Homelessness Prevention Study

Prevention Programs Funded by the Homelessness Prevention and Rapid Re-Housing Program

U.S. Department of Housing and Urban Development | Office of Policy Development and Research

HOMELESSNESS PREVENTION STUDY

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Prepared for:

U.S. Department of Housing and Urban Development
Office of Policy Development and Research
Washington, D.C.

Prepared by:

Mary Cunningham
Martha R. Burt
Molly Scott

The Urban Institute

Gretchen Locke
Larry Buron
Jacob Klerman
Nicole Fiore

Abt Associates
Bethesda, MD

Lindsey Stillman

Cloudburst Consulting Group
Hyattsville, MD

August 2015

Acknowledgments

Mary Cunningham and Martha Burt were the principal investigators for this study. This report is a team effort and includes contributions from the following:

- Emily Bachman
- Kassie Bertumen
- Larry Buron
- Nichole Fiore
- Kathleen Freeman
- Michelle Hayes
- Meghan Henry
- Anna Jefferson
- Jacob Klerman
- Gretchen Locke
- Graham MacDonald
- Molly Scott
- Lindsey Stillman
- Steve Sullivan
- Patrick Taylor

The authors wish to thank Julie Pacer, from AbtSRBI, who managed the survey data collection with support and oversight from Kelly Daley; Will Huguenin and Daniel Boada of Abt Associates for providing efficient and capable programming support for the survey data analysis and documentation; Brent Howell and Hannah Schellhase for editing the final report; and Jill Khadduri of Abt Associates and Rolf Pendall of the Urban Institute for providing thoughtful feedback on early drafts of the report.

We thank Dennis Culhane and Beth Shinn for advising throughout the study and for providing comments on earlier drafts of the report.

Special thanks goes to Elizabeth Rudd, the HUD GTR who guided the study and provided insightful comments and polish to the final product.

Finally, thank you to the communities we visited and surveyed for giving their time and sharing their experiences.

All errors or omissions are the responsibility of the authors.

Foreword

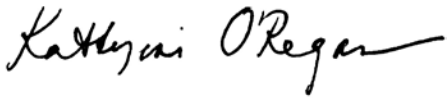
The Great Recession that started in 2007 hit American households hard. Rapidly rising unemployment, home foreclosure rates, and rents led to greatly increased risks of housing loss and homelessness. In response, Congress included $1.5 billion in the American Recovery and Reinvestment Act (ARRA) of 2009 for the Homelessness Prevention Fund, later renamed the Homelessness Prevention and Rapid Re-Housing Program (HPRP). Within 30 days of ARRA's passage, the U.S. Department of Housing and Urban Development (HUD) published program rules and announced funding allocations for 535 grantees across the nation. By the end of the 3-year program, these grantees and approximately 2,500 subgrantees had provided short- and medium-term financial assistance and housing stabilization services to more than 1.3 million Americans who were homeless or at risk of homelessness.

HPRP provided communities, for the first time ever, with substantial resources for homelessness prevention. The sheer scope and swiftness of HPRP implementation posed enormous challenges as well as opportunities for learning and innovation. There were no evidence-based models to guide program design, so HUD established basic program criteria and grantees had flexibility to tailor their programs to their communities. The Homelessness Prevention Study (HPS) documented what grantees did with the funds based on a nationally representative survey of HPRP grantees and subgrantees and case studies of 17 local HPRP-funded prevention programs. This report thus combines a national-level overview with insight into community-level implementation and challenges of HPRP-funded prevention programs.

The HPS found that HPRP, beyond its positive impacts on individuals, helped communities build homelessness prevention capacity and fostered partnerships among providers of homeless services and other welfare agencies. Many communities implementing HPRP increased coordination or centralization of homeless services intake systems. HPRP also led many communities to use assessment tools that have since become standard practice. HUD has built on these early lessons by helping communities to more fully develop their coordinated entry processes. HPRP prevention programs mostly provided financial assistance and case management, but the indepth case studies in this report highlight the promise of innovative program components such as housing locators, legal assistance, and credit repair.

