Rapid Rehousing Process, Landlord Engagement, and Creative Housing

GWEN MCQUEENEY
DEPUTY DIRECTOR OF SHELTER AND RAPID
REHOUSING
KIMBERLY DAVIDSON
HOUSING LOCATOR
NORTHERN VIRGINIA FAMILY SERVICE

8/26/2015
The Shelter Game

- SERVE shelter, a family and single shelter
- Stays at the shelter from 60 days up to 9 months.
- No goal oriented service plans; no follow up or follow through
- Clients had “exhausted their stay” and were discharged
- Clients were exiting without housing plans
- Recidivism was high
Transition in homelessness approach

Moved from addressing symptoms of homelessness to **ending homelessness**:

- Prince William County 10 Year Plan to End Homelessness
- Rapid Rehousing Model: Nationally recognized, evidence-based approach

**What is Rapid Rehousing?**
What did Rapid Rehousing mean for our program?

- Examined our staffing structure
- Retooled all forms
- Shifted the focus of work from an *internally* focused program to an *externally* focused program

Housing First and Housing Fast!
Prior to Rapid Rehousing:
- Goal planning was not incorporated
- Concentrated on how to fix all of a client's problems; as defined by them.
- Focus was not on housing.

Ready, Set, Go Rapid Rehousing:
- Shifted focus of work to external factors. How could a client be supported upon exit.
- Intense emphasis on housing and stabilizing in the community.
  - Once housed, a client could connect to benefits and work on self-sufficiency in the community.
- Identified shelter as a short-term solution to a homeless crisis.
Revised Staffing Structure

- Expanded staff from only case managers to include:
  - Central Intake Coordinator
  - Housing Locator
  - Community Case Manager

- Staff became Certified Housing Counselors
- HUD Approved Housing Counseling Agency
The Birth of a Rapid Rehousing Program

Clients now enter a Rapid Rehousing Program versus a homeless shelter.

Rapid Rehousing Contract signed at intake.
# Tool: Housing Barrier Assessment

## Housing Barrier Assessment Tool

<table>
<thead>
<tr>
<th>Barrier Category</th>
<th>Example Barriers</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Barrier Case</td>
<td>Weights 3</td>
</tr>
<tr>
<td>Moderate Barrier Case</td>
<td>Weights 2</td>
</tr>
<tr>
<td>Low Barrier Case</td>
<td>Weights 1</td>
</tr>
</tbody>
</table>

### Example Barriers

- **High Barrier Case**
  - Weights 3
  - Example: Very steep rent-to-income ratio, very low credit score, very low income, severe disability

- **Moderate Barrier Case**
  - Weights 2
  - Example: Rent-to-income ratio significantly above median, moderate credit score, moderate income, moderate disability

- **Low Barrier Case**
  - Weights 1
  - Example: Rent-to-income ratio slightly above median, good credit score, good income, good disability

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**Note:** The assessment tool is designed to help identify barriers to housing for individuals and families. It assigns weights to different factors to prioritize the barriers that need to be addressed. The tool can be used by housing providers to better understand the needs of applicants and to make more informed decisions about housing assistance. **It is important to consider all factors and not just one or two.**
## Tool: Housing Stabilization Plan

### Northern Virginia Family Service - Housing Program

<table>
<thead>
<tr>
<th>Housing Stabilization Plan</th>
</tr>
</thead>
</table>

### Primary Goal

- Service Area: __________
- Dimension: __________
- Financial: __________
- Medical: __________
- Work: __________
- Educational: __________
- __________

**Statement of success or need:**

**Your Goal Statement:**

Your personal and social resources that will help you reach this goal include:

The case manager's recommendations and suggested activities to support your efforts to reach this goal include:

### Short Term Goal: Obama Document Meeting

<table>
<thead>
<tr>
<th>Format</th>
<th>Requested</th>
<th>Target Date to Begin</th>
<th>Target Date to Complete</th>
<th>N/A</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Meet with Housing Leader</td>
<td>2022-01-01</td>
<td>2022-03-31</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Create Media Based Research</td>
<td>2022-01-01</td>
<td>2022-03-31</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Write Money into Budget</td>
<td>2022-01-01</td>
<td>2022-03-31</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Review Family Board Services</td>
<td>2022-01-01</td>
<td>2022-03-31</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Add Fair Housing Certifications</td>
<td>2022-01-01</td>
<td>2022-03-31</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Short Term Goal: Obama Document Employee

