Rapid Re-Housing: A UMOM Case Study

93% success.

9 of 10 participants experienced a positive outcome.

UMOM New Day Centers has been able to document that for a large sample of families participating in the agency’s rapid re-housing program only 7% re-entered emergency shelter services during a span of more than 5 years. Interventions for individuals and families experiencing homelessness vary in type, length and intensity. For providers, identifying those programs that result in the best chance for stable, permanent housing is critical. One such program available is rapid re-housing. To understand the impact of rapid re-housing services, UMOM tracked a large number of households enrolled in rapid re-housing through both their agency and subcontractors from 2010 to 2015. As of October 2015, 93% of those identified households had not re-entered the system.

With this kind of success, it begs the question, what is happening in Maricopa County? And even more important to providers across the state and nationally, what can we learn and how can this work be replicated and expanded?

Understanding the Community

Families do not experience homelessness in a bubble. Economic, family, community and labor forces all have an impact and can either serve as a buoy in difficult times or can exacerbate an already tenuous housing situation.

UMOM New Day Centers serves families and individuals experiencing homeless and housing instability in Maricopa County – Arizona’s most populous county. Arizona has a higher overall rate of poverty and has more children living in poverty when compared to national statistics. Approximately one in four Arizona children lives in poverty. In Maricopa County, 23% of children live in poverty.

Further, Arizona ranks 46th in the nation for overall child well-being and 42nd nationally for economic well-being. Finally, 34% of Arizona children live in a home with a high housing cost burden, meaning more than 30% of monthly income is spent on rent, mortgage payments, insurance and related expenses.
These are sobering statistics. They are the kind of indicators that can lead human service providers to evaluate the landscape as bleak and then lower expectations. However, they are also the kind of indicators that other providers can see as both a challenge and an opportunity to engage in creative interventions.

It is in this environment UMOM is working to implement innovative strategies and solutions to help families and individuals “meet basic needs and work towards the goal of permanent, affordable housing.”

Rapid re-housing, through collection of participant data, has revealed itself to be one of the strategies that may best meet this goal.

Rapid Re-Housing Defined

Often those involved in housing services will use the phrase “housing first.” This can create confusion, indicating there is a prescriptive, benchmarked program that is officially known as “housing first.” In actuality, it is a philosophy focused on first housing a client, then working collaboratively with the client to address issues that could serve as barriers to maintaining that housing. Rapid re-housing is a “housing first” intervention.

In the past, rapid re-housing was viewed as a well-intentioned but ineffectual program. The reasons? First, funding for rapid re-housing programs was born from the stimulus package and then rolled out quickly without much guidance or clear targeting. Additionally, there was not consistency across funding sources or programs. As a result, providers tended to focus exclusively on providing financial or rent support with no additional wrap-around services or case management.

However, UMOM has implemented rapid re-housing in a way that aligns with recent national guidance. It is focused and robust, with an articulated goal of exiting households to permanent, stable housing. UMOM’s program aligns with the National Alliance to End Homelessness’s (NAEH) Rapid Re-Housing Performance Benchmarks and Program Standards (Benchmarks). Additionally, UMOM’s work may have served to inform this guidance. Specifically, NAEH defines rapid re-housing:

Rapid re-housing is an intervention designed to help individuals and families to quickly exit homelessness, return to housing in the community, and not become homeless again in the near term. The core components of a rapid re-housing program are housing identification, move-in and rent assistance, and rapid re-housing case management and services.

The definition notes three core components of any rapid re-housing program. Specifically:

- **Housing Identification**: This includes recruiting landlords as well as addressing potential barriers. It also involves assisting households with finding and securing rental housing.
- **Rent and Move-In Assistance (Financial)**: Providing assistance with move-in costs, rental and/or utility assistance, to allow for clients to immediately move out of homelessness and to stabilize in permanent housing.
Recognizing there was little to no data about the impact of rapid re-housing funding on housing permanence, UMOM identified three primary rapid re-housing funding sources and tracked clients served by those dollars.

- **Rapid Re-housing Case Management and Services:** This includes helping those experiencing homelessness address issues that can impede access to housing including credit history and legal issues; making appropriate and time-limited services and supports available to families to allow them to stabilize quickly; and ensuring that services are client-directed, respectful of individuals’ right to self-determination and voluntary.

