The Philadelphia Blueprint Voucher Program

A Critical Resource in Ending Homelessness

7/31/2015
The City of Philadelphia
Deputy Mayor’s Office for Health and Opportunity
The Blueprint Voucher Program

Executive Summary

Beginning in 2008, as part of the Philadelphia Mayor’s Plan To End Homelessness the Deputy Mayor’s Office for Health and Opportunity, in partnership with the Philadelphia Housing Authority (PHA) has made available annually 200 tenant based rental assistance vouchers for individuals experiencing homelessness\(^1\). This program is known as "The Blueprint (BP) Voucher Program". The overall goal of this program is to focus resources to house the most vulnerable homeless individuals. Eligible individuals are those with a behavioral health condition who are homeless, or have histories of homelessness prior to entry into temporary settings including shelters, safe havens, and long-term rehabilitation settings for substance use disorders (Journey of Hope).

As part of its commitment to meeting the needs of individuals experiencing chronic homelessness, the City of Philadelphia funds 8 safe havens. The City’s safe havens provide low demand, smaller residential shelter-type settings for hard-to-reach homeless individuals with serious behavioral health issues. To meet the needs of homeless individuals with substance use only disorders, these City funded safe havens are designed with a broader eligibility criteria then the three HUD funded safe havens, which require documentation of a disability that includes mental illness. Journey of Hope programs are 9 month intensive residential rehabilitation settings designed specifically to meet the recovery and substance use treatment needs of chronically homeless individuals. As part of its’ emergency services, the City funds temporary shelter accommodations to assist homeless families and individuals resolve an immediate housing crisis and plan for longer terms needs and support.

The Deputy Mayor’s Office for Health and Opportunity engaged TAC, Inc. in April 2014 to conduct an evaluation of the Blueprint (BP) Voucher Program to determine the success of the program in meeting its objective to provide permanent housing opportunities targeted to the more vulnerable homeless population. This population includes individuals with serious and persistent behavioral health conditions and histories of homelessness and chronic homelessness, defined as 4 or more episodes of homelessness within a 3 year time period (consistent with the federal definition).

This evaluation looked specifically at three data elements for individuals issued a Blueprint voucher during 2009 - 2014: 1) the existence of a documented serious mental illness (SMI) and/or substance use disorder (SUD) using available DSM or ICD codes, 2) homeless status prior to accessing the Blueprint Voucher Program, and 3) living situation prior to accessing the Blueprint Voucher Program.

\(^1\) Though not part of this report, three hundred housing opportunities for homeless families are made available annually as well.
A total of 1,002 Blueprint vouchers were issued during 2009 – 2014, the time TAC reviewed data for this report. As of the fall 2014, 89% of individuals housed through this initiative continued to experience stable housing. The Blueprint Voucher Program has demonstrated success in achieving its goal to target and provide permanent housing to Philadelphia's more vulnerable homeless individuals. Nearly 100% of all BP voucher recipients have documented mental illness and/or substance use disorder. 84.5% of all BP voucher recipients have documented co-occurring serious mental illness and substance use disorders. 68.8% of voucher recipients met the criteria for homelessness. Of these, 40.3% met the criteria for chronic homelessness. And almost half of voucher recipients were using a shelter, safe haven or Journey of Hope program 30 days prior to accessing a BP voucher.

In 2011, the Deputy Mayor focused attention on minimizing long term use of safe havens by directing BP vouchers to frequent users of these programs. This was intended to promote housing stability among this subpopulation of homeless individuals, and to sharpen the focus of safe haven programs to engagement, linking to needed healthcare services, and assisting individuals to transition from the street to housing. It also was intended to increase utilization of these beds by individuals living on the street.

This targeting strategy was successful, as reflected by the increased number of voucher recipients staying in safe havens prior to being issued a BP voucher. In 2009, only 15 individuals with recent safe haven stays received a voucher. This number increased each year, and in 2013, 73 individuals were issued a voucher from safe havens. In total 205 individuals using safe havens have been successfully housed through this program.

The program demonstrates the positive impact that a successful partnership between City officials and a local housing authority can have on addressing the housing needs for very vulnerable homeless individuals. Through the City of Philadelphia’s strong leadership, shared commitment, and clear targeting of resources, approximately 1000 of the most vulnerable homeless population received access to permanent supportive housing, 89% of whom have remained housed\(^2\). Practices employed by the City of Philadelphia in how the Blueprint Voucher program was designed and implemented serve as a model and offer proven strategies for other communities to replicate.