<table>
<thead>
<tr>
<th>Format</th>
<th>Requested</th>
<th>Target Date to Begin</th>
<th>Target Date to Complete</th>
<th>N/A</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Increase Minimum Exposure</td>
<td>2022-01-01</td>
<td>2022-03-31</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Amend Educational Vertical Training</td>
<td>2022-01-01</td>
<td>2022-03-31</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Secondary Goals (Check all that apply):**

- Service Area: __________
- Dimension: __________
- Financial: __________
- Medical: __________
- Work: __________
- Educational: __________
- __________

**Statement of success or need:**

Your Goal Statement:

Your personal and social resources that will help you reach this goal include:

The case manager's recommendations and suggested activities to support your efforts to reach this goal include:

### Date:

8/26/2015
Be Back in 10!

KEEP CALM AND TAKE A BREAK
Check-In

KEEP CALM
AND
ITS TIME FOR QUESTIONS

8/26/2015
BUT...

Three critical questions had to be answered to begin the shift to a Rapid Rehousing mindset:

- How could we reduce stays to 30 days?
- Upon leaving shelter, where were clients going?
- How do we keep clients housed and reduce recidivism?
This is going to be an uphill battle!

- Both *clients* and *staff* were not on-board with Rapid Rehousing

  “This is not going to work...”

  “People can’t be expected to change that fast..”

  “So you are just going to put someone into housing without a job or benefits..”

  “This is crazy...”
System Mindset

- Housing Counselors cannot address all barriers; barriers do not mean that a client can not be housed
- Clarified roles; both for workers and clients
- Focused crisis oriented work
- Shifted from a punitive shelter system to a system focused on housing goals and addressing housing barriers.
The Structure...

A centralized intake office: One Point of Entry for All Clients

Housing barrier assessment

Housing Locator Services

Shelter Case Management and Community Case Management

Evaluation of the Process: Setting Outcome targets and HMIS
The Key Players...

<table>
<thead>
<tr>
<th>Central Intake Worker:</th>
<th>Housing Counselors:</th>
<th>Housing Counselor Community:</th>
<th>Housing Locator:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assesses each call that comes received to determine referral.</td>
<td>Barrier Assessment Form completed with all new client(s). Sets discharge date, 30 days from entry. Works intensively with client on Housing Stabilization Plan. Coordinates referrals in the community. Links client(s) to Housing Locator.</td>
<td>At entry, client(s) meets with CCM to discuss discharge/aftercare plan. Meets with client(s) and Housing Locator to establish housing plan. Works with client(s) in the community around stabilization, links to community resources, and assesses if further financial assistance is needed to maintain housing. Works with client(s) 3-6 months. Collaborates with landlords to support process.</td>
<td>Works in the community around landlord recruitment. Researches affordable housing opportunities. Maintains landlord database. Works with shelter and community homeless. Facilitates life skills workshops for client(s). Meets with clients about housing search, financial assistance, and completes pre-inspection move in. Staffs cases with Community Case Manger.</td>
</tr>
<tr>
<td>If not homeless, then forwarded call to Prevention Workers.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If homeless, ensures bed space and assigns intake date</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8/26/2015
A New Look...A New Way...

- Client(s) enter into a Rapid Rehousing Program.
- RRH education for clients
- Each case individually staffed
- Team meetings to staff cases, review length of stay, and collaborate
- Set internal challenges
- Review/evaluate data on a Monthly, Quarterly and Annual Basis
## Time Frame....

<table>
<thead>
<tr>
<th>First 24 hours:</th>
<th>Within 72 hours:</th>
<th>At Day 15:</th>
<th>Discharge Date (30th day)</th>
</tr>
</thead>
<tbody>
<tr>
<td>RRH Intake completed</td>
<td>Housing Counselor meetings established</td>
<td>Housing/ Employment searches reviewed</td>
<td>Household item assistance provided</td>
</tr>
<tr>
<td>Housing Barrier Assessment completed</td>
<td>Housing Stabilization Plan is completed</td>
<td>Housing Locator meetings established</td>
<td>Discharge summary completed</td>
</tr>
<tr>
<td>Client(s) given overview of RRH program</td>
<td>Introductions to Housing Locator and Community Case Manager</td>
<td>First internal Community CM meeting</td>
<td>Move into home</td>
</tr>
<tr>
<td>RRH Contract Agreement signed</td>
<td>Attend Basics of Renting Class</td>
<td>Extension requests reviewed</td>
<td>First community appointment for Community CM scheduled</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Questions, Anyone??

