecting families to community-based services and benefits. Case managers also help families focus on their self-sufficiency plan. The family plan and budget are often reviewed with the case manager on a monthly basis, although some RRHD programs review them quarterly or at the 6-month mark. Some RRHD programs require participants to sign a participation agreement outlining family expectations and goals.

HUD explicitly stated in its RRHD grant announcement that "the family most appropriate for this demonstration should have, or be willing to obtain, employment that increases the income of the household to such a degree that it can independently sustain housing at the end of the short-term housing assistance."[13] As a result,

In Madison, Wisconsin, Families pay 30 percent of their monthly income for rent, of which 80 percent (24 percent of tenant income) is deposited into an Individual Development Account (IDA).

IDA funds may be used while the family is in the program for credit repair or large expenses related to goals in the family's case plan. Funds may also be used for housing entry expenses after the family leaves the program, if it is not able to remain in the RRHD apartment.

most RRHD programs also focus strongly on employment, training, job search, increasing work hours, budgeting, and credit counseling.

RRHD program case management varies in intensity. All RRHD programs indicated that case management services are relatively intensive when a family first enrolls. Beyond the initial time period, frequency of case management varied greatly.

- Seven programs meet with families weekly throughout most of their time in RRHD.

- Two programs meet with families weekly during the first quarter of program enrollment and every 2 weeks or monthly thereafter.

- Thirteen programs meet with families twice monthly or monthly throughout their time in RRHD.

- Three programs meet with families with varying frequency depending on family need.

The case manager works with families to figure out where they want to live and how much rent they can afford based on family income and to identify service needs and facilitate referrals. Families typically work with their case manager to develop a plan for self-sufficiency that focuses on the steps needed to be able to maintain housing after the rental assistance period ends. Each RRHD program has its own unique structure and timing for case management. In most programs, case managers meet with the family at least weekly directly after enrollment and during the first month of rental assistance. After that, some RRHD programs maintain intensive contact throughout the rental assistance period while others reduce the level of interaction as time goes on. Several RRHD programs require weekly case manager contact either through home visits, office visits, or phone calls. Most RRHD programs require an in-person visit at least monthly, during which families are required to update self-sufficiency plans and budgets; telephone contacts often occur between monthly in-person visits.

Six RRHD programs described formal followup policies that they use with RRHD families and often with other clients as well. Three of these programs remain in touch with families for 6 months after rent subsidies end, calling every month or two to assess any housing retention challenges. If these calls reveal ongoing issues, the case managers help families deal with them. Two other programs extend their follow up to 12 months, checking in with families either each quarter or twice during the post-subsidy year. A sixth program works out a maintenance plan with each family as it leaves the program in lieu of formal follow up. The remaining 17 RRHD programs do not have any formal follow up plans or procedures. All RRHD programs permit former participants to return for specific case management needs, including resource referrals and donated items. Some agencies indicated that case managers make periodic

> *The **Dayton, Ohio**, RRHD program conducts case conferencing that includes the family plus all the organizations involved in a family's support (financial or otherwise), to discuss case planning and progress. School representatives, the family's landlord, mainstream benefit caseworkers, and RRHD case managers participate. Case conferencing meetings are held as needed, occurring more often with families facing multiple barriers.*

13   Notice of Funding Availability (NOFA) for the Continuum of Care Homeless Assistance Program: 39846. July 10, 2008. http://www.hud.gov/local/mn/working/cpd/mn-cochomeless071008.pdf.

followup phone calls to see how families are doing, although this step is not a formal part of their program.

Employment

Many RRHD programs are in agencies that offer employment assistance programs with a range of job training opportunities, transportation services to assure that participants can get to work, programs for displaced homemakers, and similar work-oriented activities and resources. Some RRHD programs have an employment specialist who works with families to write resumes structured around skills and abilities rather than chronological resumes that might reveal gaps in employment history. Employment specialists will often coach families on how to talk about criminal histories, and they conduct mock interviews to help participants practice what they will say. Assistance includes faxing resumes, writing cover letters to potential employers, and providing linkages to programs such as "Dress for Success" that supply work-appropriate clothing. In addition, case managers often connect families to literacy programs, computer and software training, and general equivalency diploma, or GED, assistance if their agencies do not offer these themselves. At least one RRHD program has access to a full-time job developer with extensive connections to employers; this approach has greatly increased the number of RRHD parents who obtain jobs.

A number of RRHD programs have a special emphasis on employment. Several examples of employment strategies used by RRHD programs are highlighted in the following list.

- **Job/career development.** Boston's RRHD career development specialist helps families find resources for schooling, job placement, and supports to maintain a job after one has been found. Phoenix, Arizona, and Trenton, New Jersey, RRHD programs have job developers with strong links to employers who are able to find jobs even for people with many barriers. The Contra Costa County, California,

employment specialist helps homeless parents navigate the public workforce system and helps them remove barriers to getting jobs by reviewing criminal and credit histories, trying to clear tickets to get a driver's license restored, figuring out transportation, and finding services to improve literacy.

- **Coordinating with Temporary Assistance for Needy Families (TANF) and workforce development agency programs.** Clallam County, Washington, RRHD (Washington BOS) case managers link unemployed parents to Work First (TANF) or Workforce Investment Act programs for assistance with job readiness services, employment listings and job placement services, and coaching for job search and skills training. They also link parents to a community jobs program that can be a gateway to jobs in the private sector and to training opportunities at the local community college. San Francisco's RRHD case managers try to coordinate their program's case plans with welfare-to-work requirements under CalWORKS (TANF) for the same family. Kalamazoo, Michigan, and Denver, Colorado, station RRHD staff in the local TANF office coordinate services for shared clients and also identify families with housing crises that may become new RRHD clients.

- **Employment centers within RRHD agencies.** One of the partners in the Madison, Wisconsin, RRHD program runs an employment center for RRHD clients and clients of its other programs.

Linking to Benefits and Community Services

One criterion that HUD used to select grantees was the applicant's relationships with mainstream welfare and service agencies, as demonstrated by memoranda of understanding (MOA), formal agreements, or other stable relationships. Case managers in many RRHD programs spend a considerable amount of time building and maintaining relationships with mainstream agencies

to facilitate access to services and benefits for RRHD families. Some RRHD programs have MOAs with their county human services (welfare) department to help streamline benefit application procedures, and a couple of RRHD programs out-station staff in offices within the county human services department.

Arrangements with mainstream agencies may cover recruiting families for RRHD, helping RRHD families qualify for benefits, or both. Some RRHD programs have formal arrangements to recruit and screen families for RRHD, including the following:

- Trenton, where the TANF office is the central intake agency.

- Montgomery County, Maryland, where the central intake function and the welfare office are in the same county department and link with each other.

- Denver Metro, where four agencies representing three counties and one city have strong relationships with county welfare departments for intake and referral of families to RRHD.

- RRHD relationships with mainstream agencies may also involve connections through case management with welfare agencies (for TANF, Supplemental Nutrition Assistance Program, and Medicaid) and county employment programs. These include—

  ▪ Columbus/Franklin County, Ohio, which has a benefit bank for all homeless households to streamline the application and linkage process for public assistance.

  ▪ Overland Park/Shawnee County, Kansas, where case managers assess family needs and strengths and make sure families are aware of and have made applications for benefits such as cash assistance; food stamps; childcare; Women, Infants, and Children; and Medicaid. Participating families can complete and submit applications for some of these benefits at the Catholic Charities RRHD program office, which is an access

point for benefits applications. The agency can provide short-term childcare subsidies while families wait to qualify for state-funded subsidized childcare, and the case manager for homeless families is specially trained to assist with Supplemental Security Income/Social Security Disability Insurance applications for family members, as needed.

Other RRHD programs have less formal arrangements and less emphasis on linking participants to welfare benefits. Some RRHD programs indicated that their local government agencies do not grant RRHD families any priority or special access to their programs. Many also thought that welfare benefits do not offer enough income to pay rent so they do not encourage families to apply for them or they do not consider families who rely on welfare benefits to be appropriate for RRHD. Exhibit 5.5 arrays RRHD programs by the degree to which they work with local mainstream welfare agencies (RRHD programs may appear in more than one column).

Chapter Summary

RRHD programs all offered rental assistance, housing placement, and case management assistance, but that is where the commonality ends. Each program was designed within the context of the community and homeless assistance system in which it operated.

The type, duration, and intensity of RRHD assistance depended on the programs' decisions about who will be served. Housing assistance was originally intended to be offered in two lengths—short-term rental assistance of 3 to 6 months and long-term rental assistance of 12 to 15 months. Programs that designed their programs around the shorter length of assistance reported difficulty moving families toward paying for housing on their own within these timeframes. Many programs extended the length of assistance they offered, if their program design allowed this flexibility, or they chose to focus on families with fewer barriers and greater likelihood of quickly achieving

Exhibit 5.5: The RRHD-Mainstream Benefits Connection

Welfare Organizations Integrated Within the RRHD Referral, Outreach, or Recruitment Process	RRHD Programs Focused on Connecting Families to Welfare Benefits (TANF, SNAP)	RRHD Programs With Less Emphasis on Linking Families to Welfare Benefits
Columbus, OH Denver, CO Kalamazoo/Portage, MI Montgomery County, MD Trenton, NJ	Austin, TX Columbus, OH Dayton, OH Denver, CO Kalamazoo/Portage, MI Madison, WI Montgomery County, MD New Orleans, LA Overland Park, KS Pittsburgh, PA Portland, OR Trenton, NJ Washington BOS (Clallam County)	Anchorage, AK Boston, MA Cincinnati, OH Contra Costa County, CA District of Columbia Lancaster, PA Ohio BOS Orlando, FL Phoenix, AZ San Francisco, CA Washington BOS (Whatcom County)

BOS = Balance of State. RRHD = Rapid Re-housing for Homeless Families Demonstration. SNAP = Supplemental Nutrition Assistance Program. TANF = Temporary Assistance for Needy Families.

incomes sufficient to afford rents on their own. Some programs were cautious not to tell families up front how long the length of rental assistance will last, because they have found that families are slower to pursue increased income and work toward self-sufficiency goals when they know they have 12 to 15 months of rental assistance.

All RRHD programs provided housing search and placement assistance and case management to support families in the process of stabilizing in and maintaining permanent housing. Most RRHD programs also focused on employment, budgeting, benefits linkage, and other income growth strategies, either by providing these types of services directly or by partnering with or referring to other

agencies. Some RRHD programs also provided supportive services or referrals that would help families address other needs identified through the assessment process.

Finally, it is important to note that the rapidity with which families moved out of shelter and the barrier levels of families who programs accepted do not vary together in RRHD programs. Some programs accepted families with considerable barriers and moved them out of shelter within 30 days, while others accepted only families with minimal barriers and still considered 4 months in shelter reasonable. Still others fell in between these extremes or moved relatively self-sufficient families out quickly and granted higher-barrier families more time.

Chapter 6
Conclusion

What have we learned about the design and operation of rapid re-housing? The Rapid Re-housing for Homeless Families Demonstration (RRHD) notice of funding availability (NOFA) specified core design features and basic requirements for the RRHD programs but also gave applicants the latitude to design their RRHD proposals to meet their local needs within the context of their local system and partners. Some grants embraced the principles in the NOFA, and others adapted them. As a result, the 23 RRHD programs offer wide-ranging rapid re-housing designs and examples that other homeless providers can consider in exploring rapid re-housing. In this chapter, we summarize the main findings of this process evaluation relative to the research questions posed in the introduction of this report. We end with a brief summary of considerations for future rapid re-housing efforts.

How Do RRHD Programs Fit Within Their Communities?

RRHD programs were developed, on the whole, with incredible consideration for the local landscape of community-level assistance for homeless families. All RRHD programs had active Continuum of Care (CoC) involvement and support in developing RRHD programs; no successful RRHD application came from one agency, acting on its own. Most RRHD programs were designed by the community as a whole to fill gaps in assistance for homeless families with specific needs and to complement existing homeless programs. The experience of RRHD programs, taken as a group, reinforces the value of community-wide planning to ensure that all homeless-related resources are used most effectively. Indicative of the community-wide thinking that contributed to RRHD program design is the fact that quite a few RRHD providers felt their program design was the right

one for their community *before* the Homelessness Prevention and Rapid Re-Housing Program (HPRP) became available, but that had they known HPRP was coming, they would have made different design decisions. They would have structured the two programs to fill different but complementary niches in their CoCs' offerings for homeless families.

RRHD community structures varied considerably. Decisions about how RRHD communities designed their program were largely informed by the community's previous experience with rapid re-housing, local conditions, and existing programs. More than one-half of the 23 communities had some experience with rapid re-housing before RRHD. In these communities, this history informed their program design. About one-half of the agencies or communities receiving RRHD had experience with pre-RRHD rapid re-housing programs; the remainder had experience only with regular transitional housing. The availability of temporary or permanent rent subsidies from programs other than RRHD also affected the way that communities conceptualized their RRHD program. These factors affected the types of assistance provided and to whom the assistance was provided. Local rent levels also played a role in RRHD communities' decision-making. Communities with high rents would often target families who were more likely to be able to sustain those rents after the assistance ended.

How Does the Intake and Assessment for Rapid Re-housing Work?

Access to RRHD is often coordinated but not always centralized, despite the fact that central intake was a core community feature envisioned in HUD's original NOFA. All programs used some sort of centralized referral, such as a 2-1-1 community hotline, but only about one-third had a highly structured community-wide intake procedure that controlled access to most or all housing-related services for homeless or at-risk families. Another one-third of the programs

had this sort of structure at the RRHD provider level, and the remainder had only an information and referral structure through a 2-1-1 crisis line or its equivalent.

Communities that have implemented a systematic, centralized process to assess family needs and make appropriate referrals tend to make enrollment determinations simultaneously across multiple housing and service options. They tend to have a clear sense of the population they are targeting with RRHD assistance and have options that can be offered to respond to the needs of families who are not deemed appropriate for RRHD. In communities without centralized intake and screening, staff in numerous programs make decisions about where to refer families, often without thorough knowledge of program availability or eligibility criteria and certainly without control over the outcome of the referral. Thus, communities with central intake appear to have more confidence that their RRHD program serves the families in the system best able to benefit from the RRHD assistance.

Who Is Served, and Who Is Not?

Communities varied considerably in the characteristics of families they would accept into their RRHD program. These differences reflect a number of factors, including the availability of other rapid re-housing and permanent subsidy options within the homeless system's control, the tightness and affordability of the local housing market, previous community and RRHD agency experience with rapid re-housing, and program philosophy with respect to "housing readiness." Screening and assessment tools in RRHD communities with highly centralized intake and triage structures tend to be lengthy and detailed because they serve the purpose of determining which of many housing support options, including RRHD, would best meet a family's needs. Centralized intake processes may appear to be more burdensome for families at first, because they have to provide substantial information up front. But in the long run, they

may be less time-consuming and more effective if they are able to refer families to the programs that suit them best and relieve families of the burden of shopping around for a program that will assist them.

No process evaluation can draw definitive conclusions about the relative effectiveness of assessment tools in targeting the "right families" for a program. We will examine aspects of assessment tools in the outcomes analysis, including their breadth or specificity and whether some domains matter more than others in predicting housing stability after RRHD subsidies end. Interacting factors will be what types of support RRHD programs provide their participants and how much that support varies with a family's range of barriers.

Some RRHD programs focus their selection decisions on domains relevant to housing stability and use the information gathered in other domains more for case management purposes. These programs seem better able, or more willing, to screen families with housing barriers into their programs than those communities that use a broader self-sufficiency scoring approach. Communities that equally weight all assessment domains are most restrictive and more likely to accept only families with minor barriers. In several communities, restrictive screening is intentional, because housing is extremely unaffordable for families with low incomes, the communities have other resources for families with higher needs, or the programs have philosophical beliefs about the limited role of rapid re-housing assistance. As RRHD programs gain experience in selecting and in serving families, some are revisiting their selection criteria, sometimes to expand eligibility and other times to narrow eligibility for RRHD assistance.

What Housing and Services Do the RRHD Programs Deliver?

All RRHD programs provide housing search and placement assistance. RRHD housing assistance was originally intended to be offered

in two packages: short-term rental assistance of 3 to 6 months and long-term rental assistance of 12 to 15 months. Many of the programs that originally intended to offer only short-term assistance or a mix of short-term and longer-term assistance found that families were unable to pay for housing on their own within the original timeframes, so they are extending the length of assistance offered. Others are focusing on families with fewer barriers and greater likelihood of achieving incomes sufficient to afford rents on their own within the available months of rental assistance.

Although the type and duration of RRHD assistance provided was a determinant in how rapidly RRHD programs attempted to re-house families, a clear correlation did not seem to exist between the design of the program and the placement goals. Some programs aimed to re-house families within a couple of weeks, whereas others defined rapid in terms of months.

All RRHD programs also offer some level of case management to support families in the process of stabilizing in and maintaining permanent housing. Most RRHD programs focus these efforts on employment, budgeting, benefit linkage, and other income growth strategies, either by providing these types of services directly or by partnering or referring to other agencies. Some RRHD programs also provide supportive services or referrals that will help families address other needs identified through the assessment process.

Future Plans

RRHD program staff in most communities strongly support the rapid re-housing model and most communities have identified or are looking for funding to continue these efforts. At most sites, program staff indicated that the RRHD effort solidified their support for rapid re-housing or instilled faith in the model among previous skeptics. Some noted that they had always wanted to pilot rapid re-housing but did not have resources to do it until the

RRHD program; they were pleased with the opportunity to explore and leverage system design changes offered by the RRHD program. In a few instances, the RRHD program has been transformative in combatting previous assumptions that all families need shelter for extended periods before moving back into permanent housing or in building momentum to shift the homeless system to a central intake model. Staff remain skeptical in a few RRHD programs, however, about the ability of rapid re-housing to end homelessness for families with numerous barriers.

