**HPRP Tucson and Pima County**
**Design Group Meeting Notes**
**June 23, 2009**

Attendance: Margaret Kish, Jodie Barnes, Efrain Romero, Rosalva Bullock, Linda Kot, Jane Burch, Mary Beth Landis Jantzen, Tony Bruno, Terri Patt-smith, Pat De Vito, and Leslie Carlson

1. Leslie Carlson welcomed everyone and invited participants to introduce themselves, including their affiliations and what expertise they bring to the table.

2. Leslie presented PowerPoint slides that summarized HPRP and the role of the HPRP Design Group. The Design Group will lend its expertise to develop recommendations on program design. Final decisions on HPRP program design will be made by the City of Tucson and Pima County.

3. Good Meeting Practices. Design Group members discussed and listed good meeting practices that they would like to follow:
    - Short in length
    - If it's hard, keep at it, tie up loose ends
    - Consistent attendance so participants don't lose track, and we don't have to catch people up who didn't attend
    - Stay focused on the agenda and tasks needed to achieve our goals
    - Things that happen in between meetings are sent out ahead of time
    - Be respectful to each other
    - If we disagree, agree to disagree and move on
    - We will be making recommendations – hear both majority and minority voices. We don't need to have consensus.
    - When someone can't attend, they should accept what was decided at the meeting that they missed.
    - Start on time
    - Include topics on the schedule of meetings
    - Focus on what is best for the community – "it's all good."
    - We won't solve all problems. We should have something measurable to achieve, and be practical
    - Don't get hung up on little nitpicky things
    - We will regularly evaluate and correct so we don't have to get the design perfect.

4. Leslie distributed a diagram that depicted initial thinking to date about how the HPRP program will work in Pima County. This is where the thinking left off and where the Design Group starts its work. Questions and clarification included:
    - Change the names shown on the diagram: Case Manager might be called "Resource Specialist." The person who dispenses resources should be called something else.
    - The Case Manager will enter data into HMIS, and also the dispensing person may also do this. The dispensing person will also have a role in verifying the authorizations, and may go to CM sites to make sure they are consistently following procedures.
    - To ensure services to rural areas: use existing sites in rural areas. Maybe kiosks in some of these places. Separate RFQ for an agency that can go out to rural areas, e.g., each area once a month. Also a training component for these centers that can serve as a first point of information. We will have some level of telephone support. There are already WIC food

coordinators going out, as well as faith communities. The One Stop has some kiosks in rural areas, in churches, but they haven't been fully connected to Internet. Perhaps this can be addressed. Leslie will check with Linda Leatherman.

- Clients will not apply on the web site. They will use the web site for information and initial eligibility screening.
- HPRP is funded for three years. We should plan for sustainability. There is some information that future ESG and CDBG funds will be more focused on maintaining the HPRP program, which is why we want to start the web site portal. Also the reauthorization of McKinney Vento will include more prevention and HPRP-like services. This a good opportunity to do this really well as best practices so that we are positioned to have these improved services and be funded to continue them.

5. Schedule of meetings. The Design Group is asked to complete discussions of program design by the first week in August so that the City and County can develop RFQs for subcontracts by mid-August. The Design group scheduled to meet from 3:00 – 4:30 pm every Tuesday through the first week in August. If necessary, the group could stay until 5:00. The meeting dates will be: June 30, July 7, July 14, July 21, July 28, and August 4. Jodie will check to see if the group can continue to meet at the Sentinel Building.

6. Margaret noted that as we discuss how to set criteria, that we document how we arrived at decisions, or what basis was used. Margaret suggested that we err on the side of being liberal as opposed to asking that people exhaust all their resources. We can look to some other HUD programs for rules on things like assets, but it's also true that this program is different in some ways.

   Eligibility: who is this program for?
   Leslie distributed a chart that presented information from the HUD HPRP Guidance. The chart showed some eligibility issues that are HUD requirements, and others, pertaining to prevention, where HUD expects communities to define eligibility based on local conditions.

   Comments:

   - We should discuss, even for the category of already-homeless, whether we should first look at what resources are already out there that we should see if they can use. It may be that there are some gaps where there's never enough resources, and other places where there are many resource.
   - The CM will need to be a specialist in knowing about all kinds of community resources so they can really assess the individual. If they have exhausted other options, then the "but-for" criterion would apply.
   - Some people are chronically homeless with multiple issues. This program would tend to not be a good fit for this population.
   - In our eligibility discussion, we need to define two thresholds: a) need in terms of the "but-for" criterion, and b) the likelihood of success. This can be visualized like this:

     Need: 50% AMI and other "but-for" criteria

     Likelihood of Success

   - In our discussion about eligibility and the Need Line, a good thing to keep in mind is that the "H" in HPRP not about "hard times" or "hurting." The "H" is about homelessness.

