

# **HUD CONSOLIDATED PLAN**

FY 2010 – FY 2014  
(January 1, 2010 – December 31, 2014)

## **Appendix A**

### **BLUE PRINT FOR CHANGE Homeless Prevention and Rapid Re-housing Program (HPRP) 2009**

#### **Cuyahoga Housing Consortium**

Cleveland Heights, Ohio  
Euclid, Ohio  
Lakewood, Ohio  
Parma, Ohio  
Cuyahoga County Urban County, Ohio

**BLUE PRINT FOR CHANGE**  
**Homeless Prevention and Rapid Re-housing Program (HPRP)**  
**2009**

**PURPOSE**

The Homeless Prevention and Rapid Re-Housing Program (HPRP) was created to prevent persons from becoming homeless and to help those who are in shelters to find housing as quickly as possible.

This two pronged approach represents a significant change in the public policy response to households experiencing housing insecurity. As significantly, through the ARRA, communities are receiving an unprecedented investment from the U.S. Department of Housing & Urban Development (HUD), to influence and facilitate the transition to this new, strategic model. Yet both HUD and the ARRA stress that while the dollars for homeless prevention and re-housing are substantial, positive outcomes will depend on communities' successes in building partnerships with other systems so that program participants can readily link to the menu of essential services for which they are eligible and that will enhance opportunities for housing stability.

The HUD regulations clearly define the eligible and ineligible uses of the dollars. However, the specific strategies to achieve the goals of prevention and rapid re-housing, must be developed by each community.

This “**BLUEPRINT FOR CHANGE**” describes the Cleveland/Cuyahoga County Continuum of Care’s plan for implementing an approach to a transition from the current Continuum of Care model, which is based on a “ shelter and transitional housing” response to housing insecurity, to a “homeless prevention, shelter diversion, and rapid re-housing” model. Four jurisdictions within the Continuum of Care were allocated Homeless Prevention and Rapid Re-housing Program (HPRP) dollars. These jurisdictions are Cleveland, Cleveland Heights, Lakewood, and Cuyahoga County. The strategies described in this document apply county wide. Activities funded through the HPRP subcontracts will be available to residents throughout the County.

It is anticipated that revisions to the Blue Print will be made throughout the 36 month HPRP time frame and beyond. A Steering Committee comprised of community stakeholders will be established to monitor implementation efforts, identify problems and successes, discuss and respond to issues, review impact data, and assure integrity to the goals.

The transformation that is being proposed will require:

- agencies and systems presently not self-identified as part of a “homeless continuum of care” to join with the CoC providers to end homelessness in our community, and
- agencies that are currently key providers in the homeless continuum, to reconsider and redefine their roles in light of a system transformation.

The future sustainability of the activities initiated through the HPRP funds, is dependent upon both successfully integrating homeless prevention activities into the fabric of the community’s mainstream services and the “continuum” determining the best use of its resources to achieve and sustain prevention, diversion, and rapid re-housing goals.

**OVERARCHING GOALS**

There are three strategic areas that the HPRP funds are to be used for:

1. Preventing persons from losing current housing (except for foreclosure rescue)
2. Diverting persons from entering the shelter system
3. Rapidly re-housing persons who are in shelter.

1. **PREVENTING HOMELESSNESS** –More than 40,000 households in the City of Cleveland, pay more than 50% of their income on rent. Annually, over 10,000 evictions are filed in the City of Cleveland’s Housing Court. These numbers document that many households in Cuyahoga County experience housing insecurity. However, the number of families and individuals entering the emergency shelter system has remained relatively constant for the past several years:

	Unduplicated count of homeless persons		
	Single Adults	Families	Total Households
2008	6,319	365	6,684

What the numbers suggest is that for a homeless prevention strategy to be effective, low income and rent burden, or eviction actions are not strong enough indicators of imminent homelessness. In order to craft an effective strategy, the community must better understand the characteristics of the populations that are homeless as a way to identify likely populations, and also suggest points of intervention.

HUD regulations stipulate that the HPRP efforts:

- should be targeted to those households who, **but for the assistance**, would become homeless, and
- direct communities to fashion intervention strategies that require the **smallest amount of cash** assistance to stabilize the household.