The RRHD programs and the availability of HPRP funding for prevention and rapid re-housing have had a real effect on the options for serving families with few barriers. RRHD program staff report that during the time these resources have been available, only the most challenging families have remained in shelter for an extended period. In some communities, program staff expressed fear that shelters will again be filled with families with few barriers when these resources are no longer available.

The findings from the outcomes evaluation, documented in the second part of this final report, provide opportunity to understand initial participant outcomes and, to the extent possible, how various program design decisions and community variables affected outcomes.

Implications for Future Rapid Re-housing Program Development

The careful examination of the 23 RRHD sites yields several considerations for others as they explore rapid re-housing for their community. The data from the 23 sites clearly illustrate that one size does not fit all. RRHD programs were designed to reflect the context of their communities, and decisions about what the program offers and who they serve were completely interrelated. For example, communities with other rental assistance programs frequently target their rapid re-housing programs to fill a distinct niche that is not met by the other

programs, and RRHD programs located in high-cost housing markets often provide long-term assistance, serve families with fewer barriers, or both. By using central intake and coordinating access to multiple funding sources and programs, programs appear to be better able to match families with viable program options regardless of their needs.

RRHD programs instituted fairly complex screening and assessment procedures to identify families they deemed "appropriate" for the program. Whether intentional or not, RRHD programs that use broad-based self-sufficiency assessment tools seem to screen more families out than procedures that focus on the domains most relevant to housing acquisition and retention, because these more narrowly defined tools do not penalize families for barriers that will not directly affect housing placement. Or in some cases, because programs are focused on a smaller number of specific barriers, they have developed strategies to mitigate them and therefore can enroll families with more significant barriers in the identified domains.

The various screening RRHD processes proved fascinating, with some communities screening families so rigorously as to essentially eliminate most homeless families from consideration. For example, staff in several different sites expressed frustration with the requirement to use RRHD to serve families who were literally homeless, indicating that it is difficult to find families who live in a shelter, on the streets, or in cars who have "only moderate barriers," as they have defined them. They are finding that the families who they believe are best served by rapid re-housing—more self-sufficient families with current employment but a housing—income mismatch or perhaps a temporary housing crisis—are not in shelter for more than 7 days, because they are frequently diverted from shelter with homelessness prevention assistance or leave shelter quickly on their own. This sentiment illustrates the underlying hesitation of some programs to serve families with rapid re-housing unless they are sure the family can be self-sufficient, whereas other programs are much more invested in using rapid re-housing for families with a broad range of barriers. To avoid creating a mismatch between program design and community need, program designers may want to start by understanding the barriers experienced by families who remain in shelter for more than 7 days, and then designing a rapid re-housing package (or other program intervention) that they believe will successfully return them to housing.

This study's outcome evaluation sought to understand which types of families (and level of barriers) a rapid re-housing model can serve successfully—meaning the family is able to maintain housing after the rental assistance stops. The outcomes evaluation explores whether families with lower levels of self-sufficiency and higher initial barriers that some RRHD programs accepted were nevertheless successful in maintaining housing stability and avoiding returns to homelessness, even if they still faced significant affordability challenges because their incomes remain low. Findings from the outcomes evaluation are documented in Part II of this final report.

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Appendix A
Rapid Re-housing for Homeless Families Demonstration Program Case Studies

Anchorage, Alaska: Beyond Shelter Services

Introduction

At the time of application for the Rapid Re-housing for Homeless Families Demonstration (RRHD), the rapid re-housing model was not part of the approach being used by the Anchorage, Alaska, Continuum of Care (CoC). Instead, homeless families were expected to go to emergency shelter, often for 3 to 6 months, and then try to get a voucher or save enough money to be able to get into private-market housing. The RRHD grant was seen as a great opportunity for community collaboration to test a new model.

CoC's Homeless Family Emergency Shelter Beds	Number of Families Expected To Be Served Annually With RRHD	RRHD Level of Assistance Offered
174	60	Short term (3–6 months)

CoC = Continuum of Care. RRHD = Rapid Re-housing for Homeless Families Demonstration.

Program Startup and Capacity

Catholic Social Services (CSS), an Anchorage-based nonprofit organization that operates two shelters, including the largest emergency shelter for women and men in Anchorage, was selected as the grantee and service provider for the RRHD. At the time of application, CSS was participating in the CoC but was not receiving any funding through the U.S. Department of Housing and Urban Development's (HUD's) Homeless Assistance Grants Program. To maximize funding available for housing assistance and serve the greatest number of families, the budget allocated the entire RRHD grant to housing costs. Funding from the Alaska Housing Finance Agency is used to pay for a part-time (0.25 full-time equivalent [FTE]) case manager.

Client Flow and Assessment Process

Intake System: Decentralized

With the implementation of HPRP, a system for screening and referrals from 2-1-1 for families with housing crises was already in place before RRHD started up. When families call 2-1-1, they are asked if they are literally homeless (on the streets or in shelter) and if they have an income. If both answers are yes, they are referred to CSS for an eligibility assessment for RRHD or HPRP. In addition, all the shelters serving families in the community could make referrals to CCS for rapid re-housing; CSS usually received one referral a month from each of the two family shelters. Shelters only referred families that were likely to be successfully stabilized with 6 months of rental subsidy.

Assessment Instrument: Arizona Self-Sufficiency Matrix Using Explicit Scoring Criteria

All families were assessed using Anchorage's modified version of the Arizona Self-Sufficiency Matrix. The Anchorage program was highly selective when deciding to enroll families in RRHD. Eighteen domains were scored from 1 (little self-sufficiency) to 5 (high self-sufficiency), and RRHD eligibility called for an average score of 3 on each domain. A score of at least 60 or greater was required for eligibility for RRHD, although a family with a score of 59 might be considered on a case-by-case basis.

Most families who were in shelter were considered to have more substantial barriers and are not eligible for RRHD. Families with scores indicating moderate to high self-sufficiency may have been served with HPRP instead, because that program provided more flexibility in the number of months of rental assistance.

Service Delivery and Followup

Each family was required to develop a self-sufficiency plan that focused on the steps needed to be able to maintain housing after the 6 months of rental assistance ended. All families were strongly encouraged to participate in case management and RRHD staff members viewed it as integral to ensuring that families are making progress on their plan goals.

The case manager commonly referred families to a credit counseling agency that could help with debt reduction and credit repair, although some of these services have a fee, and the program could not cover the fees for families. Each month families were required to provide an updated plan for self-sufficiency and a report about their activities related to their plan.

For the move-in/first month, the RRHD program paid for rent and deposit. After the first month, the rental assistance amount declined by 20 percent each month, so that by the sixth month the family was paying about 90 percent of the rent. If an unexpected crisis occurred (for example, job loss), some adjustment could be made to the amount of subsidy provided in a month, but all families had a 6-month limit. Families could continue to call the case manager for support after the rental assistance ended and some did call for information, referrals, or advice and encouragement.

Innovative or Unique Aspects of the Program

This RRHD site implemented restrictive eligibility criteria. The use of the Arizona Self-Sufficiency Matrix total score seems to have had the effect of giving equal weight to domains that have more or less relevance to the family's potential for maintaining housing after the RRHD rent subsidy ended. For example, a score of 1 in the community involvement domain probably is not as relevant as a score of 1 in mental health (danger to self or others) when predicting potential for success in housing. A homeless family experiencing a significant financial crisis (working part time and receiving Supplemental Nutrition Assistance Program and Medicaid, with bad credit) would probably find it difficult to reach the cutoff score.

Future Planning

The community would like to continue with rapid re-housing efforts if funding can be identified to continue the RRHD grant or similar efforts. The experience with HPRP and RRHD has changed the CoC perspective. Providers now more clearly understand that some people do not need shelter, and if it is possible to get families out of shelter faster, then the shelter capacity can be used to serve other families who are on the waiting list and seeking help.

For More Information

Susan Bomalaski, Executive Director, Catholic Social Services
http://www.cssalaska.org/html/about-us.php

Austin/Travis County, Texas: The Passages Rapid Re-housing Initiative

Introduction

Passages, a six-agency partnership, has been providing transitional housing with HOME Investment Partnerships Act (HOME) tenant-based rental assistance (TBRA) funds for more than 12 years. One partner agency, Caritas, offered a rapid re-housing program before RRHD, using a City of Austin grant to pay for direct client assistance. Passages partners believe that "rapid should be rapid," and the organizations work to place families in housing within 2 to 3 weeks of shelter entry and at the most, within 1 month.

CoC's Homeless Family Emergency Shelter Beds	Number of Families Expected To Be Served Annually With RRHD	RRHD Level of Assistance Offered
247	25	Long term (12–15 months)

CoC = Continuum of Care. RRHD = Rapid Re-housing for Homeless Families Demonstration.

Program Startup and Capacity

The RRHD grantee was The Salvation Army, which also provided screening, assessment, and case management for the program. The Salvation Army was the largest provider of services for homeless families in central Texas, and homeless service provision is its primary role in the community. Caritas served as housing locator for RRHD and for other CoC programs. Three other small, specialized emergency shelter programs (Interfaith, SafePlace, and LifeWorks-youth) are Passages partners and participated in RRHD. Agency case managers were trained to screen families for RRHD, but the RRHD program itself employed only one case manager. In addition to the RRHD case manager, an RRHD program manager oversaw the program and granted final approval to all referrals.

Client Flow and Assessment Process

Intake System: Decentralized

Case managers at emergency shelters run by Passages partner agencies referred families who met criteria to RRHD using a standard referral form. About 20 to 25 percent of families entering shelter got referred. Most of those *not* referred had too many barriers for RRHD,

and the partner agencies did not think that the families could achieve housing stability with only 12 months of rental assistance.

Assessment Instrument: Case Management-Oriented Tool Using Implicit Scoring Criteria

When the RRHD program manager received the referral, the first step was to verify that basic eligibility criteria are met. Because the RRHD program was fairly broadly targeted and shelter case managers became good at referring the "right" families to RRHD, it was rare for the RRHD program manager to reject a family (only about 2 percent of families). After the program manager approved, the RRHD case manager explained the program's offerings and expectations with the family, including the program's goal of helping the family to obtain and sustain permanent housing and employment.

Service Delivery and Followup

All families were offered 12 months of housing assistance. Housing was all scattered-site, with 15 units per year in mixed-use buildings operated by a local nonprofit and the remaining 10 units in other housing in the community. The assumption and goal was that families would transition in place and remain in the housing

after the rental assistance ended. The Austin RRHD program offered three different levels of rent subsidy: 12 months at 50 percent, 6 months at 100 percent, and 12 months at 100 percent, the final using both RRHD and other funds.

After the family agreed to participate in RRHD, it worked with the RRHD case manager to determine housing preferences in conjunction with housing availability. After the family chose a rental unit, the RRHD case manager let the property manager know that the family would be coming to look at the unit and sent the client to the property manager and unit. The case manager also provided both parties with "the rules," which specify who will pay for what, and the responsibilities of both the landlord and the family.

The RRHD case manager and the family then reviewed the family's service plan, their goals for the 12 months, and the frequency of meetings. The first 90 days in the program were devoted to employment and training, employment search, increasing work hours, and finding childcare. RRHD funds were often used to pay for various training and education programs and for childcare. The RRHD case manager also helped the family link to cash benefits as appropriate (Temporary Assistance for Needy Families [TANF], Supplemental Security Income [SSI]), other benefits if the family was eligible (SNAP, Medicaid), and supportive services such as behavioral and physical health care, domestic violence support groups, legal services, and childcare.

Families received case management in the form of monthly check-ins for 6 months after rent subsidies ended. Families who missed or failed to schedule meetings with the case manager for more than a month may have been sent a noncompliance letter if the RRHD case manager could not contact them. The letter aimed to bring to the family's attention whatever the issue was and asked the family to comply with their obligations. Families who did not comply could have been be removed from the program.

Innovative or Unique Aspects of the Program

Resources were available to meet the needs of families experiencing homelessness in Austin mostly because of a good continuum of city and foundation funding. This continuum allowed for the successful triage of families to be connected with appropriate programs within different agencies.

Program managers in Austin realized that they did not have a good handle on prevention techniques, however, or predicting returns to homelessness. As a result, Austin set up RRHD to provide 6 months of followup, tracking, and services as needed after the 12 months of rental assistance ends to both ensure that the family could stabilize their housing situation and stay informed about where families went after receiving RRHD services.

Future Planning

When the RRHD program ends, the community will still have the basic Passages Supportive Services Only program and TBRA. Shelter providers also anticipate a return to a shelter population mix of one-third of families having significant barriers to housing stability; one-third having moderate barriers; and the final one-third having low barriers. Currently, the array of resources available to get families out of shelter, including RRHD and HPRP, means that only the more difficult-to-house families remain in shelter.

For More Information

Kathleen Ridings and Kimberly Kitchell Weinberg, The Salvation Army Austin Area Command
http://www.uss.salvationarmy.org/uss/www_uss_austinma.nsf

Boston, Massachusetts: Home Advantage Collaborative

Introduction

Boston, New England's largest CoC, sought funding for RRHD to enhance existing efforts to rapidly remove homeless families from the city's emergency shelter system. Given the Massachusetts right to shelter law (also called the *Emergency Assistance,* or EA, program), a clear need existed for additional resources to quickly get families out of the overburdened shelter system. This system includes more than 1,000 families that reside in hotels or motels because of a lack of available shelter beds.

CoC's Homeless Family Emergency Shelter Beds	Number of Families Expected To Be Served Annually With RRHD	RRHD Level of Assistance Offered
2,138	24	Long term (12 months)

CoC = Continuum of Care. RRHD = Rapid Re-housing for Homeless Families Demonstration.

Program Startup and Capacity

Boston's Department of Neighborhood Development (DND) was awarded an RRHD grant for long-term assistance to rapidly re-house families. Traveler's Aid Family Services (TAFS) was selected as the subgrantee and service provider for the RRHD program, named the Home Advantage Collaborative. TAFS served its first family on January 1, 2010, and has the capacity to serve approximately 25 families at a time.

Client Flow and Assessment Process

Intake System: Decentralized

Families were nearly exclusively referred to the RRHD program via Boston's emergency shelters. These referrals came primarily from the Family Emergency Solutions program at TAFS, but the Department of Housing and Community Development also placed flyers at the local Boston office to provide additional outreach to families who may have been eligible to receive services from the RRHD program. The first step in the enrollment process occurred at the emergency shelter, where the shelter case manager completed the RRHD Referral form with the family.

Assessment Instrument: Case Management-Oriented Tool Using Implicit Scoring Criteria

The Boston RRHD program was fairly selective and used information from the referral form and through interviews with families to decide whether to enroll a family in the RRHD. The referral form was several pages long and enabled the shelter case manager to review the RRHD eligibility criteria with the family and confirm the family's eligibility. The referral form requested employment, education, housing history, and a self-rating from the head of household of his or her perceived ability to be motivated (ability to keep appointments, save money, and follow up on resources and referrals). In addition, after the start of the RRHD program, TAFS added a narrative section to the referral form that asked families to write a brief essay about how the RRHD program would "assist with the self-sufficiency and stabilization" of their family. TAFS was then sent a package that included the referral form, income verification, homeless verification from the family's current shelter provider, current resume or work history, and additional supporting documents that they believed would be helpful to the TAFS team. TAFS then organized a meeting of its RRHD staff—program manager, housing search specialist, case manager, career development specialist, and the social work intern—to

discuss the referral form submitted by the family, create a list of questions for clarification, and invite the family in for an interview. After the interview was conducted, the team made a decision on whether the family should continue on with the RRHD program.

Service Delivery and Followup

All families were eligible to receive up to 12 months of rental assistance, and the initial commitment to each family was for the entire 12 months. The family held the lease in its name, and it is clear from the onset that the RRHD program would help the family for the entire year, but at the end of the year the family must be able to maintain fair market housing on their own without any financial support from the program. In addition, if the family did not meet the commitments it made in its signed Participation Agreement with TAFS, then TAFS could terminate the family's participation and cease the financial assistance and services to the family. Among the key principles of the Participation Agreement were that the family must attend case management meetings, ensure that rent is paid on time each month, and communicate with RRHD staff.

Case management services offered by TAFS included help finding furnishings for the apartment, budgeting and financial help, utility setup, access to benefits, and help getting the children set up and stable in school. A service plan was developed for each family, and every 6 months, they reviewed and revised it as needed. The service plan focused on employment and income, tenancy, household management, and the health and well-being of the family. The service plan did not go in-depth for specific

mental health goals but did include language that encourages client goals to improve interpersonal relationships.

No followup was initially required of RRHD participants who exit the program, but half-way through implementation, the RRHD program team considered exploring how it might follow up with families.

Innovative or Unique Aspects of the Program

The availability of this RRHD program and the other state efforts to provide rapid re-housing enabled Massachusetts to dedicate the majority of their HPRP funding to prevention. In addition, the RRHD program was been proactive in its use of Homeless Management Information Systems (HMIS) for data collection. Although only required by HUD to collect the Universal Data Elements, the site entered data into HMIS from the referral form, intake assessment, and services provided to the families.

Future Planning

Existing state efforts through the EA Flex Fund to continue these efforts are not dependent on any federal funding, but given the number of families who do not qualify for EA, it is likely that a need exists to fund efforts similar to this RRHD program that will fill that gap.

