

# **Homeless Intervention Program Input Sessions December 2007 Findings**



**Department of Housing and  
Community Development**

## **Purpose**

To gather information from the *Homeless Intervention Program* grantees on their current local Homeless Intervention Programs and to gather feedback on recent and proposed programmatic changes to the overall program in order to assess efficacy of these changes and to evaluate the feasibility of programmatic enhancements currently under consideration.

## **Participants**

Input session participants were program staff (at least one) from HIP recipient organizations receiving 2007-08 HIP allocations through the Department of Housing and Community Development (DHCD).

Twenty-five of the 26 (or 96 percent) of the 2007-08 HIP grantees attended one of the three input sessions. A total of 47 respondents representing the 25 programs provided input through the input session/on-line survey.

## **Methods**

Data was gathered through in-person meetings (input sessions) held in:

- Roanoke on December 4, 2007
- Hampton on December 10, 2007
- Richmond on December 11, 2007

and through an on-line survey that mirrored questions asked during each session.

Participants that attended the in-person session were invited to provide additional information through the on-line survey and to forward the on-line survey and meeting presentation to other program staff that were unable to attend.

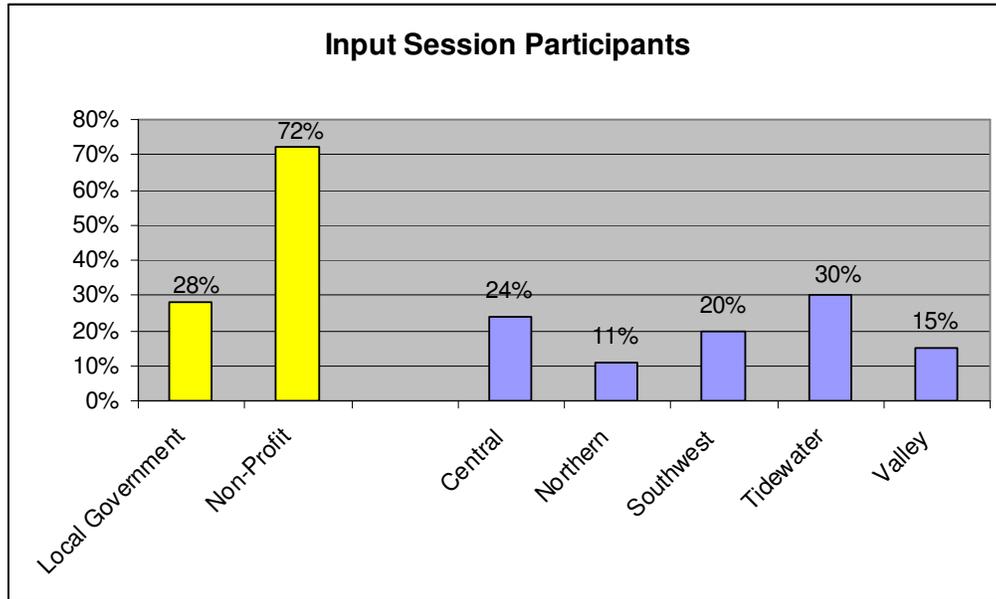
The in-person sessions utilized OptionTechnology, a real-time survey tool that allowed DHCD to collect input through specific questions during the meeting. Session participants were able to review and discuss the question results during the session. In addition, open-ended responses and other comments were recorded in writing.

Grantees had until close of business on December 21, 2007 to submit input through the on-line survey version.

