INTRODUCTION AND BACKGROUND

Case management is essential to the success of the Homeless Prevention and Rapid Re-housing Program (HPRP). Effective case managers provide a blend of assessment and coordination services. They possess in-depth knowledge of communities and available services and housing, mixed with genuine empathy and respect for the families and individuals seeking their assistance. HPRP case managers use this expertise and empathy to provide services that are “just enough” to help families move through crisis towards stability.

A meeting with a case manager is required in order to receive HPRP assistance, although it is not necessarily the first step. Some communities might have a screening, intake, assessment and eligibility determination process that precedes assignment to a case manager, while other communities will have case managers performing the eligibility task. Regardless of the arrangement, the meeting with the case manager should be regarded not only as a program requirement, but also as an early opportunity to help a household improve its housing stability during and beyond the period of HPRP assistance.

Case management has been defined as a “collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet the client’s health and human service needs. It is characterized by advocacy, communication, and resource management and promotes quality and cost-effective interventions and outcomes.” Within HPRP, case management focuses on housing stability and placement, with an emphasis on the arrangement, coordination, monitoring, and delivery of services related to housing needs and improving housing stability. Due to the time-limited nature of HPRP services (short or middle term assistance), case management in this context focuses on needs that can be addressed within a set time frame and with available resources.

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HOMELESSNESS PREVENTION AND RAPID RE-HOUSING

For both homelessness prevention and rapid re-housing, case management includes identification, assessment, planning, resource acquisition, stabilization, and support. While these tasks fall into the same categories, there are distinct differences in approach and content for prevention and rapid re-housing.

Homelessness prevention targets low-income households who have not yet become homeless but will become homeless if they do not receive HPRP assistance. Case management for households at risk of homelessness includes important elements of identification, outreach, and engagement. This means that the case manager will identify households at the greatest risk and determine what type of support they need to avoid homelessness. Not all households seeking homelessness prevention assistance will need rental subsidies – indeed, many will simply need one-time financial assistance with unpaid utility bills or practical help resolving a dispute, for example. The emphasis in prevention is on identifying the most pressing needs and using HPRP or other sources to meet those needs, with the goal of housing stabilization.

Rapid re-housing is intended for households who have already become homeless. For HPRP this means individuals and families whose income is at or below 50 percent of Area Median Income and who meet one of the following criteria:

- sleeping in an emergency shelter
- sleeping in a place not meant for human habitation, such as cars, parks, abandoned buildings, and streets/sidewalks
- staying in a hospital or other institution for up to 180 days but homeless immediately prior to entry into the hospital or institution
- graduating from, or timing out of, a transitional housing program
- escaping domestic violence

Case management here has a focus on determining the need for specific levels of housing assistance and helping the household identify and obtain housing that is affordable with HPRP assistance.