For More Information

Elizabeth Doyle, Assistant Director for Supportive Housing, DND
http://www.cityofboston.gov/DND

Alison Bromley, RRHD Program Director, TAFS
http://www.familyaidboston.org/

Cincinnati/Hamilton County, Ohio: Family Shelter Partnership Rapid Re-housing

Introduction

Bethany House Services (BHS) has been providing assistance to homeless families and single women for 26 years. BHS was the lead for the Family Shelter Partnership (FSP), a multiagency collaboration that coordinates and provides shelter and services for homeless families in Cincinnati/Hamilton County. The RRHD program provided rental assistance and services to up to 60 families at a given time. The program was designed to place families from shelter into community-based rental housing within 14 days of entering shelter.

CoC's Homeless Family Emergency Shelter Beds	Number of Families Expected To Be Served Annually With RRHD	RRHD Level of Assistance Offered
230	60	Long term (12 months)

CoC = Continuum of Care. RRHD = Rapid Re-housing for Homeless Families Demonstration.

Program Startup and Capacity

The RRHD program anticipated serving 180 families during the grant period. RRHD program staff included a part-time housing specialist and two primary case managers, each of whom carried case loads of approximately 30 families. RRHD staff also coordinated with a mental health case manager on staff.

Client Flow and Assessment Process

Intake System: Centralized

In Cincinnati/Hamilton County, all people who were homeless or at risk of homelessness called the Central Access Point (CAP) to access prevention assistance, emergency shelter, or other help.

Assessment Instrument: Standardized Assessment Using Explicit Scoring Criteria

The CAP specialist conducted an initial phone screening using a standardized assessment tool within VESTA (the local HMIS). The screening resulted in a numerically based *mild, moderate*, or *hard to house* "level" determination. The RRHD program was somewhat selective, as it was designed to assist families that received a Level 2, or *moderate* rating, and all Level 2 families were considered for RRHD. Staff

indicated that because the RRHD program had a goal of getting families out of shelter within 14 days, they believed that the accuracy of the upfront screening was important. Level 1 families, those with mild barriers to housing, received a lower intensity form of rapid re-housing.

Service Delivery and Followup

Immediately after acceptance into RRHD, case managers conducted a more comprehensive assessment of RRHD families and, from this assessment, developed a case plan to move the family out of shelter and achieve economic and housing stability. The amount of rental assistance provided depended on the rent certification process and was based on the family's size, income capability, and contract rents. The goal was for families to choose apartments that they would be able to afford after program completion. Families received 3 months of rental assistance, and then were reevaluated to determine whether they need additional assistance.

Beyond meeting the income and need test, families had to be compliant with program rules (for example, work on case plans, answer phone calls from and meet regularly with their case manager, and pay their portion of the rent) to qualify for continued rental assistance. Case management was generally based on family

need, but check-ins occurred at least monthly, and case managers provided referrals to other programs and helped link families to mainstream benefit programs. Housing specialists provided housing placement support, landlord-tenant support, and specific assistance to families to help them learn how to address issues with landlords or neighbors.

The program did not explicitly provide follow-up to families who left but they did indicate to families that they were welcome to call if they run into issues.

Innovative or Unique Aspects of the Program

The RRHD staff in Cincinnati/Hamilton County believed that motivation affects program results and leads to self-sufficiency, so they targeted families that wanted to take advantage of the program. Bethany House considered making

mental health consultation and followup mandatory, as the existence of such issues greatly affects a family's success.

Future Planning

The CoC was always interested in rapid re-housing for families, but did not have a funding vehicle to pilot the strategy. HPRP enabled the community to offer rapid re-housing to both families and singles, and the RRHD has provided an opportunity to further refine the model for families in the community.

For More Information

Darlene Guess, FSP Director, Bethany House Services
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Kevin Finn, CoC Executive Director
http://www.cincinnaticoc.org

Columbus/Franklin County, Ohio: Jobs to Housing

Introduction

Columbus and Franklin County's RRHD program, Jobs to Housing (J2H), provided eligible families with up to 6 months of rental assistance in a scattered-site housing model that used private-market landlords. Each family was responsible for choosing its own housing and signs the lease with the landlord upon moving in. Families often opted to rent units in neighborhoods that are familiar to them, selecting housing locations where they can access familiar support networks.

CoC's Homeless Family Emergency Shelter Beds	Number of Families Expected To Be Served Annually With RRHD	RRHD Level of Assistance Offered
254	40	Short term (3–6 months)

CoC = Continuum of Care. RRHD = Rapid Re-housing for Homeless Families Demonstration.

Program Startup and Capacity

The Community Shelter Board was the RRHD grantee and subcontracted with The Salvation Army of Central Ohio to provide short-term rapid re-housing services, including housing support case management. J2H had two case managers that can each serve 15 households at a time. The program's point-in-time capacity is 30 households.

Client Flow and Assessment Process

Intake System: Centralized

All families enrolled in the J2H program were referred from the YWCA Family Center, a 34-unit emergency shelter that serves as the single point of entry for families entering the Columbus/Franklin County homeless system.

Assessment Instrument: Case Management-Oriented Tool Using Implicit Scoring Criteria

YWCA staff administered a screening protocol, Family System Intake Assessment, to identify the immediate needs of families requesting shelter. The Family System Intake Assessment captures data on family income, credit problems, previous evictions, disability status, felony convictions, employment status and employability, and treatment needs, among other housing barriers. The program has fairly broad selection criteria, but used J2H to serve families with more significant housing barriers.

After J2H received a Family System Intake Assessment from YWCA shelter staff, the case manager immediately began working with the family at the YWCA Family Center to develop a goal plan. The goal plan always identified housing search goals; employment, training, or education goals; and family-determined self-sufficiency goals. The family also completed an Individualized Financial Plan that identified the projected amount of direct client financial assistance necessary to achieve goals. The financial needs were projected out over a 6-month period so the family understood the total amount potentially available to it during the course of program enrollment.

The Individualized Financial Plan was reviewed monthly to ensure the family continued to make progress toward case plan goals. Ongoing financial assistance was not guaranteed and was recertified each month. If families did not show progress toward goals, they ran the risk of losing the financial assistance, although case management did not necessarily end if financial assistance was withheld.

In addition to completing the Family System Intake Assessment and the Individualized Financial Plan, the J2H program staff also completed a Housing Search Flow Chart with each RRHD household while still residing at the YWCA Family Center. The Housing Search Flow Chart identified the necessary housing search tasks that must be completed by the household and the housing support services that were offered by the J2H staff.

Service Delivery and Followup

Supportive services began while the family is still in shelter. A Housing Search Plan was developed for each family and outlined the 3-week process for finding and securing housing. During the first week, the RRHD case manager provided a general housing search list with leads for landlords in the region the client wants to live. By week 2, the family was expected to sign a lease, make an appointment with the Material Assistance Program for any necessary household goods, and arrange utility service.

Week three of the Housing Search Plan focused on the transition from shelter to housing; arranging transportation and transition of personal items; move-in assistance; and referrals to community-based supports such as school, church, employment, and social networks. After the family moved into housing, case managers arranged for weekly home visits to review progress on home maintenance goals, savings for housing costs, and employment or training programs. Each week, case managers also tried to make five phone contacts with each family to ensure families were remaining stable and making progress on their goals. Families were able to schedule additional meetings or call case managers for assistance outside the formal contacts.

Case managers focused more intensive support on families who were not engaged in employment or job training and housing maintenance (savings for rent). Columbus/Franklin County's

RRHD program supported the idea of the natural consequences of choices and would work with a family up to and through the eviction process if the family was not making progress toward housing goals.

About 25 percent of families were referred or linked to substance-abuse or mental health treatment. The goal of the RRHD program was to remove families after 6 months. At exit, families were provided with a maintenance plan that incorporates budget templates, referral information, steps for requesting followup assistance, and contact information for further employment and job training support.

Innovative or Unique Aspects of the Program

Columbus/Franklin County conducted a weekly referral and case planning meeting called a *Program Administration Meeting.* Staff from the YWCA Family Center and representatives from all other next-step housing and rapid re-housing programs attended this weekly meeting. During the meeting, YWCA staff presented new cases and made recommendations about where the families should be referred, and the group made placement decisions based on availability (occupancy) of programs, capacity (case load of existing staff), and client choice.

Future Planning

Rapid re-housing is integral to Columbus/Franklin County's overall approach to ending homelessness and will continue when the demonstration is complete. Columbus/Franklin County's rapid re-housing partner, The Salvation Army, first started using a rapid re-housing approach with its Direct Housing program, initiated in 2000.

For More Information

Lianna Barbu, Community Shelter Board
http://www.csb.org

Contra Costa County, California: Contra Costa Rapid Re-housing

Introduction

Contra Costa County encompasses three regions that are distinct in geography, demographics, and levels of poverty. The county's Homeless Programs unit provides leadership for the Contra Costa CoC; operates an outreach and mental-health services program for chronically homeless and mentally ill people living in encampments; and administers Shelter Plus Care and other interim and permanent supportive housing and supportive services programs for adults with disabilities, youth, and families. The county also partners with an organization that has run a transitional housing program similar to RRHD for the past 15 years.

CoC's Homeless Family Emergency Shelter Beds	Number of Families Expected To Be Served Annually With RRHD	RRHD Level of Assistance Offered
290	12	Long term (12–15 months)

CoC = Continuum of Care. RRHD = Rapid Re-housing for Homeless Families Demonstration.

Program Startup and Capacity

The RRHD grantee was the Homeless Programs unit within the Public Health Division of the County Health Services agency. Shelter, Inc., the largest nonprofit grantee in the county's CoC, served as the subgrantee and service provider for the RRHD grant.

Client Flow and Assessment Process

Intake System: Centralized, With Some Variations

Shelter, Inc., recently switched to a centralized intake process that replaced separate application and intake procedures for the range of shelter, transitional, and permanent housing programs operated by the agency.

Assessment Instrument: Case Management-Oriented Tool Using Implicit Scoring Criteria

The Shelter, Inc., case manager began the assessment process at the initial meeting with a family who had entered the shelter but may not have identified the appropriate next step for the family for several weeks. During a referral review meeting with the program director, the case manager recommended a service or housing option based on the parents' skills, income level, personality, needs, and whether the family is in crisis. Shelter, Inc., case managers often "go by gut" when making recommendations and sometimes that could take time, especially if staff have concerns that a parent may have undiagnosed (or undisclosed) mental health problems. Although the program was generally highly selective, case managers had the latitude to override the program's general guidelines if they thought an applicant was a good fit for the program. Similarly, when the client was informed of the decision, the client could appeal and ask for a different recommendation.

Service Delivery and Followup

After RRHD recommendation, the case manager worked with the family to develop a service plan that identified its strengths, challenges, goals, and hopes along with action steps to be taken by the family and by the case manager. Case managers also used the Self-Sufficiency Matrix (a locally adapted version of the Arizona Self-Sufficiency Matrix) as a tool, but no specific score determines RRHD eligibility.

Based on the service plan, a participation contract was developed that specifies conditions of program participation, including locating

housing within 45 days, paying rent and maintaining tenancy in good status, keeping scheduled appointments and maintaining regular contact with the case manager, and participating in the services and activities outlined in the service plan.

The participation contract also stipulated that parents be employed full time and that they would obtain a new full-time job within 45 days if their original employment was terminated. If the case manager identified circumstances that warranted a temporary or permanent exception to this requirement, it was reviewed with the program director as part of the referral review.

Families paid 30 percent of their income toward rent and received a subsidy for 12 months (or less if the family income increased enough so that 30 percent of its income is enough to pay the entire rent). Ideally, the family had been able to save some money to pay for move-in costs because a significant pool of funds was not available in RRHD budget for these costs.

Innovative or Unique Aspects of the Program

Staff said they "do not believe in a cookie cutter approach or mandates" but worked to engage the client, earn their trust, and identify their goals and hopes. In line with this approach, Shelter, Inc., adopted a harm-reduction approach to substance use. Families were asked at intake about any family member's recent use of alcohol or drugs and whether they were interested in obtaining treatment. Some families recognized that substance abuse had contributed to their housing stability problems and included the goal of achieving and maintaining recovery from substance abuse in their service plan.

Future Planning

Rapid re-housing efforts will continue in Contra Costa County after RRHD is complete. For about 15 years, Shelter, Inc. has operated Reach Plus, a transition-in-place program (funded through the HUD Supportive Housing Program as Transitional Housing) that is similar to the RRHD model in many ways. That program operates in scattered sites and provides 12 months of rental assistance coupled with case management services.

For More Information

Jennifer Baha, Shelter, Inc.
http://shelterincofcccorg.presencehost.net

Dayton/Kettering/Montgomery Counties, Ohio: Rapid Re-housing Program

Introduction

Homefull (previously The Other Place) has been working on homelessness prevention for 16 years in the counties of Dayton, Kettering, and Montgomery and is a service provider offering the entire continuum of homeless services for families, singles, and youth. Homefull administered the RRHD program, delivered services, and conducted final approvals on eligible clients and services. In addition to RRHD, Homefull focused on prevention assistance for at-risk families and individuals.

CoC's Homeless Family Emergency Shelter Beds	Number of Families Expected To Be Served Annually With RRHD	RRHD Level of Assistance Offered
186	36	Long term (9–12 months)

CoC = Continuum of Care. RRHD = Rapid Re-housing for Homeless Families Demonstration.

Program Startup and Capacity

Homefull was the grantee for RRHD and did not use subgrantees for service delivery. Homefull partnered with a local domestic violence provider and reserved five RRHD slots for victims of domestic violence. The grantee expected to serve more than 100 families over the course of the grant period, with an expected point-in-time capacity of 36 families.

Client Flow and Assessment Process

Intake System: Centralized Intake

In Dayton, Kettering, and Montgomery Counties, all homeless families were triaged through the St. Vincent's Family Gateway Shelter.

Assessment Instrument: Standardized Tool Using Explicit Scoring Criteria

Literally homeless families were assessed using the Front Door Comprehensive Assessment Tool, and their numeric score determined whether they qualified for RRHD; scores signified the level of housing barriers that a family had, and families with "moderate barriers" qualified for RRHD. Homefull had moderately selective scoring criteria.

After a family was determined eligible for RRHD, the case manager immediately informed Homefull, and the family began to work with the

Homefull case manager. That case manager scheduled a meeting with the family and with the Gateway case manager who had been working with the family in the shelter. During the meeting, the case managers explained the program, made sure the family wanted to participate, gathered information on families, and developed a housing plan. The housing plans addressed housing barriers (such as bills in arrears and money for utilities) and housing selection (that is, identifying housing based on affordability and other family needs).

Service Delivery and Followup

After the family moved into housing, the caseworker worked with the family to develop a housing stability plan that included strategies to increase the family's income and agreement about the size of the rental assistance based on those incomes. The RRHD program helped families apply for subsidized housing, if needed.

Families received between 9 and 12 months of rental assistance on a graduated scale. Families must pay at least a portion of the rent, and their portion increased monthly or quarterly. The family share of rent generally started at about 25 percent and increased to 50 percent within a few months. Homefull did not pay its portion of the rent until it verified with the landlord that the family had paid its portion. The

program placed a strong focus on developing strategies for families to increase their income, which the counties involved in RRHD believed results in families placing a high premium on finding the ability to pay rent. Participation in the program depended entirely on families meeting the basic criteria of paying their rent and working toward increasing their income.

The families set quarterly goals and were recertified for the RRHD program every 3 months. The services offered to families were based on needs identified during the assessment and initial meetings and were generally similar in intensity and type to those of families living in permanent supportive housing. All families were linked to mainstream and community based services, budgeting help, education, family crisis information, job search assistance, training referrals, youth and adult mentoring programs, parenting programs, life skills training, and legal help to address unpaid rent and bills.

Case management was not fixed in either duration or intensity; it was increased or decreased based on the family's needs. After moving in, families and case managers met approximately two to three times per week for a period of time. No followup services were provided after program exit.

Innovative or Unique Aspects of the Program

During case conferencing, all organizations providing a family with RRHD support (schools, landlords, mainstream benefit caseworkers, Homefull case managers, and so on) met jointly to discuss the case with the family. These meetings were held as needed and were intended to align efforts to support the family and to help families learn of other resources that they might be qualified to receive. Because RRHD targeted families, the participating counties set up their HPRP to serve mostly individuals and also dedicated about 60 percent of HPRP funds to prevention.

Future Planning

All counties engaged in the RRHD were interested in continuing to provide rapid re-housing after the demonstration was complete. Montgomery County recently created a tenant-based rapid re-housing program with HOME funds. In addition, Dayton was already in the early stages of developing a front-door assessment before the announcement of RRHD.

For More Information

Tina Patterson, Executive Director, Homefull
http://www.homefull.org

Kathleen Shanahan, CoC Lead, Homeless Solutions Program Coordinator, Montgomery County
http://www.mcohio.org

Joyce Probst MacAlpine, Manager of Housing and Homeless Solutions, Montgomery County
http://www.mcohio.org

Denver Metro, Colorado: Project Home Again

Introduction

The Colorado Coalition for the Homeless (CCH) operates a wide array of programs serving more than 12,000 homeless people each year. CCH currently manages 35 HUD CoC grants and 25 grants from other federal agencies, providing housing and services to homeless families and single individuals. CCH convenes providers from different CoC geographic areas to coordinate homeless assistance applications and to broaden access to funding for necessary housing and services. The RRHD was seen as a unique opportunity to test the concept of diverting lower-barrier families to a short-term program, enabling families with higher barriers to access the limited amount of other types of housing assistance available.

CoC's Homeless Family Emergency Shelter Beds	Number of Families Expected To Be Served Annually With RRHD	RRHD Level of Assistance Offered
526	70	Short term (3–6 months)

CoC = Continuum of Care. RRHD = Rapid Re-housing for Homeless Families Demonstration.

