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Homeless Prevention and Rapid Re-Housing Program (HPRP) Outcomes

Cumulative Program Report on the
ACAM HPRP Collaborative

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Executive Summary

The Alliance of Community Assistance Ministries, Inc. (ACAM) formed a faith-based HPRP collaborative (“the Collaborative”) to serve people in the greater Houston area with needed homelessness prevention or rapid re-housing services. By partnering with diverse stakeholders throughout the planning process, developing best practices based on ACAM member experience, and diligently tracking program outcomes, the Collaborative served program participants effectively and produced results that substantiate the efficacy of continued support for homelessness prevention and rapid re-housing services post-HPRP.

ACAM acted as the intermediary management support organization to the service providers, taking on the roles of program manager and collaboration agent. ACAM managed the contractual relationships, coordinated partner meetings including training sessions on the Homeless Management Information System (HMIS) and provided assistance with reporting and evaluation. ACAM also created multiple opportunities for case managers to share best practices. The program development and planning process included ongoing joint decision-making to develop a standardized program model with the goals of unifying methods of service delivery and identifying potential program participants with the highest risk of homelessness. The ACAM Collaborative contracted to serve 504 people and ultimately served 1,097 individuals (356 households); more than double the contracted number.

Although the Collaborative’s program emphasized homelessness prevention assistance (85% of program participants), a carefully-designed risk assessment process was established to target those who were at the highest risk of homelessness. Ministry case managers then utilized the process with program participants at entry, exit, and every 90 days while enrolled in HPRP. Upon entry into the program, participants typically had extremely low incomes (60% of program participants had incomes at or below 30% AMI) and presented with more than five out of 18 total risk factors.

Informed by research on local and statewide best practice prevention programs, as well as the Collaborative’s experience with the target population, the ACAM HPRP Collaborative employed a “treatment plan” approach to case management and developed an “empowerment model,” which matched interventions to the level of program participant need. ACAM used a “one-stop” service center approach that provided participant-centered wraparound services, including: multiple case management sessions to outline goals and track progress; direct financial assistance; budget and credit counseling; and help with basic needs such as clothing, food, and school supplies.

The ACAM HPRP Collaborative’s post-exit data indicate that most participants exited the program having achieved their goals, acquired greater budgeting and planning skills and decreased their housing barriers and risk of becoming homeless. Each of these factors had the potential to significantly improve participants’ long-term housing stability. On average, the number of program participants’ risk factors was halved upon exiting HPRP.

All but six clients exited the program before recertification was needed at the end of the first 90-day period. Among the 60% of program participants successfully contacted during program exit follow-up calls, 94% were stably housed, and 93% had exceeded the minimum expectations they established with their case managers in their Individualized Housing Plans at intake. The cost of providing an average household with all homelessness prevention financial and supportive services for 85 days was \$3,056.36, which is approximately 44% less than the cost of an emergency shelter stay for the same amount of time. In general, homelessness prevention services were estimated at about half the cost of transitional housing.

The Collaborative is using the quantitative data collected for HPRP to inform its planning process for future programming under continued funding sources, such as the Emergency Solutions Grants program. To further enhance data collection, ACAM intends to increase the percentage of HPRP client participation in post-program follow-up calls by including a release to obtain follow-up information from both the HPRP client and their landlords to track housing status in Client Agreement intake forms. ACAM will reinforce the importance of the follow-up process during case management at program entry. With this commitment to positive program outcomes and with the organizational capacity developed throughout HPRP, the Collaborative can continue to effectively serve its community members who are at highest risk for homelessness.

Introduction

In September 2009, The Texas Department of Housing and Community Affairs (TDHCA) awarded federal funds to the ACAM Homeless Prevention and Rapid Re-Housing Program Collaborative (the Collaborative), in order to develop and implement a Homelessness Prevention and Rapid Re-Housing Program (HPRP) within three distinct areas of Greater Houston – Humble, Katy, and League City. The ACAM HPRP Collaborative was part of a continuum of assistance for persons who were homeless or at risk of homelessness to attain/maintain housing by transitioning participants rapidly to stability, either through their own means or with public assistance. As a short-term “empowerment program,” the ACAM HPRP Collaborative stabilized those who otherwise would have become or remained homeless and helped these individuals and families to achieve goals that lead to self-sufficiency. By the end of the 27 month program period, the HPRP Collaborative provided intensive¹ case management, financial assistance and budget and credit counseling services to prevent homelessness for 1,097 individuals, or 356 households².

The Collaborative had five main partners:

- **Rockwell Fund, Inc.**, which administered the federal grant of \$1,067,300.49 from September 1, 2009 through December 31, 2011 (27 months) for the program;
- **Alliance of Community Assistance Ministries, Inc. (ACAM)**, a §501(c)(3) Texas nonprofit corporation, and a Management Support Organization (MSO)³ that acted as the program manager and collaborating agent; and
- **Humble Area Assistance Ministries (HAAM), Interfaith Caring Ministries (ICM), and Katy Christian Ministries (KCM)** three Community Assistance Ministries (CAMs) that provided clients with direct financial assistance and case management services.

Rockwell Fund is a §501(c)(3) foundation established in 1931 that provides grants for the benefit of human services, education and community health. Rockwell Fund has a long history of funding and developing programs throughout Greater Houston, with a focus on the support and advancement of CAMs. As a program of Greater Houston Community Foundation during the time of the HPRP program⁴, ACAM was sponsored, in part, by Rockwell Fund, Inc.