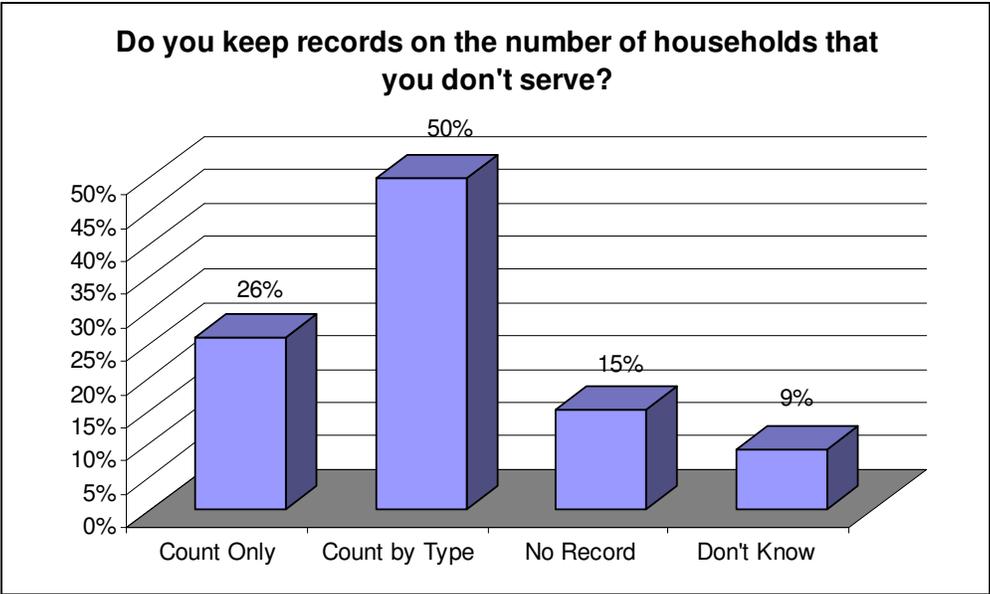
All input was analyzed; and summary results and trends are provided in this report for internal uses, as well as made available to the grantees.

## Summary of Findings

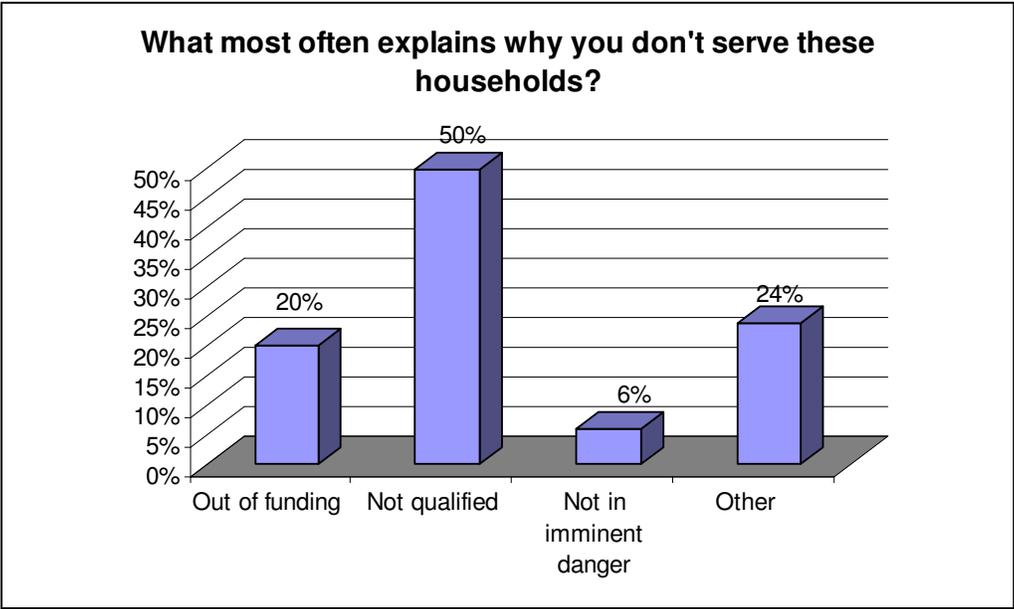
Twenty-eight percent of respondents are representing local governments, and the remaining 72 percent are private non-profits. Half of the participants were either representing organizations that were focused in Tidewater or Southwest Virginia.



Half of the participants indicated keeping *turn away count by type (or reason)*. Non-profits (58 percent) were more likely to report keeping these counts by reason as compared to local government participants (30 percent). Fifteen percent said that their organization did not keep records of the number of households turned away. Notably, grantees are required to report the number of clients turned away due to lack of funding.



Client ineligibility was the primary reason that participants gave for why clients were turned away. Local governments were more likely (80 percent) to report turning away clients due to “ineligibility” as compared to non-profits (42 percent). Other reasons for turning away households tended to be related to an articulated need to provide assistance to only those households who are in a crisis “due to unavoidable circumstance” (i.e. not their own fault).

