

# HPRP IMPACTS: CASE STUDIES IN COMMUNITY CHANGE

*A series of brief case studies documenting ways in which the Homeless Prevention and Rapid Re-Housing Program is promoting community change and transformation of local homeless assistance systems.*

## Community Case Studies Overview

Beginning in mid-2009, the American Recovery and Reinvestment Act (ARRA) allocated \$1.5 billion in Homelessness Prevention and Rapid Re-housing Program (HPRP) funding across the country, infusing communities with new resources to prevent and end homelessness. This influx of new funding provided a unique opportunity and a dual challenge to local communities – both how to gear up quickly for effective implementation and how to do so in a way that anticipated continuity at the end of the ARRA funding period. In the process, HPRP motivated many communities to re-assess, re-configure and re-focus their commitment to homeless prevention and re-housing, promoting many levels of change.

This series of brief case studies documents ways in which seven different communities responded to this challenge with innovative strategies, practices and local systems change. Cities and regions profiled in this series include:

- Charlotte, NC
- Dayton/Montgomery County, OH
- State of Rhode Island
- Sacramento County, CA
- Santa Clara, CA
- Worcester County, MA
- Yolo County, CA

Examination of practices adopted by these communities revealed a series of common processes and dynamics in community-wide change. Five of these transformative processes, in particular, are worth highlighting, as they represent key change mechanisms that are consistent with previous research findings on systems change<sup>1</sup>:

- **Inclusive Governance Structure and Centralized Program Oversight** - All profiled communities referenced a governance and management structure that incorporates diverse community leadership, invests stakeholders in the change process, and centralizes monitoring functions.
- **Commitment of Cross-Sector and Governmental Leadership to Systems Transformation** – In each community highlighted, there was broad commitment from local government and mainstream systems leaders to using HPRP resources as a means to initiate and/or accelerate transformation of the community’s prevention and housing assistance system.
- **Alignment of Organizational Philosophies: Housing Stabilization and Housing First** - Most of these communities reflected a shared philosophical framework drawing on the “Housing First” approach, and, in turn, emphasized training and development that supported this approach.
- **Innovative Use of Local Impact Data** – Most communities went beyond required reporting, and actively used HMIS and client outcomes data to evaluate and improve system capacities.
- **Service Coordination and Standardization** – In most instances, service delivery innovations and practices were standardized across the community to ensure program efficiencies and impact.

1. *Changing Homeless and Mainstream Service Systems* (National Symposium for Homelessness Research, 2007) <http://aspe.hhs.gov/hsp/homelessness/symposium07/burt/index.htm>; *Aligning Forces for Quality Healthcare Findings* (Robert Wood Johnson Foundation, 2009); *Critical Success in High Performing Rural Communities* (National Alliance to End Homelessness, 2010).

Key Change Factors	Examples of Community Activity	Lessons Learned
<b>Inclusive Governance and Centralized Program Oversight</b>	In Worcester (MA), Montgomery County (OH), and Rhode Island, local leadership councils integrated service delivery systems by strategically allocating resources from HPRP, CoC, City, State, and other funding sources. Most communities established a system-level HPRP coordinator position to provide consistent coverage via newly coordinated service partnerships.	<i>Centralized leadership structures are vital in re-orienting system-level planning, allocation, and monitoring, and blending resources for prevention and re-housing assistance. Establishing a systems level coordinator is critical to help regions bridge traditional organizational barriers and boundaries.</i>
<b>Commitment of Cross-Sector and Governmental Leadership to Systems Transformation</b>	In Yolo County (CA), local leaders had established prevention as the centerpiece of their Ten Year Plan to End Homelessness, and used HPRP resources to create a regional system of Housing Resource Centers in support of that goal.  Leaders in Worcester integrated HPRP resources with all other homelessness system funding to advance commitment to transforming the region's systems for prevention and housing stabilization.	<i>Commitment of local leaders to systems transformation (both at the jurisdictional and institutional levels) is critical to coordinating and streamlining service delivery systems – leading to more efficient and cost-effective deployment of resources across geographic and programmatic boundaries.</i>
<b>Alignment of Organizational Philosophies</b>	In Charlotte (NC), local leaders established an innovative program that targets rapid re-housing services to homeless households with multiple housing barriers, based on a prior City-wide commitment to the “Housing First” approach. Training for front-line staff in Housing First methodology, as well as rapid re-housing and prevention strategies, helped align service system models across multiple communities in a unified approach.	<i>Advancing a housing stabilization system requires incorporation of both prevention and Housing First solutions, predicated on shared “buy-in” by all stakeholders and systems-wide efforts to align all practices with this approach and its intended outcomes.</i>
<b>Innovative Use of Local Impact Data</b>	In Santa Clara (CA) and Montgomery County, communities are using both HMIS and other performance outcomes data to inform leadership of needed adaptations in planning systems re-design.	<i>Early evaluation of HPRP, i.e. assessing the effectiveness and efficiency of new assessment and assistance approaches and networks, is critical in planning for and creating a desired post-HPRP system.</i>
<b>Service Coordination and Standardization</b>	Sacramento (CA) established “2-1-1” as the community's centralized intake provider, created a standardized assessment tool, and coordinated legal services providers to pre-screen all eviction cases for HPRP.  Yolo County created an integrated system of service and access points by establishing six new Homeless Resource Centers and using common intake tools to standardize service delivery.	<i>The development of standard processes, staffing roles, training, and assessment tools allows all local system providers to adopt consistent practices in the delivery of prevention and housing assistance services.</i>