The CAMs that participated in the HPRP Collaborative are federally designated §501(c)(3) public charities with established reputations as leaders in their communities for basic needs services and have “assisting those in crisis” as a central part of their missions. The Houston-area CAMs are organizations supported in part by a collaboration of congregations (ecumenical, intra-denominational or interfaith) in order to provide critical services to members of their community. The target populations served include those who are homeless or at-risk of homelessness due to under-employment and/or a temporary crisis; and those with significant risk factors, such as mental illness, substance abuse problems, HIV/AIDS, domestic violence, and release from institutions. CAMs serve those who are at greatest risk for homelessness every day and are uniquely positioned to provide services to at-risk families.

¹ Intensive case management is defined as frequent, highly engaged, client-centered case management that focuses on goals outlined in a mutually agreed upon plan.

² Data derived from the Homelessness Management Information System (HMIS)

³ MSOs are nonprofit organizations [501(c)(3)s] that exist for the sole purpose of providing capacity building services to nonprofit organizations, including but not limited to training and consulting services.

⁴ ACAM obtained its incorporating documents and tax exempt status in 2011.

Goals and Outcomes

The ACAM Collaborative exceeded many of the goals established at the program outset and accomplished the following:

Metric Goals and Outcomes

Stated Goal	Projected %	Actual %	% Exceeding Projected	Household Response Rate
Number of households that will remain in their homes 3 months after program exit	80%	91%	11%	66.3%
Number of clients that will experience a reduction in risk factors for homelessness	90%	96%	6%	99.1%
Number of households that will complete one or more of the goals listed in their Individualized Housing Plan*	90%	92%	2%	98.5%
* NOTE: The average client completed two of the three goals set in the IHP, exceeding the Collaborative's initial expectations. Source: ACAM Collaborative HPRP Outcome and Discharge Data Summary				

One of the unexpected outcomes was that the vast majority of clients sufficiently stabilized their housing situation within the first 90 days and did not require recertification to continue the program for the next 90 days. All but six clients exited the program before the end of first 90-day period.

Program Goals and Outcomes

Program Goal		Outcome
1. To identify eligible and appropriate clients and help them avoid homelessness or obtain housing by providing direct financial assistance and intensive case management services	94%	94% of households reported stable housing at program exit. 93% of clients exceeded the minimum of completing one IHP goal.
2. To provide client services that would not only help prevent homelessness in the immediate crisis situation, but also provide clients with planning and budgeting skills that would serve them well in the future	97%	97% of clients reported at their 90-day follow up that the credit counseling/budgeting classes were beneficial to their stability after program exit, or that their household was maintaining a budget.
3. To decrease the number of risk factors for homelessness of each client before they exit the program	55.5%	The average reduction of risk factors was 55.5%, reduced from an average of 5.4 risk factors at entry to 2.4 risk factors upon exit.
4. To increase the income of clients within 90 days of entering the program.	33%	28% of 391 income earners saw an average increase in income of 33% during the course of their 85 days and 5 case management sessions participating in HPRP.
Source: ACAM Collaborative HPRP Outcome and Discharge Data Summary		

Organizational Capacity Goals and Outcomes

1. **GOAL:** To direct more of the ARRA funds to homelessness prevention services for the Greater Houston area and to ministries who had been providing such services successfully since the 1980's
 - a. The four HPRP awards received by ACAM member ministries represent over 30% of the HPRP funds available for the region through TDHCA. In addition to increased financial support for homeless prevention, ACAM members collaborated to share resources and extend the reach of services.
 - b. Wesley Community Center established sites at three additional ACAM member ministries, Epiphany Community Health Outreach Services (ECHOS), My Brother's Keeper, and Emergency Aid Coalition (EAC), to provide increased outreach and engagement opportunities to families that seek assistance from the CAMs operating in these areas of Houston.
2. **GOAL:** To provide an opportunity for ministries that had not managed large federal grants to have the support of a highly qualified fiscal agent and a coordinating agent. This experience has increased the capacity of ACAM's members to utilize additional public funding to provide services to the community. For example, HAAM's demonstrated HPRP success led them to receive \$100,000 from TDHCA for an Emergency Shelter Grant (ESG) in FY2011-2012.
3. **GOAL:** To position ACAM for potential future collaborative initiatives. ACAM anticipates pursuing similar opportunities in the future with changes to the McKinney-Veto Act as amended by HEARTH to increase the capacity of other organizations through similar programs and funding opportunities.

ACAM has disseminated program and organizational outcomes to community stakeholders and funders to highlight the impact that the ACAM HPRP Collaborative has created and anticipates using this data to garner future resources on behalf of the collective members and funders of ACAM.

Average Client Outcomes

- Benefitted from five case management sessions⁵
- Successfully completed two of the three goals on their IHP
- Reduced their risk factors for homelessness by over 55%
- More than 94% of income earners maintained or increased their income; those who increased income did so by an average of 33%
- Able to remain in the same residence as prior to entering the program, never having to suffer the trauma of becoming homeless
- Paying rent independently at program exit.

Of the 155 clients who entered the program homeless, 94 percent were rapidly re-housed and renting without subsidy at program exit.

⁵ The majority of clients had two case management sessions per month, exceeding the program expectation of one per month and far exceeding the government mandate of one session per 90 days.

History and Background

How ACAM Began

During the 1980's, many assistance ministries were formed throughout the Houston/Harris County area to address the impact of the collapse of the energy industry that resulted in a severe and sudden local economic downturn and the loss of over 100,000 jobs in the region. At that time, houses of worship were faced with unprecedented requests for food, rent, utility assistance and clothing. Since each congregation could assist in only a small way, the congregations decided to pool their resources and create centralized service centers based on geographical area, or zip codes. Eventually, these service centers grew, became an informal network, and recognized a need for more formal connection and organizational development. ACAM was developed first as a pilot project and then a formal program for participating ministries with the purpose of helping these mission organizations build organizational capacity by providing assistance with organizational assessment, capacity building, networking, mentoring and collaborative projects.