\(^2\) As of September 2014
Description of the Blueprint Voucher Program

Beginning in 2008, as part of the Philadelphia Mayor's Plan To End Homelessness the Deputy Mayor's Office for Health and Opportunity, in partnership with the Philadelphia Housing Authority (PHA) has made available annually 200 tenant based rental assistance vouchers for individuals experiencing homelessness. This program is known as "The Blueprint (BP) Voucher Program." Eligible individuals are those with a behavioral health condition who are homeless, or have histories of homelessness prior to entry into temporary settings including shelters, safe havens, and long term rehabilitation settings for substance use disorders (Journey of Hope).

In addition to providing Blueprint vouchers to homeless individuals staying in one of the temporary settings mentioned above, and to facilitate movement and flow throughout the available housing and residential services options, a "Backfill" policy was implemented. Through this policy, when individuals with serious behavioral health conditions in street appropriate settings such as a safe haven or Journey of Hope program received a voucher, their “spot” in these settings was to go to other individuals living on the street.

Additionally, in certain cases, HUD Continuum of Care (CoC) housing providers were able to “swap” for a Blueprint voucher. The BP voucher went to an existing resident, and in return, the program would accept an individual from the street, safe haven or a Journey of Hope program. Lastly, for the first two years of the Blueprint voucher program, if a Homeless Outreach Team placed someone directly from the street into shelter or any other entry level facility for a stay of 30 days or longer, DBH would “earn” a voucher to be used at DBH’s discretion for individuals from within their residential services. This practice was discontinued after an analysis of voucher utilization showed a larger than desired number of vouchers going to individuals within the DBH residential system, minimizing the impact on individuals who were homeless, especially those with histories of street homelessness.

Evaluation of the Blueprint Voucher Program

In April 2014, the Deputy Mayor's Office for Health and Opportunity engaged TAC, Inc. to conduct an evaluation of the Blueprint (BP) Voucher Program to determine the success of the program in meeting its objective to provide permanent housing opportunities targeted to the more vulnerable homeless population. This population includes individuals with serious and persistent behavioral health conditions and histories of homelessness and chronic homelessness, defined as 4 or more episodes of homelessness within a 3 year time period.

This evaluation looked specifically at three data elements for individuals issued a BP voucher during 2009 - 2014: 1) the existence of a documented serious mental illness (SMI) and/or substance use disorder (SUD) using available DSM or ICD codes, 2) homeless status prior to accessing the Blueprint Voucher Program, and 3) living situation prior to accessing the Blueprint Voucher Program during 2009 - 2014, either directly or via the "Backfill" policy. The year a BP voucher was issued was used, which in many cases differs from the year a voucher is leased up. This is due to the time it takes an individual to complete the housing search process which includes finding a landlord willing to participate in the Housing Choice Voucher program and having the unit inspected and approved.
Many individuals had been given multiple diagnoses over the years. Some diagnoses were recorded using DSM codes, and others used ICD codes. For the purposes of this evaluation, the most recent diagnosis was used. Data elements within the City’s CARES data warehouse or HMIS data system allow the determination of chronic homelessness or homeless. Initial analysis looked at data available for Blueprint voucher and Backfill bed recipients using a timeframe of 5 days prior to accessing a voucher or bed. Due to the amount of missing data for prior living setting (service) in this timeframe, the timeframe was extended to 30 days prior to accessing a voucher or bed. In cases where this data was unavailable, a record of program contact or level of care an individual had graduated from was used to ascertain possible living settings prior to accessing a BP voucher or Backfill bed.

Use of available Blueprint Vouchers

A total of 1,002 Blueprint vouchers were issued during the evaluation timeframe. It was noted that 4 persons appear in more than one fiscal year for the date range considered. This means the actual number of unique individuals who accessed a BP voucher is 998. This is because 4 individuals accessed the BP voucher program more than once. Three individuals accessed a BP voucher in 2009, and then again in 2012, 2014 and 2014 respectively. One individual accessed a BP voucher in 2010 and again in 2014. Data presented and discussed includes all 1,002 BP vouchers that were leased.

Complete data for Blueprint vouchers was available for five years, 2009-2013. Approximately 200 individuals received a Blueprint voucher each year. At the time of the study, the Office of Supportive Housing (OSH) Clearinghouse had provided only 18 vouchers in 2014 and these are included in this evaluation. The Clearinghouse was established in 2012 to become the single portal for access to permanent supportive housing opportunities for Health and Opportunity.