KEEP CALM
AND
ITS TIME FOR
QUESTIONS

8/26/2015
According to the 2012 American Community Survey,
At $20.26/hr., Virginia has the 8th highest housing wage in the nation.

In 2013, the average weekly wage was $831 ($20.77/hr.) a 9.1% growth since 2008.

Rising rent and a decline in rental accommodation made housing unaffordable for the majority of our clients.
Housing in Prince William County

- Prince William County is ranked the **fourth fastest** growing county in the state of Virginia.
- PWC FMR for a 1 bedroom unit $1,328 per month; 2 bedroom unit $1,506 per month; and 3 bedroom unit $1,943 per month.
- **Affordable Housing Crisis:**
  - Affordable Rental Units demolished to make way for new luxury apartments and townhomes
  - City Board of Supervisors denied two applications from Developers for Affordable Dwelling Units.
Housing Locator immediately understood that creative housing opportunities had to be explored.

- Do clients need to relocate outside of PW County?
  - Fauquier, Stafford, Spotsylvania Counties....

- Outside of Northern Virginia?
  - Warren, Orange, Shenandoah Counties...

- What about Shared Housing opportunities?
Network, Network, Network

- Housing Locator began networking:
  - Housing Locator Network System
  - NVFS Programs
  - PWC Office of Housing Brokerage Firms and Associations
  - Property Management companies
  - Local businesses
  - Volunteers

- Media
  - Print – newspaper, magazine, church bulletins, brochures
  - Social – Facebook, Tweeter, and Craigslist
Shared Housing

Housing Locator worked with community faith-based organizations and local agencies to explore shared housing opportunities.

- Rooms for rent
- Caregiver arrangements
- Labor in exchange for housing

For many of our clients, this was the first step to getting housed and becoming stable.
Why Shared Housing?

For Homeowner/Renter:
- A way to prevent foreclosure
- Eviction prevention
- Off set cost of home expenses
- Receipt of services
- Companionship
- Security

For the Renter:
- High barriers may not be a factor
- Affordable Housing
- Off sets living costs
- Employment opportunity
- Companionship
- Security
Landlord Incentives/Benefits

- Clients attended life skill workshop focused on “How to be a good tenant” & “Basics of Renting”.
- Quicker occupancy time/lower occupancy rate
- Guidance with lease preparation
- Possible rent subsidy
- Community case management to client (tenant)
- Dispute resolution
- Semi-annual Landlord Breakfast event
- Landlord Appreciation Award
From 245 day shelter stay To an average 45 day shelter stay
In groups of four, please review the following scenario. One person can be the client, one the case manager, one the housing locator, and one the observer:

- T.C. was a mother of 3 who became homeless after fleeing domestic violence. She struggled with finding a job close to the shelter, in part due to a hearing impairment disability. T.C was assessed to have vast experience with house cleaning and janitorial work. Your supervisor tells you that this case is a priority for RRH. And that she will need to move out of shelter in 30 days. What are your next steps in working with this client?
A Quickie: 10 minute break

HAVE A LITTLE FUN AND TAKE A QUICK BREAK
What challenges or initial reactions occurred during the group practice?

- For CM and Housing Locator?
- For Client?
- For Observer?

Was there resistance?

- Strategies to overcome resistance did you use?
- Fake it until you make it 😊

To make this scenario a reality in your work, what would have to change about your or your agency’s minset?
Summary

- Shifted from a Shelter System to a Rapid Rehousing Model
- Retooled our program and workflow
- Added staff and redefined roles of all staff
- Changed worker and client mindset
- Shifted mindset of rapid exit as a goal- intent focus on housing.
- Created creative housing options
- Increased landlord database to over 300
- Reduced shelter stay from 9 months to 45 days
Northern Virginia Family Service

- Gwen McQueeney, Deputy Director
  Direct: 571-748-2604
  gmcqueeney@nvfs.org

- Kimberly Davidson, Housing Locator
  Direct: 571-748-2627
  kdavidson@nvfs.org