Over the years, certain assistance ministries have evolved into “community assistance ministries” or “CAMs,” some of which were no longer necessarily restricted to providing services by zip code, and ACAM has evolved into a §501(c)(3) management support organization (MSO) focused on strengthening member CAMs’ impact through capacity building and collaborative initiatives. Current and prospective members of ACAM are basic needs providers that are faith-based in mission, vision and origin, without requiring a particular expression of faith or participation in religious activity as a basis for receiving services. In 2011, ACAM’s 12 member organizations served 272,428 unduplicated clients with over 1.1 million units of service.

How the HPRP Collaborative Began

In 2009, the entire United States economy was on the verge of collapse. Employers were shedding almost three-quarters of a million jobs per month, credit markets were stretched to their limits, and private-sector activity was grinding to a halt. The federal government responded immediately to the crisis by passing The American Recovery and Reinvestment Act of 2009 (ARRA), authorizing an infusion of funds to struggling state and local governments, providing tax relief and augmenting the safety net for the unemployed and low income families and individuals. The Homeless Prevention and Rapid Re-Housing Program (HPRP) was a \$1.5 billion ARRA program authorized to address what is now referred to as the greatest housing crisis since the Great Depression.

TDHCA administered over \$41 million in federal HPRP funds. These funds were competitively awarded across the state to provide homelessness prevention assistance to persons who would otherwise become homeless and to rapidly re-house those who were homeless. The funding awards reflected a change in policy, from a focus on emergency funds for already homeless people, to support for those at risk of becoming homeless in an effort help people avoid the experience and complications of homelessness. This shift meant an increased role for community-based organizations that provide homeless prevention services. ACAM, its funders and its members recognized the severity of the crisis and the importance of taking advantage of the vast experience of its member organizations in dealing with such a crisis⁶.

⁶ In addition to the ACAM HPRP Collaborative, three other ACAM members received HPRP funds: Catholic Charities of the Archdiocese of Galveston-Houston, Memorial Assistance Ministries (MAM), and Wesley Community Center.

The Structure of the ACAM HPRP Collaborative

Rockwell's Role as Fiscal Agent

Rockwell served as the lead agency and was responsible for all grant accounting and financial management. Rockwell's services were donated in-kind to the Collaborative to reduce the administrative and financial burden on the ministries providing services.

ACAM's Role as Management Support Organization (MSO)

ACAM developed the TDHCA funding proposal, the program model (with the expertise of the membership) and the contractual relationships necessary for the success of the ACAM HPRP Collaborative. ACAM provided services in line with its mission. Examples of assistance to the CAM partners included group meetings coordinated by ACAM, HMIS proficiency, on-site assistance with reporting and evaluation, and building relationships between case managers to encourage sharing of "best practices" and evaluation of project areas with the greatest impact to homeless prevention. Specific management support functions performed by ACAM included:

HPRP Partner Services

- Drafting and submitting the Collaborative's proposal
- Creating fiscal and program documents needed to efficiently manage the HPRP in accordance with guidelines
- Managing a process for the first month's expenditures to Collaborative partners to minimize deficit grant spending by ministries
- Providing trainings, technical assistance and support for ministries on data collection and management
- Collaboratively developing a standardized case management record
- Creating and managing a client information and referral process
- Coordinating ancillary services such as housing inspections, housing search, and credit/budgeting classes for clients served by the assistance ministries

Advocacy and Outreach

- Providing the United Way 2-1-1 Helpline and the Coalition for the Homeless with information on HPRP to inform and engage the community
- Acting as the ministry liaison to the Coalition for the Homeless of Houston/Harris/Fort Bend Counties (CFTH) on policy, HMIS and related homelessness prevention issues

Client Services

- Responding to requests for assistance and directing individuals to appropriate ministries to receive assistance
- Consulting directly on cases involving clients who were or were about to become homeless

Program Compliance, Transparency and Evaluation

- Submitting monthly, quarterly and annual performance reports to the State of Texas
- Consulting with TDHCA and the U.S. Department of Housing and Urban Development (HUD) regarding case specific questions as well as ongoing changes to reporting requirements of TDHCA and HUD
- Conducting program and fiscal reviews to prepare for external audit

Implementation and Best Practices Sessions

Through the development and implementation of the HPRP, ACAM held seven HPRP Implementation and Best Practices sessions for the Collaborative organizations, as well as the other three ACAM member agencies awarded HPRP funding outside of the Collaborative. Implementation Sessions covered the following topics:

- Use of the Homeless Information Management System (HMIS), an online tracking and reporting system (use of a centralized database mandated by HUD)
- Creation of a Standardized Case File and guidelines for proper case note documentation
- Federal, state and ACAM Policies and Procedures for HPRP administration
- Monthly Fiscal Report Forms and Monthly Program Reporting Forms for TDHCA
- Preparation for TDHCA site visit
- 100-day agency HPRP budget revisions
- Updating Fair Market Rent changes per TDHCA
- Tracking and reporting of performance and monetary statistics
- How to perform client re-certifications
- Credit and Budgeting course content for clients

In addition, ACAM supported Wesley Community Center (awarded an additional \$995,920) in developing their TDHCA proposal to provide HPRP services throughout northeast, west, southeast, south, and central Houston.