A central lesson of the report is the challenge of targeting. It is difficult to identify households truly at risk of homelessness and unclear how to tailor short- and medium-term assistance to prevent homelessness. HPRP providers of homelessness prevention assistance struggled to identify households that would become homeless without assistance yet that also would be well served by short- or medium-term financial assistance coupled with light-touch case management. This practical difficulty also reflects an evaluation puzzle: how to know if a prevention program actually prevented homelessness. The HPS report proposes several methods for evaluating prevention programs.

In sum, this report analyzes critical challenges facing program design and policy development in the area of homelessness prevention. For practitioners, this report is a guide for developing prevention programs and evaluating their effectiveness. For policymakers and researchers, it articulates lessons learned and identifies research approaches to advance homelessness prevention policy. I am pleased to present this groundbreaking study, and I hope that its important findings will inform policy and practice in our national effort to end homelessness.



Katherine M. O'Regan
Assistant Secretary for Policy Development & Research
Department of Housing and Urban Development

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Executive Summary

Launched in 2009 to help American families survive a deep recession, the **Homelessness Prevention and Rapid Re-housing Program (HPRP)** enabled the first ever large-scale implementation of homelessness prevention programs. HPRP distributed $1.5 billion in grant funding to 535 states, counties, cities, and U.S. territories, and approximately 2,500 other entities, mostly direct service providers, were subgrantees. As of September 30, 2011 (2 years into the 3-year program), HPRP had provided 909,192 people in 359,192 households with financial assistance and supportive services designed to prevent homelessness.

The **Homelessness Prevention Study** (HPS) documented the first 2 years of HPRP homelessness prevention. It included a nationally representative survey of HPRP grantees and subgrantees, analysis of HUD-required Annual Performance Report data, and 17 indepth case studies of local prevention programs.[1] The communities chosen for case studies represent a range of approaches to homelessness prevention, as well as geographic diversity and a variety of special target populations. This report on the HPS combines a national-level overview of HPRP with insight into community-level implementation and challenges of HPRP-funded prevention programs and develops implications for research and policy development in homelessness prevention.

- 70 percent of HPRP assistance funds went to prevention, i.e., to households that at program entry were deemed in imminent danger of losing housing (66 percent) or unstably housed (34 percent).[2]
- Most households received prevention services for less than 6 months, and 61 percent of prevention clients who exited before September 30, 2011, were judged stably housed at exit.
- Children accounted for 45 percent of people served by HPRP prevention programs.
- Most prevention clients received both financial assistance and case management, with 82 percent receiving case management, 62 percent receiving rental assistance, 21 percent utility payments, and 16 percent security or utility deposits.
- Indepth case studies in this report highlight the promise of innovative program components received by relatively few households such as housing locators, legal assistance, and credit repair.
- Implementing HPRP, communities built prevention capacity, increased centralization of intake systems, and fostered partnerships among homeless service providers and other welfare agencies, including public housing authorities, mental health agencies, Temporary Assistance for Needy Families, U.S. Department of Veterans Affairs Medical Centers, school homelessness liaisons, and child welfare agencies.
- Providers of homeless prevention services struggled to determine which households would become homeless without the assistance, yet would do well with short-term financial assistance and light-touch case management.

[1] Survey findings presented in the HPS report are weighted to represent all grantees and subgrantees.

[2] "Assistance funds" means funds spent directly on assistance and does not include funds spent on administration and management information system costs. HPRP assistance funds went to prevention or rapid re-housing (i.e., for clients already homeless).