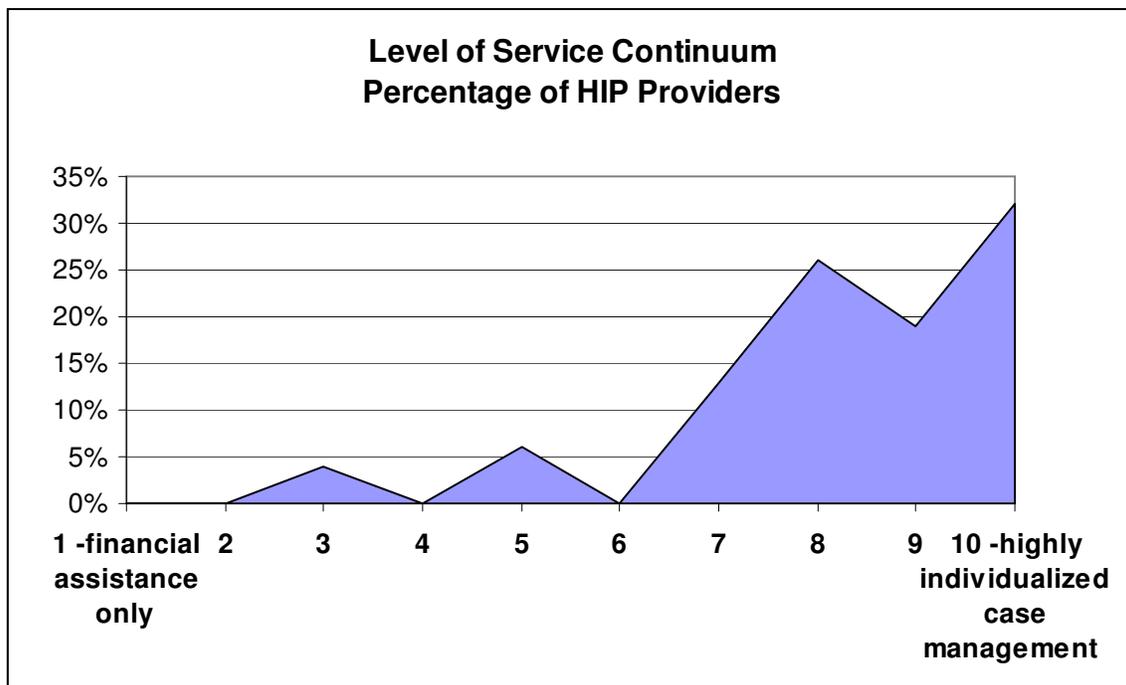


Participants reported that 53 percent of clients found out about the HIP program through a referral from another agency. Another 24 percent selected “other.” These responses included several providers who indicated that landlords frequently referred clients to their program.

*If a landlord has worked with us before and it was a good experience, they will refer a tenant who is in trouble with their rent. -Input Session Participant*

Nearly all participants reported that their program used a process of phone screenings and in-person applications, which tended to be conducted twice a week or more (80 percent). HIP providers in the Southwest region tended to report taking applications somewhat less frequently. Forty-four percent of providers in the Southwest said that applications were taken about once a week.

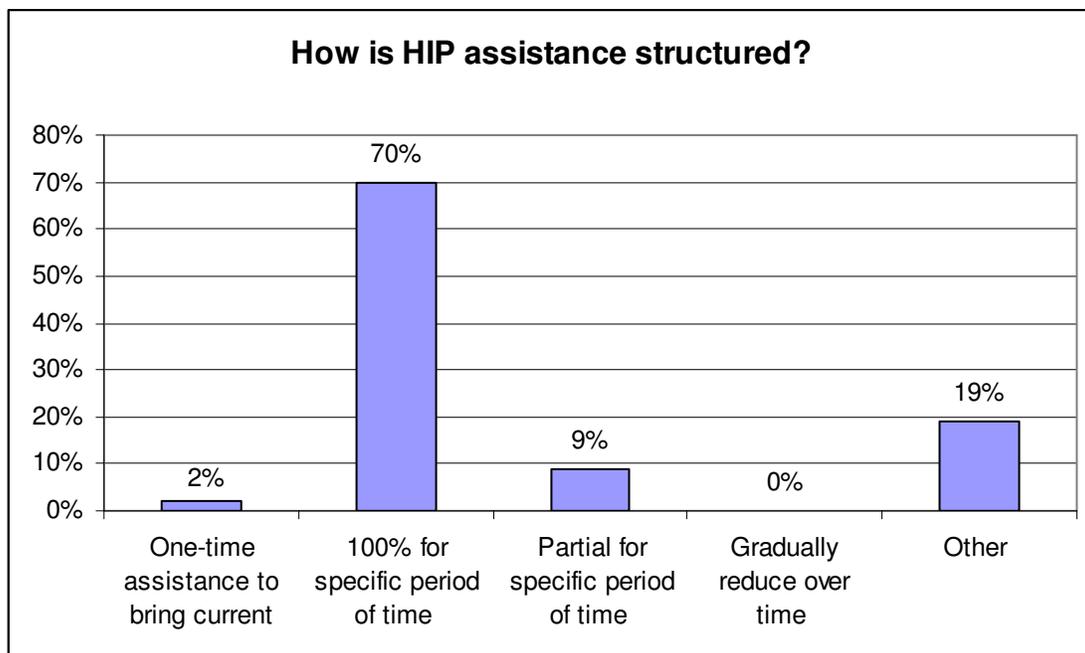
HIP providers tended to report a relatively high level of case management. Seventy-seven percent of providers indicated eight or greater when asked to describe their program on a scale of one to ten, where one is “financial assistance only” and 10 is highly individualized case management”. Local Government HIP providers report a higher level of services (90 percent eight or higher) as compared to non-profits (74 percent reporting eight or higher).