The CAMs as Service Providers

The CAMs have been primary providers of homeless prevention services in the Greater Houston area for decades, making them the ideal service providers for the HPRP Collaborative. CAMs provide services in a holistic manner to address immediate basic needs by providing various forms of services such as rent/utility assistance and food and to address underlying factors that contribute to crises. Other CAM support services offered in the HPRP included: financial education, case management, job skills/placement and credit/budget counseling. The partner CAMs each serve distinct areas within Greater Houston, namely in and around Humble, Katy and League City⁷. In the partner CAM's service areas, no other programs incorporate financial assistance with basic needs, education, and employment support. In fact, no others provide financial support at the rate of the CAMs in their service areas or provide such a comprehensive approach.

The CAMs provided all clients with a case manager to oversee and coordinate service delivery, make referrals to mainstream services, advocate for clients, and assist with program components such as data collection and determining the level of financial assistance services.

The CAMs' Case Managers:

- Assessed eligibility/appropriateness of client for the HPRP
- Determined the level of intervention and financial assistance
- Evaluated clients' risk factors for homelessness

⁷ While the CAMs that participated in the HPRP are zip-code restricted, not all ACAM members' services areas are zip-code restricted.

- Worked with the client to develop an Individualized Housing Plan (IHP) to obtain/retain safe, affordable housing (including regular case sessions and a plan for permanent housing stability)
- Coordinated services/referrals for goal attainment
- Provided housing search and placement using the Harris County Housing Resource Center’s web-based affordable housing tool⁸
- Followed up with clients immediately after, and 90 days after, program exit

ACAM’s Homeless Prevention Program Coordinator

Under the supervision of the ACAM CEO, the Homeless Prevention Program Coordinator (funded by both public and private grants) worked closely with CAM staff to provide group and individualized on-site assistance related to housing opportunities, Homeless Management Information System (HMIS), outcome measurement, case consulting, TDHCA implementation and reporting, and outreach and engagement (see Table 1 below). The Coordinator maintained relationships with the collaborative members, the various sector partners, and TDHCA, while also assisting with homeless prevention advocacy within the community. Essential duties of the Coordinator included, but were not limited to: outreach and engagement, outcome measurement, case consultation, client referral, data analysis and reporting.

Table 1. Homeless Prevention Program Coordinator Assistance to CAMs

Ministry	HAAM	ICM	KCM	Total
Site Visits	31	47	34	112
Technical Assistance (hours)	286	305	270	901
Source: ACAM HPRP Program Data				

Ancillary Service Providers

The ACAM HPRP Collaborative had six collateral providers of ancillary services, such as inspections, educational opportunities, and referrals:

- Women’s Resource of Greater Houston
- United Way of Greater Houston (2-1-1 Texas/United Way HELPLINE)
- Workforce Solutions
- Houston Food Bank
- Harris County Housing Resource Center
- Allied Inspections

⁸ http://www.hrc.hctx.net/outline_affordablehousing.htm

Developing the ACAM HPRP Collaborative Program Model

When ACAM and partner CAMs collaboratively prepared the application for submission to TDHCA, various financial, collaborative and service models were considered for the program. When the ACAM HPRP Collaborative received the grant in September 2009, the first month was reserved for planning to ensure the most efficient service possible to the greatest number of people. The program development and planning process included close involvement with all five partners and decisions were made jointly. For the HPRP, it was important to develop a standardized model because each CAM utilized different methods of providing services. The Collaborative discussed the best practices of each individual CAM and used that information in developing the ACAM HPRP Collaborative program model.

The Collaborative reviewed models that worked effectively for other federal grants and nonprofit collaborations. The Department of Housing and Urban Development (HUD) set an initial parameter that HPRP funds could be used to pay for up to eighteen months of rent for a family. The ACAM HPRP Collaborative determined that following this particular federal guideline would allow them to help only a handful of families in need and sought to find a program model that would assist as many families and individuals as possible with the money granted while achieving sustainable housing. The case management mandates from the government required only one case management session per 90 days to recertify. The Collaborative decided the HPRP program minimum would be at least one session per month for each 90-day period. Through research and extensive collaboration with the partners and their case management staff, the HPRP Collaborative developed an “empowerment model” based on the level of need and then applying a “treatment plan” approach to case management. The main service components were: intensive case management services, direct financial assistance, and budget and credit counseling.

The Collaborative identified eligible and appropriate clients and helped them avoid homelessness or obtain housing by providing services designed to move clients to housing stability. Determinations of whether or not clients were at risk for homelessness were made by assessing and documenting their eviction status, income, other housing options as well as risk factors for homelessness (see Appendix B). TDHCA stated that pursuant to 42 U.S.C. §11303, the phrase “at risk of homelessness” includes “An individual currently in housing but at risk of becoming homeless and in need of temporary rent or utility assistance to prevent homelessness.”

The ACAM HPRP Empowerment Model

The Collaborative’s Empowerment Model included guidelines for determining the level of financial assistance and supportive services each client would receive. These guidelines defined a three-level system of client assistance based on housing status, financial need and risk factors for homelessness:

Level 1: Prevention included clients with needs that could be met with minimal funds, who needed one to three one-hour sessions with a case manager.

Level 2: Diversion included homelessness prevention clients with more complex needs, who needed short- to medium-term financial assistance to ensure stable housing. These clients could see a case manager three to six times for two-hour sessions.

Level 3: Re-Housing included clients already in shelters who needed longer, more varied financial help and increased case management for six or more sessions (a total of 12-20 hours) to stabilize their housing.

Using this model, clients were expected to successfully exit the program after six months. The aim was to provide 100% of rent and utility costs the first two months⁹, 50% of the total assistance needed for the next two months, and 20% of the total assistance needed for the final two months.



Program Planning

Developing the Budget

Once the program model was developed, the Collaborative began building its detailed service budget. The first cost for which ACAM budgeted was case management, understanding that service would be the lifeblood of the program. Second, fixed costs (such as housing inspection contracts) were taken into consideration. Third, the Collaborative had to look at what implementing and monitoring the progress of the program would cost the partners. Fourth, the Homeless Prevention Program Coordinator salary and benefits were taken into consideration.