- Providers tried to serve clients who would sustain housing on their own after receiving HPRP assistance, which sometimes resulted in requirements (such as having an income) that may have denied assistance to the households with the most needs.
- 70 percent of HPRP grantees reported planning to continue homelessness prevention activities after HPRP funding ended.
- HUD requirements for data collection did not result in data sources sufficient for impact analyses, so we do not know if HPRP prevention programs reached those households most likely to become homeless.
- Future research should focus on understanding how programs can target those most likely to become homeless and what mix of services is most cost effective.
- Research options include using existing data for retrospective analyses, and creating a demonstration to test particular program models, such as shelter diversion, neighborhood-based prevention services, prevention services offered at the point of institutional discharge, and a shallow housing subsidy to all households meeting income requirements.

HPRP Prevention Programs

Because HPRP was designed as a formula program, funding was awarded to states, counties, cities, and U.S. territories instead of to the Continuums of Care (CoCs), the entities charged with coordinating regional responses to homelessness that receive HUD's competitive homelessness funding. Most of the 535 HPRP program grantees were housing and community or economic development-related government agencies. Grantees made awards to about 2,500 subgrantees, most of which were non-profit direct service providers. The amount of funding potentially available for prevention efforts far exceeded what had ever been available before. Many communities, however, had little experience with prevention and there were no established models to guide their new or expanded prevention efforts.

With HPRP, communities had flexibility to design their own prevention assistance packages, including limiting the duration of financial assistance, setting the share of rent to be paid and maximum expenditure levels, and making financial assistance contingent on progress toward goals. Developing a prevention program also included determining responsible entities, geographies to cover, organization and delivery of services, intake and triage, targeting and eligibility criteria, and types and amounts of financial assistance and services to offer. Some HPRP communities chose to serve households with greater housing barriers but gave them more or longer assistance. Others served households with few barriers and provided just enough to cover rental arrears and help them through an immediate housing crisis.

To participate in HPRP-funded homelessness prevention programs, HUD required that households have incomes below 50 percent of Area Median Income (AMI), that they be at risk of homelessness, that no appropriate subsequent housing options be identified, and that they lack the financial resources and support networks needed to obtain immediate housing or remain in existing housing. HUD advised providers to consider whether the household would become homeless "but for" this assistance and whether the household could be expected to sustain housing on its own after assistance ended.

Structuring Financial Assistance

Most grantees designated individual caseworkers as responsible for determining what assistance packages—within established parameters—to offer each household. Some grantees tried to facilitate consistency across caseworkers, using methods such as training (Maine; North Carolina; Rhode Island), automating the process (Philadelphia), and having a committee make final decisions on assistance packages (Arlington County, Virginia; Kalamazoo, Michigan).

To encourage progress toward client goals, caseworkers reported that it was useful to make financial assistance contingent on meeting expectations. Even if a provider judged that a household would need more than 3 months of assistance, caseworkers would offer only 3 months of assistance at first, and make renewal contingent on the household remaining eligible at the HUD-required 3-month re-evaluation of eligibility. Where committees held final decision-making power, caseworkers could tell clients that the committee was unlikely to approve renewal without evidence of progress toward goals. Programs terminated non-cooperating households.

Targeting

One of the biggest challenges for grantees and subgrantees was determining whom to assist. Grantees could establish eligibility criteria that were stricter than HUD's criteria. In addition, the HPRP Notice emphasized that HPRP should be used to assist those who would become or remain literally homeless "but for" the HPRP assistance.[3] At the same time, the HPRP Notice encouraged grantees to use HPRP assistance for those who were most in need of the short- and medium-term rental assistance that HPRP provided and who were more likely to sustain the housing after the assistance ended. HPRP was not intended to provide the higher level of assistance necessary for those who would need long-term, permanent supportive housing. However, many communities expressed difficulty identifying people who were both at imminent risk of homelessness and likely to maintain stable housing on their own after HPRP assistance ended. In fact, a number of grantees adopted targeting and screening approaches to limit assistance to those households they believed would have a greater chance of retaining the housing. More than half (54 percent) of surveyed direct service providers adopted sustainability criteria, such as employability and compliance with self-sufficiency activities, as requirements of participation. Consequently, households deemed too needy to succeed with short- or medium-term financial assistance and light-touch case management were screened out of some HPRP prevention programs.