**EARLY INTERVENTIONS**

Both of these guidelines, argue for developing an **early and targeted** intervention approach. An **early intervention** strategy requires identifying and engaging those agencies and systems that are likely to have contact with households and individuals at risk for homelessness. These include:

- Neighborhood based networks, including churches and schools
- City and County departments that manage benefit supports, monitor at risk populations (youth and aging), and provide health and behavioral health services,
- Public and subsidized housing entities that stand between housing security and homelessness for the most vulnerable populations (very low income families, elderly, and disabled).

The benefits accruing to the development of an early intervention strategy that builds on these very targeted networks, include the following:

- a) community based networks will be strengthened,
- b) widespread access to target populations through existing “client identified” entry ways is maintained
- c) existing community infrastructure and investments are leveraged:
  - staffing
  - expertise and knowledge
  - related resources
  - operating cost supports
  - appropriate targeting

### Objectives

1. **Engage other systems in prevention strategies targeting populations known to be at high risk for homelessness:**

### **Specific Strategies:**

- Link with **Employment & Family Services** unit(s) that work with families who are nearing the end of TANF participation, and families that are being sanctioned. Add “Housing Risk “ assessment to service / case management approach; provide link to housing assistance for EFS staff. Clarify roles of on going case management and follow up.
- Link with **Children and Family Services** on at least three targeted approaches through their existing relationships with case management providers in the community -
  - i. Youth aging out of foster care and other public custody circumstances
  - ii. Family Reunification where lack of housing is a factor
  - iii. Neighborhood Collaboratives/Tapestry System of Care. Pilot housing risk assessment through selected Neighborhood Collaboratives. Current shelter residents’ previous zip code will suggest the geographic focus for Neighborhood Collaborative linkages.
- Link with **Work Force Development** to leverage stimulus dollars with HPRP

funds for households at risk of homelessness.

- Establish an initiative with the local **Public Housing Authority** to identify households at risk for losing their subsidized housing. Identified households will be referred to a specific provider, skilled in prevention intervention. The provider, working with the family and PHA, will develop a plan and stabilize the family and prevent an eviction from taking place.
- Develop a uniform assessment tool to determine **a)** risk of homelessness, **b)** specific barriers to stability, and **c)** appropriate intervention **d)** if cash assistance, the amount and length of time etc.
- Develop coordinated and detailed organizational model through which referrals for cash assistance are “approved”, provided with assistance, follow up client contact is arranged, and required reporting of client contact and assistance is recorded.

## **2. Maintain Prevention Interventions related to Eviction Actions:**

Over the past eight years, with limited resources, the community has established a framework of outreach and referral to provide mediation, legal, and cash assistance to households facing eviction. Cuyahoga County eviction prevention partners have been leaders in developing resourceful ways to reach out to renters living in properties in mortgage foreclosure and assisting them in mitigating the impact of the foreclosure on their housing options.

Combined with the early intervention efforts to identify at risk households, it makes sense to continue to outreach to those very low income renters who are most likely to face forcible eviction, and provide referrals to the appropriate mediation, legal, and cash assistance resources.

### **Objective**

1. **Outreach to households disconnected from early intervention opportunities to prevent evictions and/or assist in relocation.**

### **Specific Strategies:**

- **Continue outreach efforts to inform renters facing eviction of their legal rights and other referral options**
- **Continue outreach and education to renters living in properties going through foreclosure about their rights**
- **Continue to link renters facing eviction with mediation and legal services in the community**

- Include outreach providers in using the Housing Risk Assessment Tool, when appropriate, and referring clients for cash assistance as indicated.

## 2. DIVERTING PERSONS FROM ENTERING THE SHELTER SYSTEM -

Diversion programs attempt to prevent homelessness for people **who are applying for shelter**. Diversion programs try to help people:

- return to the housing they just left
- move in with family or friends
- locate alternative housing

Similar to Prevention Programs, diversion programs typically offer one-time financial assistance with the offer of brief case management. When that is not sufficient to stabilize the household, then housing location and short term rental assistance may be necessary.