Once housing is stabilized—whether through prevention or rapid re-housing assistance—the case manager can help the household identify other resources needed to maintain this stability (e.g., health insurance, benefits, child care services, food and clothing). If a household needs and desires ongoing services, the HPRP case manager can make the appropriate referrals. However, long-term needs are not a focus of the HPRP program.
<table>
<thead>
<tr>
<th>Task</th>
<th>Prevention</th>
<th>Rapid Re-housing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify</td>
<td>• Identify at-risk households that, but for this assistance, would become</td>
<td>• Identify households that are homeless at the time of request: emergency shelters (including domestic violence shelters), soup kitchens, etc.</td>
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<tr>
<td></td>
<td>homeless, as they present at Community Action Agencies and other agencies for</td>
<td>• Create methods of identifying homeless households at other points of entry. These might include the “211” system, free/low cost health clinics, McKinney Vento Education programs, Workforce Boards or One-Stop Career Centers, etc.</td>
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<td>eviction prevention assistance, temporary rental payment, etc.</td>
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<td></td>
<td>• Within mainstream systems, identify at-risk households, that, but for this</td>
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<td>assistance, would become homeless.  Indicators of risk might include:</td>
<td></td>
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<td></td>
<td>history of homelessness, history of residential instability, no income,</td>
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<td></td>
<td>utility shut-offs, etc.</td>
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<tr>
<td>Assess</td>
<td>Focus on:</td>
<td>Focus on:</td>
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<tr>
<td></td>
<td>• Income and other eligibility factors</td>
<td>• Income and other eligibility factors</td>
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<td></td>
<td>• Strengths and risk factors</td>
<td>• Immediate, short-term, and medium-term housing needs</td>
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<td></td>
<td>• Housing and tenancy risk factors</td>
<td>• Ongoing issues, underlying issues, including barriers to getting housing (e.g., negative landlord references or credit history), and barriers to keeping housing (such as income)</td>
</tr>
<tr>
<td></td>
<td>• History of risk factors for homelessness</td>
<td>• Determination of most appropriate intervention -- rapid re-housing or long-term</td>
</tr>
<tr>
<td></td>
<td>• Need for one-time, short term or medium-term assistance</td>
<td>programming</td>
</tr>
<tr>
<td>Plan</td>
<td>Focus on:</td>
<td>Focus on:</td>
</tr>
<tr>
<td></td>
<td>• Personal strengths and risk factors</td>
<td>• Assistance with choosing and obtaining affordable housing</td>
</tr>
<tr>
<td></td>
<td>• Specific housing and tenancy risk factors (e.g., unpaid rent or utilities)</td>
<td>• Personal strengths</td>
</tr>
<tr>
<td></td>
<td>• Short-term crisis resolution (e.g., payment arrangements or mediating</td>
<td>• Short-term, crisis resolution steps</td>
</tr>
<tr>
<td></td>
<td>disputes)</td>
<td>• Linking to any needed and desired ongoing services, with a focus on housing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>retention</td>
</tr>
<tr>
<td>Stabilize</td>
<td>Review of risk factors and plans to address; coaching regarding plan</td>
<td>Ongoing monitoring of housing situation, including communication with landlord as</td>
</tr>
<tr>
<td></td>
<td></td>
<td>appropriate</td>
</tr>
<tr>
<td>Support</td>
<td>Link to ongoing supports/case management if needed and desired by client</td>
<td>• Link to ongoing supports/case management if needed and desired by client</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Referral and follow-up</td>
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</table>
Case Management Tasks and Techniques: Housing Relocation/Stabilization

For both prevention and rapid re-housing activities, case managers need considerable skill and community knowledge in order to be successful. This section explores the skills, resources, and abilities needed to support effective identification, assessment, prevention, re-housing, stabilization, and support.

Outreach and Engagement

Case management with people who are homeless (or at risk of homelessness) often includes an active phase of outreach and engagement. For people who are on the streets or in shelter, the principles and process of outreach are well-defined. These include a non-threatening approach, persistent contact over time, and a patient offer of a flexible array of services, including help with basic survival needs. Effective engagement builds on actions that demonstrate commitment to client choice, maintenance of dignity, and investment in relationship building. It is also important to communicate the type of assistance available and focus on the ability to meet immediate, essential needs related to housing and personal safety.

It is helpful for the case manager to think of HPRP prevention assistance as part of an overall “shelter diversion strategy”—in other words, what households are most likely to enter the shelter system or become homeless without this assistance? Community action groups, Food Stamp offices, law enforcement officials, and behavioral health providers, for example, all might have information on people who are at immediate risk. Establishing relationships with such entities and informing them of HPRP services can provide a means of identifying households most likely to benefit from immediate, short-term, and medium-term assistance.

Similarly, homeless households can be identified as candidates for HPRP rapid re-housing assistance when they seek services in either mainstream or Continuum of Care (CoC) systems. By publicizing HPRP services beyond the CoC system, case managers can help to ensure that there is “no wrong door” for accessing HPRP assistance. For example, hospital emergency departments, One-

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Case Scenario: Helping Clients Identify Short-Term and Long-Term Goals under HPRP – Elaine

HPRP offers short-term and medium-term assistance; however, many clients have long-standing significant issues that should be addressed in the long-term. An HPRP case management plan should focus on resolving immediate needs, while creating linkages to other systems that support long-term housing stability.