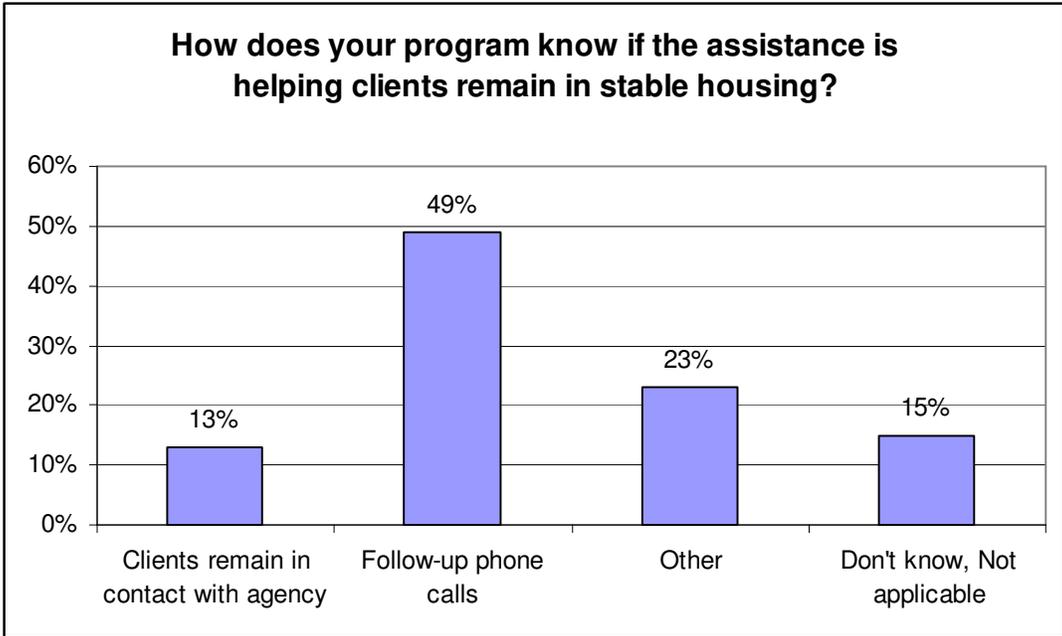
When providers were asked for the average length of time that households received financial assistance through their HIP program, 89 percent indicated three months or longer (30 percent five months or longer). Non-profit HIP providers reported longer period of assistance with 92 percent of these providers typically providing assistance for three months or longer as compared to 70 percent of local government HIP providers.

Half or more of the clients were already receiving other services from the agency prior to receiving the HIP assistance. HIP providers in the Central region were more likely to report fewer clients already receiving other services from their agency prior to the HIP assistance (only 27 percent reported that half or more were already receiving services, 63 percent said none or very few clients were already receiving services) as compared to the other regions (40 to 57 percent reported half or more of clients were already receiving some other services from the agency prior to getting HIP assistance).