![Blueprint Vouchers By Year Of Issuance](image)

- **Note:** The Blueprint Voucher program was effective fiscal year 2009-2013. In 2014, at the time of this analysis, the Office of Supportive Housing (OSH) Clearing House issued only 18 vouchers.

Referral Source for Blueprint Voucher Program

The two primary referral sources for the BP voucher program were the Journey of Hope (JOH) chronic homeless rehabilitation programs (N=259) and Safe Haven programs (N=205). These two programs account for nearly half of all referrals for BP vouchers (46.3%). This reflects successful targeting of BP
vouchers to the prioritized population and setting. The emphasis on targeting BP vouchers to users of Safe Haven programs is seen by the increase in referrals from these programs beginning in FY11.

The next largest combined category of referral sources are residential programs administered by the Department of Behavioral Health and Intellectual disAbility Services (DBHIDS). These are AAS and Behavioral Health residences. The data sources used identify two types of AAS housing: McKinney and non-McKinney programs. Referrals using these source codes mainly occurred during 2009-2012, and then in 2012 these referral source codes were not noted. However, Behavioral Health residence was noted as a referral source beginning in 2012 and continuing into 2014. These two housing programs, AAS and Behavioral Health residence may in fact be the same referral sources yet entered or coded differently. As such, they are combined in this report. These sources account for 199 referrals (19.9%).

The Office of Supportive Housing (OSH) is the collaborative applicant for the HUD Continuum of Care programs. These programs that referred individuals to the BP voucher program include Office of Addiction Services (OAS) McKinney, OSH Permanent Housing (PH) and OSH Transitional Housing (TH). These three referrals sources account for 135 referrals (13.5%). OSH Permanent programs and OAS McKinney were those involved in the “swap” practice mentioned earlier. Individuals in these programs were issued a voucher, and the program would in turn accept someone from a street appropriate setting such as shelter, safe haven or JOH program or the street. Shelters administered by the OSH
referred 99 individuals (9.9%). Recovery Houses are noted as the referral source for 86 individuals (8.6%).

The remaining 19 referrals account for 1.9% of all referrals, and came from a variety of sources. These include Housing First (N=11, as part of the swap practice), Cafes (N=4), Pennsylvania Housing Finance Agency (N=2), homeless outreach (N=1), and Hospital Extended Acute Unit (N=1).

- OSH housing includes OSH McKinney, OSH Permanent and OSH Transitional Housing programs.

**Characteristics of Blueprint Voucher recipients**

**Serious Mental Illness (SMI) and/or Substance Use Disorder (SUD)**

The vast majority of individuals who accessed a Blueprint voucher experienced co-occurring serious mental illness and substance use disorder. Data on SMI/SUD status was available for all 1,002 individuals. Of these, 84.5% (N=847) had been given a diagnosis of both a serious mental illness and substance use disorder. The most frequently recorded SMI diagnostic codes were for Schizophrenia, Bipolar Disorder, and Depressive Disorder. Alcohol Dependence was the primary SUD diagnosis recorded, followed by Drug Dependence. A very small percentage of individuals had been diagnosed with either a serious mental illness or a substance use disorder only. Only 1.2% (N=12) had no diagnosis of SMI or SUD.
Homeless status

More than two-thirds of BP voucher recipients (N=690) met the criteria for homeless or chronic homelessness. 286 individuals met the criteria for homelessness. 404 individuals experienced chronic homelessness.

30.7% (N=308) of recipients identified as neither homeless nor chronically homeless, or on the street. This may be attributed to practices in the early years of the BP program. One practice allowed DBH to “earn” a BP voucher when Homeless Outreach staff was able to place a person from the street directly into a setting where the individual stayed for at least thirty days, thus earning a BP voucher to be used for individuals living in a residential services program. The other practice involved substituting a housing choice voucher for the McKinney housing subsidy, allowing the individual living in a HUD Continuum of Care program to remain in the unit, but freeing up the HUD subsidy and attendant services for someone
living on the street, in shelter, safe haven or Journey of Hope facility. This practice was referred to as a “swap.” Many of the individuals who accessed a BP voucher in these ways were living in permanent or more stable housing settings at the time.