To target effectively, a prevention program must identify what it is trying to prevent—loss of current housing or literal homelessness—and determine whether the goal of the program is to provide short- or long-term assistance. If the goal is to prevent immediate housing loss (i.e., stopping an eviction) and help a household to keep its housing for at least another few months, then an outcome evaluation of HPRP would probably find that the program was successful. If stable housing into a longer-term future is

[3] The term "literally homeless" refers to persons who are sleeping in emergency shelters, transitional housing, or on the streets or other places not meant for human habitation, i.e., paragraph 1 of the definition of homeless in 24 CFR part 576.2. This is consistent with HUD's use of the term in other guidance. See https://www.hudexchange.info/resource/1927/hearth-esg-program-and-consolidated-plan-conforming-amendments/.

the goal, then there is much less evidence for success. The few communities among those visited that tried to find clients 3 to 6 months after the end of assistance could not find a significant share of them, suggesting that the housing HPRP helped them to retain was not stable. If preventing literal homelessness was the goal, then almost certainly many HPRP programs set their entry criteria and verification practices to select the wrong people.

HUD allowed HPRP grantees to accept households with incomes up to 50 percent of AMI, and 9 out of 10 HPRP communities retained this upper-bound criterion and served households with up to 50 percent of AMI. Yet the incomes of households that enter shelter are more likely to cluster around 15 percent of AMI or lower, including many that have no income. HPRP served mostly poor households, but households with incomes still well above those of typical shelter users. Since some HPRP service providers did not make a major effort to verify the absence of any alternative housing resources, it is likely that they enrolled a significant share of clients into HPRP homelessness prevention whose risk of literal homelessness in the short term was low.

If preventing literal homelessness is the goal of a homelessness prevention program, then it would be essential to set the income threshold considerably lower than 50 percent of AMI except in rural and other high-poverty areas.

Three parameters were at work as communities determined how to target the HPRP funds: an emphasis on "but for" or sustainability, the length of assistance the program wanted to provide, and a household's barriers to housing stability. Set any two of them and the third necessarily follows. Thus communities that decided they would offer only short-term assistance (up to 3 months) and wanted to see housing stability at the end left themselves with no option other than to limit eligibility to people with previously stable housing and work histories—in other words, the households least likely to end up literally homeless even if they lost their current housing. Communities that gave themselves greater flexibility in setting the length of assistance had more flexibility also in the characteristics of households they could accept and still meet the expectation of sustainability.

A final aspect of targeting is assessment. Communities need guidance on tools for assessment and service planning. As Chapter 5 and Appendix G of this report discuss, it is no simple matter to select, modify, or create an assessment tool and use it correctly to provide needed information and avoid erroneous conclusions about client progress or program performance. Providers need to avoid the twin pitfalls of too-loose administration and too-rigid scoring and score cutoffs, while gathering the information needed to determine assistance packages to help households overcome housing barriers. Measurement needs to focus on the best predictors and avoid collecting too much information.

Communities visited for this study made decisions about what to offer clients using different structures, from caseworkers to committees to automated formulas. Even within those decision-making structures, the practice of deciding what to offer varied considerably. Some communities offered little flexibility; some were systematic in their expectations and even in their tools but flexible in the casework process; and still others let agencies and even individual caseworkers make their own decisions without detailed centralized guidance. If any generalization can be made it would be that the communities using the

tightly controlled approach also did very short-term assistance and served relatively barrier-free households. No community visited whose program design included the expectation that people would stay on assistance for 6 to 9 months took this tightly controlled approach. Nor does it seem as if the inflexible, highly controlled approach would work with longer assistance, because too much could happen to affect lockstep achievement of case goals, and caseworkers would need to have flexibility to adjust plans as needed.