Program Startup and Capacity

CCH served as the RRHD grantee and provided both direct client assistance to RRHD participants in the City and County of Denver and overall grant administration for three other subgrantees representing Jefferson and Arapahoe Counties (Family Tree), the City of Aurora (Aurora Housing Corp.) and Adams County (ACCESS Housing). Two of the subgrantees relied on CCH for approval on final client eligibility and for the administration of housing assistance. CCH anticipated serving more than 200 families over the grant period, with a point-in-time capacity of 35 families.

Client Flow and Assessment Process

Intake System: Centralized, With Some Variations

Client flow and assessment were conducted separately within the four counties and one city served by the Denver RRHD program. Each of the four RRHD agencies served as a central intake point for its jurisdiction. Three of the RRHD agencies offered a broad continuum of housing and homeless-related programs and services that enabled caseworkers to place

families in the most appropriate housing program administered directly by the RRHD agency. Referrals to all the RRHD agencies came from the County Human Services agency, day shelters, overnight emergency shelters, street outreach workers and the Denver metro 2-1-1 system. Further, the RRHD agency in Denver, which runs a large central intake function for families for its own extremely broad and deep array of family-related services, added an intake point in the welfare office after the RRHD grant's first year because of the reduced flow of families after HPRP funding was fully expended.

Assessment Instrument: Arizona Self-Sufficiency Matrix Using Explicit Criteria

An RRHD staff member stationed at the welfare office did screening and intake on site, using the same procedures as the agency's main offices. All clients were prescreened using a Barriers to Housing Assessment tool based on the Arizona Self-Sufficiency Matrix. Prescreening was primarily conducted over the phone or in person. Assessment and intake were conducted in an interview format with the RRHD case manager, and the program has moderately selective scoring criteria. Two of the RRHD agencies referred

families deemed appropriate to CCH for final approval, housing processing, and orientation. Family Tree approved and administered the housing assistance independently. When approved, RRHD case managers from the subgrantee organizations provided direct case management and services to clients.

RRHD agencies did not initially track the number of families screened out of RRHD, but all partner organizations offered a continuum of housing, and if prescreening deemed a family ineligible for RRHD, it was instead screened into other, more intensive, longer-term supportive housing programs.

Service Delivery and Followup

A case plan was created during a prelease-up phase during which the frequency of case management meetings depended upon the client's wants and needs. In the first 3 months after the lease-up phase, weekly or bimonthly 1-hour case management meetings were required, although some partner agencies provided weekly inhouse site visits. In addition, inperson or phone contact was also available as needed. During months 4 through 6, the agencies generally required a bimonthly, 1-hour meeting with occasional inperson or home visits.

Services were generally provided beginning with prelease-up period through the 6 months. All four agencies permitted exited participants to return for specific case management needs, however, including resource referrals, and donated items. A comprehensive array of services was provided by all partner agencies, with all agencies focusing on increasing income. Thus, employment assistance and benefit acquisition were central and key services provided to participating families. Direct assistance was provided to assist families with acquiring mainstream benefits, and all partner agencies developed expedited processing procedures with local county departments of human

services. In addition, all partner organizations offered direct assistance with job training, resume building, active job search assistance, and referrals to area workforce centers. Case managers indicated that their task was not only about helping families find a job but on developing skills and finding employment that would help sustain their housing stability. Other key services provided that were common across all families include budget counseling, financial services and credit repair, life skills training, health insurance resources, family planning, nutrition, and access to donated items and food.

Rental assistance for each client was capped at 6 months, although all partner agencies felt that the 6-month limit was restrictive and preferred to have the flexibility to increase the period of assistance for up to 12 months. Exit interviews were completed by partner agencies, and agencies were expected to conduct a 6- and 12-month followup with clients.

Innovative or Unique Aspects of the Program

RRHD was sometimes being used to provide an additional 6 months of case management and rental assistance to families exiting transitional housing. Also, the RRHD program was closely aligned with HPRP for prescreening and assessment activities. After Denver expended its HPRP funds and CCH closed its HPRP program, referrals to RRHD increased, with no slowdown in the referral or assessment process.

Future Planning

If RRHD funding is not renewed, CCH will not be likely to be able continue rapid re-housing efforts.

For More Information

Susie Street, Colorado Coalition for the Homeless
http://www.coloradocoalition.org

District of Columbia: Rapid Re-housing Initiative

Introduction

The Community Partnership for the Prevention of Homelessness (TCP) manages CoC planning and public grant allocation for the complete homeless system in the District of Columbia. TCP also directly operates two family shelters and inventories systemwide availability for transitional housing, rapid re-housing, and permanent supportive housing.

CoC's Homeless Family Emergency Shelter Beds	Number of Families Expected To Be Served Annually With RRHD	RRHD Level of Assistance Offered
403	17	Long term (12–15 months)

CoC = Continuum of Care. RRHD = Rapid Re-housing for Homeless Families Demonstration.

Program Startup and Capacity

TCP was the RRHD grantee and reviewed program referrals from shelters, made assignments, and administered the rental assistance for participating families. RRHD was funded to assist 16 to 17 families at a time for a total of 50 families during the 3-year grant period. In the first year of operation, 13 families were housed, and another was pending housing placement. TCP chose Transitional Housing Corporation (THC) as its subgrantee and primary service provider. THC had one FTE case manager and one FTE housing coordinator for RRHD.

Client Flow and Assessment Process

Intake System: Centralized

Families in the District must go to Virginia Williams Central Intake to access shelter. The Central Intake could refer families to RRHD. In addition, all family shelters conducted an initial assessment with clients, using an adaptation of the Arizona Family Self-Sufficiency matrix. Shelters made referrals based in large part on the Arizona Family Self-Sufficiency scores.

Assessment Instrument: Standardized Tool Using Explicit Scoring Criteria

TCP staff received the referrals and looked within domains to determine RRHD eligibility.

To determine eligibility, TCP staff looked for families with fewer barriers, meaning no mental health, substance abuse, or child abuse issues that would impede their ability to gain employment or self-sufficiency. When space was available in the RRHD program and TCP identified a family meeting the "few barriers" threshold, TCP referred to the family to THC. THC accepted all families referred by TCP.

Service Delivery and Followup

The THC housing coordinator immediately contacted the original referring shelter and the family to begin work toward placing the family in housing. The shelter continued to provide case management to the family throughout this time period. THC did not begin case management until the family was placed in housing, which could be found either through a landlord on TCP's affordable housing list or by the family.

At the start of case management with THC, the family and case manager used the family's housing history to develop a case plan with goals for the family to pursue. Case managers provided weekly in-home visits to review progress on the case plan and realign target dates, as needed. Services were provided for the duration of program enrollment and included employment training, housing retention support, life skills, family services, and wellness.

RRHD provided a rental subsidy for at least 12 months, with a maximum stated period of 15 months. Families paid 30 percent of their income on rent plus utilities (unless included in rent) and any amount over the Fair Market Rent (FMR). Income and rent contributions were reassessed monthly.

After the family was housed, the housing coordinator conducted monthly home inspections, followed up with landlords to prevent escalation of issues, and educated tenants on utilities, landlord relations, and neighbor relations. The housing coordinator often worked hand in hand with the case manager to address issues that emerged from the weekly case management visits or monthly home inspection. When rental assistance ended, the housing coordinator ensured a smooth transition for the RRHD program and tenant. With RRHD assistance, families were likely to be able to stay in the same unit, because most landlords in the District would not have been willing to qualify the family for the unit or would have required an unreasonable security deposit.

THC did not explicitly plan to provide followup assistance but planned to organize a group for families who have graduated.

Innovative or Unique Aspects of the Program

TCP recognized that family size was a significant barrier to achieving economic self-sufficiency, so TCP populated its housing list with as many three-bedroom units as possible to ensure that it could house larger families.

Future Planning

RRHD staff believed the key to economic self-sufficiency for families exiting shelter is to subsidize their housing so they can pursue career-based employment, something that will require years to achieve, not months. TCP is considering targeting future rapid re-housing funds to families who have yet to enter shelter, who are reaching the end of project-based transitional housing stays, or who have been in shelter for awhile and have made substantial progress toward employment.

For More Information

Michele Salters, Chief of Programs, TCP
http://www.community-partnership.org

Polly Donaldson, Executive Director, THC
http://www.thcdc.org

Kalamazoo/Portage, Michigan: Housing Resources, Inc., Rapid Re-housing Pilot

Introduction

Housing Resources, Inc. (HRI) has provided housing services to the Kalamazoo area for more than 30 years, serving as the single point of contact within the CoC for all housing emergencies. HRI is the lead agency administering state Section 8 vouchers reserved for homeless people with incomes at or below 30 percent of Area Median Income (AMI) and serves as lead for city and state HPRP funds and administers all prevention, rapid re-housing, and similar funding sources in the CoC that are intended to address housing emergencies. Kalamazoo saw RRHD as an opportunity to allocate more resources to homeless families, a population that the community recognized as underserved in its CoC.

CoC's Homeless Family Emergency Shelter Beds	Number of Families Expected To Be Served Annually With RRHD	RRHD Level of Assistance Offered
161	20	Long term (up to 18 months)

CoC = Continuum of Care. RRHD = Rapid Re-housing for Homeless Families Demonstration.

Program Startup and Capacity

HRI used RRHD funds to help families rent apartments in private-market or tax-credit properties throughout the community and provide supportive services and linkages to help the families stay there. HRI planned to serve 20 to 21 families at a time for a total of 60 families during the 3 grant years. In the first 16 months of operation, HRI served 21 families under RRHD. About one-half of the families were homeless for the first time, and one-half had been homeless once or twice before. At intake, 57 percent of the families were unemployed; 67 percent were homeless because of household conflict (usually domestic violence).

Client Flow and Assessment Process

Intake System: Centralized

HRI runs the Housing Resource Center (HRC), which provides a single point of entry for all the county's housing programs; 2-1-1 serves as its 24/7 intake and referral source for emergency housing. All clients applying for housing assistance at the HRC complete the same application form (which gathers the data needed for all the programs that the HRC can offer [RRHD, HPRP, and others]) and go through the same screening and assessment process before HRI staff analyze each assessment and determine what type of assistance to offer.

Families who seek emergency shelter, particularly those seeking help at HRI's Eleanor House shelter or the YWCA's domestic violence program, were prescreened for RRHD. Those families could not have more than three episodes of homelessness, and families with incomes between 30 and 50 percent of AMI were granted priority.

Assessment Instrument: Arizona Self-Sufficiency Matrix Using Explicit Scoring Criteria

Shelter staff completed a Decision Matrix and alerted RRHD's landlord liaison officer (LLO) to schedule an interview with the family. The LLO met the family and verified income and rental histories as the RRHD case managers completed a modified Arizona Self-Sufficiency Matrix, which scores for primary domain areas of income, employment, and credit. The RRHD program had moderately selective admittance criteria.

HRI/HRC is the coordinator of virtually all housing-related programs in the community for low-income people, families, and single adults other than those administered by the

PHA. All intake information is presented to the Housing Allocation Committee, which is a part of the HRC. The Housing Allocation Committee, which oversees all offers of housing to households using the HRC, makes the final decisions regarding which families will be offered RRHD and approves all recertifications that extend rental assistance for 1 or more months.

Service Delivery and Followup

The LLO helped families find housing after they were accepted into RRHD, and case management began after families were housed. RRHD provided up to 18 months of rental assistance and supportive case management.

Case management focused on maintaining employment, and families were required to meet with case managers at least every 2 months. Case managers tried to connect families with employment training; general equivalency diploma, or GED, classes; disability services; and state aid programs. Families entering RRHD from the YWCA's domestic violence shelter also received 12 months of continued YWCA support, concurrent with their first 12 months in RRHD. Case managers conduct quarterly, inperson recertification, all of which must be approved by Housing Allocation Committee.

Innovative or Unique Aspects of the Program

A Housing Allocation Committee made final decisions about payments and recertification, intentionally removing decisions to extend or reduce assistance from the case manager's hands. HRI felt that this approach provided the case manager leverage when encouraging the family to work actively on increasing their income, as the case manager must justify any recommendation to extend rental assistance on the basis that the family is making significant progress toward its employment and other goals.

Future Planning

Communitywide support exists for rapid rehousing, but the future shows no sign that the dwindling funds will be replaced.

For More Information

Housing Resources Inc.
http://www.housingresourcesinc.org

Ellen Kisinger-Rothi, Executive Director

Molly Petersen, Associate Director

Cindy Graham, Grants/Community Planning Officer

Lancaster, Pennsylvania: Lancaster County Rapid Re-housing for Families

Introduction

Tabor Community Services (Tabor), both the grantee and the primary service provider for the RRHD, has provided rapid re-housing services in the community since 1992, without any funding set aside for that activity. The RRHD provided Tabor with an opportunity to build on its existing program model and provide enhanced levels of assistance and services to families lacking housing stability. In addition to existing rapid re-housing programming, Tabor provides emergency shelter, transitional housing, and permanent supportive housing to both families and individuals.

CoC's Homeless Family Emergency Shelter Beds	Number of Families Expected To Be Served Annually With RRHD	RRHD Level of Assistance Offered
76	24	Short term (3–6 months)

CoC = Continuum of Care. RRHD = Rapid Re-housing for Homeless Families Demonstration.

Program Startup and Capacity

As noted previously, Tabor has taken on the role of both grant administrator and primary service delivery provider for the RRHD. The United Way of Lancaster County was an RRHD subgrantee and served as the central intake for this program and for HPRP. The staff at Tabor decided which families would receive RRHD services, and Tabor worked closely with other emergency shelters in the area to establish a referral system for the program. Tabor sought to serve 24 families per year, aiming to serve between 15 and 17 families at a time. If the program was at capacity, clients were screened, assessed, and referred to HPRP, if they were eligible.

Client Flow and Assessment Process

Intake System: Centralized

After a family had been in any one of the eight local emergency shelters for 7 days, their case manager discussed the RRHD program with them. If both the client and case manager believed it was a good fit, then the case manager and the client would contact the United Way together to begin the initial screening process. The case manager normally spoke first with the United Way staff to make the initial contact

and to formally refer the client to the program. During that same United Way phone call, the client spoke directly to the central intake staff person to confirm that she or he met the additional eligibility criteria.

Assessment Instrument: Case Management-Oriented Tool Using Implicit Scoring Criteria

Families deemed eligible for RRHD completed a Needs Assessment (initial intake) with United Way during the call. United Way staff confirmed that the family met basic RRHD eligibility criteria, and then e-mailed confirmation to Tabor, which mailed the family an introduction letter and packet (including a list of items for the client to bring to intake) requesting that the family call Tabor if interested in the RRHD. After clients called, the Tabor intake specialist reviewed the assessment questions with the family again to determine whether the family was eligible for RRHD or needed additional housing diversion counsel. Tabor then conducted a final assessment and collected the required income and homeless documentation to determine whether the family could be enrolled in RRHD. Although families may need to be somewhat motivated to complete the multistage process, the program had fairly broad selection criteria.

Service Delivery and Followup

At program entry, a household service plan was developed with goals and action steps to get the family housed. Several case managers at Tabor worked to find housing by using a housing search e-mail group that shared housing options that may be a good fit for RRHD and HPRP. Other housing search resources included a list of more than 300 partnering landlords and a link on the Tabor website that landlords used to notify Tabor staff of an open unit. After a family was housed, the amount of rental assistance was based on its monthly budget. Service plans and progress were reviewed on a monthly basis, and normally both the service plan and the budget were adjusted quarterly.

Tabor found that after a family was housed, additional needs often came up, such as mental health issues, legal assistance, utility help, and child care. Tabor also provided assistance with several items related to employment (resume building, job search, and so on). Ongoing case management services were offered to clients for 6 months after housing placement, which is distinctly different from the 18 months of followup for HPRP clients and 13 months of followup for some other programs that Tabor operates.

Innovative or Unique Aspects of the Program

The community chose to closely align implementation of HPRP and the RRHD. In fact, the RRHD assessment tools were adjusted to become identical to the HPRP tool. In addition, when no space existed for new clients in the RRHD, they were often referred to HPRP.

One key difference was that with the housing search and assistance available through RRHD, Tabor housed families within an average of 1 month, compared with previous rapid re-housing efforts that took 3 months.

Future Planning

The Lancaster community is committed to continuing rapid re-housing efforts when the demonstration is complete. Given Tabor's previous history with this intervention, the community knows that it can successfully house homeless families without much of the additional funding that comes with the demonstration. Both the CoC and the Lancaster Coalition to End Homelessness were involved in the decision to encourage Tabor to apply, and a strong desire to continue those efforts remains.

For More Information

Tamara Martin, Tabor Community Services
http://www.tabornet.org

Madison, Wisconsin: Second Chance RRHD Program

Introduction

The Road Home and the YWCA are members of Madison and Dane County's active and collaborative CoC and have a history of working together to house and support homeless families. The Road Home activities all focus on family homelessness, while the YWCA serves women with and without children and has both homeless and community-oriented programs.

CoC's Homeless Family Emergency Shelter Beds	Number of Families Expected To Be Served Annually With RRHD	RRHD Level of Assistance Offered
124	6	Long term (12 months)

CoC = Continuum of Care. RRHD = Rapid Re-housing for Homeless Families Demonstration.

Program Startup and Capacity

The Road Home was the RRHD grantee and subgranted funding to the YWCA to screen and select participants for RRHD. The RRHD program served six families at a time in six scattered-site apartments. The first wave of six families graduated after 12 months of participation and the program housed its next six families on December 1, 2010; a third wave was anticipated to start on December 1, 2011.