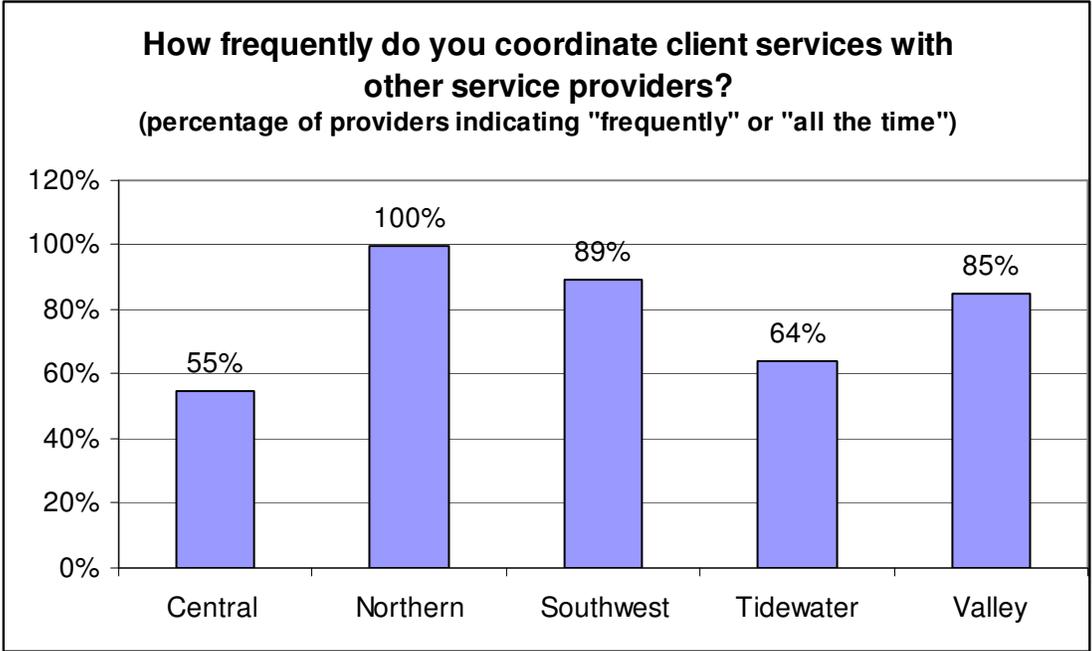
Most HIP providers (70 percent) reported that the HIP assistance is typically structured as 100 percent of the rent/mortgage for a specific period of time. Nine percent indicated that assistance was structured to provide partial assistance for a specific period of time. “Other” responses (19 percent) are that it “varies.”



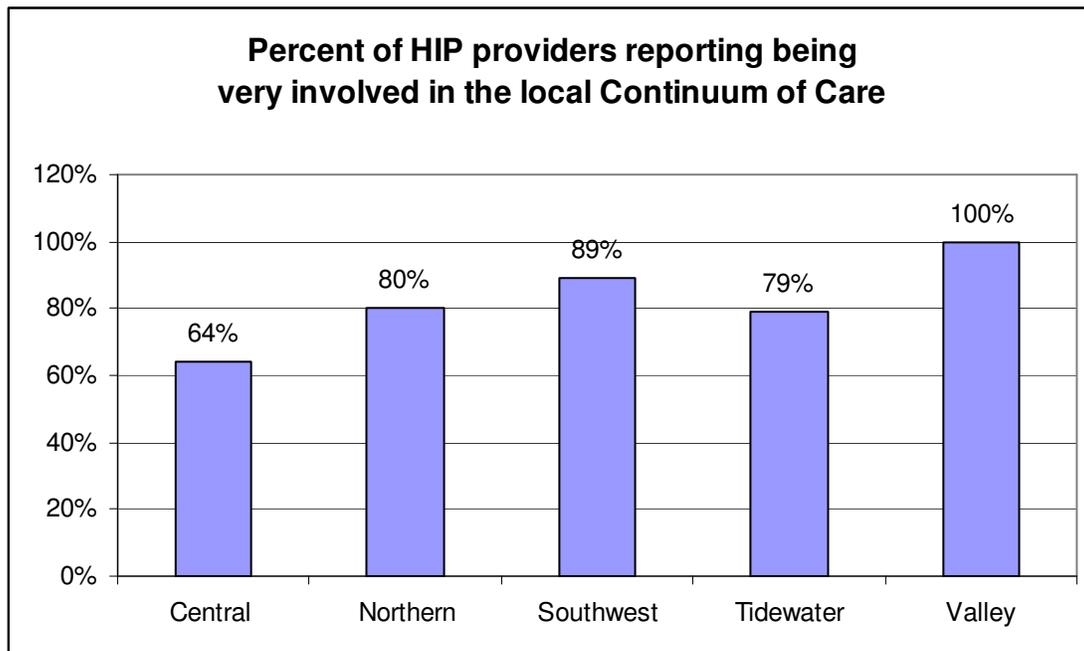
HIP providers were asked how they determined success (that clients remained in stable housing for at least six months after assistance) for the HIP program. About half indicated that they conducted follow-up calls. Non-profits (73 percent) were overall more likely to conduct some kind of follow-up as compared to local government (60 percent). Additionally, when asked about “other” approaches, a number of providers reported utilizing follow-up calls to landlords and several mentioned mail surveys to both clients and landlords. A couple of providers mentioned HMIS (Homeless Management Information System) as helping to track results and clients in the future.