Consider Elaine and her daughter, Betsy. Elaine is 28 years old and unemployed and comes to the local shelter with her 2-year-old daughter, Betsy. She had been living with her sister in a small apartment for the past two months, but the sister’s boyfriend is now insisting that they can’t continue to stay.

**Being “doubled up” and lack of income qualifies Elaine for rapid re-housing assistance.**

Elaine had left her partner (Betsy’s father) following repeated episodes of domestic violence. Partly as a consequence of disruption that their relationship had repeatedly created in her prior rental complex, her most recent landlord will not offer a positive reference.

**Domestic violence is another eligibility factor.** While helping with a safety plan is important, this should be part of a long-term support.

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Stop Career Centers, and behavioral health agencies might be asked to identify individuals who report “no address” at intake and refer them households to HPRP. CoC providers should be aware of the type of assistance available and the program goals so that they can refer to people to HPRP case managers for an assessment. For example, a CoC provider might be aware of a family that needs assistance with a security deposit in order to move into a subsidized apartment or a family that is at the top of a waiting list for a permanent subsidy and needs short-term assistance until it becomes available.

Assess Eligibility for HPRP
In order for a household to receive financial assistance, case management or any other services through HPRP, the household must:

- Have an initial consultation with a case manager or other authorized representative
- Be at or below 50% of Area Median Income
- Be homeless or at risk of homelessness, and –
  - Have no appropriate subsequent housing options
  - Lack financial resources/support networks needed to resolve the housing crisis (i.e., the household will become/remain homeless without HPRP assistance)

Assess Housing and Service Needs
Once eligibility has been established, the case manager moves to an assessment of a household’s need for housing placement, financial assistance, and services and supports. The process of assessment serves two purposes: establishing a trusting relationship with the persons seeking help and determining the basic degree of fit between household needs and HPRP and/or mainstream services.

Assessment is possible only when the family or individual is an active participant, making decisions about the array of services needed and wanted. By establishing a working relationship with the client or clients, the case manager can understand the context of individual needs and suggest the types and level of services that will be most effective. Assessment involves gathering information, prioritizing needs, and identifying barriers. The HUD Homelessness Resource Exchange (www.hudhre.info) offers a number of helpful examples and tools in the “Client Intake, Assessment, and Case Management” section.

Determining whether a household can be assisted by the HPRP program, and if so, how, depends on a number of factors. The case manager should consider the household’s immediate housing situation, vulnerability factors, and financial or practical barriers to housing.

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4 http://www.hudhre.info/index.cfm?do=viewAllResourcesByTopic&topicid=81&pTopicID=81
Household situations in which HPRP assistance might be particularly appropriate include:

- Facing eviction within 2 weeks
- Facing discharge within 2 weeks from institutional stay of 180 days or more
- Residency in condemned housing
- Sudden and significant loss of income
- Sudden and significant increase in utility costs
- Pending foreclosure of rental housing
- Exceeding health and/or safety standards for housing unit size

HPRP programs may choose to consider a number of personal characteristics that threaten housing stability in establishing priorities for HPRP assistance, such as:

- Mental health and substance abuse issues
- Physical disabilities and other chronic health issues, including HIV/AIDS
- Severe housing cost burden (greater than 50 percent of income)
- Homelessness in last 12 months
- Young head of household (under 25 with children or pregnant)
- Past institutional care (prison, treatment facility, hospital)
- Recent traumatic life event or health crisis
- Current or past involvement with child welfare, including foster care
- Current or past domestic violence

Elaine is a high school graduate with limited technical and professional skills. She had worked on and off over the past several years in a series of low-wage clerical jobs. Her most recent position, as a receptionist in a local production facility, had ended nearly six months earlier when that firm laid off a large number of employees due to the economic downturn. She can get positive references from that job, but has had little luck in finding new employment as work opportunities are extremely limited in her community. Elaine’s inability to afford child care is also a complicating factor in her finding work that she can reasonably sustain.