After making this calculation, ACAM had a good idea about what would be available for direct financial assistance. Table 2 below shows the original projections for the estimated number of clients and households to be served. It was originally estimated that the HPRP would serve about 335 households at a cost of \$990 per person. The original Total People per Grant Term estimates in Table 2, however, were later reduced by half for submission to the state because the Collaborative was unsure about the number and size of households the program would attract and did not want to overestimate the contract commitment being. The ACAM Collaborative contracted to serve 504 people and ultimately served more than double the contracted number. In the end, most of the final figures did closely resemble the original model. The HPRP served 356 households at a cost of \$973 per person.

Table 2. Estimated and Actual Client Numbers and Costs Based on the Empowerment Model

Original HPRP Projections Based on Empowerment Model		
Projected	Estimated Client Numbers and Costs	Actual
336	Total of Household/Cases per Grant Term	356
1,008	Total People per Grant Term	1,097
\$2,970	Total Cost per Household	\$2,998
\$990	Total Cost per Person	\$973
57%	Percentage of HPRP Funds for Direct Financial Assistance to Families	67%
\$1,700	Total Assistance per Household	\$1,998
Source: ACAM Program Estimates		

⁹ 100% of rental assistance and utilities was estimated, based on ministry experience, at approximately \$1,700 in financial assistance per family.

Standardizing the Case Management System

Once the program model was in place, the Collaborative developed a Standardized Case Management System with all three CAMs. The Collaborative invested funds to ensure forms were created and compiled uniformly into files for a set number of anticipated clients of the HPRP program¹⁰. In hindsight, this step was one of the most crucial to the success of the program. The process allowed for critical data collection and analysis before, during, and after the program resulting in a clear assessment of need and progress. While the data collected by the ACAM HPRP Collaborative is more comprehensive than the data required by HMIS, HMIS data collection proved more challenging than anticipated.

The Collaborative conducted a time study that demonstrated that even an experienced case manager took 30 minutes to open an HMIS record for a family of four. This does not include the time required in data entry to record ongoing services or closing out the case record. Developing the IHP and this study underscores the importance of additional programmatic and financial support garnered through the Collaborative.

Program Services and Clients Served

As a new program at a time of economic crisis across several industries, there were few tools available to predict the size and number of households and individuals that would apply. Table 3 shows that, in actuality, a total of 1,012 unduplicated individuals (331 unduplicated households) received rental assistance during their participation in the program. Overall, 1,067 unduplicated individuals (346 unduplicated households) received varying types and levels of financial assistance. All households benefited from case management, as designed in the program structure. (See Appendix A for demographic characteristics of the clients served.)

Table 3. ACAM HPRP Collaborative: Program Services and Total Clients Served

	Activities	Persons	Households
Direct Financial Assistance	Rental assistance	1012	331
	Security/Utility deposits	193	61
	Utility payments	534	161
	Moving cost assistance	8	3
	Motel & hotel vouchers	19	7
	Total Served with Financial Assistance	1067	346
Housing Stability Services	Case management	1097	356
	Outreach & engagement	937	312
	Housing search/placement	94	30
	Credit repair/Budgeting Classes	772	256
	Total Served with Housing Relocation & Stabilization Services (i.e. All Clients)	1097	356
Source: HMIS Data			

Who was the Average HPRP Client?

- Was at imminent risk of homelessness (85% of clients were at imminent risk ,15% were already homeless)

¹⁰ See Appendix C for a list of forms created.

- Had more than five risk factors for homelessness
- Had extremely low income (60% had incomes at or below 30% AMI)
- Was a single parent or family with one to two children - Parent(s) were most likely to be in their late 20's to early 30's; kids were most likely between the ages of 5 and 12
- Was non-Hispanic with an equal likelihood of being Caucasian or African-American
- Stayed in the program 85 days and had at least 5 case management sessions
- Lived in a rental unit prior to entering the program and at exit
- Was likely employed at program entry and at exit (64%)

For those who came into the program homeless, the majority were families with children and were likely to come from emergency shelters, transitional housing and “places not meant for human habitation” as defined in HMIS, which might include the streets or an automobile.

Three Elements that Focused the Client on Success

The Client Agreement

The Client Agreement memorialized expectations of both the client and the case manager so there was no gray area. The Collaborative took special care in developing the agreement to ensure it would be appropriate for both homelessness prevention clients and the recently homeless clients in need of rapid re-housing. Since the partner CAMs were experienced in developing rental assistance agreements, the HPRP agreement was modeled from the CAM agreements and customized to meet the state and federal requirements of the HPRP.

Individualized Housing Plans (IHPs)

The IHP was an agreement between the case manager and the client that outlined the goals and action steps for both the client and the case manager, helping the client achieve stable housing. The IHP outlined financial goals and strategies that would take place over the program period and ensured that the client and case manager understood and were in agreement about what was expected to be accomplished. The case manager ensured that the goals were reasonable, attainable and focused on moving the household toward housing stability within the first 90-day period of the program and then reviewed for recertification for the second 90 days if stabilization took longer. Goals were limited to three in number due to the short timeframe of the project and to add no undue stress to already overwhelmed clients. Clients' progress on their IHP was used as a measure of success for achieving steps toward housing stability upon completion of the program. Clients were expected to complete, at a minimum, one of three goals outlined in the IHP. Clients who did not comply with the agreed-upon IHP were exited from the program¹¹.