Three quarters (75 percent) of HIP providers reported the coordination of client services with other service providers either “frequently” or “all the time.” Non-profits were more likely to report frequently coordinating with other providers (77 percent) as compared to local government providers (60 percent). Additionally, the Central (55 percent) and Tidewater (64 percent) regions tended to report less coordination with other providers as compared to the other regions (85 to 100 percent indicating “frequently” or “all the time”).



Most (81 percent) of providers reported being very involved with their local Continuum of Care. Fifteen percent said they attend at least some meetings. Non-profit providers (85 percent) were more likely to report being “very involved” as compared to local government (70 percent). All other regions were more likely to report being “very involved” (79 to 100 percent) as compared to the providers in the Central region (64 percent).



A logic model is a top-level depiction of the flow of materials, processes, and services to produce a desired program result (s). Twenty-two percent of HIP providers indicated that they had an outcome logic model for their program. The Tidewater providers were slightly more likely (36 percent) to report having an outcome logic model as compared to the other regions (10 to 22 percent), and non-profits (26 percent) were slight more likely to report having an outcome logic model as to local government providers (20 percent). The non-profit providers mentioned United Way requirements for logic models when asked about their models and several indicated having logic models for other programs within their agencies.

Thirty-one percent of HIP providers reported utilizing HMIS. Tidewater reported the heaviest usage (50 percent of the Tidewater providers indicated using HMIS). Notably none of the Central region reported any HMIS usage (20 percent of these providers did not know).

HIP providers were asked for feedback on recent changes:

- New management
- 100 percent reimbursement
- All grantees must spend TANF dollars
- Less upfront allocation provided
- Small reduction in overall amount of funding
- Increased program monitoring

Most providers expressed a desire to not spend TANF dollars, although they indicated understanding the rationale for this requirement. Additionally, providers approved of the changes made in the reimbursement schedules and forms.

Providers expressed overall appreciation for the input session opportunity and the improved access to staff. Most noted a noticeable change in overall DHCD management of the HIP program.

*This is good information. Keep up the work. We are very appreciative of the changes and work you have done. –Input Session Participant*

*Keep communicating with us. Even if I don't like it, if I know why a change is made I understand –Input Session Participant*

*The State should do more communicating with us. – Input Session Participant*

HIP providers were asked for feedback on possible changes:

- More focus on prevention
- Revised program guidelines
- Outcome logic model requirement
- Requiring a high rate of direct financial assistance spending
- Providing more flexibility with assistance eligibility guidelines
- Increasing structuring assistance as partial and/or reduced over time
- Requiring higher levels of coordination with other providers

Overall, providers were supportive of changes to the program guidelines that would allow for more flexibility and a focus on prevention.

*It would be great if we could help clients sooner, before their credit is destroyed, when we can make a bigger difference. –Input participant*

A number of participants expressed a desire for additional assistance, training, or guidance related to working with mortgagors with loss mitigation practices. One participant noted a need to improve the mortgage authorization. They noted language on the form that was a barrier, in some cases, to providing mortgage assistance to clients in need.

Many participants encouraged the state to continue the level of communication experienced over the past program year and specifically noted that they hoped that the state would use the information gathered during these sessions.

HIP providers were asked to rate DHCD performance for this fiscal year for the HIP program. Ratings indicate that DHCD HIP program strengths are that phone calls and/or emails are promptly returned. HIP Providers noted a significant improvement over prior years. Providers also expressed appreciation for having a primary contact person:

*This has made it easier. I know who to call and I know I will probably get the answer I need right away.  
 –Input Session Participant*

All input sessions noted general improvement in DHCD program management including expressing appreciation for the opportunity to provide input.

Providers rated DHCD lowest on “fair funding process” and their “understanding of DHCD’s funding process.” These areas represent opportunities for significant improvement.