Promising Practices

In Virginia, Arlington County's HPRP prevention program had a unique housing locator who engaged in a wide variety of activities, including developing relationships with landlords, recruiting landlords to participate in HPRP and other Arlington County housing programs, delivering checks to landlords, mediating between landlords and tenants, providing housing information to case managers, conducting habitability and lead-based paint inspections for HPRP-assisted units, and staying up-to-date on local housing markets. The housing locator made it easier for clients to find appropriate units quickly in an extremely tight rental market and helped to reassure landlords who might have been less likely to rent to clients with barriers to housing such as poor credit.

Data and Monitoring

HUD requirements for data collection encouraged providers to think about monitoring and evaluation, but did not result in data sources sufficient for impact analyses; that is, finding out what would have happened to clients if they had not gotten the HPRP prevention assistance. HUD required grantees and subgrantees to enter data about individuals into the Homeless Management Information System (HMIS) at both program entry and exit; these data captured demographics, health and disability indicators, housing status, income and benefits, and services received.

Some grantees used their HMIS to store supplemental information on participating households. For example, Pima County/City of Tucson, Arizona, stored eviction notices and lease agreements, while Santa Clara County, California, stored self-sufficiency matrix scores. Philadelphia captured data on all households that applied for HPRP assistance and could thus use HMIS data to compare shelter entry rates of households receiving prevention to rates of households not receiving assistance. About half of grantees (52 percent) and subgrantees (47 percent) reported they used HMIS data to track household outcomes. Looking forward, barriers to using HMIS data for evaluation include the challenges providers experience with the system, such as learning the system, maintaining data quality, paying user fees, and reconciling multiple data systems.

Community-Level Effects of HPRP

Implementing HPRP contributed to building infrastructure for future prevention efforts:

- 74 percent of grantees improved capacity to identify persons at highest risk of homelessness.
- 71 percent of grantees got more involved with their CoC.
- 62 percent of grantees reported increased collaboration between homeless service providers and mainstream agencies.
- 60 percent improved coordination or centralization of their community's intake system.

Most grantees reported that their community was likely to continue prevention efforts after HPRP funding ended.

The information obtained from the 17 communities studied indepth supports this assertion that HPRP contributed to new partnerships being formed among participating agencies and lasting improvements in how they work together. Several direct service providers outside of the homeless assistance system reported greater awareness of populations with special needs and learning for the first time about some of the resources available to help those at risk of homelessness. A few of the case study communities also described revising their 10-year plan or their CoC priorities to include homelessness prevention for the first time, while a few others described increased case management capacity, a lasting legacy of HPRP's online screening and eligibility system, and changes in the court system and landlord cooperation with the prevention program.

Subgrantees were sometimes chosen for their specialized services. For instance, in Philadelphia, one of the subgrantees specialized in utility assistance. The subgrantee helped HPRP clients get help paying for utilities without spending HPRP funds and also taught the other subgrantees how to find utility assistance through its network and directly from utility companies.

Lessons Learned and Future Research

The HPRP experience suggests that communities should improve coordination among antipoverty and homeless services agencies and that, further, the meaning of centralized intake is widely misunderstood. HUD and others should clearly communicate that centralized intake couples communitywide systems *with centralized power to allocate assistance.* Effective targeting begins with clear program goals, i.e., preventing housing loss vs. preventing literal homelessness. Responding to providers' struggles to reconcile "but for" and sustainability criteria, this report suggests that the "but for" criterion could be used to establish eligibility and assistance packages could be tailored to help clients reach sustainability. This study also spotlights promising but little-used homelessness prevention practices that should be evaluated, such as housing search and locator services, legal assistance and credit repair. Supportive services intended to prevent homelessness might be most effective when tailored specifically to address barriers to housing stability.