The Three Month Financial Assistance Program

The case managers did not just ask, “What do you need this month to avoid becoming homeless?” Rather, the case manager worked with the client to develop a budget, determine the current housing burden and then establish an assistance plan that would not only help the client address the immediate financial crisis, but also help the client decrease the risk of a future crisis. In addition to case management sessions, most clients were expected to participate in credit counseling/budgeting classes to improve their probability of success once HPRP assistance ended. Through a partnership with The Women's Resource of Greater Houston, the

¹¹ A total of 2 clients were exited from the program for non-compliance during the 27-month period. Other clients who completed the program did not complete the exit interview; therefore, ACAM has no discharge data for those clients. For more detail, see the Lessons Learned section.

Collaborative also provided individualized financial programming benefiting clients during and beyond their participation in the program. A total of 96.7% of contacted clients reported at their 90-day follow up that the credit counseling/budgeting classes were beneficial and increased their stability by program exit, or that their household was maintaining a budget.

Costs and Benefits of Homelessness Prevention vs. Homeless Assistance

The ACAM HPRP Collaborative demonstrated that using the ACAM HPRP Empowerment Model of case management and financial assistance to accomplish homeless prevention is a successful alternative to other forms of assistance for families facing homelessness.

On average, the Collaborative spent about \$11.44 a day per person to provide homelessness prevention services. In comparison, the collaborative spent an average of \$11.23 per person to rapidly re-house families who had already become homeless. In other words, for about twenty cents more per day the ACAM HPRP Collaborative helped many at-risk families avoid the emotional and physical toll of actually becoming homeless.

Over the course of more than two years, the ACAM HPRP Collaborative infused \$1,067,300.49 into the community and provided services to prevent or end homelessness for families affected by a temporary financial hardship. Table 4 below shows the breakdown of total program costs for Homelessness Prevention and Rapid Re-Housing Assistance. The cost of homeless prevention services was approximately 12% more per household than the HPRP homeless assistance services provided. One factor affecting HPRP cost could be that homeless prevention households were slightly larger than the homeless assistance households. It makes sense that larger households would be more difficult to stabilize and more expensive to house. The difference in cost decreased to less than 2% when the cost was calculated per person.

Table 4. ACAM HPRP Costs and Client Numbers by Program Service Type

	Homelessness Prevention		Rapid Re-Housing Assistance		Totals
Total # of Households	299	84%	57	16%	356
Total # of Persons	940	86%	157	14%	1,097
Total Program Cost	\$913,851	86%	\$153,450	14%	\$1,067,300
Avg. Cost p/Person	\$972		\$977		
Avg. Cost p/ Household	\$3,056		\$2,692		
Avg. # of Days in Program	85		87		
Avg. Household Size	3.1		2.8		
Source: ACAM Collaborative HPRP Outcome and Discharge Data Summary					

The HUD Office of Policy Development and Research published a report in March 2010 titled “Costs Associated with First-time Homelessness for Families and Individuals” (the HUD report). The HUD report provides a comprehensive comparison of the costs of various housing models available to first-time homeless individuals and families and features Houston as a study area. While the report was released in 2010, the data was obtained in 2006, well before the recent “Great Recession.” ACAM staff conducted extensive searches for more recent homeless housing cost data for the Houston region; however, no other source came close to providing the level of

data of the HUD report nor did other reports found by staff utilize more recent data. The report is also one of the few studies that examine the plight of homeless families and not just individuals. This is important since the majority of ACAM clients were families with children.

The Collaborative members presupposed that homelessness prevention would be significantly more cost effective than homelessness intervention services, such as shelters and transitional housing, and their HPRP experience bore this out when it was compared to the data in the HUD Report. In order to fairly compare ACAM HPRP costs per person with the costs of emergency shelters and transitional housing shown in Exhibit 1 of the HUD report, information from the Federal Reserve System was used to adjust the HUD report’s cost figures from 2006 dollars to 2011 dollars. This adjustment for inflation does not take into consideration other potential factors that might impact costs.

According to ACAM’s analysis of HPRP expenses, over the course of 85 days in the program the average household cost the HPRP Collaborative \$3,056.36 for all homeless prevention financial and supportive services. Table 5 compares the monthly financial costs for various homeless prevention and assistance programs in Houston. When compared to the HUD data, the ACAM Homelessness Prevention Program cost approximately 44% less than the cost of an emergency shelter for a similar duration. Transitional housing costs were double the cost of keeping families from becoming homeless.

Over the course of 85 days in the program, the average household cost the ACAM Collaborative \$3,056.36 for all homeless prevention financial and supportive services, approximately 44% less than the cost of an emergency shelter for a similar duration. The total daily cost was \$11.44 per person.

Table 5. Average Cost per Household per Month for Homelessness Program Types

	ACAM HPRP: Homeless Prevention Program	Houston Shelter Costs for First-Time Homeless Families: Per Shelter Type and Adjusted for Inflation to 2011 Dollars		
		Emergency Shelter ^a	Transitional Housing: Scattered Sites ^b	Transitional Housing: Facility-Based Sites ^c
Monthly Cost	\$1,079	\$1,552	\$2,165	\$5,001
Cost Per Diem	\$36	\$51	\$71	\$164
Percentage Higher Monthly Cost than ACAM's Homeless Prevention Program		44%	101%	364%
Sources: ACAM Collaborative HPRP Analysis of Expenses (Oct 2009 – Dec 2011); “Costs Associated with First-time Homelessness for Families and Individuals,” HUD Office of Policy Development and Research, March 2010. Exhibit 1 of Executive Summary, Pg. 4. ^a Cost was originally reported in 2006 dollars at \$1,391 per month. ^b Cost was originally reported in 2006 dollars at approximately \$1,940 for scattered sites. ^c Cost was originally reported in 2006 dollars at approximately \$4,482 for facility-based sites.				