In losing her prior job, Elaine also lost access to health benefits for herself and her daughter. Betsy has chronic asthma that requires medical assistance and often leaves her requiring extra attention from Elaine. Elaine also has a history of illness that requires continuing medical attention.

Consider referral to mainstream systems to build on Elaine strengths and to provide assistance with other issues.
The assessment process should also consider strategies for addressing financial or practical barriers to obtaining or maintaining housing, such as:

- Extremely low income (less than 30 percent of Area Median Income)
- Credit problems
- Significant amount of medical debt
- Negative tenant history
- Criminal history

Such factors should guide preliminary recommendations about short or medium-term assistance, level and type of financial assistance, tenant share of subsidy, specific financial needs, etc. Case managers need to evaluate the household as a whole, including prospects for employment, needs for training, or requirements for other income assistance to support long-term housing stability. All of this should be done from a strengths-based perspective, taking into account job skills, willingness to participate in job training or education, social support systems, hopes and aspirations, etc.

While HPRP provides only short-term and medium-term assistance, it is possible that the individual or household need for assistance is too complex and will require an ongoing commitment of services and supports. In that scenario, the case manager should seek to refer the household to long-term and/or intensive homelessness programs (e.g., permanent supportive housing) and/or mainstream service delivery systems (e.g., a Public Housing Agency, mental health treatment, etc.) that can provide ongoing, intensive assistance.

A related consideration is the ability of mainstream systems to accept and provide adequate supports for those who are referred for more intensive services. The length and amount of HPRP assistance may then depend on mainstream systems’ capacity to absorb new referrals. Case managers and system planners need to know about the status of waiting lists, eligibility requirements, documentation requirements, and specific services availability. In many cases, this linkage will require a strong advocacy role by the case manager to enable expedited access for households with complex needs.

### Housing Relocation/Stabilization Plan

Developing a plan for housing relocation and/or stabilization is at the heart of defining assistance that should be offered to homeless and/or at-risk households. Case managers should build plans around the client’s own goals. Obtaining or maintaining stable housing is a likely primary goal and other steps needed to achieve housing stability (such as employment or needed supports) are likely related goals. When action steps and responsibilities are set out in such plans, they also provide a means of assessing progress among program beneficiaries. A model document that can be easily used and/or adapted accompanies this summary and is included as Appendix A. Thoughtful use of such tools by HPRP case managers guides planning for short-term or medium-term stabilization, as well as linkages for longer-term supports from mainstream systems.

Plans must be developed with full involvement from household members, and should start with a strengths assessment. Strategies for increasing housing stability should always seek to leverage these strengths. For example, a previous job

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We know Elaine has been recently employed and would like to return to work. Elaine has stated that she would like to get an apartment and return to work part-time so that she can adequately care for Betsy. Using the case scenario, we have developed a Sample Housing Stabilization Plan for Elaine Jones, attached as Appendix A.
or jobs that the individual enjoyed, felt challenged by, and/or is interested in for the future represents a strength that can be built upon to help support the long-term stabilization of the household. These strengths should be explored even if there are problematic intervening factors, such as being fired or experiencing medical problems. An individual who has had a successful job history but has lost work due to a behavioral health issue, for example might benefit from short-term housing assistance while participating in employment services.

**Short-term Stabilization**

Short-term stabilization is focused on immediate, housing-related needs. During a period of short-term support, the case manager maintains close contact, as needed, with both the tenant and landlord to resolve any issues that might arise. The case manager might also use the opportunity to discuss with the client how to pursue ongoing goals once housing stability is achieved and the assistance ends.