The Backfill Policy

As mentioned earlier, a "Backfill" (BF) policy was implemented as part of the BP voucher program. Through this policy, when individuals with serious behavioral health conditions in street appropriate settings such as a safe haven or Journey of Hope program received a voucher, their “spot” in these settings was to go to other individuals living on the street. Of the 317 records reviewed for this section, 40 individuals were not included in this analysis because the identifiers included in the Backfill file were
not sufficient to match to a record in the CARES database. Therefore, data on only 277 records is reported. 29% of individuals who accessed a Backfill bed went on to receive a BP voucher at a later date.

Where available, data is provided on the residential or housing service an individual had received 30 days prior to accessing a Backfill bed. This data was not found for 64 individuals. In these cases, additional data was sought on any program or level of care that these individuals may have graduated from or had recorded contact with.

**Characteristics of individuals accessing a "Backfill" bed made available by the BP Voucher Program**

**Serious Mental Illness (SMI) and/or Substance Use Disorder (SUD)**

Approximate 90% (N=249) had a recorded diagnosis of SMI, SUD or both SMI/SUD. As with individuals who directly accessed a BP voucher, the majority of individuals accessing a street appropriate setting through the Backfill policy had co-occurring behavioral health disorders. 206 individuals had recorded diagnoses of both a serious mental illness and substance use disorders. Individuals with only a mental illness or a substance use disorder accounted for a small percentage. The most frequently recorded SMI diagnostic codes were for Schizophrenia, Bipolar Disorder, and Depressive Disorder. Alcohol Dependence was the primary SUD diagnosis recorded, followed by Drug Dependence.
Homeless status

Of the 277 records reviewed for this evaluation, 89.2% of the individuals accessing a bed in a safe haven or Journey of Hope program made available through the BP Voucher Program Backfill policy met the criteria for chronic homeless or homeless. 190 individuals (68.6%) met the criteria for chronic homelessness and 57 individuals (20.6%) met criteria for homelessness. 30 (11%) individuals did not meet the criteria for chronic homelessness or homelessness, however did have a record of prior contact with Homeless Outreach services or a stay in a shelter or safe haven.
Living Situation 30 days prior to accessing Backfill bed

The primary living situations of individuals 30 days prior to accessing a BF bed were Shelter (N=31), Safe Haven (N=39) or Journey of Hope programs (N=40), for a total of 110 or 39.7% of total BF bed recipients.

46 individuals had prior living setting recorded as the street. To determine if these individuals moved into a BF bed directly from the street, data on previous program contact or level of care from which a person graduated was reviewed. It seems likely that these individuals did move into a Backfill bed directly from the street since the two primary programs or level of care from which an individual may have graduated was recorded as either the street or a café (smaller settings available during the winter months for individuals reluctant to enter a larger shelter but willing to come inside a café for shelter).

<table>
<thead>
<tr>
<th>Backfill - Prior Living Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOH</td>
</tr>
<tr>
<td>2010</td>
</tr>
<tr>
<td>2011</td>
</tr>
<tr>
<td>2012</td>
</tr>
</tbody>
</table>

Summary

The City of Philadelphia has a robust and active homeless services system, and individuals living on the street have access to a variety of housing programs. The Blueprint Voucher Program is one essential resource among the city's portfolio of homeless housing programs. Other resources include housing available through the HUD Continuum of Care programs and DBHIDS residential options.

The BP voucher was established in partnership with the Philadelphia Housing Authority (PHA) as part of the Mayor's Plan To End Homelessness. This program set aside annually, 200 tenant based PHA subsidies targeted to the more vulnerable homeless individuals, as well as 300 housing opportunities for families. The City also dramatically increased its “Housing First” beds and safe havens as part of the Mayor’s Plan.

The Blueprint Voucher Program has demonstrated success in achieving its goal to target and provide permanent housing to Philadelphia's more vulnerable homeless individuals. 84.5% of all BP voucher recipients have documented diagnoses of co-occurring serious mental illness and substance use disorders; 98.8% had some behavioral health diagnosis. 68.8% of voucher recipients met the criteria for homelessness. Of these, 40.3% met the criteria for chronic homelessness. More than half of voucher recipients were using a shelter, safe haven or Journey of Hope program 30 days prior to accessing a BP voucher. All individuals who accessed a Backfill bed made available through the BP voucher program were homeless, or had histories of homelessness at the time they received housing. 247 were either
chronically homeless (190) or homeless (57), and 30 individuals did not meet the criteria for chronic homelessness or homelessness but had a record of prior contact with Homeless Outreach services or a stay in a shelter or safe haven.