The most pressing questions for homelessness prevention now are about targeting, program impacts, and cost effectiveness. This report proposes several research approaches. Existing data could be used to construct a national retrospective study of HPRP, using difference-in-differences models and

multivariate regression to estimate the impact of HPRP expenditures on homelessness. Another approach leveraging existing data could estimate impacts in communities that collected information on households that did not receive assistance as well as on households that did receive assistance.

Prospective research demonstrations would test particular program models and could answer questions about targeting, impact, individual differences in impacts, and cost effectiveness. The report proposes four program models that should be considered for testing with experimental or quasi-experimental research designs:

1. A shelter diversion program would provide short- to medium-term financial assistance to divert households from entering shelter.
2. A neighborhood-based approach to prevention services for families modeled on New York City's HomeBase program could be tested in neighborhoods with high risk for homelessness.
3. In a systems homelessness prevention program, services would be provided by a mainstream agency—for example jails or prisons, healthcare facilities, or child welfare agencies—to prevent homelessness among its clients.
4. A shallow housing subsidy program would offer an ongoing shallow subsidy to all households who meet income requirements.

Appendices

Appendix A shows how the HPRP funds were allocated across communities. The indepth case studies included in Appendix E offer details about a range of experiences with HPRP and a variety of homelessness prevention program types. Appendix G describes the background of the widely used and adapted Arizona Self-Sufficiency Matrix and elaborates its potential and pitfalls as an assessment tool.

Conclusion

This report documents and analyzes the first 2 years of the first-ever large-scale implementation of homelessness prevention efforts—the HPRP prevention programs. It describes communities' experiences with HPRP prevention programs and draws lessons from these experiences for future efforts to prevent homelessness. It also identifies gaps in knowledge needed to support future policy development. As such, this report offers useful information to practitioners, researchers, and policymakers interested in homelessness and the prevention of homelessness.

Chapter 1. Introduction

To reach the goal of ending homelessness, policymakers will have to address, and learn to solve, an important piece of the housing puzzle: preventing people from becoming homeless in the first place. Without effective homelessness prevention, individuals and families will continue to swell the ranks of people approaching homeless assistance agencies for help, making it impossible for the nation to succeed in its goal. Preventing homelessness is the first of three interrelated strategies the National Alliance to End Homelessness outlined in its 2000 challenge to end homelessness in 10 years (2000). The Alliance called prevention "closing the front door," and it is the focus of this report.[4]

In 2010, the U.S. Interagency Council on Homelessness took up the challenge in *Opening Doors*, the Obama administration's plan to end homelessness (Interagency Council on Homelessness 2010), which includes, among other approaches, homelessness prevention.[5] *Opening Doors* outlined steps to end homelessness in every community across America. The plan has four goals: (1) finish the job of ending chronic homelessness in 5 years; (2) prevent and end homelessness among veterans in 5 years; (3) prevent and end homelessness for families, youth, and children in 10 years; and (4) set a path to ending all types of homelessness.

During the deep recession that began in late 2007, extreme economic circumstances in the form of high levels of unemployment and foreclosures exacerbated the risk of housing loss and homelessness for many Americans. In the United States at that time, households experiencing job and therefore income loss were finding themselves falling behind on rent and utility payments; even households with strong rent histories and no arrearages were being evicted because their landlords were in foreclosure. The National Alliance to End Homelessness was predicting that 1.5 million households could face homelessness.[6]

Recognizing the need, Congress included resources in the American Recovery and Reinvestment Act of 2009 (P.L. 111-15) to fund what became the Homelessness Prevention and Rapid Re-housing Program (HPRP).[7] HPRP provided $1.5 billion over 3 years to hundreds of communities nationwide to prevent people from becoming homeless through short- and medium-term financial assistance and housing relocation and stabilization services. From midsummer 2009 through September 30, 2012, hundreds of thousands of households were assisted to retain or regain housing.

[4] The second strategy, which the Alliance called "opening the back door," involves policies and programs to help people leave homelessness for good. The third strategy, "building infrastructure," involves changes in major systems to increase the supply of affordable housing and assure that people have the resources to cover their needs.

