PHILADELPHIA, PA, HPRP-FUNDED PREVENTION PROGRAM

The city of Philadelphia’s homelessness prevention program, funded by HUD’s Homelessness Prevention and Rapid Re-housing Program (HPRP), provided mostly short-term rental assistance, but also security and utility deposits, utility payments, and housing search services, to 1,985 households through September 2010.123 Households accessed prevention assistance and services through a coordinated point of entry system. Clients could apply at one of the five HPRP subgrantees that served their ZIP Code or one of the city’s two intake sites. Households stayed in the program for an average 47 days (and a median 21 days).

Community Description

During the 2011 point-in-time (PIT) count, the city counted and 506 unsheltered homeless people, 3,450 people in emergency housing, and 3,323 people in transitional housing, including 1,971 in regular transitional housing and 1,352 being served through rapid re-housing (HPRP and other resources), for a total of 10,602 homeless people. In addition, 4,021 formerly homeless people were permanently housed in the homeless system, in permanent supportive housing.124

Philadelphia initially adopted “Philadelphia’s 10 Year Plan to End Homelessness: Creating Homes, Strengthening Communities and Improving Systems” in fall 2005 and recalibrated it in 2008 under a new mayor. The new administration’s focus has been to address homelessness for families and singles and to establish goals that aligned with the mayor’s homeless plan. In early 2009, the city moved from planning to implementation. Since launching the recalibrated plan, Philadelphia has made strides toward accomplishing each goal. In addition, the city forged a new partnership with the Philadelphia Housing Authority.

DESIGN AND SETUP OF HPRP PREVENTION

Philadelphia had been doing homelessness prevention for many years before HPRP through its Housing Trust Fund (HTF), which uses local general-fund dollars. Under this program, clients could obtain help with one-time mortgage arrears as well as rent and utility assistance. The only criterion by which clients were assessed was that they had to have an arrearage. Once HPRP sources were awarded, HTF shifted its approach to providing only mortgage assistance. A portion of HPRP funds, however, was allocated to case management for each household assisted under the HTF program during HPRP’s 3-year duration.

In 2009, the city of Philadelphia received $21,486,240 ($7.162 million annually for 3 years) in federal funds for HPRP.125 The Office of Supportive Housing (OSH) is the agency responsible for administering the program. It is also responsible for coordinating its Continuum of Care (CoC), implementing its ten-year plan, and administering emergency, transitional, and supportive housing; housing inspection; two sites for centralized intake services; and emergency food distribution services. HPRP funds were initially split 60/40 between prevention and rapid re-housing. OSH shifted the allocation to 50/50 for Year 2 owing to greater demand than anticipated for rapid re-housing, and remained flexible about the allocation for the program’s third year.

123 Two households were assisted with motel and hotel vouchers and one was assisted with legal services.
124 Several agencies offering emergency housing, transitional housing, and permanent supportive housing did not participate in the PIT count, but all rapid re-housing and safe haven programs participated.
125 OSH also administered HPRP funds from two state grants, one a formula distribution to Pennsylvania counties and one distributed through competition. This case study does not cover these subgrants, either because they are used for rapid re-housing and not prevention or because they target very specific subpopulations and are handled differently from the city’s own formula grant.
OSH created an HPRP division that oversaw both prevention and rapid re-housing activities. To design the HPRP program, OSH staff formed four committees: a prevention committee, a rapid re-housing committee, a diversion committee, and an internal committee. Each committee included OSH staff and various public and private homeless services stakeholders and partners, including those involved in the ten-year plan. The committees each met weekly for 4 to 6 weeks for approximately 2- to 3-hour sessions, to review HPRP guidelines and develop recommendations for program design and implementation strategy. They discussed how to staff the program, how to manage the budgeting procedures, the maximum active caseload per case manager, and what to include in the requests for proposal (RFPs) issued to recruit agencies for service provision.

To staff the program, the director of OSH’s transitional housing unit was selected to direct the HPRP division, and several staff were borrowed from other units within OSH. OSH staff talked with various departments such as contracts, accounting, homeless management information system (HMIS), and IT to streamline and solidify its processes. They met regularly with the HMIS staff, IT, and the software developer to talk through programming and creating modules. They worked with contracts to create unitary contracts (i.e., all the money was in one contract, rather than with each provider separately). This gave OSH the ability to move money easily between one provider and another, as well as between prevention and rapid re-housing within and across providers, without having to modify separate contracts every time.

OSH issued its RFP in June 2009, convened the committee to debrief on subgrantee selection, and launched the program 4 months later in October 2009.

IMPLEMENTATION
OSH selected five subgrantees to provide HPRP services: Congreso de Latinos Unidos (Congreso), Diversified Community Services, Utility Emergency Services Fund (UESF), Catholic Social Services, and Intercultural Family Services. OSH chose these organizations because each met several criteria identified by the planning committees: they were well known to their respective communities, they provided a continuum of services beyond HPRP, and they had prior experience working with very-low-income people or homelessness prevention. Almost equally important, they had the staff capacity to respond to what was assumed would be (and was) very high demand.

