

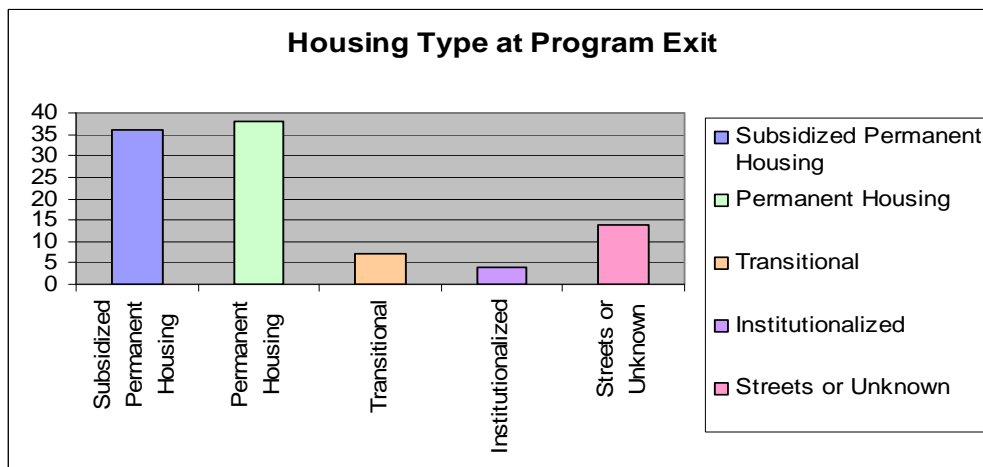
## RAPID RE-HOUSING PROGRAM YEAR ONE OUTCOMES AND FOLLOW-UP

The Rapid Re-Housing program (RRH) began accepting clients and collecting follow-up data in October 2006. The RRH program serves clients who are living on the streets of the Greater Houston Area and provides them with up to three months of housing and intensive case management services. Case management and housing services are provided through community collaborative partners. Follow-up information contained in this report is based on the voluntary reports of clients, case managers, housing facilities and the Homeless Management Information System (HMIS).

The following outcomes and analyses are based on the findings of the RRH intake groups from October 2006 to September 2007.

- During this twelve month period, 115 individuals were accepted into the program and 99 exited the program. Sixteen clients remained in the RRH program at the end of Year One.
- Of the 99 clients who exited the RRH program, 74 individuals obtained permanent housing upon exit and seven moved into transitional living facilities.
- Fourteen individuals returned directly to the streets upon exiting the RRH program. All of these individuals left (or were asked to leave) before completing the 90-day RRH program.
- At the follow-up during September 2007, sixty-six individuals remained in permanent housing.
- Twenty-four clients were found to have returned to the streets (or were unable to be located) during the September follow-up.

The following graph breaks down the specific type of housing into which people moved **when they left the program**.



\*Thirty-six (36) found permanent housing in a rent-subsidized facility. These facilities include Shelter Plus Care, Permanent Supportive Housing Programs, Single Room Occupancy units, tax-based rental units and Section 8 apartments.

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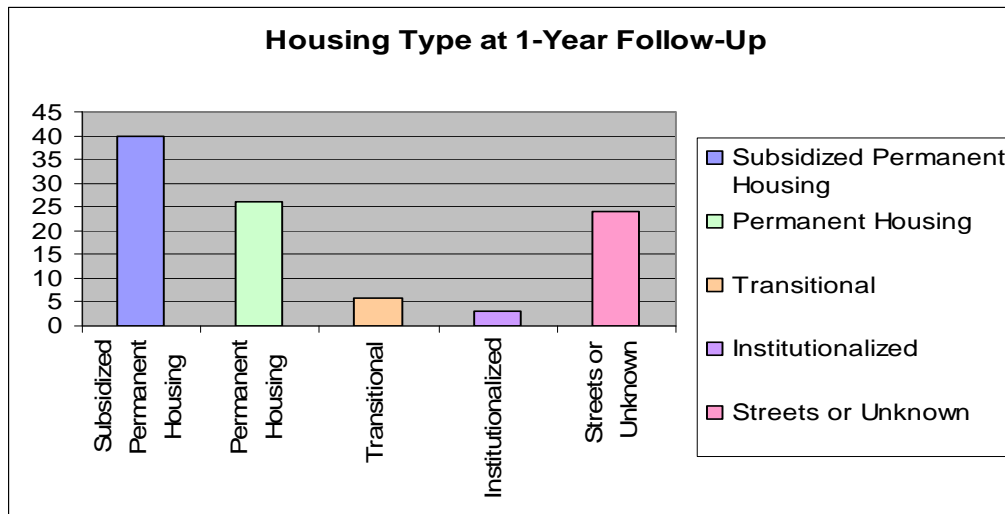
\*Thirty-eight (38) reported moving into self-pay permanent housing.