### Current Practice

Cuyahoga County and the City of Cleveland have made a commitment that no one seeking shelter will be turned away. In FY 2008, **6,706 unduplicated adults** (singles and adults in families) entered the shelter system. Data derived from ServicePoint HMIS, show that over 45% of both single and family households leave the shelter system within 30 days. These figures suggest that, if people could be met at the shelter door with a Diversion approach, a significant number of people who are currently entering the shelter, could be redirected to a permanent housing option.

### Objective

1. Reduce Family Households In Shelter by 40% from FY 2009 to 2010.

### Specific Strategies:

- Establish a Central Intake function to the Men's and Women's Shelter system
- Central Intake role is to:
  - \* Divert persons from entering shelter by redirecting households to Previous housing, family or friends, treatment, nursing homes, and hospitals.
  - \* Short term cash assistance may be used to assist in the diversion.
  - \* If the household cannot be diverted, it will be referred for shelter placement.

**3. RAPIDLY RE-HOUSING PERSONS WHO ARE IN SHELTER** – Rapid re-housing is a set of strategies to help families quickly move out of homelessness and into permanent housing. Data demonstrate that most people who become

homeless could exit homelessness quickly with financial assistance. The challenge to the community is to determine the assessment tool, mobilize support services to address barriers quickly, and verify ongoing housing stability once the household is re-housed.

### Objective

#### 1. Reduce the average length of time that people are homeless

#### Specific Strategies:

- For households that cannot be diverted from entering shelter, the Central Intake function will coordinate the shelter, transitional, and Permanent Supportive housing beds that collectively make up the continuum of care resources. Referrals will be made from the Central Intake to the appropriate resource based on the household's needs
- Shelter services will become focused on Rapid Re-housing efforts; identifying the level of housing barriers for each household. A common "Barriers to Housing" assessment tool will be developed and utilized.
  - a) Households with lower levels of barriers will be assisted to find housing in the community. Short or mid term financial assistance may be utilized to assist the family in attaining permanent housing. Case management services for the family will shift from a facility based approach, to a home based approach. The objective is to link households with mainstream supports to assure continued stability.
  - b) Transitional Housing resources will be utilized for those households with a higher level of barriers.
  - c) A pilot "Permanent Supportive Housing for Families" project for households with many barriers will be established. Families will be placed in existing units with rent subsidies attached to the units; case management services will work to assure the ongoing stability of the family in the housing.

### General Considerations

**Balance among Activities** – Planning for financial assistance activities of prevention, diversion, and rapid re-housing should ensure that people are not entering shelter to receive assistance. Focused targeting of the prevention dollars by populations at high risk for homelessness, coupled with a uniform risk assessment will hopefully assure that only the highest need households are accessing the prevention funds. Likewise, the diversion effort will prevent households from entering shelter that truly have other resources already. Overall, given that the population **currently in shelter**

is a “known” population, emphasizing **Rapid re-Housing** may make more strategic sense.

**Different interventions /strategies related to the single adult households and family households** - A discussion of further refining the allocation of financial assistance resources based on household configuration is worth considering. The number of single adults compared to family households is roughly 12 to 1. Annually, the unduplicated number of single adults using the shelter system has remained constant at around 6,000 individuals. Not only are there significantly more single households, their characteristics are very different from the family households. Incidence of repeated episodes of homelessness, AOD and mental health issues, and disassociation from the community are much higher for the single population.

Much, if not all, of the data related to the design and implementation of prevention and rapid re-housing strategies is based on research related to families. Cuyahoga County may wish to consider to what extent the prevention and rapid re-housing strategies should be refined for the single adult population based on local expertise in working with this population. The requirement to consider housing “stability” would suggest that short term financial assistance for this population may not be effective. Moreover, investing in long term subsidies without realistic opportunities for a transition to self-sufficiency is not only not a good use of the funds, but not allowable under the HUD guidelines.

Family household interventions may be more cost effective and able to more directly impact shelter use. The numbers are smaller to begin with, and the household structure is generally higher functioning. A smaller investment will likely have a more effective impact both for the prevention dollars and the rapid re-housing dollars.

This discussion should inform the eventual allocation of the HPRP funds in order to assure that the dollars are used most effectively relative to the agreed upon community goals.

**Assessment Tools** – Related to the above discussion, is the extent to which the “Housing Risk Assessment” and “Barriers to Housing” tools, should be tailored to single and family households. Rather than assume a “one size fits all” approach, thought must be given to the different life styles, resources, and challenges of each group.