Client Flow and Assessment Process

Intake System: Decentralized

Families were referred to the YWCA from three shelters (the YWCA, The Salvation Army, and The Road Home's Interfaith shelter network). The referral process began when shelters were alerted that an RRHD slot was open for a new family. Shelter caseworkers then reviewed current families and used the Second Chance Apartment Project Checklist to determine eligibility.

Assessment Instrument: Standardized Tool With Explicit Scoring Criteria

The RRHD director at the YWCA received and reviewed these referrals, met with the families to ask for more information, and used the Second Chance Apartment Leasing Project Screening Tool to summarize and score the

results of the review. The scoring process was fairly broad and generally screened in families; however, the director usually ended up with two possible applicants for each slot, and assigned priority to the families based on (1) income, (2) not having the worst credit and being open to budgeting, and (3) not having horrible recommendations from landlords (that is, family lost housing through no fault of their own). After a family was approved for RRHD, the case was transferred to the RRHD case manager.

Service Delivery and Followup

Each family received up to 12 months of rent subsidy plus intensive case management. The YWCA found apartments for RRHD families within its wide network of landlords participating in its transitional housing, permanent supportive housing, or other affordable housing programs. The Road Home signed and held the lease on these apartments for the length of time a family was in the program. If the family could afford to take over the apartment after program exit, The Road Home transferred the lease to the family.

Each family paid 30 percent of its monthly income for rent; 80 percent of that payment (24 percent of tenant income) was deposited into an individual development account (IDA). IDA funds may be used while the family is in

the program for credit repair or large expenses related to goals in the family's case plan. They may also be used for housing entry expenses after the family leaves the program, if the family is not able to remain in the RRHD apartment.

The RRHD grant paid only for case management and linkages to other services. All actual services came from local agencies and services. Linkages most commonly completed include (1) local public benefits, (2) employment and training opportunities, or (3) enrollment in school or a certification program if possible within the RRHD timeframe. The first six families needed help to find a less expensive apartment when the year ended. Although all did stay in permanent housing, only one could afford to stay in the apartment the program found for her family.

After a family moved into housing, the RRHD case manager met with the family to create an action plan and a budget; both of which were revised at future monthly meetings.

Innovative or Unique Aspects of the Program

The Road Home and the YWCA were able to capitalize on an existing partnership: an existing United Way—funded a rapid re-housing program and a regular transitional housing program (Second Chance Apartments). Given this team structure, The Road Home and the

YWCA took what worked well in their joint programs and combined these elements in the RRHD program.

Another unique aspect of the program is the IDA, a set-aside of 24 percent of the tenant's rent payments each month. These funds may be used for expenses related to the family's case plan or for housing entry expenses when the family leaves RRHD.

Future Planning

The community will continue to provide rapid re-housing programming as part of its CoC, as long as it has the resources available to do it. The United Way's rapid re-housing program capacity recently expanded from 45 to 55 families. Experience revealed that each family needed fewer resources than anticipated, allowing for the program to serve more families. The program is likely to expand again, probably by eight families (bringing the total capacity to 63 at a time), because of a state decision to add a rapid re-housing segment to the state Emergency Shelter Grant (ESG)/transitional housing (TH) HUD grant in the coming fiscal year.

For More Information

Rachel Krinsky, Executive Director, The Road Home
http://www.trhome.org

Heather Amundson, RRHD Manager, YWCA
http://www.ywcamadison.org

Montgomery County, Maryland: Montgomery County Rapid Re-housing Program

Introduction

The National Center for Children and Families (NCCF) has served the children, youth, and families of Washington, D.C., and Montgomery County, Maryland, for more than 100 years. NCCF is an active member of the Montgomery County CoC, working in cooperation with the county and other local providers. The Montgomery County Department of Health and Human Services referred potential RRHD families to the NCCF, and NCCF housed them in one of seven apartments that it master-leases in Gaithersburg and Silver Spring. The NCCF provided intensive casework services for the entire 12 to 15 months that families received rental assistance through RRHD.

CoC's Homeless Family Emergency Shelter Beds	Number of Families Expected To Be Served Annually With RRHD	RRHD Level of Assistance Offered
272	7	Short term or long term (3–15 months)

CoC = Continuum of Care. RRHD = Rapid Re-housing for Homeless Families Demonstration.

Program Startup and Capacity

NCCF was the RRHD grantee and sole service provider for this program. NCCF served seven families at a time, with an expectation of serving 21 families during the 3-year grant period. In April 2011, NCCF was just beginning to see turnover in the first wave of families and had accepted two new families into the program. Of the first seven families who enrolled in the program in May 2010 and received 12 to 15 months of rental assistance, two exited: One family received a Veterans Affairs Supportive Housing voucher and U.S. Department of Veterans Affairs supportive services, and one went on to market-rate housing.

Client Flow and Assessment Process

Intake System: Centralized

All families and single adults in need of assistance in Montgomery County went first to one of three county service centers, which share a common client database. County social workers at the service centers assessed the family using a standardized assessment tool, which includes housing barriers. The assessment produces a housing score based on a modified version of the Arizona Self-Sufficiency Matrix, with higher scores indicating more barriers. All literally homeless families were put on a centralized housing provider list. Families deemed to need longer term but not permanent help are placed on a transitional housing sublist. NCCF selected families from this list for its RRHD program and did so at a monthly meeting with other transitional housing providers in the county.

Assessment Instrument: Self-Sufficiency Matrix Using Explicit Scoring Criteria

After a family had been identified as a potential fit for RRHD, NCCF set up an interview to further review eligibility criteria and barriers to housing with the family. During these interviews, the NCCF used its own Self-Sufficiency Assessment to assess current and potential barriers to housing and possible difficulties with the RRHD landlords. NCCF targeted families with few barriers and was highly selective. NCCF or the landlord then checked the family through the Maryland Case Search, a database with records of any judgments against or involving the family, including criminal, housing court, divorce, domestic violence, traffic court, and outstanding warrants.

Based on the number of barriers identified in the assessment and a judgment on the part of NCCF as to how long it would likely take families to overcome their barriers and pay for their own housing, the NCCF offered families either 3 to 6 or 12 to 15 months of rental assistance. Most families were offered 3 months to begin with and the case manager conducted monthly reassessments to determine future rental assistance.

Service Delivery and Followup

As part of the process of moving into apartments, RRHD provided families with appropriate resources for furniture, clothes, and food needed. The RRHD case manager met with families at least weekly to review case plan progress and encourage continuing action.

Routine linkages were made as needed to TANF, medical assistance, employment services, child care, mental health assessment and counseling for children and adults, and domestic violence services. The major focus of RRHD case management was to help the families obtain sufficient income to afford housing without the RRHD assistance, but the case manager also worked with the families on issues such as improved access to benefits and other sources of assistance, safety planning if domestic violence was a factor in homelessness, and ensuring that children are in school and getting appropriate health care. After rental assistance through RRHD ended, NCCF continued to follow the family

for 6 months and offered assistance as needed. If, at the end of RRHD, a family had received county-administered state rental assistance (RAP), then the followup was 12 months, as required by RAP.

Innovative or Unique Aspects of the Program

This program targeted families with low barriers to housing whose economic situation had suddenly become marginal because of the economic downturn but who have strong histories of work and housing stability and relatively few additional problems.

Future Planning

When RRHD was first proposed, the community worked as it does now to receive homeless families and assign them to an appropriate level of care. The community did not have rapid re-housing at the time, and at the time of the site visit, only had rapid re-housing through RRHD and HPRP. When those programs end, the outcome is not clear.

For More Information

Dr. Sheryl Brisset Chapman, Executive Director, NCCF
http://www.nccf-cares.org

Kim Ball, Director of Special Needs Housing, Montgomery County Department of Health and Human Services

New Orleans/Jefferson Parish, Louisiana: Rapid Re-housing for Families

Introduction

At the time the Greater New Orleans CoC wrote its RRHD application, it was already using a rapid re-housing model with resources from the Community Development Block Grant and post-Hurricane Katrina disaster relief. The city recognized the success of this model, and when the opportunity to apply for RRHD arose, UNITY, the CoC convener, quickly grasped the chance to serve many of the CoC's families returning after Hurricane Katrina that were facing the highest rate of extreme rent burden of any major American city with extremely low skills and work experience.

CoC's Homeless Family Emergency Shelter Beds	Number of Families Expected To Be Served Annually With RRHD	RRHD Level of Assistance Offered
55	122	Short term (3–6 months)

CoC = Continuum of Care. RRHD = Rapid Re-housing for Homeless Families Demonstration.

Program Startup and Capacity

UNITY of Greater New Orleans leads a CoC of 62 housing and homeless service providers in New Orleans and Jefferson Parishes; it was notified of the RRHD grant award in 2009 and began serving families in August 2010. UNITY subgranted to The Salvation Army and Catholic Charities Archdiocese of New Orleans (CCANO) for actual service delivery; and each agency ran its own RRHD program. Subgrantees each had one RRHD case manager and provided housing, services, and some screening, while staff of UNITY's Central Coordinating Office (CCO) conducted the rest of the screening and made the final decisions on RRHD program acceptance.

All families were being served in scattered-site apartments, and the program design anticipated that families would remain in those apartments after the RRHD rent subsidy expired. In the past, UNITY had used its Housing Choice Vouchers to back up rapid re-housing assistance, and it expected that many RRHD families would be able to transition to vouchers, although RRHD provided only short-term (3 to 6 months) assistance and many families had moderate barriers to housing.

Client Flow and Assessment Process

Intake System: Decentralized

The Salvation Army's RRHD program recruited from its own family emergency shelter, conducted the initial screening and assessment, and then received final approval from the CCO. Since CCANO did not operate its own emergency shelter; the agency received referrals from CCO, other agencies, and self-referrals.

Assessment Instrument: Standardized Tool Using Explicit Scoring Criteria

CCO required a completed Screening Checklist to verify homelessness and the prospect of income and a completed Barriers to Housing Assessment form that demonstrated moderate housing barriers before it would sign off on program acceptance. The RRHD had fairly broad selection criteria and would accept families with a wide range of barriers. The CCO reviewed referrals and the requisite eligibility documentation within 24 hours and the enrolled families into RRHD.

Service Delivery and Followup

Families who entered RRHD at The Salvation Army meet with The Salvation Army RRHD

case manager to discuss housing history and goals. They developed a case plan that began with securing housing and finding employment or better employment, and then had weekly phone contact to maintain focus on the case plan. In-person meetings were required monthly. The case manager arranged for supplementary resources using the many linkages and partnerships that The Salvation Army developed over the years, from furniture and job skills acquisition to child care and legal assistance.

At CCANO, a case manager met families to develop and sign a service plan that specified the obligations of both the families and CCANO. They focused on determining the level of salary needed to maintain stable housing and the skills or credentials necessary to obtain that salary.

The case manager acted as the central point for all public or private assistance and brought the applications for TANF and SSI, for example, straight to the families instead of making them travel to various offices.

Both The Salvation Army and CCANO use UNITY's comprehensive web-based inventory of affordable housing (UNITY devotes two non-RRHD staff to recruit landlords and maintain the list) as one resource to help families secure housing. When the 6 months of rental subsidy end, families are expected to take over entire rent payments. Neither The Salvation Army nor CCANO had a formal followup policy after rental assistance ends, but both reported that case managers were always available to former clients, and both had an array of services such as food pantries and clothes closets that may have brought client families back into contact.

Innovative or Unique Aspects of the Program

Because UNITY has a designated number of Housing Choice Vouchers from the Housing Authority of New Orleans, it was been able to provide extended temporary or permanent rental assistance to many families who still need it but have graduated from RRHD.

Future Planning

Although pleased with the success of RRHD, UNITY is not sure how to continue the rapid re-housing model after both HPRP and RRHD funding disappear. The City of New Orleans has never funded homeless services from its general fund; whether it can be convinced to do so in the future is not clear.

For More Information

Vicki Judice or Valerie Reinhard, UNITY of Greater New Orleans
http://www.unitygno.org

Ohio Balance of State: Ohio Balance of State Rapid Re-housing Grant Program

Introduction

The Salvation Army of Central Ohio is a leading rapid re-housing provider throughout Ohio. Working closely with the Coalition on Housing and Homelessness in Ohio to identify targeted communities in need of homeless assistance, The Salvation Army trains partner agencies throughout the 80-county coverage areas to deliver its structured rapid re-housing model.

CoC's Homeless Family Emergency Shelter Beds	Number of Families Expected To Be Served Annually With RRHD	RRHD Level of Assistance Offered
742	358	Short term and long term (4–18 months)

CoC = Continuum of Care. RRHD = Rapid Re-housing for Homeless Families Demonstration.

Program Startup and Capacity

The Salvation Army was the grantee for the BOS's RRHD and served as the programmatic and fiscal administrator. RRHD had two FTE program managers, a 0.25 FTE program supervisor, and 0.10 senior/financial staff for the program. The RRHD program provided both short-term (4 to 6 months) and long-term (9 to 12 months) financial assistance. All families were eligible for up to 18 months of case management assistance regardless of the short-term versus long-term rent assistance pathway.

Partner agencies provided all direct service and case management and were able to enroll and serve as many families as were eligible. This program had no capacity issues because it expanded based on demand.

Client Flow and Assessment Process

Intake System: Decentralized, Given Its Wide Geographic Spread

The Salvation Army identified points of entry at agencies located in communities throughout the Ohio BOS geography. The RRHD points of entry were well known to staff at other human service agencies within these communities, and all agencies attempted to seamlessly refer families to the RRHD subgrantees.

Assessment Instrument: Arizona Self-Sufficiency Matrix Using Explicit Scoring Criteria

RRHD staff designed a Housing Barriers Assessment Tool that scored family self-sufficiency in 12 housing domains. The RRHD program had fairly broad selection criteria, so families without rental histories, without high school diplomas, with behavioral or mental problems, with minor criminal histories or legal problems, with domestic violence experience, and with credit problems were still considered appropriate for RRHD. Active addictions, current sexual abuse or domestic violence within the family, or four or more evictions were some of the barriers that screened out families for RRHD. Referring agencies sent scoring and eligibility documentation to The Salvation Army, which then made a final determination about enrollment. After the family was approved for program enrollment, partner agencies completed an Intake Assessment. The Intake Assessment captured all necessary household member demographic information, household income, and disability status.

Service Delivery and Followup

RRHD partner agencies completed a Housing Search Flow Chart with each household during the first 3 weeks of enrollment. The flow chart identified the necessary housing search tasks

that the household must complete and the housing support services that The Salvation Army support staff offered.

After families secured their own housing (first month's rent and security deposit were guaranteed), they completed three plans or contracts with their case manager: the Participation Contract, a Goal Plan, and an Individualized Financial Plan. The Participant Contract outlined expectations for family involvement, level of expected financial assistance, the case planning process, and budget monitoring process.

A Goal Plan documented weekly expectations for the family's tasks and action steps. An Individualized Financial Plan identified the projected amount of direct client financial assistance necessary to achieve goals. The financial needs were projected over the enrollment period so the family understood the total amount potentially available to them during the course of program enrollment.

Families were reassessed monthly for ongoing monthly financial assistance and only received continued assistance if progress toward goals was demonstrated and documented. Case management did not necessarily end if financial assistance was withheld, however.

Innovative or Unique Aspects of the Program

Ohio BOS nearly exclusively served families from rural communities without shelter systems. Permitting families to find their own housing enabled them to access familiar support networks such as schools, churches, employers, community centers, and family and friends.

Future Planning

After RRHD, rapid re-housing will continue in this region. For much more than 10 years, The Salvation Army of Columbus has successfully delivered rapid re-housing programs to homeless families. In 1998, The Salvation Army, Columbus Area Services made an organizational shift to housing-first programming and began its first RRHD program. During the past 10 years, The Salvation Army of the Greater Columbus Area has continued to embrace a housing-first model of programming. Using this model, it has successfully expanded housing programs in both urban and rural locations and is recognized throughout the state and by HUD as a best-practice rapid re-housing program.

For More Information

Beth Fetzer-Rice, Social Services Director, The Salvation Army of Central Ohio
http://www.salvationarmycolumbus.org

Orlando, Florida: Housing Now

Introduction

Homeless Services Network of Central Florida (HSN) is the lead agency for the CoC for Osceola, Seminole, and Orange Counties, Florida, including the City of Orlando. HSN is an established grant administrator in central Florida and has brought more than $45 million in HUD Supportive Housing Program (SHP) funds to the area. Before RRHD, the CoC had little capacity to offer rental or utility assistance, so HSN saw RRHD as an opportunity to quickly assess families seeking emergency shelter and move them out to community housing.

CoC's Homeless Family Emergency Shelter Beds	Number of Families Expected To Be Served Annually With RRHD	RRHD Level of Assistance Offered
590	64	Long term (6–12 months)

CoC = Continuum of Care. RRHD = Rapid Re-housing for Homeless Families Demonstration.

Program Startup and Capacity

HSN is the RRHD grantee and subgranted funds to the Coalition for the Homeless Central Florida (CFTH), the region's largest emergency shelter services provider. CFTH ran the RRHD program with a program director, outreach and marketing specialist (OMS), and two case managers. Families receive 6 to 12 months of rental assistance, which is provided on a declining basis.

Client Flow and Assessment Process

Intake System: Decentralized

RRHD received referrals from CFTH's emergency shelter and other central Florida shelters, agencies serving homeless or low-income families, homeless liaison staff at schools, and families themselves. All families entering CFTH's shelter were prescreened for RRHD with the Florida version of the Arizona Self-Sufficiency Matrix for consistency of focus on family needs across all domains. Later, the matrix was used to identify areas in which families were making progress or have significant needs. This assessment was updated after 6 months.