All the subgrantees worked on prevention and served specific geographic areas. Congreso, Catholic Charities, and UESF serve a given set of ZIP Codes; Intercultural Family Services, Diversified Community Services, and Catholic Charities serve another set of ZIP Codes. OSH took this approach with the hope of creating equal catchment areas while still allowing for consumer choice. Some subgrantees also received CoC resources and FEMA/EFSG money. All five subgrantees administered identical HPRP programs using the same tools and assessment criteria.

OSH originally selected the Women’s Community Revitalization Project as the fifth subgrantee, but after Year 1 the organization pulled out for various reasons, including the demand on staff to support the massive volume of clients in a timely manner. Intercultural Family Services replaced the Women’s Community Revitalization Project.
Outreach
Prospective HPRP clients learned about HPRP services through a number of avenues: flyers disseminated
throughout the city to targeted audiences, talks at meetings of community groups and congregations,
trainings, calls to 311 for housing emergencies, and a website, [http://www.OneNeighborhood.org](http://www.OneNeighborhood.org). 127

Point of Entry
Philadelphia had a coordinated rather than a single point of entry; therefore, prospective clients could
present themselves at either the OSH intake centers or one of the HPRP providers to apply and be
assessed for HPRP services and assistance.

Intake: Eligibility and Assessment
Screening was standardized across the HPRP subgrantees. Screening and assessment were
computerized, with intake workers connecting directly to HMIS and entering all data through HMIS
screens—that is, mostly no paper. OSH intake workers (if the household went through OSH intake) or
subgrantee staff did the intake/assessment and entered the data as they went. The HMIS was especially
designed for HPRP to be one system to create, receive, process, manage, and close out all of its clients.

Screening began with a reception interview to determine whether the household was likely to be
eligible for HPRP prevention. Intake workers asked the following questions:

1.  Do you owe back rent? Answer had to be yes if applicants were still in their own housing.
2.  Do you have other housing options? Answer had to be no.
3.  Are temporary accommodations available? Answer had to be no.
4.  Can you return to a previous address or rent a new place? Answer had to be yes, if the
    assistance were granted.
5.  Would assistance prevent you from becoming homeless? Answer had to be yes.
6.  How would you describe your relationship with your family? Answer had to be that the
    household could not expect any help from family; this may be because all possible help had
    already been exhausted.
7.  Are you able to increase your income? Eligibility was not conditioned on this answer.

Assessment was also standardized across HPRP subgrantees. The assessment process began once a
caseworker established HPRP eligibility from the reception interview. Caseworkers scheduled eligible
households for an in-person self-sufficiency assessment and a budget and financial summary. The
gathered information was entered into HMIS, which generated an appropriate package of HPRP
assistance as well as indicated which of a range of other benefits and services the household might be
eligible for (e.g., food stamps, energy assistance).

The HPRP assessment focused on the household’s budget and financial situation in anticipation of
determining the gap HPRP assistance might need to fill. It also addressed other help that might be
needed for the household to reach a post-HPRP state of self-sufficiency, or at least have enough income

127 OSH’s OneNeighborhood website was designed as a platform for various stakeholders to discuss, share, develop, tackle, and implement
solutions to address homelessness.
to pay for housing. HMIS assembled the information from its budget screen, financial calculator, and self-sufficiency assessment and used it to score the household and determine the length and amount of assistance to offer. The idea behind using the sophisticated HMIS to generate recommendations for assistance was to prevent counselors from making any unfair or fraudulent determinations or decisions made by a counselor.

The subgrantee case manager presented the recommended package of assistance, or POA, to the household, which, if it accepted the package, had to assemble needed documentation\(^{128}\) and complete all items on enrollment and documentation checklists. Occasionally at this point the household would ask for something different or additional, and a negotiation would ensue before the final package of assistance was settled. Once all information was complete, the subgrantee submitted the entire package to the HPRP prevention supervisor for final approval, after which an HPRP case in HMIS was officially opened and a case file generated that contained all the HMIS screens and documentation forms required by either HUD or OSH.

The subgrantee then provided the recommended financial assistance (paid directly to a landlord, utility company, or other creditor) and referred the household to other programs relevant to the additional needs identified in the assessment. If HMIS identified a client need for which relevant additional services or benefits were available, it provided links to other organizations to facilitate client referrals to agencies offering those services. The case was then closed out in HMIS. This was the pathway followed by most HPRP prevention clients, who received one lump-sum payment on their behalf and little or no ongoing case management. A minority of households got rental assistance for a longer time and also worked with a case manager on an extended case plan, as described below.

“But For” and Sustainability Rules
Caseworkers used the seven questions in the reception interview to determine if households would be homeless “but for” this assistance and if they could sustain housing after HPRP assistance expired. A household was deemed eligible if it was at imminent risk of losing housing and had no family supports and prevention assistance would keep the client from becoming homeless—or, to be completely precise, assistance would prevent the household from losing the housing it currently had.