## COMMUNITY COMMITMENTS TO SYSTEM CHANGE

Each region or community profiled in this series was strategic in its use of HPRP funds to create or redesign a community system to achieve sustainable housing assistance practices. Each of these communities relied on leaders who were committed to doing “whatever it takes” to achieve desired results. All operated with openness to new possibilities through a fundamental re-orientation of practice and priorities, and each approached implementation with an investment in ongoing systems improvement and transformation.

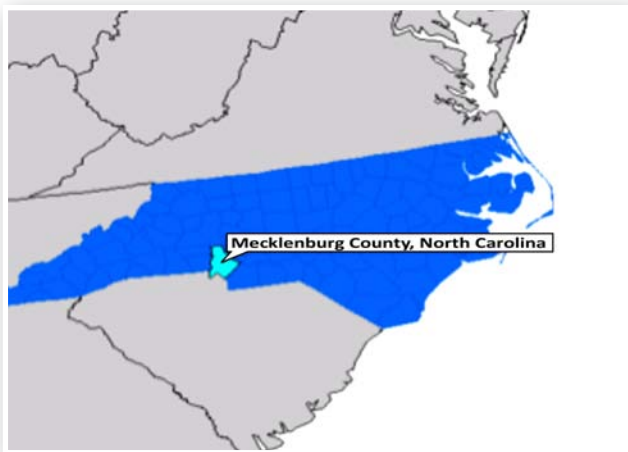
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## Community Profile

### Charlotte/Mecklenburg County, North Carolina

Charlotte, North Carolina, the 18th largest city in the U.S., is the seat of Mecklenburg County and the economic center of a region experiencing its highest unemployment rate in 20 years. In January 2010, unemployment in the Charlotte metro area reached 12.8%. The January 2010 point-in-time count found 3,543 people experiencing homelessness across Mecklenburg County.



The availability of HPRP funds led local leaders to create Project HOPE, a unique county-wide program now providing comprehensive housing-based services to households experiencing, or at imminent risk of, homelessness. Based on the area's greatest unmet need, planners prioritized investment in rapid re-housing, dedicating over 70% of local HPRP funding to housing people in shelters. Targeting this more difficult-to-house population, Project HOPE is now implementing an adaptation of an evidence-based practice referred to as "Critical Time Intervention" (CTI). The CTI model is being adapted and blended with existing community practices to focus on populations with more significant housing barriers.

Energized by the planning process linked to HPRP, and based on a new alignment of the region's nonprofit

and government leadership, Project HOPE has become the center of the county's comprehensive approach to preventing and ending homelessness.

## Local Environment Prior to HPRP

For years, homelessness prevention services in the Charlotte area have primarily been provided by Crisis Assistance Ministry, a local nonprofit agency which serves over 2,000 households a month. These services are well respected, receive strong private and government backing, and reach across the entire county. This agency has partnered extensively on a program called Workforce Initiative for Supportive Housing (W.I.S.H.). The W.I.S.H. model pairs professional social workers with teams of trained volunteers working one-on-one with families to assist them in re-housing and in progressing from homelessness to self-sufficiency. Under the W.I.S.H. model, families receive ongoing informal support from assigned W.I.S.H. team volunteers and more formal guidance from a W.I.S.H. team social worker.