For prevention, the short-term plan addresses the causes of housing instability. For example, a family might be at risk of losing housing due to losing shifts on a job or being forced from full-time to part-time status. The consequence of these cutbacks might include unpaid utility bills and late payments to an unhappy landlord. The case manager works with the family to create a short-term stabilization plan that both responds to the immediate need and sets goals and objectives to increase the household income right away. HPRP funds can be used to support pursuit of these goals, by paying for two months’ “back rent,” two months of utility arrears, and an additional 90 days of rental assistance, for example.

For rapid re-housing, the immediate action plan developed by the case manager might include short-term sheltering arrangements in a local motel, active assistance with housing relocation, provision of move-in assistance for new housing arrangements, and commitment of 3 months’ rent. Beyond housing search assistance and financial assistance, case management during a period of short-term rapid re-housing assistance might well also include linkage to legal services, credit repair, and employment training and support. Whether or not the client’s needs are primarily financial, HPRP funds function as a critical resource for housing-focused case management.

**Medium-term Support**

For individuals or households with more complicated needs, or a need for assistance that exceeds 3 months, medium-term assistance (up to 18 months) may be justified. The immediate needs of the household might be similar to those receiving short-term assistance, but due to financial reasons or personal characteristics, establishing housing stability will take longer.

In these circumstances, the case manager has substantially more time to work with households on resolving more complex concerns,
if needed and desired by the household. In many instances, the household’s issues might be with mainstream systems themselves. For example, it can take weeks or months to resolve child protective services cases, clarify Medicaid eligibility determinations, or track down citizenship and birth records necessary for employment. For households who need ongoing assistance regarding job training and job search, medium-term assistance through HPRP also offers a sustained period of stable housing while they develop capacity for self-sufficiency through employment. Case management in this medium-term period can also support successful engagement in associated behavioral health services – allowing people time to engage with mental health or substance abuse services that further improve their chances at long-term housing stability.

**MONITORING PROGRESS**

While HPRP offers time-limited assistance, its overarching goal is to establish long-term housing stability. The HPRP case manager helps to give the client a “running start” toward housing stability and sometimes will “pass the baton” to another system; with HPRP, the client may also achieve stability independently.

For many people, a job loss, medical crisis or family situation poses an immediate but discrete threat to housing stability, and longer term follow-up might not be necessary. In such cases, it is nevertheless important to follow up with the landlord and tenant to ensure that the assistance provided has resolved the housing instability and that the household is progressing toward its goals. For example, the case manager might confirm that rent and utilities are being paid promptly and that other household expenses such as food and furnishings are being met.

In other cases, particularly situations necessitating medium-term assistance, more comprehensive follow-up is warranted. For example, if a client’s plan to achieve long-term housing stability is based upon successful completion of vocational training programs, it might be appropriate to follow up informally with the client and/or training providers. On the other hand, in the case of a client whose plans require receipt of ongoing support, such as permanent supportive housing and behavioral health services, more intensive follow up with these other systems might be appropriate. For example, it may be necessary to monitor permanent housing applications and ensure the client has access to needed and desired services.

**SUMMARY**

Highly skilled and effective case management is a core component of HPRP services. The case manager assesses household needs, determines the best plan of action to address those needs, and facilitates access to the services and resources necessary for long-term housing stabilization. This tool and the related training materials are designed to help system planners consider issues and make decisions about how case management in the local homelessness service delivery system helps support the best use of this Federal funding opportunity. Effective, strengths-based case management is essential to the success of the HPRP model.
Appendix A. Sample Housing Stabilization Plan for Elaine Jones

| NAME: Elaine Jones | ID: XXX5551234 | DATE of PLAN: September 1, 2009 |
| LEGAL STATUS: | PROGRAM: HPRP - Rapid Re-housing |

1. Service/Treatment Goal: Obtain housing and address factors that threaten housing stability.

2. HPRP Eligibility: Short term assistance __________ Medium-term assistance __________

HOUSING BARRIERS: Sister’s boyfriend asking her to leave; no immediate housing options or means to pay for housing or utilities.