**Performance Evaluation** – All the HPRP funds must be tracked through HMIS. The data elements will be defined by HUD, and reports will be generated through that system on a quarterly basis as required. However, the community should discuss and determine what the overall objectives are for Cuyahoga County; what numeric targets are we working toward; how will the community be positioned to receive

feedback on meeting these targets; and redesigning programs as needed, based on data ? Establishing a local HPRP Steering Committee that is comprised of community stakeholders has been recommended. In addition, an outside evaluator should be engaged at the beginning of the process to assure that the community understands how the process is moving forward and the performance track record of the sub-grantees.

**Staff Training-** Not only will implementing the HPRP funds create new functions within the Continuum, it will require that existing functions undergo redefinition and restructuring. Assistance will be provided to agencies through staff training opportunities as well as cross system trainings to promote the coordination of resources that will be required.

Developing the training approach and format will be a community process involving agency directors and lead staff.

### **Specific Elements of HPRP**

**Targeted Prevention** – The HPRP funds are very limited. Both for this reason, and in order to meet the intent of regulations, prevention assistance must be targeted to those most at risk of losing their housing. Our current Continuum system does not have a mechanism for identifying these households. Without a strong targeting strategy, the demand for housing assistance support will likely be overwhelming.

A framework for targeting assistance currently exists within the community. In order to:

1. maximize resources by leveraging outreach and assessment services already in place
2. reach into the community to prevent housing displacement
3. create a community value and awareness of the need for prevention,

it is critical to partner with the existing framework. This is how “systems change” will occur.

The HPRP strategy for early prevention is focused on building relationships with community partners; cross training staff in the community on homeless risk assessment, and coordinating housing assistance referrals and resources. This would be accomplished by identifying key system partners, including:

- Aging
- Youth
- Collaboratives serving at risk families

- Employment and Family Services
- Children & Family Services
- Public Housing Authority/subsidized housing providers

HPRP funds will enable the partnership structure to be developed. For example, a possible model might include identifying a staff position at EFS and DCFS, to coordinate and link specific populations within those systems that are most likely to enter the homeless system and through their existing contracts and partnerships, add the homeless risk assessment and referral to ongoing service delivery model.

In addition, to their own systems, EFS and DCFS are “embedded” within the structures of the Neighborhood Collaboratives. HMIS data can document the geographic areas from which most families in shelter are coming. Targeting an intervention and prevention approach with these collaboratives would help us learn as a community, how to proceed in expanding the model throughout the community.

For the public housing authority, research has documented that families that have subsidized housing and “lose” it are the households that tend to continue to cycle in and out of shelter, and spiral even further into family dissolution. Targeting prevention assistance and case management to these households would have a lasting impact on reducing homelessness and conserving Continuum resources.

#### **Prevention – Review and referral**

With the outreach, identification and referral function focused on the high risk households, a **centralized review service** would review referrals and eligibility, assure consistency with the “risk assessment” forms; provide guidance on the assistance amount recommended; and forward the referral to a centralized “financial assistance” service.

#### **Prevention – Financial Assistance**

A **centralized Financial Assistance service** would take the approved referrals, verify household and landlord information; when necessary, provide housing location assistance, and housing inspection services; and issue checks to landlords.

#### **Prevention – Outreach**

Current prevention activities that focus on eviction prevention triggered by court filings have demonstrated value in assisting those households most vulnerable to being forcibly put out. Providing notice to renters in evictions and foreclosure filings continues to be a needed service. Referring to appropriate community partners skilled in assisting tenants in these situations, leveraging existing community resources, would continue with support.

The above described interventions are primarily focused on Family households. Local HMIS data indicate that **65%** of families in shelter come from a “housed” situation prior to entering shelter, as compared to only **41%** for single people. Only **9%** of the single population come from a rented unit. Over **39%** of the single population come from the street or other shelter into shelter. These data suggest

that **prevention** as a strategy to housing stabilization for the single population would most likely, require, longer term subsidy and more case management – and, may not be very successful because of the differences in household structure.