<b>DHCD Performance Measures</b>	
<i>How strongly do you agree or disagree with the following statements?</i>	<i>Favorable Ratings “4” or “5”</i>
DHCD staff promptly returns emails and/or phone calls.	91%
DHCD provides us the information we need to run our program.	79%
The Department of Housing and Community Development (DHCD) provides great customer services.	72 %
DHCD provides us the information we need in a timely manner.	72%
DHCD is focused on results.	65%
The DHCD funding processes are fair.	56%
I understand how DHCD makes funding decisions.	51%

## Considerations

Based on these HIP input session findings, DHCD should consider the following items:

- Review and modify, as needed, the “turn way” count data requirement
- Review and address, as needed, program reporting requirements in general
- Continue to monitor recent programmatic changes
- Continue to work on streamlining TANF related processes
- Assure clear and appropriate household eligibility requirements
- Encourage more individualized and need-based direct assistance to clients
- Any program modification should consider current housing market trends and community-based needs
- Form a HIP provider advisory group
- Review the fund distribution method for improvements
- Facilitate training opportunities related to foreclosure prevention and loss mitigation
- Review and modify, as appropriate, the mortgage authorization form

HIP providers are required to report number of clients “turned away” due to the lack of funding. Fifteen percent of input session participants reported that they did not keep records of the number of clients turned away. DHCD program staff should assure that program guidelines and reporting formats clearly state these reporting requirements and provide technical assistance, where needed, to assure that the appropriate data is collected and reported.

DHCD staff should review all program reporting requirements and processes to improve overall alignment of forms and processes with reporting requirements and improve where possible focusing on ease, efficiency, and data quality.

Overall HIP providers favored recent changes made to the program. Staff should continue to assess the overall effectiveness of these changes and gather feedback at year end from HIP providers.

While HIP providers did note improvements in a number of areas, staff should continue to work with the Department of Social Services to streamline, where possible, TANF.

Staff should consider providing more specific guidance on household eligibility. A number of providers were struggling with the “no fault of their own” issue. The Housing Division should revise the HIP guidelines to assure clear and appropriate eligibility requirements.

Consider guideline modifications that would encourage more individualized assistance (e.g., partial assistance reduced over time) and a focus on prevention (help earlier in crisis).

Any changes to current program guidelines should be done within the context of the current housing market and quantifiable community needs.

Leverage HIP provider knowledge and experience in overall program administration. Create an advisory group of HIP providers to feedback as needed.

The low ratings on “fair funding process” and the providers’ “understanding of the funding process” represent opportunities for significant improvement. Consider revisions to the program funding formula and/or distribution method to assure appropriate need based distribution.

Several providers requested more training specifically related to dealing with mortgage assistance (foreclosure prevention and how to work with banks). Consider sponsoring a foreclosure prevention workshop for the HIP providers and identify other related foreclosure prevention resources for the providers.

Review the mortgage authorization form for specific language that may be a barrier for working with mortgagors. Consider asking the mortgagors directly for input on language changes on the form (s) in question.

## Open-Ended Responses

*This includes all open-ended responses from each HIP input session and from each survey completed online.*

What best describes what it means to be served (other – response)?

Receiving any services

Any client who receives case management

What best describes why you don't serve these households (other – response)?

Another resource is found

Client doesn't follow through

May not have been an avoidable crisis

We may not be able to determine if this is beyond the household's control

May not be able to document that the crisis is out of the household's control

If we can't determine the past behavior then it is difficult for us to determine if person is able to be self sufficient

Please describe an eligible client

Income eligible

Crisis not their own fault (unavoidable)

Client was self-sufficient prior to crisis

They're in arrears

It's a temporary crisis

The client can not be chronic

Can maintain stability in the future

Client must be willing to follow through

Client can prove eligibility

The client is able to provide evidence of past self-sufficiency

The client appears to be able to find a job in the future

Proof of being in arrears

Paying more than 30 percent of household income on housing

How do clients typically find out about your program (other – response)?

It varies

All of the above

Landlord referrals (“those landlords that have worked with us tend to refer other residents to us”)

Agencies CoC involvement

Friends

Landlord referrals

How are client intake screenings (applications) conducted (other – response)?

Combination

Pre-screen via phone then application in-person

What other types of services do your financial assistance clients typically receive from outside of your agency?