- Perhaps people with substance abuse issues would be referred for treatment so that that would be taken care of first, and then later, they could fit the "likely to succeed" criterion.
- Eviction notices can come fairly quickly when people fall behind on rent. Some have 5-day notices, some may have 2-week notices.
- People do double up, and sometimes it can be a good option. But sometimes it can be an unhealthy situation, e.g., way too many people in the house.
- The list of risk factors from HUD is just a suggested list. We can also add things based on factors that are particular factors in Arizona.
- The HUD requirements can work as a formula, plus the additional risk factors.
- It will also depend on how we market the program to particular at-risk populations.
- There may be some items on the at-risk list that we don't think are important and we don't need to include them.
- The case worker will have to have enough training and experience to figure out all the complexities.
- Will this be appropriate for someone with mental illness? Maybe it would be appropriate if it was tiding someone over until other housing assistance became available.
- Maybe this could supplement or tide someone over who is a good fit for transitional housing but has a period of unemployment or underemployment. Jane Burch reported that New Beginnings will provide agency funds to help keep someone in transitional housing, as long as the client is well-engaged in services.
- Margaret suggested that the risk-factor list could be sorted by a Level I, Level II, and Level III.
- We might consider what length of time we can help someone so we don't use up all the money on one person.
- Regarding medical debt, if it's really huge, this program might not be able to help. If it's modest, HPRP might be able to assist with rent while the client pays off the debt. Also, they could be referred to Legal Aid for help in restructuring the medical debt.
- We might consider a reward/incentive system to encourage clients to work on their case plans.
- As we consider how to define likelihood of success, we will need to realize that there are some clients that we won't be able to help because they won't be successful. E.g., clients who need to get jobs, but they lack a GED and will only get a very low-paying job. Or client with addictions – are they likely to be successful. In regard to clients who have applied for disability, you don't know how long it will take, or IF they will get it.

Leslie suggested focusing the discussion be defining how we would define success for clients who are assisted by HPRP.

<u>Prevention</u> (At-risk of homelessness)

- Able to stay in or move into housing that they can afford.
- Live in housing that meets quality standards
- Pay rent that meets "rent reasonableness" standards
- They are receiving other resources as necessary and appropriate (effective case management)
- Clients are working on their case plans, working on goals to help them be self-sustaining.
- Clients are more stable than before
- Clients have more information and resources than before.

<u>Currently Homeless</u>

- Get housing – of whatever kind
- Get stable, get basic needs met

- Linked to mainstream resources, as appropriate
- Have a sustainable plan such as job search, retraining, credit repair, etc.
- Clients are working on their case plans, working on goals to help them be self-sustaining.
- Clients are more stable than before
- Clients have more information and resources than before.

Other comments that came up during this discussion:

- What will the client need to be successful, from <u>their</u> point of view, and that will be different for every person.
- The client may have different views about what is a "want" and a "need."
- Needs in rural areas may be different, e.g., a car may be a necessity.
- You want the client to end up being more stable, more connected with resources. That helps them be more self-sustaining.
- The program is not likely to be a good fit for long-term homeless people with multiple issues who have gotten stuck in homelessness.
- However, this might be useful program for people who can go into permanent housing, e.g., VASH, but who need help with something like first and last rent or utility deposits. Even though VASH is not participating in HMIS, HPRP can enter the person who receives assistance into HMIS, that might meet requirements for this program. We can check to see if ESN is allowed to pay for deposits.
- HPRP approach may be to get a homeless person re-housed and linked to mainstream resources, and then have a case plan and may include the kind of support provided in the prevention model. Then re-assess every three months.
- A "sustainable plan" for a newly-homeless individual/family might include: get them housed and stable (basic needs met); connected with mainstream benefits; then help them identify what kind of job they will need to get, maybe a GED, help with a resume, re-training, or credit repair.
- Maybe the Self Sufficiency Matrix would have some categories that would be useful.

At the next meeting the Design Group will continue its discussion of eligibility, and will look at a tiered approach for the risk factors for homelessness, and likelihood of success. Most of the discussion will concern risk factors for the prevention portion of HPRP, but we might also look at the HUD income requirement as to whether we want to set it at 50% of AMI or below. We can also identify certain groups that might be clearly eligible and perhaps should be targeted, such as homeless people who are already eligible for permanent supportive housing (like VASH) but who don't have a way to pay deposits.

We will also define topics for the next five or six meetings. For now, the schedule will be:
June 30 – Finish discussion and recommendations for eligibility: need and likelihood of success
July 7 – What is our model for case management (or whatever it is re-named – perhaps Resource Specialist)