Exhibit 1 of the HUD report included the cost of permanent supportive housing. However, the HUD report compared the cost of permanent supportive housing to the cost of “a deep rental subsidy” as most have few, if any, onsite services. This situation would be more accurately compared to ACAM’s financial assistance portion of the program. For this reason, a comparison was not made with permanent supportive housing in Table 5. When the HPRP financial assistance costs are compared to the inflation-adjusted cost of permanent supportive housing

stated in the HUD report, the “deep rental subsidy” ACAM provided was still 26% less expensive than permanent supportive housing¹².

Lessons Learned

Every new initiative provides an opportunity to learn, and the ACAM HPRP Collaborative proved no exception. Valuable lessons learned are classified into three areas:

- The complexity of client follow up
- The real match required for HPRP
- The importance of strong collaboration among partners

The Complexity of Client Follow-Up

Client follow-up was important to determine the impact of HPRP on clients’ lives. Follow-up after three months from exit was required for all participating families. Following up with clients after their program exit was challenging. Client graduation from a homeless prevention program is rejoiced by case management staff and clients; however, graduation from a homeless prevention program is not comparable to graduating from school. The clients are not eager to revisit the experience as it was a difficult time in their lives. By the end of the three-month certification period, case management staff members were only able to contact about 60% of the program participants for follow-up. Post-program outreach was limited to one phone call and one letter due to the limitation of funding allocated to follow-up activities. Limited client motivation to respond coupled with limited funding for follow-up activities created data barriers to determining client outcomes. To increase positive reception of follow-up contacts, it is recommended that:

- 1) the agreement to receive calls and obtain follow up information be written in the Client Agreement
- 2) its importance is orally reinforced at program entry
- 3) clients be asked to agree to agency access to their landlords for follow-up housing status

The Real Matching Funds Cost

The costs not covered by the federal program were greater than expected. The allowable 2.5% administration costs from the federal program did not fully support the development and implementation of a model program. To make and maintain the model, private contributions were essential. A great deal of time and energy went into the application and the standardized documents created even before any federal funds were accessed for the program. Private commitments were obtained before the application was submitted as well as immediately following the award of funds. Using HMIS and HPRP data and metrics to communicate client outcomes to private funders, ACAM garnered additional financial support to enhance the program.

The Importance of Strong Collaboration

ACAM was very fortunate to have a strong membership group that had worked together in the past on projects such as providing emergency relief after hurricanes. The Collaborative used the

¹² Cost was originally reported in 2006 dollars at \$799 per month and adjusted to \$892 in 2011 dollars for comparison to \$705 per month per household spent in the HPRP for financial assistance to subsidize rent and utilities.

knowledge gained through these and other collaborative programs to pursue additional sources of funding and highlight program achievements to community stakeholders and partners, increasing community awareness of the work that CAMs do in the areas of basic needs and homelessness prevention. ACAM was a strong collaborative before HPRP and is even stronger after the success of the homeless prevention program. Participation in HPRP allowed the Collaborative to gain a better understanding of the technical requirements involved in participating in this type of government funded program, which resulted in an increase in capacity and funding opportunities for the CAMs.

Conclusion

The Collaborative believes the investment in standardizing the case management system, planning upfront, and establishing program outcome best practices aligned with the member organizations' missions and visions, provided a solid foundation for the success of the ACAM Collaborative homeless prevention program in the Greater Houston community. Most notably, homeless assistance clients served through the ACAM Collaborative HPRP were less likely than other rapid re-housing clients in the Houston region to be reported as having received additional homeless assistance services post exit. A small percentage, 2.5 percent, of the ACAM Collaborative clients were reported as having received homeless services between their exit from HPRP and September 2012. For all other HPRP clients reported as receiving services in the Houston/Harris/Fort Bend County HMIS, approximately 4.4 percent were reported as receiving homeless assistance services at some point between their exit from HPRP and September 2012.

The long history of the CAMs' provision of short-term rental and utility assistance positively impacted the Empowerment Model developed and implemented by the Collaborative. ACAM members collaborated to share resources and extend the reach of services. The collective data allowed the Collaborative to show that homeless prevention did more than remove the immediate risk of homelessness through rental and utility assistance. Evidence indicates that clients left with goals achieved, fewer barriers and risks and more budgeting and planning skills, all of which may significantly improve their long term housing stability.

The skills and experience of the CAM case managers contributed highly to the success of the program due to client-centered planning, accurate risk assessments and multiple case management sessions. Clients benefited from the one-stop service center approach of the community assistance ministries as well as the other basic needs services provided including clothing, food, school supplies and much more. Effective relationships were developed between ministry case managers and apartment communities, allowing apartment managers to have a better understanding of the program and to refer potential clients for assistance. The experience benefitted everyone involved and the Collaborative looks forward to future participation in programs that prevent and end homelessness in Greater Houston.