[5] *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness,* June 2010 can be downloaded here: http://www.ich.gov/PDF/OpeningDoors_2010_FSPPreventEndHomeless.pdf

[6] National Alliance to End Homelessness, Press Release "Annual Homeless Community Counts to Be Conducted This Week," dated January 29, 2010.

[7] Definitions for acronyms, programs, and concepts used in this report are provided in "Definition of Terms," which the reader may find at the end of this publication, and are not repeated in the text.

This report focuses on HPRP and the homelessness prevention programs it funded, offering the first systematic look at how communities structured and carried out these programs. This study contributes to understanding community choices, the factors that influenced those choices, and whether certain program choices would be more likely than others to reduce the number of households that actually become homeless. The study's key research questions were:

1. How did communities design their HPRP programs? Which factors did they consider?
2. How did households facing a housing crisis find their way to HPRP?
3. How did HPRP screening and intake work? What screening and assessment were done?
4. Which households did communities choose to serve?
5. What prevention activities did HPRP clients receive?
6. What data did HPRP communities collect and how did they use them? If any communities assessed outcomes after clients left HPRP, what did they find?

What Research Says About Homelessness Prevention

Research shows that housing subsidies protect against homelessness (Khadduri 2008). Reducing homelessness to a fraction of its current level over time would be easy if subsidies were available for every household that needed them (O'Flaherty 2012, 2009; Quigley, Raphael, and Smolensky 2001). Absent such universal programs, however, homelessness has remained a persistent social problem and preventing new entrants into homelessness is difficult. The challenge posed to the communities across the nation that received an HPRP grant was how best to use the money. As Apicello (2010) noted in her comprehensive and thoughtful review of the homelessness prevention literature, "the practice of homelessness prevention is still in its infancy and there is little science base for its implementation." Further, when HPRP began there were no reliable ways to tell which households, of those facing a housing crisis, would actually become homeless, even if they lost their current housing through eviction. The best available research evidence at the time suggested that only about one in five households facing eviction would actually become homeless, with the rest moving in with family or friends, working out their differences with landlords or the people they were already living with, or finding resources somewhere to continue in housing (Apicello 2010; Shinn, Baumohl, and Hopper 2001; Shinn et al. 1998).

Thus when HPRP began, communities receiving grants had no reliable scientific basis for designing their programs. If communities had their own pre-HPRP experiences with homelessness prevention they could use these as a guide, but as this report describes, at least half decided they did *not* want to do what they had done before, leaving them with the question of what they did want to do.

Since 2009 some new research efforts in New York City focused on homelessness prevention programs have begun to bear fruit, indicating that carefully crafted interventions can reduce entry into shelter. Two involve New York's HomeBase program, a neighborhood-based intervention that began in 2004 to serve the six community districts (of 59) from which the highest numbers of homeless families entered shelter. HomeBase expanded in 2007 to cover 31 more community districts, and again in 2008 to cover the rest. HomeBase serves households that approach a HomeBase center for assistance on their own, but HomeBase staff also reach out to their neighborhoods to attract households that might already be getting into trouble with housing but might not know that resources are available to help them avoid housing loss.

One of these studies began in 2010 (Locke et al. 2011). It randomly assigned 415 households qualifying for HomeBase prevention assistance to get the assistance (treatment group) or not (control group), and tracked their use of shelter for 24 months. The other study (Messeri, O'Flaherty, and Goodman 2011) looked at shelter entry rates from the six neighborhoods where HomeBase started in 2004, and compared them to rates in the neighborhoods that HomeBase did not begin serving until 2007 or 2008. Both studies found evidence that the intervention prevented some households from becoming homeless, approximately halving the proportion that did apply for or enter shelter. In the random assignment study, this meant reducing shelter applications from 11 to 5 percent and actual shelter entry from 4 to 2 percent of those served by HomeBase. The neighborhood study found the net effect of HomeBase was to reduce shelter entries by between and 10 and 20 households for every 100 HomeBase cases.