\*Seven (7) clients were able to gain entry into longer-term transitional housing programs, including programs for mentally ill, substance abusers, elderly and other disabled.

\*Four (4) exited into an institutionalized setting, such as hospitalization or incarceration.

\*The remaining fourteen (14) either returned to the streets or left the program without follow-up. All of these clients left prior to completing the program.

The next graph illustrates the housing situation of individuals **at the time of the September 2007 follow-up.**



\*Forty (40) remained in rent-subsidized permanent housing facilities. These facilities include Shelter Plus Care, Permanent Supportive Housing Programs, Single Room Occupancy units, tax-based rental units and Section 8 apartments.

\*Twenty-six (26) remained in self-pay permanent housing. Ten (10) of the twenty-six (26) report that they are housed permanently with friends or family (an informal type of subsidized rent). Included in this number are those who reported moving to permanent housing and have not re-appeared in HMIS or on case manager active client lists.

\*Six (6) clients remained in longer-term transitional housing programs, including programs for mentally ill, substance abusers, elderly and other disabled.

\*Three (3) are currently in institutionalized settings. In this case, all are incarcerated for parole violations due to previous convictions.

\*The remaining twenty-four (24) are living on the streets or are not able to be located for follow-up.

## **RAPID RE-HOUSING PROGRAM YEAR ONE OUTCOMES AND FOLLOW-UP**

### **Analysis:**

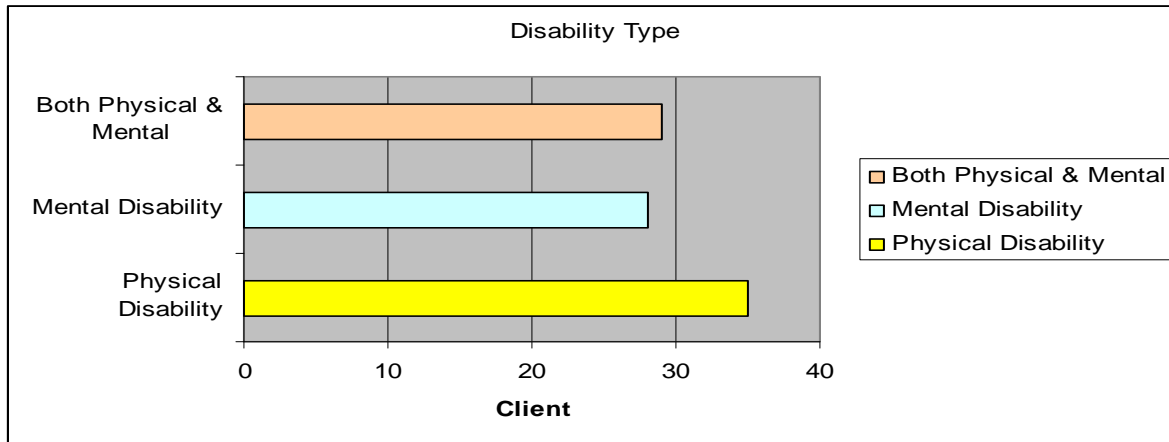
The most successful of the RRH clients were those who exited into some type of permanent subsidized housing. The possible reasons for this are explored throughout this analysis. Upon exit from the program, 38 individuals reported moving into permanent housing of their own, without formal subsidy or wraparound support services. At the time of follow-up, only 26 individuals remained in non-subsidized, permanent housing. This is a drastic drop in permanently housed people, especially when compared to individuals who moved into subsidized permanent housing with supportive services.