In 2011, the Deputy Mayor focused attention on minimizing long term use of safe havens by directing BP vouchers to frequent users of these programs. This was intended to promote housing stability among this subpopulation of homeless individuals, and to sharpen the focus of safe haven programs to engagement, linking to needed healthcare services, and assisting individuals to transition from the street to housing. It also was intended to increase utilization of these beds by individuals living on the street.

This targeting strategy was successful, as reflected by the increased number of voucher recipients staying in safe havens prior to leasing up. In 2009, 15 individuals with recent safe haven stays received a voucher. This number increased each year, with 73 individuals receiving a BP voucher from safe havens in 2013. In total 205 individuals using safe havens have been successfully housed through this program.

This program has also been successful in targeting vouchers to individuals with serious substance use disorders by prioritizing individuals who successfully complete the 9 month Journey of Hope rehabilitation programs. These long term rehabilitation programs adapted operations and services to accommodate the varied and complex needs of persons with both serious mental illness and substance use disorder. Initially, individuals were encouraged to enter these treatment programs with the understanding that a BP voucher would be available upon successful completion. While this may have been a motivating factor for some, over time this practice was discontinued in recognition of the fact that people graduating from a JOH program had differing needs. In total, 259 individuals were referred to the BP voucher program.

It is worth noting, that despite a policy of not issuing a voucher to someone on the street, nearly one-third (30.4%) of BP voucher recipients were staying in shelter (N = 100) or safe havens (N = 205) thirty days prior to accessing the BP voucher. Individuals accessing these types of settings tend to cycle between staying on the street and low demand settings. Another five individuals were referred by street outreach or a café. As such, the program has demonstrated capacity to move individuals with recent histories of street homelessness directly into subsidized permanent housing and keep them stable. Philadelphia has a wide array of responsive community based services that can be provided on the street, in a person’s home and other community settings. These services are appropriate to the varied and complex needs of individuals living on the street.

While a public housing application process may present challenges to implement a housing first approach, TAC recommends Philadelphia consider options to leverage the BP Voucher Program in ways that result in housing individuals directly from street homelessness. This may involve pairing a subset of BP vouchers with a bridge subsidy program. To immediately house someone directly from the street, an apartment and supportive services would need to be readily available. This is usually done through a master lease arrangement, where an agency holds a lease on a unit and pays rent whether occupied or vacant, thereby making an unoccupied unit immediately available. A bridge subsidy program could be used to expand existing Housing First beds, and once an individual is housed, Housing First staff can begin to assist the person with the PHA application process. When approved, the BP voucher could replace the bridge subsidy to be made available for another individual.

Also recommended for consideration is using a subset of bridge subsidies, instead of BP vouchers, to targeted JOH participants and applying a rapid re-housing approach. Rapid Re-housing is modeled on
the HPRP approach (now included as part of the HUD ESG grant program) of providing titrated and time-limited rental assistance (e.g. 3-5 months). Many participants in the JOH programs may benefit from employment services towards the end of their program stay to assist them to increase income. A bridge rental subsidy could be issued for a certain time limit with support services available to secure employment.

The Deputy Mayor’s Office for Health and Opportunity launched its permanent supportive housing initiative in 2008. As of the fall 2014, 89% of individuals housed through this initiative continued to experience stable housing. To further demonstrate the success of the BP Voucher Program, TAC recommends the City of Philadelphia conduct a more detailed analysis of housing tenure among voucher recipients. This could include length of stay in housing, exits from program, reasons for exit (able to afford housing without voucher, eviction, relocation, etc.), living setting if no longer living in housing subsidized with a voucher, and services provided that support tenancy. This will enable Philadelphia to build on the success of the BP voucher program and evaluate the effectiveness of its homeless and supportive services systems, both in the near term of addressing the immediate housing crisis of homeless individuals and families, but also in the long term by tracking who is able to stay housed, contributing factors to both housing tenure and loss of housing, and minimizing the time taken to rapidly re-house in the event housing is lost.

The program demonstrates the positive impact that a successful partnership between City officials and a local housing authority can have on addressing the housing needs for very vulnerable homeless individuals. Through the City of Philadelphia’s strong leadership, shared commitment, and clear targeting of resources, approximately 1000 of the most vulnerable homeless population received access to permanent supportive housing, 89% of whom have remained housed. Practices employed by the City of Philadelphia in how the Blueprint Voucher Program was designed and implemented serve as a model and offer proven strategies for other communities to replicate.