

## ACAM's Houston-Based Collaborative Shares HPRP Best Practices

### Positive Stories / Lessons Learned from HPRP: *Community Success Story*

HPRP Grantee:	Alliance of Community Assistance Ministries, Inc. (ACAM)
CoC Name and Number:	TX-700 – Houston/Harris County CoC

### Latest CoC Point-in-Time Count:

Total persons in ES:	1,063	Total persons in TH:	2,280
Total persons in Safe Haven:	20	Total unsheltered persons:	3,824
Total persons, sheltered and unsheltered:	7,167		

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 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 clients with the highest risk of

homelessness. The ACAM Collaborative contracted to serve 504 people and ultimately served 1,097 individuals (representing 356 households); more than double the contracted number.

Although the Collaborative emphasized homelessness prevention assistance (85% of clients), its program used a carefully-designed, three-stage risk assessment process to target individuals and families with the highest risk of becoming homeless. This process incorporated a standardized case file system, allowing case managers to look at individual cases to determine relative need. Every effort was made to screen so that clients who entered the program would, "but for" this assistance, become homeless.

1. In the first stage, case managers from the three partnering community assistance ministries screened potential program participants for the existence of a crisis factor (e.g., a lost job, a new family member, etc.), which was a prerequisite to reach the second stage in the HPRP assessment process. If case managers determined that a household's crisis factor was not sufficient to qualify for the second stage in the HPRP assessment process, they would refer clients to the community assistance ministries' other programs and services.
2. Households that did present an eligible crisis factor were then assessed for additional risk factors in the second stage of the assessment process. If not enough risk factors were documented during this assessment, the household was referred to other programs and services.
3. Households that did present enough risk factors reached the third stage of the process, which was intake into HPRP and the creation of an Individualized Housing Plan specific to the household's needs and self-sufficiency goals.

Case managers utilized the risk assessment 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 clients 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 client need. ACAM used a one-stop service center approach that

provided client-centered wraparound services, including: multiple case management sessions to outline goals and track progress; direct financial assistance; budget and credit counseling; and linkages to help with basic needs such as clothing, food, and school supplies.

The ACAM HPRP Collaborative's post-exit data indicate that most clients 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 clients' 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 clients 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.

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