Eligible families had to have one or more of the following housing barriers: financial strain,

inadequate employment, inadequate child care resources, low education or command of English, legal problems, mild health diagnosis, mild substance abuse, poor rental history, or poor credit history. Families who were in crisis or vulnerable in some domains (such as credit) may have been eligible, but not if the crisis fell into the substance abuse or mental health domain.

Assessment Instrument: Case Management-Oriented Tools Using Implicit Scoring Criteria

The CFTH's RRHD case manager reviewed the matrix results of prescreened families, and then formally referred selected families based on the parents' education, job history, and employment potential. Other shelters that could make referrals to RRHD use a Housing Now Eligibility Packet that described eligibility guidelines and expectations of enrolled participants and a Housing Now Program Referral form that indicated that the family had at least one of the nine moderate barriers described previously.

The RRHD program director reviewed the Arizona Self-Sufficiency Matrix results or the Housing Now Program Referral forms, and then the OMS interviewed the family about its housing history, needs, and preferences and

conducts a background check to make sure the family has had no more than two previous evictions and two episodes of homelessness in the past 5 years. During this interview, the family filled out an RRHD application and answers were checked against HMIS data. Overall, the program had moderately selective criteria, and motivated participants were frequently deemed appropriate candidates.

Service Delivery and Followup

The OMS reached out to landlords, presented ideas to families of where to look for housing, and advocated for families who did not meet the landlord's current tenant screening criteria, because of deficiencies such as poor credit. Families were also required to attend a 4-hour credit workshop while searching for housing. When the family found a housing unit, the OMS inspected it and may have requested HPRP utility assistance for the family, if eligible. The case manager then met with the family to figure out what they needed to move in, including furniture.

The program paid the entire security deposit and first month's rent. Rental assistance was provided for 6 to 12 months, normally declining by 20 percent monthly after the first month but determined by a family budget (created with the case manager after a review of the family's income, expenses, debt repayments, and barriers) and the amount of time projected to become self-sufficient.

Case managers met with families weekly during the first month or two after move-in, then monthly, making calls in between to develop debt management plans, address life skills, and connect to necessary services. The case manager also provided individuals with referrals to health or substance abuse services, health care, life skills training, and counseling.

Innovative or Unique Aspects of the Program

CFTS used the Arizona Self-Sufficiency Matrix to identify families with moderate barriers instead of certain high barriers. This tool did not require that families achieve a threshold score and did not calculate total scores.

Future Planning

Before RRHD, the CoC had little capacity to offer assistance with rent and utility costs, and the CoC leadership at HSN saw RRHD as an opportunity for shelters to quickly assess families seeking emergency shelter and move them out to community housing. Families who could have benefited from rapid re-housing and did not need intensive services may have stayed in shelter longer than needed before funds became available for rapid re-housing.

HSN supports the rapid-re-housing model, but it is not clear whether there is enough community support to fund ongoing efforts to provide rapid re-housing beyond the demonstration program.

For More Information

Cathy Jackson, Executive Director, Housing Services Network of Central Florida
http://www.hsncfl.org

Stacy McKenna, Director of Housing Now, Coalition for the Homeless Central Florida
http://www.centralfloridahomeless.org

Overland Park/Shawnee/Johnson County, Kansas: Housing for Homeless

Introduction

Catholic Charities of Northeast Kansas (CCNEK) was the RRHD grantee and service provider for Overland Park, Shawnee, and Johnson County. CCNEK is a medium-sized organization that serves 21 counties and operates a shelter for homeless men in one of them. In Johnson County, a relatively affluent suburb of Kansas City, agencies are accustomed to working together, as no one agency has the resources to do it all.

CoC's Homeless Family Emergency Shelter Beds	Number of Families Expected To Be Served Annually With RRHD	RRHD Level of Assistance Offered
88	6	Long term (12 months)

CoC = Continuum of Care. RRHD = Rapid Re-housing for Homeless Families Demonstration.

Program Startup and Capacity

CCNEK planned to serve 18 families during a 3-year period.

Client Flow and Assessment Process

Intake System: Decentralized

The RRHD program accepted referrals from Johnson County's emergency shelter and domestic violence shelter, which screened families based on minimal criteria: that they had been homeless for the past 7 days and that children were part of the household. CCNEK also accepted referrals from The Salvation Army and self-referrals.

Assessment Instrument: Arizona Self-Sufficiency Matrix Using Explicit Scoring Criteria

CCNEK screened all referrals to determine eligibility for RRHD using the Arizona Self-Sufficiency Matrix: Families were required to have at least one adult who was able to work, had a history of employment, and was either working or searching for a job. The program had relatively broad selection criteria that aimed to identify families who needed short-term rental assistance and were likely to stabilize their situation within 6 to 12 months.

Service Delivery and Followup

The amount of rental assistance provided was intended by the program to be flexible and individualized based on the family plan, up to a maximum of $4,350 for each family. As designed, the program might pay the entire rent with a subsidy for 3 to 6 months or might cover 100 percent of the rent for the first 3 months, and then 50 percent of the rent for the next 3 months. As implemented, however, the first families served by the program were provided a subsidy covering the entire rent until the family had received the maximum of $4,350. The local HUD field office then directed the program to provide the same level of assistance for all other families participating in the program instead of taking a graduated approach that would have required some families to contribute increasing amounts toward rent as the subsidy amounts declined.

Each family was required to set up a plan with a budget, savings account, and a schedule (the schedule included employment supports, building support networks, education supports, transportation supports and other identified barrier supports). The plan and budget were reviewed every month, and the rent subsidy, plan, and budget were adjusted

as needed. Families were required to meet with the case manager at least once a week at first and less frequently (every 2 weeks or once a month) after they become employed and stable in housing. In-home visits provided the opportunity for case managers to notice problems with housekeeping skills and to work with families to make a plan to prevent problems that might otherwise lead to housing loss. Parents were required to participate in financial education classes, establish a monthly budget (which was reviewed with the case manager), and set up a savings account.

Rental assistance was capped, but case management services were available to families as long as needed. The agency generally followed families until they were stabilized, employed, and paying rent on their own. Case managers made periodic followup phone calls to check in.

The program provided case management and housing subsidies and encouragement and support for families who were seeking employment. The program provided a job board, transportation assistance to search for jobs, and a referral system for services available through the workforce system.

Innovative or Unique Aspects of the Program

Because CCNEK found it difficult to help clients quickly receive public services such as SNAP or subsidized housing, the organization instead tried to create wraparound services by utilizing interagency relationships. Case managers had steady contact with schools, other organizations, and other service providers that Catholic Charities had worked with in the past.

Future Planning

CCNEK planned to work with the CoC to seek other federal funding to sustain the program, if funding were available for new programs through the annual competition for Homeless Assistance Grants. CCNEK would like to replicate the infrastructure created for RRHD, use it to assist other vulnerable families, and publicize the model for programs supported with private funding.

For More Information

Valerie Carson, CoC Lead, United Community Services
http://www.ucsjoco.org

James Cianciaruso, Director of Family Stabilization, CCNEK
http://www.catholiccharitiesks.org

Phoenix/Mesa/Maricopa County, Arizona: Next Step Housing

Introduction

RRHD in Phoenix/Mesa/Maricopa County was facilitated by two of the biggest providers of assistance to homeless families in the area, UMOM New Day Centers (UMOM) and Save the Family. Together, these agencies operated all aspects of the RRHD program, including screening, intake and selecting families for participation, and providing rental assistance and supportive services, but in different geographic areas.

CoC's Homeless Family Emergency Shelter Beds	Number of Families Expected To Be Served Annually With RRHD	RRHD Level of Assistance Offered
1,223	80	Long term (12 months)

CoC = Continuum of Care. RRHD = Rapid Re-housing for Homeless Families Demonstration.

Program Startup and Capacity

UMOM was the grantee, and Save the Family was the subgrantee. Each agency was expected to serve a total of 120 families during the 3-year grant term, or 40 families per year.

Client Flow and Assessment Process

Intake System: Decentralized

The Phoenix CoC had no centralized intake system: UMOM and Save the Family conducted outreach and accepted referrals to RRHD separately. UMOM drew most of its potential RRHD clients from its own shelter but also encouraged other Phoenix shelters to send RRHD referrals. Because the grant proposal set a goal that 25 percent of families served by RRHD should come off the streets, the UMOM housing case manager also conducted outreach to seek out families who were living outdoors or in their cars.

All families interested in any housing services from UMOM filled out a comprehensive housing needs assessment and underwent credit and background checks. If the family had already been at another shelter or had been living on the streets for 7 days, a rapid re-housing application was completed and financial and employment information was collected. A staff person then completed the Housing Vulnerability Worksheet, which lists 14 vulnerability factors. Families scored with "moderate vulnerability" were deemed appropriate for referral to RRHD. Save the Family accepted referrals from other organizations and programs, such as a 24-hour shelter hotline.

Assessment Instrument: Standardized Tools Using Explicit Scoring Criteria

Families that received a referral were required to go to the Save the Family business office to apply in person for housing services. This visit entailed completing a housing application and an hour-long intake appointment, after which staff completed the same Housing Vulnerability Worksheet as UMOM staff. The director of clinical services then reviewed the files and intake information, in addition to the Housing Vulnerability Worksheet, Housing Barriers Form, Arizona Self-Sufficiency Matrix, and background check information to make a determination of basic eligibility and fit. The program had highly selective scoring criteria. The director contacted eligible families and scheduled a meeting between them and the case coordinator to discuss the program in further detail and start the housing search process.

Service Delivery and Followup

UMOM provided each family with a list of landlords who were willing to work with RRHD; information about which landlords were flexible about accepting tenants with poor credit, eviction histories, or criminal backgrounds; and a van service that took families on tours of affordable housing developments. Clients were required to gather the information needed for documentation of rent reasonableness. At UMOM, the program provided rent subsidies in three tiers. For the first 3 months, the program covered the full rent payment; for the next 3 months the subsidy was two-thirds of the total rent; and during the final 3 months, the rent subsidy is one-third of the rent. If needed, the program was able to make exceptions to the rent schedule, and the level of subsidy was permitted to be extended before it is reduced at the next tier. The UMOM case manager met with families at their home at least once per month and usually more frequently during the first few months. Before UMOM provides the next month's rental assistance, the case manager confirmed that families had created and were following their case plan, which included developing a budget, increasing their savings, maintaining a work search log if they were unemployed, and submitting pay stubs if they were employed.

Save the Family initially had proposed providing a fixed amount of rent subsidy for families for 12 months ($500 per month for a three-bedroom apartment or $439 per month for a two-bedroom apartment) but was refining this model to provide larger amounts of rental assistance during the first 3 to 6 months, with the amount of assistance declining in later months.

Case managers met monthly during home visits or in the office to help the family develop an action plan. Families were dropped if they did not make progress toward the goals in their action plan in two quarters.

In both programs, families were recertified every 3 months. The recertification process documented progress in three areas: decreasing debt, increasing savings, and increasing the amount (portion) of rent the family was paying. Save the Family terminated families if case management meetings were not kept, rent was not paid, or two quarters had passed without progress on the action plan.

Innovative or Unique Aspects of the Program

UMOM provided rental assistance in three tiers, with the amount decreasing from 100 to 33 percent over time. This approach was used to create a sense of urgency for families to increase their income and make additional progress on their action plan.

Future Planning

Although the two main partners have implemented the program, a communitywide strategy has not been developed for rapidly identifying and referring families who could potentially benefit from RRHD (particularly if they are in other shelters). The CoC is considering moving toward a centralized intake process that could potentially address this challenge. The CoC is interesting in sustaining the rapid re-housing program that has been launched with HPRP and RRHD funding.

For More Information

Chela Sullivan, Housing Director, UMOM New Day Centers
http://www.umom.org

Pittsburgh, Pennsylvania: Community Human Services Rapid Re-housing for Families

Introduction

Allegheny County's Office of Community Services in the Department of Human Services was the RRHD grantee. The Office of Community Services is the CoC convener and administrator of all McKinney-Vento funding coming into the CoC, which includes 75 housing programs operated by about 40 different agencies. RRHD in Pittsburgh served 20 families at a time, for a total of 60 families during the length of the program. The program took families with moderate barriers who were recently homeless and using emergency shelter, placing them in scattered-site apartments throughout the community that they had the option of keeping after rental assistance ended.

CoC's Homeless Family Emergency Shelter Beds	Number of Families Expected To Be Served Annually With RRHD	RRHD Level of Assistance Offered
184	20	Short term and long term (3–15 months)

CoC = Continuum of Care. RRHD = Rapid Re-housing for Homeless Families Demonstration.

Program Startup and Capacity

The RRHD subgrantee was the Community Human Services Corporation (CHS), a community-based organization that offered outreach, TH, permanent supportive housing, case management to homeless families and single adults, and some HPRP funds in addition to RRHD.

Client Flow and Assessment Process

Intake System: Decentralized

Area family shelter case managers referred families to CHS if they thought the families would be eligible for RRHD. Families had to have been homeless and in a shelter for at least 7 days, have a limited number of evictions, little income, and not so much arrearage debt that it could not be paid within the time available in the program. Families must also have been able and willing to work.

Assessment Instrument: Case Management-Oriented Tool Using Implicit Scoring Criteria

After a CHS case manager screened the referrals deemed likely to be right for RRHD, he or she interviewed the families at the shelter using CHS's Client Application Form for homeless programs and the Consumer and Family Member Intake Forms. The case manager collected homeless status and income verification, and then CHS decided internally whether to accept the family into RRHD and the amount and duration of rental assistance that would be provided. The program appeared to have fairly broad selection criteria, although the implicit nature of the criteria makes it somewhat difficult to determine the selectivity of the program. RRHD offered families 3 to 6 months of rental assistance with appropriate supportive services if they were already working and if they had household goods stored or available. RRHD offered them 12 to 15 months of rental assistance if families needed more time to set up, had education or training goals to meet that would improve their financial status, were coming from a domestic violence situation (and therefore have nothing), or were not currently working.

Service Delivery and Followup

After a family was enrolled in RRHD, services would be delivered in three steps. The first step was to find an affordable unit. The RRHD case manager worked with the family to create a budget and decided how much a family could contribute to the rent. Families could then find

a unit from on or off of CHS's list of landlords. CHS inspected each apartment before the family moved in to make sure it conforms to housing authority standards, so if the family ultimately was able to get a Section 8 voucher, it would be able to use the voucher in their existing apartment.

Next, the focus was on further financial planning and budgeting; the case manager and family revisited the budget once monthly during in-home visits and revised as necessary. Case managers worked to link the family to as many subsidized utility or healthcare programs as necessary. Finally, the family was offered employment coaching. The RRHD case manager worked intensively with families to write resumes, practice interviews and apply for jobs, and link families to employment training programs.

Innovative or Unique Aspects of the Program

RRHD capitalized on CHS's decades of experience and strong relationships with local landlords. When landlords had the available space and emergency shelters did not have the capacity to serve families, CHS was able to work with those landlords to place families in local apartments. RRHD used this existing CHS landlord network to help streamline the participants' housing search process. Landlords also liked working with CHS because of the timeliness of CHS's rental payments.

CHS attempted to place families in units where they could remain after rental assistance ended, first by working with landlords whom CHS knew who are less likely to evict a family at the end of RRHD and second by conducting inspections to ensure the unit was useable if the family was able to receive further assistance from a HUD program, such as a Section 8 voucher.

Future Planning

CHS expects to apply for funds to continue rapid re-housing under new ESG priorities. CHS collected a large amount of data from RRHD to inform future grant proposals and worked with a local evaluator to assess the efficacy of various housing options for families in different circumstances.

For More Information

Adrienne Walnoha, Executive Director, and Mac McMahon, Director of Homeless Assistance Programs, Community Human Services Corporation
http://www.chscorp.org

Portland/Gresham/Multnomah County, Oregon: Opening Doors

Introduction

Portland's RRHD program, Opening Doors, was a partnership among four agencies that had been collaborating through another rapid re-housing program, Homes Not Beds. Homes Not Beds has re-housed approximately 450 homeless families, of whom 71 to 80 percent retained their housing for at least 1 year after their rent subsidy ended. The RRHD program also worked with an organization that conducts street outreach. The partner agencies' combined experiences include antipoverty work, domestic violence victim services, emergency shelters, and many years working with homeless families.

CoC's Homeless Family Emergency Shelter Beds	Number of Families Expected To Be Served Annually With RRHD	RRHD Level of Assistance Offered
589	40	Long term (12 months)

CoC = Continuum of Care. RRHD = Rapid Re-housing for Homeless Families Demonstration.

Program Startup and Capacity

Human Solutions, Inc. (HSI) was awarded an RRHD grant to continue its 10-year use of a rapid re-housing model as part of the Portland CoC's integrated continuum of program options for families. HSI's role in RRHD was as program sponsor, grant administrator, and housing and service provider. HSI was also the agency to which all subgrantees submitted completed assessments for final approval to enroll families in RRHD. HSI's three subgrantees were Volunteers of America's Home Free domestic violence program, Neighborhood House, 2-1-1info, and Portland Impact. A fifth agency, JOIN, was not a subgrantee, but provided vital street outreach and connected families to RRHD.

Client Flow and Assessment Process

Intake System: Decentralized

Families were screened for eligibility into Opening Doors in two ways: through a call to 2-1-1info or through case managers at one of Portland's four shelters. Families must have met the following RRHD criteria to be eligible:

The family must be literally homeless by HUD's definition, it must have been so at least 7 days, and at least one child must be present.

