

## **COMMUNITY AND SUPPORTIVE SERVICES FOR ORIGINAL RESIDENTS**

General Guidance for the HOPE VI Program [DRAFT]

HOPE VI may ultimately be judged more by its effectiveness in helping low-income families improve the quality of their lives and move toward self-sufficiency than by the physical improvements it creates. The program must offer appropriate services toward these ends to all families who reside in a development when the HOPE VI process begins as well as to other needy families that move into the development after revitalization. Because many of them face the most formidable barriers to self-improvement, original residents are often likely to warrant the highest priority for support. Whether or not original residents plan to return to the HOPE VI development after revitalization, service packages must provide the tools to enable them to improve their life skills and capacities and secure living wage jobs and, when they choose to do so, to relocate to a new neighborhood of their choice.

These themes are fully in line with the statutory purposes of HOPE VI as enacted in the Quality Housing and Work Responsibility Act of 1998 (QHWRA). Purpose 3 in that Act is “providing housing that will avoid or decrease the concentration of very low-income families.”

This guidance provides public housing authorities (PHAs) with a framework for designing and implementing results-based programs of community and supportive services for the original residents of HOPE VI developments.

### **Service Provision to Original Residents: Key Principles**

Consistent with the traditions of HOPE VI, program development in this area will not occur under an approach that emphasizes detailed regulations and enforcement. Rather, Grantees are given substantial flexibility, and commensurate responsibility, to creatively design and implement services that will work effectively in their own local context. However, they must do so consistent with several broad principles.

- 1. Services to help residents make progress toward self-sufficiency.** PHAs are obligated to provide (either directly or through partnerships and/or contractors) a range of services designed to help HOPE VI residents make effective progress toward self-sufficiency. Community and Supportive Services funds available for these purposes (HOPE VI resources and leveraged funds) are to be allocated to assist all original residents (regardless of whether they return to the site after revitalization) as well as needy families that later move into the revitalized site. An assessment of the needs of original residents is necessary at the outset to establish sensible priorities and sensitive services packages.

Services that help residents secure and sustain employment are a very high priority, including services specifically designed to help them take advantage to the maximum extent feasible of the employment and contracting opportunities that are generated by the HOPE VI process itself. In addition, however, services to help residents build their life skills more broadly will

also be needed; for example, skills related to family and budget management, standards of community conduct, etc. so that they can function as responsible community members either in the revitalized development or in other neighborhoods to which they may move. As a part of this, emphasis should be given to services specifically designed to help them meet any requirements the PHA has stated they must meet to be allowed to return to the site after revitalization. Participation in all services, of course, is voluntary on the part of the residents.

- 2. Services designed to address the needs of individual families.** One of the key reasons for failure in supportive services in the past is that they have often been driven by the capacities and expectations of the suppliers rather than the true needs of the families being served. For this reason, it is essential that service provision in HOPE VI take place under a *Case Management* approach--one in which an experienced case manager assesses the needs and circumstances of each family holistically and makes referrals to an appropriate range of service providers based on the priorities these individual assessments suggest.
- 3. Linkage to relocation with informed choice.** Where relocation is involved, case managers and relocation specialists must work closely together to assure that housing search counseling and service guidance are integrated and that appropriate steps are taken to minimize disruption (see the separate guidance "Relocation and Expanding Opportunities for Residents"). A central theme is that residents must be effectively and meaningfully informed about the locational choices open to them, and the implications of those choices, well before the relocation process begins--recognizing that ultimately the choice is theirs. This means informing them fully about what the revitalized environment in the current site will be like after revitalization. But it also means providing all original residents with ample real information about (including the opportunity to visit) a number of alternative neighborhoods. It implies that *housing search counseling* is an essential component in all HOPE VI community and supportive service programs. Whatever decision original residents make with respect to returning to the site, the PHA must offer an appropriate range of services to help them progress toward their objectives.
- 4. Community building.** A community building approach--in which residents work together to provide mutual support, achieve common ends, and build joint capacity--is a central feature of HOPE VI. For original residents who will return to the site, initial phases of this approach should begin well before the start of physical revitalization (consistent with the earlier guidance on "Resident and Community Involvement"). For residents who will move to other neighborhoods, the Grantee should partner with others agencies in processes that will identify needs and opportunities and support the establishment or enhancement of community building processes in those neighborhoods.
- 5. Management monitoring and evaluation.** Management reporting is essential to motivating good performance by all participants in the community and supportive services system and, to be effective, such monitoring should focus more on measures of results than of inputs. To be sure, measures of interim steps are needed (for example, numbers enrolled in and graduating from job training and GED programs), but in this area, results revolve around what happens to families. Do they get jobs? Do their capacities and incomes actually improve? Are they living in better neighborhoods? Good monitoring and evaluation will require tracking families that leave the development and some follow-up interviews on a sample basis. HUD will provide