Budget counseling

Financial literacy, predatory lending training

Legal services

Family counseling

DSS services

Employment training

GED or other education  
Child Support enforcement  
Food pantries  
Homeownership counseling  
Housing Authorities  
Shelters  
Non-profit Housing Programs  
DSS  
Workforce development programs  
Free clinics  
Mental Health Services  
Domestic Violence Services  
Rehabilitation services  
Other financial assistance agencies  
Cooperative services  
Section 8 housing  
Medicaid  
211  
Churches and other varies services  
Other rent assistance (coordinate with other providers)  
Furniture  
Parenting classes  
Day care services

Substance abuse services

HIV services

Credit counseling

How does your program know if the financial assistance has helped clients to remain in stable housing for at least six months after the assistance has ended (other – response)?

We conduct six-month follow-up.

We conduct calls to clients and landlords.

We send out a survey letter to clients (respondent noted a low response rate)

Mailed Survey (at 3, 6, 9, and 12 months) –unable to reach 50 percent after first 6 months)

We conduct calls to landlords (with signed consent)

Combination (plus clients contact us or come by)

We sometimes get this information from other agencies

Please briefly discuss the other programs that your agency provides.

Headstart

EnergyShare

Supportive Housing

HOPWA

Credit Union

Debt Management

GED, other educational and job training

Food pantries

EITC programs and VIDA

Shelter

Weatherization

Section 8

Healthy Families

VA Cares

Foster Care

Section 8

Weatherization/LIHEAP

IPR

Tax Assistance

Utility assistance

Employment training

Transitional housing

Children's Health (CHIP)

Homebuyer education

Food assistance

Back to school supply assistance

Shelter

Prescription assistance

Housing broker team

Please discuss any training needs that your program has that would help improve overall management of the HIP program.

General HIP program training (new staff, board members)

Predator lending training

Training for more experienced practitioners

Loss mitigation training (how to work with lenders)

Would like more program specific guidance from DHCD

Budget/grant management training

Training on program guidelines

More regional networking sessions

Self-sufficiency training

Some training that would enable staff to better assist clients who have or are about to apply for disability, following the process from start to finish.

#### Additional Suggestion or Comments

It is harder to manage the program with the housing counseling salary \$ not defined

Give agencies options to give rents as loans

Why do mortgagees have to pay back and renters don't (doesn't seem fair)

Wells Fargo (which is a frequent mortgagor for us) has problems with the mortgage authorization form (they are concerned that language in the form could preclude the mortgagee from any further financial obligation – beyond the current past due amount)

Miss having an opportunity to meet with DHCD and having an exchange with other HIP providers

Make sure the funds aren't late getting to folks

Need better communication from DHCD about the program (clearer guidelines)

We need to understand the funding process better (how does the formula work- does it make sense?)

Need clearer program parameters

I like the new forms

Why do we have to wait until the client is really in trouble to help (more fees, high costs) – plus it hurts the clients credit, which we know is a big problem.

It would be helpful to have information about “how to work with landlords.”

More funding would probably be needed due to deviating from current guidelines, more people will most likely qualify, therefore more money would be needed to accommodate these new clients.

There is insufficient funding for the case management staff required to both disburse funds in an equitable and professional manner and to provide clients with the support and counseling they need for success - the funding for case management is adequate to support giving out large grants with little follow-up, to few people, thus requiring fewer client interactions and administrative time.

#### Recent Program Changes (feedback)

We like the bi-monthly schedule

These input sessions are good.

This is good information. Keep up the work. We are very appreciative of the changes and work you have done.

State should do more communicating with us.

Agencies should be given the option as to whether or not they wish to receive TANF funding. The amount of admin funding is not great enough to justify the additional work involved in administering TANF. In our office, TANF funding is an inconvenience and an accounting headache. The costs of administering TANF funds is significantly more than the fee actually received.

Changes were beneficial

Keep communicating with us. Even if I don't like it, if I know why a change is made I understand.

#### Possible Program Changes (feedback)

Greater flexibility with when we can help would be good.

We are already reducing assistance over time.

Outcome logic models would be a total waste of time; too much "black or white" for a program that contains a great deal of gray area. The program differs so much from locality to locality, I do not believe the logic models will provide any

accurate information. Logic models would be one more thing to add to already busy workloads, and would provide no answers or insights.

FANTASTIC!!!!!!!

I am all for providing assistance up front. I feel that hard working people are being penalized by having to wait until credit is ruined. I feel you can show by knowing local resources what is available to clients therefore satisfying our assistance as being last resort. If you know nothing else is available why wait until a client is actually losing their home to assist. I love the idea of reduction in assistance over the span of time assistance is being received!