Assessment Instrument: Standardized Tool Using Explicit Scoring Criteria

After receiving a referral, an RRHD case manager called the family and set up an appointment to do a full assessment. The assessment explored 15 areas of the family's history and current situation. The case manager used information gained from this assessment to "score" the family on the Housing Barrier Assessment Summary, which combines the 15 assessment areas into 11 summary items. Each item was assessed for whether it posed a minimum, moderate, serious, or severe barrier to the family's housing stability. One RRHD-specific criterion on the assessment was that the family had some form of income or the reasonable prospect thereof so that 30 percent of the family income could be contributed toward rent. Alternatively, the family must have some kind of reasonable plan for how it will pay the entire share of the rent within 1 year. Overall, the program had fairly broad selection criteria. The HSI executive director then approved case records of families with moderate barriers, usually within 1 day.

Service Delivery and Followup

All families received 12 months of rental assistance. Each partner agency served roughly one-fourth of RRHD clients, and each had a well-developed list of landlords who tended to be specific to a particular area of town. After families were accepted into the program, their RRHD case manager worked with them to develop a case plan with clear objectives. The first priority was getting them into housing, second was working on increasing income, and the third depended on each specific family.

In the first month after move-in, the frequency of contact between case managers and families varied but was usually more frequent for families with zero income or for families fleeing domestic violence. Case managers prioritized linkages with public benefit and employment programs. In addition to rental assistance, RRHD offered (1) help finding housing and negotiating with landlords; (2) donated furniture; (3) help with income, including linkage to benefits and job search; (4) employment support such as education, English as a Second Language, computer skills, training and certificate courses; (5) Low-Income Home Energy Assistance Program; (6) a mobile medical van for free care and linkage to Oregon Health Plan/ Medicaid; (7) support groups and classes for domestic violence, parenting, and after-school activities for kids; and (8) mental health services and substance abuse treatment, if needed.

Innovative or Unique Aspects of the Program

Opening Doors funds could not be used to resolve significant arrearage burdens for families in the program, so if these debts were an issue, the family was referred to HPRP rather than RRHD.

Future Planning

The Portland community was taking steps to replace at least some of RRHD and HPRP resources. The Housing Authority of Portland dedicated $500,000 and challenged the city and county to match it to create a $1.5 million fund to support rapid re-housing services.

For More Information

Erika Silver, Executive Director, Human Solutions, Inc.
http://www.humansolutions.org

San Francisco, California: Housing Access Project

Introduction

In 2005 and 2006, in response to the mayor's leadership, the San Francisco Human Services Agency (SFHSA) engaged more than 100 stakeholders in a 6-month process that resulted in a major redesign of the system for serving homeless families in San Francisco. One of the major recommendations was a temporary rent subsidy program to get families out of shelters. When an organization (Hamilton) merged two shelters, SFHSA supported a request to use the savings to shift funding in 2006 to create a temporary (12 to 24 months) rent subsidy program. One key distinction between this locally funded program and RRHD is that the local rent subsidies can be extended for up to 5 years if clients continue to be in need of the subsidy and in compliance with their written plan.

CoC's Homeless Family Emergency Shelter Beds	Number of Families Expected To Be Served Annually With RRHD	RRHD Level of Assistance Offered
405	33	Short term (3–6 months) and long term (12–15 months)

CoC = Continuum of Care. RRHD = Rapid Re-housing for Homeless Families Demonstration.

Program Startup and Capacity

SFHSA served as the RRHD grantee. Two local agencies, Compass Family Services (Compass) and Catholic Charities CYO (CCCYO), were subgrantees that provided services. Both of these organizations operate a number of programs that serve homeless families in San Francisco, including emergency shelter, permanent housing, and a family resource center. Connecting Point, a Compass program, is the centralized intake and assessment center for all homeless families seeking shelter in San Francisco. (After the first year of program implementation, CCCYO discontinued its participation, and Compass became the only subgrantee responsible for implementing the RRHD program.) The RRHD program planned to serve 33 families each year, for a total of 100 families during a 3-year grant period.

Client Flow and Assessment Process

Intake System: Centralized

The RRHD program referrals come from Connecting Point and all the city's family shelters (including three city-funded family shelters, one private family shelter, a congregate shelter for homeless families, and several domestic violence shelters). Homeless families who call 2-1-1 are referred to Connecting Point for assistance.

Assessment Instrument: Case Management-Oriented Tool Using Implicit Scoring Criteria

Staff at the shelters and Connecting Point made RRHD referrals based on their understanding of basic RRHD eligibility criteria instead of using a standardized "screening tool" that specifies a score or specific criteria. Compass or CCCYO staff members talked to the referring case manager and the client and decided whether the family seemed like an appropriate fit for the program. If the RRHD case manager agreed, the family was asked to come in for an in-person intake. Both organizations used a standard intake form that was brought to a weekly interorganizational RRHD review meeting. During that weekly meeting a decision was made about whether the family would be accepted into the RRHD program. The program had highly selective scoring criteria. The ideal candidate for RRHD had a

specific plan with documentation of current income and benefits, enrollment in training, job goals or opportunities, childcare arrangements, or a position on a waiting list for affordable housing.

Service Delivery and Followup

The length of initial rental assistance was based on the family's plan to increase income. That plan was reviewed and recertified every 3 months, with a look at the family's income and plan to increase income, progress toward goals, and review of rent and subsidy amount. If the family was initially provided with short-term assistance and something changes, the program would provide assistance for a longer period if justified by the revised plan. All the rent subsidies were used to obtain scattered-site rental housing. Finding rental housing for families in San Francisco can be challenging, even with the subsidy. Families often had to compete with other applicants for vacant rental units. Through the local rent subsidy program and RRHD, relationships were established with some landlords who are willing to rent to program participants with bad credit. Families had a 60-day housing search period, and most families found housing in that timeframe; additional time was granted to families that needed more time.

Roughly one-half or more of RRHD families had to locate housing outside of San Francisco to afford the rent after the subsidy ended. RRHD case managers completed home visits at least once a month, even if the home was outside the city, and tried to be flexible about where to meet participants for other case management visits.

Families were also expected to meet with their case manager at least once per week while searching for housing and at least twice per month after they moved into housing. Sometimes, they met with or talked to case managers more frequently. All families were required to work with the vocational or employment services program at Compass during the course of their program participation.

Innovative or Unique Aspects of the Program

At the time of program implementation, the city's emergency shelter system had a waiting list of approximately 150 families, and priority was granted to families with moderate to high housing barriers (for example, parent or child with serious mental illness or physical health condition, high-risk pregnancy, and families who have been on the waiting list for more than 5 months). As a result, it was difficult for the RRHD program to find families within the shelter system that meet the criteria of having moderate barriers to housing stability.

Future Planning

The City of San Francisco remains committed to continuing the local rent subsidy. Barring worsening fiscal conditions, it intends to continue to support the three existing temporary rental subsidy programs created with local funds.

For More Information

Aram Hauslaib, Compass Family Services
http://www.compass-sf.org

Trenton/Mercer County, New Jersey: Housing NOW

Introduction

Trenton/Mercer County's RRHD was embedded in a larger Mercer County rapid re-housing effort, called *Housing NOW*, which blended RRHD funds with dollars from HPRP, state and county Supportive Services for Homeless funds, the state department of family development (TANF) funds, and city and county contracts. RRHD funds were reserved for families who were not eligible for TANF and those who had lost TANF eligibility because of employment and could no longer receive a TANF Temporary Rental Assistance voucher. Housing NOW served at least 50 families at a time, about 20 percent of them through RRHD.

CoC's Homeless Family Emergency Shelter Beds	Number of Families Expected To Be Served Annually With RRHD	RRHD Level of Assistance Offered
80	9	Long term (6–18 months)

CoC = Continuum of Care. RRHD = Rapid Re-housing for Homeless Families Demonstration.

Program Startup and Capacity

The grantee was the City of Trenton, which is not a direct service provider but managed the RRHD grant and represents the city in the 10-year plan process for realigning the CoC for homeless families. Trenton subgranted funds to HomeFront for RRHD for non-TANF families. RRHD served TANF families at the onset of the program (from October 2010 through February 2011) but the program continued from 2011 with different funding sources and with Catholic Charities as the rapid re-housing service provider for TANF families.

Client Flow and Assessment Process

Intake System: Centralized, With Variations

HomeFront does outreach to many different agencies and locations to locate non-TANF families, and Mercer County Board of Social Services does the screening for TANF families. Both use a Universal Screening Tool to select clients who are homeless and have an income less than 30 percent of AMI.

Assessment Instrument: Standardized Tool Using Explicit Scoring Criteria

The HomeFront caseworker used the Assessing Housing Barrier Levels instrument to give the family a score to indicate which intervention was likely to be appropriate for the family. The RRHD program had fairly broad selection criteria and targeted families with low or moderate barriers to housing placement. When HomeFront received an RRHD referral, a case manager made an appointment with the family and met to develop a Housing Stabilization Action Plan, which served as the basis for case manager-family interactions while the family was in RRHD. The action plan identified barriers that could keep the family from getting into or keeping housing.

Service Delivery and Followup

Most families were assessed to need 12 to 15 months of assistance, but that determination was reassessed every 3 months and the Housing Stabilization Action Plan was updated and revised. Rental assistance is available for

scattered-site, lease-based housing based to the extent possible on the family's Housing Preference Form. Families are also linked to other services provided by HomeFront or other organizations.

During the first month, case managers met with families anywhere from every day to 3 days a week, and after that continued with meetings three times per month. Families that were not taking action on their Housing Stability Action Plan were provided a 30-day notice to start taking action, before program termination procedures began.

No formal followup period or schedule was in place. After exiting the program, families tended to stay in contact with HomeFront because it offered many services that families liked or needed, such as a food pantry, summer camps, and furniture.

Innovative or Unique Aspects of the Program

RRHD was able to serve a population of homeless families (those not eligible for TANF) that were not being served by the other partners or funding streams in the CoC's Housing NOW program. The collaborative Housing NOW funding and services partnership enabled the community to serve a wider range of homeless families with a greater variety of services.

Future Planning

Trenton organizations have started to replicate the rapid re-housing model, with Catholic Charities creating a Family Housing Initiative and the entire CoC implementing a Housing NOW II rapid re-housing program using non-RRHD funds. The 10-year plan group (now with an executive director and three staff members) is focusing on housing homeless families and has evaluated HPRP-funded programs to determine if they are worth continuing. The community may try to move funding that the state uses to pay for transitional housing into rapid re-housing consistent with the Homeless Emergency Assistance and Rapid Transition to Housing Act.

Families continue to be referred to shelters and transitional housing but at a lower rate, and the county has used approximately one-third fewer emergency assistance funds in the past year. The county believes it can maintain its realigned system, and Mercer County and the City of Trenton are committed to continuing funding for rapid re-housing.

For More Information

Cleophis Roper, CoC Lead, Director of Community Development, City of Trenton
http://www.trentonnj.org

Rebecca Rhoads, Systems Monitor and Analyst, Mercer Alliance
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Washington Balance of State: Northwest Rapid Re-housing Partnership

Introduction

Washington BOS's RRHD was implemented in two counties by different organizations. Whatcom County is large and contains a university, while Clallam County is rural and poorer, yet these counties' homelessness leaders have found that they are doing similar things in conjunction with their 10-year plans, including integrated resource centers for housing and homeless assistance and focusing on homelessness prevention for those exiting the prison system.

CoC's Homeless Family Emergency Shelter Beds	Number of Families Expected To Be Served Annually With RRHD	RRHD Level of Assistance Offered
999	50	Long term and short term (3–12 months)

CoC = Continuum of Care. RRHD = Rapid Re-housing for Homeless Families Demonstration.

Program Startup and Capacity

Washington BOS's RRHD programs were each administered independently in different counties. The grantee for both RRHD programs was the Opportunity Council (OC). In Whatcom County, the OC shared RRHD responsibilities with its subgrantee and domestic violence service provider, WomenCare, chosen because the county recognized that many homeless families with moderate barriers were experiencing domestic violence. In Clallam County, the subgrantee, Serenity House, solely administered Clallam County's portion of the CoC's RRHD program.

Client Flow and Assessment Process

Intake System: Centralized, With Variations

Families were referred to Whatcom County's RRHD program by going through a Community Resource Center operated by OC, WomenCare's emergency shelter, or other services. Referrals reached Whatcom County's Homeless Service Center, where case managers used a single intake form (the Enrollment Assessment) to determine initial eligibility for RRHD.

Assessment Instrument: Standardized Tool Using Explicit Scoring Criteria

The program used a Client Barrier Levels and Available Services assessment and a Self-Sufficiency Index to predict how self-sufficient and stable a family might be after rental assistance ended; RRHD had moderately selective scoring criteria. WomenCare referred families to Whatcom County's RRHD if the housing advocate decided RRHD was a good fit. After a family was determined to be eligible for RRHD, they were placed on the Homeless Service Center's master waiting list for housing programs. A family who was eligible for RRHD might be placed in a different program if a spot opened up there sooner.

Families were referred to Clallam County's RRHD program through two walk-in Housing Resource Centers; families found the Housing Resource Centers through 2-1-1, schools, treatment programs, and public human services agencies. Case managers at the Housing Resource Centers independently determined whether RRHD was the best fit for a family and, if so, referred them to the Serenity House RRHD case manager. Families could also access

RRHD by living in Serenity House's shelters. RRHD case managers assessed families using a slightly different Client Barrier Levels and Available Services assessment and looked for evidence of employability, such as a history of employment or job skills.

Service Delivery and Followup

In Whatcom County, case managers at WomenCare worked with clients to increase income, improve budgeting, and access other community resources so families could gradually increase their contribution toward rent. When the program was first implemented, the OC opted to determine the family's rental assistance on a case-by-case basis. At the outset, tenants were required to pay 30 percent of their income and had a maximum monthly subsidy of $450. For the remainder of the term, the case manager and family negotiated a payment plan that would taper the rental assistance down over 6 to 12 months until the client was paying the entire rent. The OC approved this plan and any other subsequent requests by the case manager to change the family's rent payments, but in response to HUD monitoring, the program modified this approach to ensure that families would not pay more than 30 percent of their income for rent as long as they were in the program. WomenCare offered all families access to other support services available at its office, such as yoga, support groups, a food bank, other hygiene and personal-care items, legal advocacy (for example, restraining orders, family law, and divorce), and safety planning. Case manager visits were mandatory and occurred at least once per month.

In Clallam County, families entered the RRHD program after identifying housing, and those coming from Serenity House's shelters often continued to receive case management from their shelter case manager throughout their participation in the program. The RRHD case manager used the Self-Sufficiency Index to develop a housing stability plan for other clients. The RRHD case manager conferred informally with other case managers in job-readiness and training programs to link the family with as many programs as possible to increase income. The case manager met with families in their homes each month, and after 6 months, the family completed the Self-Sufficiency Index again, updating its housing stability plan, and formulating a plan so the family would be ready to exit the program within 6 months. Clallam County's RRHD program provided an average of 7 months of rental assistance, the amount and duration of which depended on the family's plan. Clallam County's RRHD program used the same graduated model of assistance as Whatcom.

Innovative or Unique Aspects of the Program

Implementation of RRHD provided an opportunity to bring a new partner—the domestic violence agency WomenCare—into the system for assisting homeless families (with or without domestic violence issues) and to stretch the DV agency's approach to meeting the housing needs of the families it serves.

Future Planning

The community had a strong commitment to sustaining a rapid re-housing program after RRHD and HPRP funding ended. Serenity House was seeking new sources of funding and had already received an initial commitment from local Rotary Clubs. The availability of federal and local funding will determine the scale of the program in the future, but the commitment to sustain it remains.

For More Information

Greg Winter, Opportunity Council
http://www.oppco.org

Appendix B
Arizona Family Self-Sufficiency Matrix

DOMAIN	1	2	3	4	5
Income	No income.	Inadequate income and/or spontaneous or inappropriate spending.	Can meet basic needs with subsidy; appropriate spending.	Can meet basic needs and manage debt without assistance.	Income is sufficient, well managed; has discretionary income and is able to save.
Employment	No job.	Temporary, part-time or seasonal; inadequate pay, no benefits.	Employed full time; inadequate pay; few or no benefits.	Employed full time with adequate pay and benefits.	Maintains permanent employment with adequate income and benefits.
Childcare	Needs childcare, but none is available/accessible and/or child is not eligible.	Childcare is unreliable or unaffordable, inadequate supervision is a problem for childcare that is available.	Affordable subsidized childcare is available, but limited.	Reliable, affordable childcare is available, no need for subsidies.	Able to select quality childcare of choice.
Adult Education	Literacy problems and/or no high school diploma/GED are serious barriers to employment.	Enrolled in literacy and/or GED program and/or has sufficient command of English to where language is not a barrier to employment.	Has high school diploma/GED.	Needs additional education/training to improve employment situation and/or to resolve literacy problems to where they are able to function effectively in society.	Has completed education/training needed to become employable. No literacy problems.
Legal	Current outstanding tickets or warrants.	Current charges/trial pending, non-compliance with probation/parole.	Fully compliant with probation/parole terms.	Has successfully completed probation/parole within past 12 months, no new charges filed.	No active criminal justice involvement in more that 12 months and/or no felony criminal history.