some tracking information directly and it will provide technical assistance to help grantees build workable local monitoring systems, but each Grantee ultimately bears responsibility for developing a reasonable plan for monitoring and longer term evaluation that will best meet its own needs.

## **Implementation**

Many HOPE VI sites already have systematic approaches to community and supportive services consistent with these principles, but almost all of these need strengthening and, on some sites, capacities need to be developed virtually from scratch. Efforts are needed in all sites that have not yet completed relocation as well as those that have not yet started it.

To underscore the importance of these issues, all Grantees must review their existing plans and strategies (for relocation as well as community and supportive services) and, as may be needed, prepare supplements to strengthen them. All such supplementary planning must be conducted with active participation of the residents themselves, consistent with the earlier HOPE VI guidance on “Resident and Community Involvement.” Community and Supportive Services (CSS) TA Providers assigned to each site will assist the Grantees with this work.

For existing Grantees, needed supplements will be recognized as amendments to current Community and Supportive Services (CSS) Plans. For new Grantees, any additional planning in these areas will be recognized as a supplement to the Application which, with this and any other needed supplements, will remain as the central controlling document for program implementation on-site. Such supplementary planning in this area should be undertaken as soon as possible after the Grant letter has been received to assure sufficient time for involving residents and lining up needed service provision well before relocation begins. This planning will ultimately form the core of a new Grantee’s CSS Plan, but it should be prepared before the full CSS Plan submission is assembled.

Plans (including plan supplements) on Community and Supportive Services for Original Residents should, at a minimum, include the following:

- Proposals as to how and when the Supportive Services Case Management function will be set up;
- criteria for deciding how differing services will be allocated to different types of families;
- proposed steps and schedules for working out partnership arrangements and contracts with the range of service suppliers that will be needed;
- proposed strategy for service transitions at the time of relocation and generally how the service and relocation functions will be interrelated (see separate guidance on “Relocation and Expanding Opportunities for Residents”);
- plans for actively involving the residents in CSS planning and implementation (consistent with the earlier guidance on “Resident and Community Involvement”); and,
- design and implementation schedule for the proposed system for monitoring and tracking CSS performance and resident progress, including resident training.

HUD will notify new Grantees whether they need to supplement their Applications with additional plans to meet these standards. Where supplements are required, HUD will work with the Grantees to work out basic requirements as soon as possible and grant approval to proceed. The typical sequence of steps after HUD approval to proceed are: (1) establish actual Case Management capacity; (2) complete a full assessment of the service needs and relocation expectations of original residents; (3) use the assessment as the baseline for developing the management reporting system; (4) establish agreements with service providers and relocation staff; and (5) begin full-scale provision of services.

In all sites, it is expected that establishing Case Management capacity and beginning to deliver an appropriate mix of services will be matters requiring early action. The timing of later steps, however, will depend on the timing of the relocation process in the overall development plan and that will vary across sites. It must be emphasized again that sufficient time must be provided before the start of actual relocation to allow for the mobilization of effective supportive services in conjunction with the meaningful provision of informed choice regarding mobility options.