**Diversion** – As a strategy to reducing homelessness, **Diversion** should be seen as the very last effort to keep persons and households from entering the shelter system. If Early Intervention efforts prove to be effective, only those households who have no other options should be coming to the door of the shelter for consideration for shelter assistance. A **Central Intake** to the shelter system will review households for **diversion** as the first option.

Cleveland is in the unique position of having three, publicly funded shelters that are committed to providing shelter to any one who seeks it. Significant public and private funds have been invested in securing, renovating, and staffing these facilities. Utilizing these existing facilities for central Intake functions enables the community to leverage significantly more HPRP dollars for direct cash assistance than for operations and staff overhead. Also, if the early intervention strategies are successful, the number of cases presenting at the shelters for assistance should be reduced.

The Diversion model at both Central Intake sites, would be the same and follow the best practice models currently utilized by other communities. An initial assessment will focus on potential diversion strategies, including:

- reconnecting clients with existing systems case management and resources
- tenant/landlord mediation
- family, friends,
- independent housing with short term subsidy
- nursing home
- treatment
- hospital
- other

Cash assistance would only be provided if necessary, and then, for the minimum amount, and for the minimum time, required to re-house and stabilize the household.

Whether cash assistance is provided or not, effort will be made to connect the household with an appropriate community based support system.

Case management and follow up, if required, will be provided by the Central Intake only if an appropriate community option is not available.

**Rapid Re-housing** – Developing a Central Intake capacity as the “door way” to the temporary housing resources of the Continuum of Care will enable the community to:

- better understand client needs
- account for temporary housing resources in the community

- match client needs with community resources more effectively and efficiently
- contribute to information needed to align resources appropriately
- reduce shelter usage.

**Central Intake** will screen all households seeking shelter. If Diversion is not an option, CI will refer the household to the most appropriate Continuum resource. Client referrals from Central Intake to the continuum would include:

- \* Shelter
- \* Transitional Housing
- \* Permanent Supportive

**Shelter Referral** – Shelters are important partners in the strategy to reduce homelessness. With Central Intake coordination and support, shelters will implement the **Rapid Re-housing** approach. New clients will be assessed on a “Barriers to Housing” scale by the shelter. Other communities have used this approach to develop overall housing plans for their clients.

**Low Barriers:** With **short term financial assistance** (first month/security deposit/utility assistance), some level of case management support to link households with community resources to ensure ongoing stability, the household would be able to transition back into permanent housing within 2 – 3 weeks.

**Medium Barriers:** Options for households with Medium barriers could include a referral to a Transitional Housing Program that is appropriate to the client’s needs, or a **mid to long term financial assistance** response with case management coordinated with community resources.

**High Barriers:** Other communities have found that implementing a Rapid re-housing approach, helps to more quickly identify those households who are candidates for “permanent supportive housing” – housing with services on site. These families often have disabilities, and /or children with disabilities, uneven work histories, recurrent episodes of homelessness, few family and community resources, and often times, engagement with multiple systems. Currently, Cuyahoga County’s Permanent Supportive Housing effort- the Housing First initiative- targets long term homeless **single** households. The HPRP funds will permit the community to develop a PSH initiative for families. Using units in the community that have subsidies attached, the HPRP funds can provide case management support to ensure stability.

**Transitional Housing Referral** - Central Intake may refer households directly to Transitional Housing Programs in the community, based on the initial assessment and appropriate resource availability. TH programs can also implement a Rapid Re-housing culture within their programming based on the client profile. Rapid re-housing resources may be available to clients of the TH programs, based on the client completing the program, or reaching the term limit for the program. TH

programs may consider shifting to a “transition in place” approach to helping clients regain stability in permanent housing more quickly. Staff in the Continuum may benefit from training that emphasizes a “home based” case management value vs. the current “facility based” case management model.

**Permanent Housing Referral** – Central Intake will coordinate closely with permanent housing providers, both of subsidized units, and unsubsidized units, again to maximize appropriate resource utilization. Those households that have high barriers to achieving permanent housing will be prioritized for the limited housing subsidy resources in the community. Presently, access to these resources is driven more by knowledgeable case workers who understand the resources and processes, and while their clients are legitimately “eligible” they may not be the homeless household most in need in our community, or most appropriate for that particular rent subsidy. It is critical that these resources be better coordinated in order for the community to measure their effectiveness in reducing homelessness.