DOMAIN	1	2	3	4	5
Mental Health	Danger to self or others; recurring suicidal ideation; experiencing severe difficulty in day-to-day life due to psychological problems.	Recurrent mental health symptoms that may affect behavior, but not a danger to self/others; persistent problems with functioning due to mental health symptoms.	Mild symptoms may be present but are transient; only moderate difficulty in functioning due to mental health problems.	Minimal symptoms that are expectable responses to life stressors; only slight impairment in functioning.	Symptoms are absent or rare; good or superior functioning in wide range of activities; no more than every day problems or concerns.
Substance Abuse	Meets criteria for severe abuse/dependence; resulting problems so severe that institutional living or hospitalization may be necessary	Meets criteria for dependence; pre-occupation with use and/or obtaining drugs/alcohol; withdrawal or withdrawal avoidance behaviors evident; use results in avoidance or neglect of essential life activities.	Use within last 6 months; evidence of persistent or recurrent social, occupational, emotional or physical problems related to use (such as disruptive behavior or housing problems); problems have persisted for at least one month	Client has used during last 6 months, but no evidence of persistent or recurrent social, occupational, emotional, or physical problems related to use; no evidence of recurrent dangerous use.	No drug use/alcohol abuse in the last 6 months
Rental History	Has one or several evictions; landlord references are negative.	Landlord references indicate non-payment of rent over a period of months without eviction; Left owing.	Landlord references indicate one or two months late – with rents otherwise paid in full.	Landlord references indicate good tenant history but one or minor non-compliance issues (noise, etc…)	Landlord references indicate good tenant history, rents paid within timeframe with one or two instances of being late. No known non-compliance issue.
Credit History	Low credit score; bankruptcy. Several unpaid debts.	Credit score indicates late payments consistently and low credit score.	Credit score is mid-range; several late payments but no bankruptcy.	Credit score is moderately high, several late payments but not currently in arrears.	Credit score is moderate to high, one or two late payments, no accounts in arrears.

DOMAIN	1	2	3	4	5
Children's Education	One or more school-aged children not enrolled in school.	One or more school-aged children enrolled in school, but not attending classes.	Enrolled in school, but one or more children only occasionally attending classes.	Enrolled in school and attending classes most of the time.	All school-aged children enrolled and attending on a regular basis.
Housing	Homeless or threatened with eviction.	In transitional, temporary or substandard housing; and/or current rent/mortgage payment is unaffordable (over 30% of income).	In stable housing that is safe but only marginally adequate.	Household is in safe, adequate subsidized housing.	Household is safe, adequate, unsubsidized housing.
Food	No food or means to prepare it. Relies to a significant degree on other sources of free or low-cost food.	Household is on food stamps.	Can meet basic food needs, but requires occasional assistance.	Can meet basic food needs without assistance.	Can choose to purchase any food household desires.
Health Care	No medical coverage with immediate need.	No medical coverage and great difficulty accessing medical care when needed. Some household members may be in poor health.	Some members (e.g. Children) on AHCCCS.	All members can get medical care when needed, but may strain budget.	All members are covered by affordable, adequate health insurance.
Family Relations	Lack of necessary support form family or friends; abuse (DV, child) is present or there is child neglect	Family/friends may be supportive, but lack ability or resources to help; family members do not relate well with one another; potential for abuse or neglect.	Some support from family/friends; family members acknowledge and seek to change negative behaviors; are learning to communicate and support.	Strong support from family or friends. Household members support each other's efforts.	Has healthy/expanding support network; household is stable and communication is consistently open.

DOMAIN	1	2	3	4	5
Mobility	No access to transportation, public or private; may have car that is inoperable.	Transportation is available, but unreliable, unpredictable, unaffordable; may have care but no insurance, license, etc.	Transportation is available and reliable, but limited and/or inconvenient; drivers are licensed and minimally insured.	Transportation is generally accessible to meet basic travel needs.	Transportation is readily available and affordable; car is adequately insured.
Community Involvement	Not applicable due to crisis situation; in 'survival' mode.	Socially isolated and/or no social skills and/or lacks motivation to become involved.	Lacks knowledge of ways to become involved.	Some community involvement (advisory group, support group), but has barriers such as transportation, childcare issues.	Actively involved in community.
Safety	Home or residence is not safe; immediate level of lethality is extremely high; possible CPS involvement	Safety is threatened/temporary protection is available; level of lethality his high	Current level of safety is minimally adequate; ongoing safety planning is essential	Environment is safe, however, future of such is uncertain; safety planning is important	Environment is apparently safe and stable
Parenting Skills	There are safety concerns regarding parenting skills	Parenting skills are minimal	Parenting skills are apparent but not adequate	Parenting skills are adequate	Parenting skills are well developed

Appendix C
Family Vignettes

The following three hypothetical families were created to better understand Rapid Re-housing for Homeless Families Demonstration (RRHD) program eligibility criteria. The vignettes highlight characteristics relevant to scoring criteria used by some RRHD programs to screen for eligibility. The research team applied each program's scoring criteria to the vignettes to infer whether they would be accepted into each RRHD program. All three of these families have incomes below 30 percent of Area Median Income.

Sylvia (27 years of age) is currently homeless and has been staying in a family shelter for a couple of weeks. She is working at a part-time job and can sometimes work additional hours or shifts to increase her income. With a rent subsidy, she can meet basic needs; she is careful about spending money. She is a single mother and has two school-age children who are enrolled in subsidized after-school childcare, but sometimes she has to scramble to make arrangements for someone to care for her children when she has the opportunity to work nights or weekend shifts. At the shelter, she can make arrangements for other parents to watch her kids, as the parents often help each other out. She hopes to be able to work out similar informal childcare arrangements after she secures her own housing. She has a high school diploma. She is on probation for a minor criminal offense and is fully compliant with the conditions of her probation. She has never been diagnosed with a mental-health problem. She is feeling considerable stress because of her family's current circumstances, and she is also sad, because her mother passed away a few months ago. Sometimes, she cannot sleep, and she sometimes finds herself in tears or losing her temper with her children at the slightest provocation. She drinks a beer or two after work or on the weekends, but says she does not have a drinking problem and does not use illegal drugs. When the family was living in their last apartment, her hours were cut at work and she fell behind on rent. While her mother was sick, she took time off from work to be with her and did not pay rent at all for a few months. She also stopped paying for cable TV, and cable service was cut off. The family moved out owing the landlord several thousand dollars in back rent and owing hundreds of dollars to the utility company. The landlord had told them they would be evicted, so they left to stay with friends and relatives for a few days or weeks at a time, until they ran out of options and moved to the shelter. Sylvia's credit score is low and indicates that she has consistently made late payments on credit cards. She currently owes about $4,000 in credit card debt. The children are enrolled in school and attending most of the time, but since the family has been homeless, one daughter has resisted leaving her mother, and sometimes Sylvia lets her stay home from school. The family relies on Supplemental Nutrition Assistance Program (SNAP) to buy groceries. Medicaid covers the children, but Sylvia does not have health insurance. One of the children has asthma, and sometimes they go to the emergency room for care, because clients often have long waits for appointments at the clinic where they normally go. Sylvia has a few friends and family members who live nearby, but they cannot offer much help, because many are unemployed and live in overcrowded apartments where residents drink and argue a lot. Sylvia has a car, but it barely runs and can safely travel only short distances. The car needs new brakes and tires, and it overheats on hot days. She often takes the bus to work. She has never really become involved at her children's school or in other community groups. She says she has pretty much learned to keep to herself and tries to stay out of other people's business. Her children's father was sometimes violent, but he has been living out of state for a couple of years. She has heard that he might be moving back to the area, and she does not want to see him. She is a pretty good mom when she is not feeling completely overwhelmed.

Maria (21 years of age) and her 11-month-old son have been living in her car for a couple of weeks, since fleeing the apartment she had shared with her boyfriend. The boyfriend was physically and emotionally abusive. Maria has a graduate equivalency diploma (GED) and has been attending community college, where she is trying to complete a training program she began before her son was born. She could finish in one more semester and get a credential that is likely to lead to a good job if she can concentrate on her school work, but it has been difficult for Maria to attend classes and focus on her studies during the past few weeks. She does not have a job; before the baby was born, she had worked a few jobs—mostly part-time or seasonal work—but had not worked a full-time job for more than a few months at a time, because she was going to school. Since the baby was born, her boyfriend had been supporting the household, but he recently lost his job because of his drinking and temper. His abuse had escalated significantly during the past few months before the incident that led Maria to take the baby and leave. She plans to apply for welfare benefits but has not yet figured out how much income she will be getting or whether she will be able to receive benefits and stay in school. A friend is caring for her son while she attends classes, and they are on a waiting list for a spot in a subsidized childcare program. She does not have any felony criminal history, and her only criminal justice involvement was a couple of years ago, when she and her boyfriend were caught shoplifting. She has never been diagnosed with a mental-health problem, but she is fearful of her boyfriend (now her ex-boyfriend) and says she often feels jumpy and finds it difficult to trust people. Her boyfriend was a heavy drinker, and she drinks, too, sometimes when socializing with friends, but not a lot, and she does not think she has a drinking problem. She did not drink at all while she was pregnant, and she does not use other drugs. Before the past few months, her boyfriend had been paying the rent on their apartment, and the lease was in his name, but he stopped paying rent 3 months ago, and they had been warned that several neighbors had made complaints to the landlord and had called the police about the noise coming from their apartment during loud arguments. The cable TV bill was in Maria's name, and service was cut off after the bill did not get paid for several months, but the other utilities were included in the rent, to ensure that no other utility balances go unpaid. Maria's credit score is low; she has missed payments recently on the credit card she had used to get things for the apartment and the baby and had not established much of a credit history. She currently owes about $2,000 on the credit card. Maria plans to apply for SNAP. Since leaving the apartment, Maria and her son have been able to eat a few meals with friends and other meals at a soup kitchen, and they have picked up some food at a local food pantry. Maria and her son are covered by Medicaid and receive care at a local community clinic. Maria has a few good friends, but her relatives live far away. Maria spent some time in foster care as a teen after being abused by her stepfather. Her ex-boyfriend was jealous and controlling and has told her that none of his friends and relatives will have anything to do with her or their son now that she has left him, so Maria does not have a big support network. Maria's car is fairly reliable, but she does not have enough money to fill the gas tank, so she tries not to drive it far. She has been fairly isolated with her baby and boyfriend and busy with school, so she has never become involved with community groups. She went to the local domestic violence program for help to get a restraining order to keep her ex-boyfriend away from her. The domestic violence shelter is full so she cannot stay there, so she is staying in her car somewhere she does not think he will find her. She feels that is safer than staying with friends, where her boyfriend has looked for her in the past when she left the apartment after a big fight. Maria feels a bit overwhelmed with the responsibility of a baby. She does not know a lot about child development, and she

was in foster care herself as a child, because her own mother was unable to care for her, but she tries to be a good mother.

Janet (29 years of age) is currently homeless and staying in shelter with her four kids (including her own three children plus a niece who has been living with her since Janet's sister went to prison on drug charges). Janet's employment history is pretty solid but she was laid off about a year ago from her full-time retail sales job when the store closed during the recession. She was receiving unemployment benefits for awhile, but that was not enough money to pay rent, so she and the kids moved out of their apartment after missing their rent payments for 2 months. She left owing the landlord for the unpaid rent but she was not legally evicted. The family spent a few months moving around frequently; at first they stayed with friends, but that was crowded and only temporary, because her friends were worried they would be evicted if the landlord found out that Janet and her kids were all staying there. Sometimes, the kids stayed with different relatives while Janet slept in her car. After weeks of waiting, they were finally admitted to a shelter for homeless families. Within the past 3 months, Janet has two part-time jobs, but neither of the jobs provide benefits. With a rent subsidy and SNAP, the jobs will provide enough income to cover utilities and other basic household expenses, and Janet is hoping to be able to increase her hours at one of the jobs if she receives a good performance rating during the next 6 months. Three kids are enrolled in subsidized childcare, and the oldest child (13 years of age) does not qualify for childcare anymore. Janet has a GED. About 6 years ago, she was convicted on felony drug charges; she completed parole more than a year ago and has had no recent arrests. She has struggled with depression but does okay when she takes antidepressant medications. She has been clean and sober for 3 years, but before that she had a drug problem, and for a short time her kids were placed in foster care. That motivated her to get

into drug treatment, and the family was reunified after Janet completed a treatment program that provided substantial parent education and support. When Janet was still using drugs a few years ago, she was not always a good tenant: She had some noisy parties and disruptive guests when she was using drugs, too (before she went to treatment and got clean), so she received some negative landlord references. A few years ago, the family was evicted once, for nonpayment of rent, and left owing the landlord more than $1,000. The family stayed in an emergency shelter for a few days before leaving the shelter (without additional housing assistance) to move in with Janet's sister, who was involved in drug dealing before she was arrested and went to prison. Janet's credit score is not good. A few years ago, she ran up substantial credit card debt and had many late payments. She also owes money for some medical bills. She has been trying to pay down some of the debt and avoid bankruptcy, but it has been difficult to make much progress since she lost her full-time job last year, and she still owes nearly $5,000 on past-due bills. All the kids are enrolled in school and attending most of the time, but the teenager has been skipping some classes and seems not very interested in school. The family relies on SNAP to help pay for groceries. The kids have Medicaid coverage, but Janet is uninsured. Janet receives substantial support from members of her extended family. They encouraged her when she entered treatment and stopped using drugs, and they help out with the kids as much as they can. Janet does not have a car, but her uncle is willing to loan her a car sometimes when she needs it. She usually takes the bus, but it can take awhile to get from her job to pick up the kids at childcare. Janet is actively involved with her church and participates in an advisory group at the shelter. The father of her kids moved to another state several years ago, and the family has no history or threat of violence. Janet is a now a good parent, and other mothers at the shelter often turn to her for help or advice about their kids.

RRHD Eligibility Results, by Program (1 of 2)

Eligible for RRHD (or Maybe) Based on Tools and Written Criteria	Sylvia	Maria	Janet
Anchorage, AK	No (Self-Sufficiency Score = 51) but might qualify for Homeless-ness Prevention and Rapid Re-Housing Program (HPRP)	No (Self-Sufficiency Score = 51) but might qualify for HPRP	Maybe (Self-Sufficiency Score = 59)
Austin, TX	Probably yes	Probably yes	Probably yes
Boston, MA	Difficult to tell: depends on plan to increase income and demon-strated motivation	Difficult to tell: depends on plan to increase income and demon-strated motivation	Difficult to tell: depends on plan to increase income and demon-strated motivation
Cincinnati, OH	Yes	Yes	Probably not, because too many barriers
Columbus, OH	Yes	Yes	Yes
Contra Costa County, CA	Probably not: families generally must have full-time employ-ment—but possibly yes	No: families generally must have full-time employment or strong employment history and not be in crisis	Probably not: families generally must have full-time employment—but possibly yes based on employment history
Dayton, OH	Probably not: may have too <u>few</u> barriers for this program but would qualify for another rent-reduction program with fewer months of rental assistance	Yes: medium level of need	Yes: medium level of need
Denver, CO	Yes	Difficult to tell, but probably not	Difficult to tell, but probably not
District of Columbia	Probably yes	Difficult to tell, but maybe	Difficult to tell, but maybe
Kalamazoo/Portage, MI	Yes	Probably not: Families gener-ally must have employment, but would provide other, more appropriate assistance	Yes
Lancaster, PA	Difficult to tell, but maybe	Difficult to tell, but maybe	Difficult to tell, but maybe
Madison, WI	Yes	Yes	Yes

RRHD Eligibility Results, by Program (2 of 2)

Eligible for RRHD (or Maybe) Based on Tools and Written Criteria	Sylvia	Maria	Janet
Montgomery County, MD	Maybe yes but likely no: score is within range for longer term assistance, but family may not meet other implicit criteria	No	No: score is within range for longer term assistance, but family is not first-time home-less and may not meet other implicit criteria
New Orleans, LA	Yes	Yes	Yes
Ohio BOS	Yes: short-term rent reduction	Yes: long-term rent reduction	Yes: short-term rent reduction
Orlando, FL	Possibly: cutoff scores are not used, and family might meet implicit criteria	Maybe, but unable to predict whether this family would meet implicit criteria	Possibly: cutoff scores are not used, and family might meet implicit criteria
Overland Park, KS	Yes: part 1 score 13 (total score is more than 30)	Yes: part 1 score 12 (total score is more than 30)	Yes: part 1 score 12 (total score is more than 30)
Phoenix, AZ	Maybe: (score = 5 on Housing Vulnerability)	Maybe: (score = 6 on Housing Vulnerability)	No: (score = 10 on Housing Vulnerability)
Pittsburgh, PA	Probably yes	Maybe: Might be too little (no) income, but might be willing to serve with RR anyway based on potential for increased income	Probably yes
Portland, OR	Yes	Yes	Yes
San Francisco, CA	Difficult to tell: depends on plan to increase income	Possibly, but only after time in shelter to develop plan to increase income after finishing school, make childcare ar-rangements	Difficult to tell: depends on plan to increase income
Trenton, NJ	Yes	Yes	Yes
Washington BOS	Yes: level 3 barriers on four-level form	Probably not: level 3 barriers on four-level form but would prob-ably be referred to transitional housing for more intensive services	Yes: level 3 barriers on four-level form

BOS = Balance of State. RRHD = Rapid Re-housing for Homeless Families Demonstration.

Summary of RRHD Sites—Selectivity

Sites Using Scores or Standardized Screening Tools With Explicit Selection Criteria

Likely to accept all three families	Likely to accept one or two of these families	Likely to screen out all three families (or screen out at least two and maybe consider one family on a case-by-case basis)
Madison, WI New Orleans, LA Ohio BOS Overland Park, KS Portland, OR Trenton, NJ	Cincinnati, OH (two) Dayton, OH (two, possibly all three) Denver, CO Kalamazoo/Portage, MI (two) Washington BOS (two)	Anchorage, AK Montgomery County, MD Phoenix, AZ

Sites Using More Implicit Selection Criteria

Likely to accept all three families	Likely to accept one or two of these families	Likely to screen out all three families (or screen out two and maybe the third)
Austin, TX Columbus, OH Lancaster, PA Pittsburgh, PA	Boston, MA District of Columbia Orlando, FL	Contra Costa County, CA San Francisco, CA

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