



HUD Policy Brief: Understanding the Impact And Potential for Health Centers



Rapid Re-housing

Introduction

Health centers address the social determinants of health (SDOH) for their patient population through partnerships and linkages to local housing and service resources. Health centers are increasingly working with Department of Housing and Urban Development (HUD) Continuums of Care (CoCs) to refer patients who are unstably housed or homeless to Coordinated Entry¹ for housing interventions and services.

Many health centers are familiar with supportive housing options, but may know little about rapid re-housing, another option informed by the housing first model. Rapid re-housing, first used to help families in housing crisis during the recession of 2009, was created through the Homeless Prevention and Rapid Re-housing Program.²

Rapid Re-housing

Under the HUD [CoC program](#), permanent housing means community-based housing without a designated length of stay, and includes supportive housing and rapid re-housing. In both program models, the participant must be the tenant on a lease for a term of at least one year, which is renewable for terms at least a month long, and terminable only for cause.

HUD's 2014 *Rapid Re-Housing Brief*, provides details about the structure and best practices of rapid re-housing programs: <https://www.hudexchange.info/resource/3891/rapid-re-housing-brief/>

Supportive housing provides long-term rental assistance and supportive services to individuals and families in which one adult or child has a disability. Supportive housing is generally targeted for persons who are chronically homeless or who have been homeless for long periods of time. It is expected that these individuals and families will need the supportive services and housing subsidy for an undetermined length of time.

Rapid re-housing is based on quickly providing tenant-based rental assistance and supportive services for a shorter time frame. The goal of rapid re-housing is to help individuals or families (with or without disabilities) who are experiencing homelessness, to move as quickly as possible into permanent housing and achieve stability.

The United States Interagency Council on Homelessness (USICH)'s plan to end homelessness, [Home Together: The Federal Strategic Plan to Prevent and End Homelessness](#), recommends a strategy of strengthening effective implementation of the core components of rapid re-housing to achieve the objective of ensuring homelessness is a one-time experience.³

¹ For more on coordinated entry and how to participate, see CSH's guide *Health Centers and Coordinated Entry: How and Why to Engage with Local Homeless Systems*, available at: <https://www.csh.org/resources/health-centers-and-coordinated-entry-how-and-why-to-engage-with-local-homeless-systems/>

² <https://www.hudexchange.info/resource/3891/rapid-re-housing-brief/>

³ <https://www.usich.gov/home-together>

Core Components of Rapid Re-housing

There are three core components of rapid re-housing: housing identification, rent and move-in assistance, and case management and supportive services.⁴ The assistance could also include identifying other housing options for the household, such as living with a friend or family member.

A progressive engagement approach is to provide the lightest touch as possible initially to the household and tailor both the supportive services and rental assistance based on the assessment of the strengths or challenges presented by the household. The goal is to assist the household to quickly stabilize and maintain permanent housing on their own, or assist them to apply for longer-term subsidies. Case managers can increase or decrease services and rental assistance as the needs of the households change.⁵ Services and supports provided include:

- **Housing Identification.** The goal of housing identification (or navigation) services is to help households identify available housing units and navigate the tasks of finding and leasing the unit. The staff providing these services, which may be from the CoC or the rapid-re-housing program, should have the skills to contact and recruit landlords to provide housing, address potential barriers to landlord participation in the program, assist households to complete applications and prepare for interviews with landlords and help with moving. Services typically include assistance with identifying and negotiating with landlords and support address barriers such as credit history and criminal background issues.
- **Rent and Move-in Assistance.** Rapid re-housing programs offer financial assistance to cover move-in costs, deposits and rental assistance. The CoC must adopt written standards to prioritize eligible families and individuals for rapid re-housing as well as the amount or percentage of rent that each program participant must pay. The written standards may also set a maximum amount or percentage of rental assistance that a program participant may receive, a maximum number of months that a program participant may receive rental assistance (up to 24 months), and/or a maximum number of times that a program participant may receive rental assistance. The rental assistance is short-term (up to 3 months) and/or medium term (up to 24 months) as necessary to help the homeless individual family achieve stability in housing. Some families may need a longer-term subsidy to maintain safe and stable housing. Households may be eligible for a housing choice voucher or public housing, or may get on waiting lists for those options. In that case, the rapid re-housing subsidy acts as a bridge to keep the family housed until the permanent subsidy is available.
- **Case Management.** Rapid re-housing case management should be flexible and tailored to the individual household's needs. Case management will also, as appropriate, assist households with connecting to resources that help them improve their safety and well-being and achieve their long-term goals. This includes providing or ensuring that households have access to resources related to income and health care benefits, employment and community-based services (if needed/appropriate) so that they can sustain rent payments independently when rental assistance ends.

⁴ For more on rapid re-housing components, see: <https://www.usich.gov/solutions/housing/rapid-re-housing/>

⁵ <https://endhomelessness.org/resource/rapid-re-housing-toolkit/>

Health Center Connections

The focus of services in rapid re-housing is primarily to helping families and individuals resolve their immediate crises, find and secure housing, and connect to services if/when appropriate. As health centers encounter patients who are unstably housed or experiencing homelessness, connecting them to the local CoC, which serve as the entry point to housing and services, is critical. Making referrals to coordinated entry could include health information (with the right consent or data sharing agreement) to help assess the household's vulnerability. A health center can partner with housing and services providers to identify and fill service gaps for shared clients. Other ways to work with the homeless system include:

- Participate in coordinated entry to help patients get assessed for the services and housing they need to be prevented or diverted from, or rapidly exit, homelessness.
- Accept referrals through coordinated entry to provide health care to eligible individuals.
- Serve as an access point for coordinated entry, either by hosting skilled assessors having health center staff trained as skilled assessors.
- Document disability and length of homelessness for patients who have been receiving treatment at the health center.
- Collect information on housing status and other social determinants of health (SDOH).

Health centers can also connect directly with rapid re-housing providers to facilitate referrals for tenants who need to be connected to health services.

ABOUT CSH

CSH is the national champion for supportive housing, demonstrating its potential to improve the lives of very vulnerable individuals and families by helping communities create over 335,000 real homes for people who desperately need them. CSH funding, expertise and advocacy have provided nearly \$1 billion in direct loans and grants for supportive housing across the country. Building on nearly 30 years of success developing multi and cross-sector partnerships, CSH engages broader systems to fully invest in solutions that drive equity, help people thrive, and harness data to generate concrete and sustainable results. By aligning affordable housing with services and other sectors, CSH helps communities move away from crisis, optimize their public resources, and ensure a better future for everyone. Visit us at www.csh.org.

This resource is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$450,000 with 0% of the total NCA project financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government. For more information, please visit HRSA.gov.