FACTORS THAT THREATEN HOUSING STABILITY: Unemployment, history of domestic violence, no childcare, child with medical needs.

STRENGTHS and RESOURCES: “I am not afraid to work, I had a good job for five years. I can take care of myself and Betsy, if you will give me a chance.”

**OBJECTIVE 1. Secure Housing**
- Secure income to support housing unit
- Find and obtain an affordable 2-bedroom apartment

<table>
<thead>
<tr>
<th>WHAT</th>
<th>PURPOSE</th>
<th>WHO</th>
<th>BY WHEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sign up for HPRP deposit and rental assistance</td>
<td>Financial assistance</td>
<td>Case Manager Elaine</td>
<td>This Friday</td>
</tr>
<tr>
<td>Contact PHA to confirm she has a good housing record with them.</td>
<td>If yes, could be useful in obtaining housing. If no, clearing this record could be helpful in obtaining housing.</td>
<td>Elaine Case Manager</td>
<td>End of next week</td>
</tr>
<tr>
<td>Develop a preliminary household budget.</td>
<td>Determine the level of financial assistance that will be needed to move-in and sustain housing</td>
<td>Elaine Case Manager</td>
<td>End of month</td>
</tr>
<tr>
<td>Look on-line at housing locator and identify 5 possible units that fit within budget</td>
<td>Assess housing market within Elaine’s budget.</td>
<td>Elaine Case Manager</td>
<td>Next month</td>
</tr>
<tr>
<td>Visit possible housing units, meet with landlords</td>
<td>Select housing unit</td>
<td>Elaine Case Manager</td>
<td>End of next month</td>
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</tbody>
</table>

**OBJECTIVE 2. Address benefits issues that threaten housing stability**

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<tr>
<th>WHAT</th>
<th>PURPOSE</th>
<th>WHO</th>
<th>BY WHEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Medicaid agency to start benefits.</td>
<td>Provides access to health care for Elaine and the baby.</td>
<td>Elaine</td>
<td>This Friday</td>
</tr>
<tr>
<td>Sign up for Food Stamps</td>
<td>Secure resources that will be needed at move-in</td>
<td>Elaine</td>
<td>End of month</td>
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<tr>
<td>OBJECTIVE 3. Secure employment to promote long-term housing stability.</td>
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<tr>
<td>WHAT</td>
<td>PURPOSE</td>
<td>WHO</td>
<td>BY WHEN</td>
</tr>
<tr>
<td>Establish account on-line with One-Stop Career Center, make initial appointment</td>
<td>Secure employment to support this household</td>
<td>Elaine</td>
<td>This Friday</td>
</tr>
<tr>
<td>Contact previous employer for reference</td>
<td>Be prepared for job search</td>
<td>Elaine</td>
<td>This Friday</td>
</tr>
<tr>
<td>Investigate subsidized child care options for job search and eventual employment</td>
<td>Support ability to look for job and work</td>
<td>Case Manager, Elaine</td>
<td>End of next month</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OBJECTIVE 4. Connect Elaine with mainstream resources to promote long-term housing stability.</th>
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<th></th>
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</thead>
<tbody>
<tr>
<td>WHAT</td>
<td>PURPOSE</td>
<td>WHO</td>
<td>BY WHEN</td>
</tr>
<tr>
<td>Provide referral to Women’s Resource Center for counseling</td>
<td>Support longer-term issues that may impact Elaine’s long-term housing stability</td>
<td>Case Manager</td>
<td>End of month</td>
</tr>
</tbody>
</table>

I agree with this Housing Stabilization Plan
- [ ] I have been offered a copy of this Housing Stabilization Plan.
- [X] accepted     [ ] declined my own copy of the plan.

SIGNATURE: Elaine Jones
DATE: 9/01/09
COMMENT: 

I agree with this Housing Stabilization Plan

SIGNATURE: Liza Stewart
TITLE: Case Manager
DATE: 9/01/09