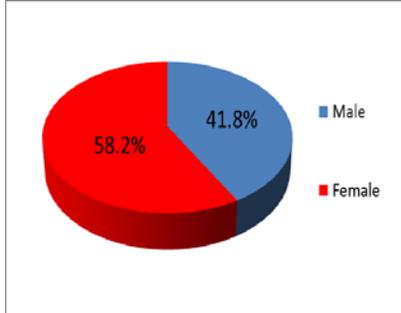
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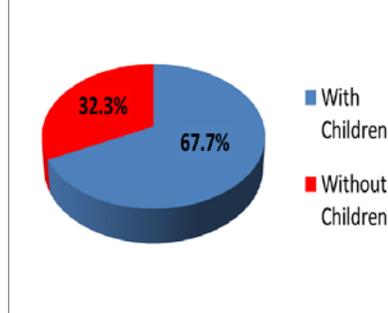
Appendix A: Population Served

The HPRP Collaborative served a total of 1,097 individuals within 356 households over the course of the 27-month program. Characteristics of the individuals and households served by this program are provided in the graphs and tables below¹³:

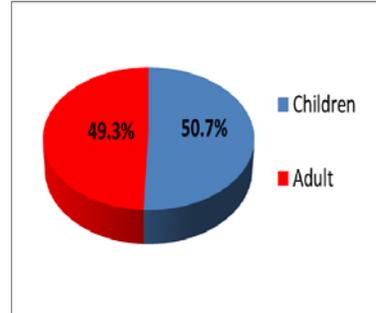
Gender of Individual Clients



Children in Client Households



Children as Percent of Clients



- Of the 1,097 persons served, 459 were male and 638 were female.
- Of the total 356 households served, more than two-thirds of households (241) had children.
- More than 50% of the 1,097 individuals served were children (556).

Appendix Table A. Ethnicity: Number of Persons in Households

	Total	With Children and Adults	Without Children
Non-Hispanic/Non-Latino	840	692	148
Hispanic/Latino	251	229	22
Don't Know/Refused	1	0	1
Information Missing	5	5	0
Total	1,097	926	171

- **76.6%** of total individuals served were non-Hispanic/non-Latino.
- **22.9%** were of Hispanic/Latino origin.
- **Less than 0.5%** of total individuals served refused to disclose their ethnicity.

Appendix Table B. Race: Number of Persons in Households

	Total	With Children and Adults	Without Children
White	534	431	103
Black or African-American	519	456	63
Asian	9	7	2
American Indian or Alaska Native	1	1	0
Native Hawaiian or Other Pacific Islander	2	2	0
Multiple Races	4	4	0
Don't Know/Refused	22	19	3
Information Missing	6	6	0
Total	1,097	926	171

- **48.7%** identified as White/Caucasian.
- **47.3%** identified as Black or African-American.
- **1.5%** identified as Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, or from multiple races.
- **2.6%** of individuals served either did not know their race or refused to disclose it.

¹³ Derived from HMIS Data

Appendix B: Sample Homelessness Risk Assessment Form

ACAM HPRP RISK ASSESSMENT

Determine Homeless or At-Risk Status* Check all that apply and tally below.			
(a)	90 Day	180 Day	(b)
Intake	Day	Day	Exit
			Is the client homeless? (check all that apply)
			• Sleeping in an emergency shelter
			• Sleeping in a place not meant for human habitation, such as cars, parks, abandoned buildings, streets/sidewalks
			• Staying in a hospital or other institution for up to 180 days but was sleeping in an emergency shelter or other place not meant for human habitation (cars, parks, streets, etc.) immediately prior to entry into the hospital or institution
			• Graduating from, or timing out of, a transitional housing program
			• A victim of domestic violence
			Is the client at-risk of homelessness? (check all that apply)*
			• Eviction within 2 weeks from a private dwelling (including housing provided by family or friends)
			• Discharge within 2 weeks from an institution in which the person has been a resident for more than 180 days (including prisons, mental health institutions, hospitals)
			• Residency in housing that has been condemned by housing officials and is no longer meant for human habitation
			• Sudden or significant loss of income
			• Sudden or significant increase in utility costs
			• Mental Health or substance abuse issues
			• Physical disabilities and other chronic health issues, including HIV/AIDS
			• Severe housing cost burden*(greater than 50% of income for housing costs)
			• Homeless in last 12 months
			• Young head of household (under 25 years with children or pregnant)
			• Current or past involvement with child welfare, including foster care
			• Pending foreclosure of rental housing
			• Extremely low income (less than 30% of Area Median Income)*
			• High overcrowding (the number of persons exceeds health and/or safety standards for the housing unit size)
			• Past institutional care (prison, treatment facility, hospital)
			• Recent traumatic life event, such as death of a spouse or primary care provider, or recent health crisis that prevented the household from meeting its financial responsibilities
			• Credit problems that preclude obtaining housing
			• Significant amount of medical debt
			TOTAL <i>If there no risk factors at Exit, enter 0 (zero) in Exit column</i>
(a)			(b)

Appendix C: Standardized Forms for Case Management

Client Information

- **Screening Forms** to determine likelihood of eligibility and appropriateness for program participation
- **Intake and Eligibility Verification Forms** to determine and verify income, risk assessment¹⁴, more in-depth family demographics and identifying data as well as ultimate program eligibility (key determinants of eligibility included but were not limited to families having income at or below 50% of area median income and imminent risk of homelessness)
- **Client Agreement** to outline the terms of the service agreement, which included an explanation of the case management component and requirements, criteria for obtaining financial assistance, as well as requirements for income reporting, housing unit inspection, attendance at family budgeting and money management classes, enrollment for public assistance for which they qualify, following an Individualized Housing Plan and agreeing to answer requests for follow-up after exiting the program

Case Manager Information

- **Case Manager Certification Forms** to certify that staff members entered data into the HMIS, followed up on client outcomes, obtained financial documentation, and took progress notes
- **Planning Forms** to show case managers conducted a needs assessment, an Individualized Housing Plan (IHP), and a 3-month financial assistance plan
- **Referrals Forms** to show that clients were referred by case managers for legal services, credit counseling and other necessary services to reach goals stated in the IHP
- **Housing Search and Placement Forms** including Hotel/Motel vouchers, requests for housing inspection, lead-based paint hazard acknowledgements and rent reasonableness calculation sheets

¹⁴ See Appendix B for a sample risk assessment form.