## Local Systems Transformation Through HPRP

**Targeting HPRP and Community Resources:** HPRP funding brought varied service models under a new partnership that includes service providers, shelters, the State Department of Social Services (DSS), the City of Charlotte, and the private sector. Through a collaborative planning process, service leaders prioritized the need to target Charlotte's HPRP award to eligible households with the most significant housing barriers: those hardest to serve and who, but for HPRP, would not be able to leave the local shelter.

Project HOPE was designed to provide financial assistance and volunteer coaching teams to high-need households not yet served by W.I.S.H. or Crisis Assistance Ministry services. These targeted "high-need" households have more serious barriers to tenancy, e.g., criminal history, untreated mental health, substance use issues, high debt, and unstable work histories.

**Formal and Informal Partnerships:** Housing stabilization supports, provided by uniquely configured professional/volunteer teams modeled after W.I.S.H., are at the heart of Project HOPE. This HPRP project now has an “army” of over 500 volunteers, working on teams staffed by five HPRP social workers and two HPRP housing coordinators. Once a homeless household is enrolled in Project HOPE, the assigned support team, comprised of one social worker and, on average, four volunteers, stays involved with the household from initial assessment through care-planning, housing placement, and long-term stabilization. Volunteers are recruited both from local congregations and businesses. Each team works alongside an assigned HPRP social worker, and works with only one family at a time. Each Project HOPE social worker manages five Project HOPE teams, comprising up to 50 volunteers. Volunteers continue to stay connected with their household long after HPRP financial assistance is exhausted.

To create the necessary number of support teams, DSS re-assigned three of its own social workers to work along with two social work/case managers and two full-time Housing Resources Coordinators paid for directly by HPRP. The Housing Resource Coordinators establish and maintain relationships with landlords and property management companies to facilitate housing placements supported by the Project Hope teams.

**Adaptation of Critical Time Intervention Approach:**

Along with the W.I.S.H. support model, Project HOPE adapted “Critical Time Intervention” (CTI), a time-limited case management model originally designed for re-housing people following discharge from a public institution. Project HOPE’s version of CTI focuses an intensive array of supports on households moving out of homelessness, emphasizing and supporting linkages to community services, family, and friends for a period up to 12 months. In this adapted CTI model, the intensity of support is decreased quarterly. Support workers conduct weekly visits for the first three months of HPRP enrollment, then bi-weekly after that for up to 12 months. Under the

W.I.S.H. adaptation, community volunteers continue to provide intensive community connection and support for households as the social worker’s role diminishes. All Project HOPE social workers and volunteers undergo training in CTI, “motivational interviewing”, and other supportive services strategies.

## Key Features of Systems Change

- Using Data to Assess and Transform Community Housing Barriers:** HPRP opened the door for Charlotte’s leaders to work effectively with both high-and low-barrier households. To help advance project effectiveness, the HPRP Project Director attends all weekly intake/referral meetings and, based on this information, reports back to community stakeholders and shareholders on the breadth of needs and gaps in the services system. Cataloguing both challenges and successes, this monthly report serves as a dynamic assessment process, helping to articulate the case for new system-wide approaches addressing unmet needs in Charlotte.
- Realigning Community Leadership:** At the outset, HPRP planning brought together as many partners as possible to ensure cross-sector commitment and community ownership of the initiative. Government officials from the City of Charlotte and Mecklenburg County are now working in concert with civic and service leaders to restructure the 10 Year Planning Board to better guide county-wide homelessness and prevention programming and manage local resource allocation.
- Strategic Support for Sustainability Planning:** To assure continuity of Project HOPE beyond the initial period of HPRP funding, both services leaders and other key community stakeholders have committed to implementing a strategic fundraising plan, to be initiated after the first 12 months of HPRP efforts are complete.

## KEY LESSONS LEARNED

- Effective HPRP solutions emerge when local planning engages leadership in design of strategy that draws on both local innovation and national best practices.
- Use of community volunteers in informal and well-supervised support roles can substantially enhance community capacity for housing stabilization supports.