At the time of exit, 36 people reported moving into permanent, subsidized housing. At the time of follow-up, the number had grown to 40. For those housed in permanent subsidized housing with access to supportive services, the likelihood of retaining housing was far greater than for those who moved into non-subsidized permanent units. It is interesting to note that of the 26 individuals who remained in non-subsidized permanent housing, ten of them were living with friends or family. This can be viewed as a form of informal subsidized rent that optimizes an individual's income and resources. However, this type of living arrangement is likely more fragile than formal subsidized rental facilities and should not be relied upon to replace subsidized permanent units.

An overwhelming number of RRH clients reported that they had a disability. Ninety-two or 80 percent of RRH clients were able to document disability. Fifty-five or over half of these individuals were living on the streets although they received a monthly disability check. Case managers and clients reported that they were unable to find permanent housing on their extremely limited income (average of \$600/month). Mainstream rental facilities require at least two times the rent in monthly income, plus a deposit and up to two months rent at the time of signing the lease. In addition, there is generally an initial cash output for utility deposits and furnishings. Even the majority of the Greater-Houston area Single-Room Occupancy (SRO) units are financially out of client's reach, especially after calculating the start-up costs of deposit or application fee.

After analyzing the disability data, it was found that clients with physical and mental disabilities are equally as likely to be living on the streets. Slightly more physically disabled individuals were represented in this group. About a third of the disabled subset was affected by both mental and physical disabilities. The included bar graph breaks down client disability by type.

## RAPID RE-HOUSING PROGRAM YEAR ONE OUTCOMES AND FOLLOW-UP



Thirty-five have a physical disability, 28 have a mental disability and 29 have both a physical and a mental disability.

Disabled individuals have a better chance of obtaining and maintaining permanency in housing if they are receiving **disability benefits**. Many permanent supportive housing programs require that clients have income (SSI or SSDI) in order to qualify for housing. Thirty-seven of the disabled clients from the RRH population are not receiving benefits. Clients and case managers report that clients have either been repeatedly denied disability benefits or have not been able to complete the application and appeals process due to a variety of issues ranging from lack of expertise and skilled assistance to no permanent address or transportation. For those who have successfully navigated the disability system and are receiving benefits, the average monthly income is \$600.

Clients are most successful if they pay an **affordable rent** that is not more than 30% of their monthly income (as stated in HUD affordable rent guideline for persons with disabilities). Affordable rent for the average disabled client comes to \$180/mo, using the HUD rent formula. This means that clients need access to a variety of **subsidized housing** options. Subsidized housing can take the form of Single Room Occupancy (SRO) facilities, Shelter Plus Care or Permanent Supportive Housing programs, income-based rental units, Section 8 funded apartments or other publicly subsidized housing alternatives. In Houston, the 2007 Fair Market Rent for an efficiency as formulated by HUD is \$569/month. A one-bedroom is \$633/month. Clearly, disabled and homeless individuals are not receiving the means to participate in the fair market rental community.

Clients who moved into permanent housing are best able to maintain permanency if they continue to have **supportive services** available when needed. For some this means retaining access to case management, transportation or substance abuse treatment. Other clients need ongoing mental health services, life skills and food assistance. Given the fragility of this client group and the frequency with which they relapse into crisis, the need for readily available and accessible support services is crucial. Additionally, all reasonable attempts must be made to minimize the loss of housing due to a crisis involving mental health, employment loss or substance abuse.

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In order to ensure the continued success of the Rapid Re-Housing program, there needs to be ongoing availability of affordable, subsidized permanent housing with supportive services available for disabled, formerly homeless individuals. Additionally, steps need to be taken to make sure that homeless individuals are receiving adequate assistance in applying for disability benefits, as this is often their only path to future stability.