Additionally, the NAEH Benchmarks articulate that those issues programs previously perceived as barriers to participation should no longer keep families from accessing services. In the past, housing programs would identify client drug or alcohol use as a barrier to housing and establish a requirement for successful resolution of those issues before allowing the client to access housing services.

Time has demonstrated that these issues are not necessarily barriers to an individual securing stable housing, and forcing drug testing or demonstrated sobriety can actually keep an individual from achieving permanent housing. To that end, the NAEH Benchmarks specifically state, “Eligibility criteria for the program do not include a period of sobriety, a commitment to participation in treatment, or any other criteria designed to ‘predict’ long-term housing stability other than willingness to engage the program and work on a self-directed housing plan.” The Benchmarks further note that any leases set up through these programs that include additional requirements such as drug testing are not allowed.

Applying this philosophy and focusing on rapid re-housing, Arizona has seen measured improvement. In early 2016, the Arizona Department of Economic Security reported on the impact of rapid re-housing in Arizona:

> The Rapid Rehousing and Homeless Prevention programs in Arizona made significant impacts in the 2014-15 funding year. More than 1,900 individuals statewide were assisted through either Rapid re-housing services or Homeless Prevention. National and local results have demonstrated that housing is the foundational intervention that moves individuals and/or families from homelessness to self-sufficiency. National best practices demonstrate that focusing on developing permanent housing options that are accessible and affordable, combined with collaborative, flexible case management practices, are essential in eliminating homelessness.

**UMOM’s Rapid Re-Housing Program**

UMOM was one of 23 communities nationwide who were part of the original rapid re-housing demonstration grant awarded by the Department of Housing and Urban Development. While the application process for these original dollars began in 2008, it was not until 2010 that this funding became available for use in Maricopa County. Since this time, UMOM has worked to secure additional sources of rapid re-housing funding.

In Maricopa County, all families seeking housing services first work with the Family Housing Hub. The Family Housing Hub was established to house both the designated coordinated entry point for families
as well as the entirety of the coordinated entry system for the county. The Family Housing Hub screens for a variety of emergency shelter services as well as other services. Families are placed on priority lists and are advised when the appropriate shelter is available. Additionally, if other resources are available, the Family Housing Hub will work to make appropriate referrals. Prior to establishment of the Family Housing Hub in 2014, families could enter the system at a variety of different entry points in the county.

At the Family Housing Hub, a family begins a triage process. This includes an assessment using the Family Vulnerability Index – Service Prioritization Decision Assistance Tool (Family VI-SPDAT). This tool is an expedient way to assess a family’s needs as well as the most appropriate, immediate interventions.

The VI-SPDAT is a triage tool. It highlights areas of higher acuity, thereby helping to inform the type of support and housing intervention that may be most beneficial to improve long term housing outcomes. It also helps inform the order - or priority - in which people should be served. The VI-SPDAT does not make decisions; it informs decisions. The VI-SPDAT provides data that communities, service providers, and people experiencing homelessness can use to help determine the best course of action next.

The Family VI-SPDAT is the primary tool that helps UMOM assess if a household is a good candidate for rapid re-housing. A family must also demonstrate they are homeless and that their resources do not exceed a certain economic threshold. Currently, UMOM estimates there are approximately 50 families on the rapid re-housing waiting list.

Once it is determined a household is eligible for rapid re-housing and funding is available, the client begins working with a UMOM housing stability specialist (specialist). UMOM has 13 specialists working exclusively with rapid re-housing clients.