Prevention Activities
Clients could receive financial assistance for security deposits, rental arrearages, rental payments, utility arrearages, utility deposits, utility payments, and moving costs. It could also receive housing stabilization services, which include housing-related counseling, legal services, credit repair, referrals to other social services, and relocation. Households were expected to contribute some of their own resources to supplement their packages of assistance.

Financial Assistance. A very large majority of households receiving HPRP prevention assistance received one-time payments, which may have covered arrears, moving costs, or first month’s rent and security deposit, plus referrals to other benefits and services if needed. The city set $2,500 as the maximum

\(^{128}\) Required documentation included proof of income, photo identification, birth certificate, Social Security card, proof of notice to quit (in Year 1) or court-ordered eviction (in Year 2), copy of the household’s lease, or some form of proof if staying with family or friends.
amount most households could be allocated over the life of the program. More assistance and longer assistance could be provided if needed, however, and providers were encouraged to ask if they felt it was justified. Supervisors looked at these requests case by case. Clients had to have proper documentation of unexpected life circumstances (e.g., job layoff, work hours reduced, or illness causing them to get behind in rent). For ongoing assistance, clients were required to recertify every 90 days, including monthly meetings with social workers, which could be done on the phone.

Utility Payments. Clients could receive assistance with utility arrearages, deposits, or payments. In Year 2, any HPRP household that needed help with utilities became a UESF client. Because UESF administered various utility assistance programs in addition to HPRP, it was usually able to tap into these programs, namely the Utility Grant Program, the TANF Housing Stabilization Program, the Disability Housing Stabilization program, or emergency shelter. This assistance could pay for utility arrearages, deposits, and negotiations to lower overall utility bills, saving HPRP funds for rental assistance. If a household needed help only with utility payments, UESF could usually divert the case entirely from HPRP and still meet its needs through the other programs in its portfolio.

Another option, depending on the household’s situation, was getting the household into a utilities payment agreement with the utility company, which offered lower overall rates and a budget plan for low-income households. UESF caseworkers talked with clients to see if getting into a payment agreement would assure clients could pay their rent. Utility companies also offered arrangements to forgive a portion of arrears if a household paid an agreed-upon amount consistently for a specific period; UESF negotiated for these arrangements as well. If a client received utility assistance from a different provider, he or she was also able to receive financial assistance from its other programs. However, if a client received rental assistance, he or she could not receive additional monies through HPRP.

Supportive Services. All the HPRP providers assessed household needs and linked people to whatever benefits and services they needed and for which they were eligible. Often, HPRP subgrantee clients did not know about other assistance they qualified for, such as the Low Income Home Energy Assistance Program, food stamps, entitlements, and UESF programs. Clients were referred to these external programs but also to programs internal to a specific HPRP provider, such as parenting classes, financial counseling, or housing counseling. UESF also administered a number of workshops internally, including budget counseling, understanding housing options, and weatherization.

DATA AND MONITORING
All information collected from the initial screening to the full assessment and closeout was entered into HMIS. HMIS for HPRP was completely open across subgrantees, to prevent fraud such as clients attempting to receive assistance from more than one organization or agency. City as well as subgrantee staff could see the HPRP information. All information collected in HMIS was also set up to feed HPRP’s annual and quarterly performance reports directly. Staff were also able to pull up all the checks and services approved on a particular household’s behalf. HMIS also tracked when services were completed and the cleared or bounced status of checks. HMIS also monitored household receipt of assistance across all HPRP providers to ensure that clients did not receive more than the HUD-mandated amounts or months of assistance.
The city set up two separate HMIS systems, one specifically for the CoC (which had been around for at least two decades) and the other for HPRP. Data from the two systems were combined at least twice a year, with hope that the city will soon be able to integrate data daily from the two systems. Combining the data allowed HPRP management staff to look across all clients to see all services each received within the homeless assistance system (e.g., shelter, permanent supportive housing, or transitional housing).

**PLANS FOR THE FUTURE**

OSH planned to continue prevention activities through its Housing Trust Fund once HPRP funds were fully expended. The scale at which the post-HPRP program would operate is contingent upon funding, but it is expected to be much smaller than HPRP. The program will go back to providing both rental and mortgage assistance.

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**Family or friends**

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— not applicable

*Total served numbers may not add to 100 percent because the “children only” and “unknown” categories are not included in this table. Numbers may add to greater than 100 percent due to data reporting errors.*

*Destination numbers may not add to total leavers because the “other,” “hotel/motel,” “unknown,” and “deceased” categories are not included in this table.*

**“Homeless” includes the following destinations: emergency shelter, TH for homeless persons, staying with friends (temporary tenure), staying with family (temporary tenure), place not meant for human habitation, safe haven, and hotel or motel paid by client.**

**“Institutional setting” includes foster care, psychiatric facility, substance abuse or detox facility, hospital (non-psychiatric), and jail or prison.**

**“Permanent housing” without subsidy includes housing owned by client without ongoing subsidy and rental by client with no ongoing subsidy.**

**“Family or friends” includes living with family, permanent tenure or living with friends, permanent tenure.”**