The housing stability specialist works with the household on a variety of issues, all with the focus of positioning the family to successfully transition out of the program into permanent, stable housing. To do this, the specialist not only assists with the mechanics of finding an appropriate housing placement, but also provides support and case management in other areas that provide the scaffolding for a family to achieve stable, permanent housing. These include:

- **Budgeting and income:** Securing the necessary, steady income to maintain safe, stable housing is the key barrier a family must overcome. Further, understanding expenses and creating a reasonable, achievable budget is necessary.
- **Supports with new housing:** For many clients, the responsibilities of being a renter as well as living in a rental community may be a new experience. Housing stability specialists not only support families in understanding their rights and responsibilities as renters, but also provide support and coaching when addressing issues such as landlord engagement, community rules and disagreements with neighbors.
- **Identifying supports and community resources:** The goal of rapid re-housing services is to transition a household to permanent, stable housing. To do this, a family needs to establish supports as well as understand accessible community resources. This not only supports the
family when they enter rapid re-housing but also gives them the tools to address issues that may arise in the future, further increasing the likelihood a family will maintain stable housing.

Once a participant is enrolled in the rapid re-housing program and has moved into stable housing, the housing stability specialist conducts the more extensive Family Service Prioritization Decision Assistance Tool (FSPDAT). This is a case management tool that allows both the specialist and the client to identify key focus areas.

The specialist utilizes home visits, at least once a month, to connect and work with the family on any barriers. Case management is provided in a progressive manner. Further, some families require more support such as weekly visits. Specialists also often check-in during the month via telephone and email. The goal is to engage the family only as long as is needed and to always respect the family’s schedule and boundaries. Participation is not forced and specialists utilize motivational interviewing as well as trauma-informed care when working with clients.

Finally, for those clients receiving direct client management services from UMOM, UMOM has contracted with HOM, Inc. HOM, Inc. is a local agency with expertise in linking landlords and rapid re-housing clients, locating properties, conducting inspections and establishing lease agreements. HOM, Inc. hosts briefings for new rapid re-housing clients attended by both the UMOM housing stability specialist and client as part of an extensive on-boarding process. This provides an orientation for clients and information that outlines legal rights and responsibilities as well as extensive guidance on how to conduct a home search.

UMOM estimates a rapid re-housing client spends approximately five months in the program before they are able to take over payments and maintain their lease independently.

UMOM’s Rapid Re-Housing Success Rate

Recognizing there was little to no data about the impact of rapid re-housing on housing permanence, UMOM identified three primary rapid re-housing funding sources and tracked clients served by those dollars. These three funding sources will total approximately $7 million dollars in rapid re-housing funding from May 2010 through September 2016.

UMOM tracked client data for 229 households who had experienced a successful exit from a rapid re-housing program administered by UMOM or UMOM-supported subcontractors. A successful exit is one where the client is established in safe, permanent housing at the time case management and financial support are ended.

For the 229 households with a successful exit from rapid re-housing services between July 2010 and October 2015, 212 – 93% – had not re-entered emergency shelter as of October 2015.
Outcomes & Policy Implications

While the data collected and analyzed by UMOM is not inclusive of all individuals engaged with rapid re-housing services county- or state-wide, it does capture a substantial number of households over a multi-year period.

Further – and perhaps most critically important for service providers – for an intervention with very little data previously available, this case study provides documented evidence that rapid re-housing, as implemented by UMOM for these households, has led to successful exit from the homeless services system for 212 families.

With this comes not only the incalculable human benefit, but also a likely fiscal benefit as these households are now not accessing emergency housing services. As individuals and families cycle in and out of the homeless services system, their barriers become more entrenched, acuity increases and stability becomes more elusive. As this occurs, interventions also become more intensive and more expensive.

UMOM’s vision is to be a “leader in breaking the cycle of homelessness.” This case study demonstrates that rapid re-housing as implemented by the agency is an extremely promising intervention for not only families in Maricopa County and Arizona, but nationwide.

Prepared for UMOM New Day Centers by Kristin Borns, Borns Solutions AZ

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1 As self-reported by UMOM utilizing HMIS data. Determined based on calculation of 229 successful exits from RRH (with 40 unsuccessful exits). Of those 229 successful exits b/w July 2010 and October 2015, 212 had not re-entered the system as of October 2015. Over time it is likely the rate of families re-entering the system will increase, only b/c some of the families captured in this data had only recently exited the rapid re-housing program to permanent housing.


4 Ibid.


8 https://www.umom.org/learn-more/programs-services/


Based on interviews with UMOM staff and UMOM self-report data.


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UMOM self-report.

While the current data reflects client re-entry through October 2015, the rapid re-housing program administered by UMOM is on-going.