These results can be looked at in two ways. First, halving the number of households seeking or entering shelter is a significant impact from any perspective. But second, the vast majority of households participating in the random assignment study of HomeBase did not enter shelter even without the intervention. Only 11 percent of the control group in the first study even applied for shelter, and in the neighborhood analysis HomeBase had to serve 100 households to reduce shelter entry by 10 to 20 households. These results raise the question of whether one can improve the selection of households to be served to target those at much higher risk of actually becoming homeless.

Improved targeting—that is, serving those households at highest risk of actually becoming homeless—is the focus of the third New York research study. If one does not carefully craft and target a strategy for preventing homelessness, one could expend lots of resources on households that did indeed face a housing crisis but would likely not become literally homeless even if they did lose the place they lived. Researchers who have tried to predict homelessness in the form of shelter entry have not been very successful until recently (Apicello 2010; Shinn, Baumohl, and Hopper 2001). Shinn and her colleagues (Shinn and Greer 2012; Shinn et al. 2013) set out to identify factors that, if combined in a simple screener, would increase the proportion of people served by homelessness prevention services who were at the highest risk for entering shelter. They examined characteristics of 11,105 applicants for homelessness prevention assistance in New York City between October 1, 2004, and June 30, 2008, to see which characteristics best predicted shelter entry. Shinn and co-authors found that a screening model based on 15 risk factors was superior to worker judgments, arguing that selecting applicants based on the model would increase correct targeting of families entering shelter by 26 percent and reduce misses by almost two thirds. They found no evidence that some families are too risky to be helped or that specific risk factors are particularly amenable to amelioration. The authors call for developing similar models in other jurisdictions.

Federal Homelessness Prevention Policy

Federal investment in preventing homelessness has a three-decade history. The first federal funding related to homelessness was appropriated in 1983 for the then-temporary Emergency Food and Shelter Program (EFSP), as part of the Emergency Jobs Act of 1983 (P.L. 98-8; Burt and Aron 1993; Burt and Burbridge 1985). EFSP was renewed several times as a temporary measure until the Stewart B. McKinney Homeless Assistance Act of 1987 (P.L. 100-77) made it permanent; 2012 was its 30th round of funding.

EFSP resources are frequently used for one-time, 1-month rental assistance to prevent households from losing their housing. At no time has the program required any but the most minimal reporting; it has never tried to find out whether the assistance it gives prevents households from actually becoming homeless.

Until recently, communities nationwide have had very little capacity to launch a serious homelessness prevention effort. They have neither had the funding or a coordinated strategy for prevention, nor have they had much by way of alternative program approaches or models to guide them in developing a reasonable strategy. Only recently have a few communities such as New York City launched homelessness prevention programs coupled with controlled outcome studies. Even these have had their limits, and results are only just beginning to be published. None were available in 2009 when HPRP began.

The relatively scarce pre-HPRP homelessness prevention activities that some communities did undertake usually took one of two forms.[8] First, the FEMA-funded Emergency Food and Shelter Grants Program (EFSG) provided emergency cash assistance paid to landlords to prevent eviction or to utility companies to settle utility arrearages and prevent shutoffs, legal aid to negotiate with landlords to prevent evictions, and referrals to community services. Locally funded homelessness prevention programs almost always took this same approach. Second, a few communities established discharge planning mechanisms to prevent people leaving treatment facilities, hospitals, jails, prisons, and foster care from becoming homeless at exit. A large proportion of these latter efforts were part of strategies to prevent people with disabilities, many of whom had a prior history of homelessness, from becoming homeless again.

Most communities did not dedicate many resources to prevention, leaving homelessness prevention activities as a very small portion of local responses to homelessness. Further, many prevention efforts operated in separate silos, outside of the homeless assistance network. When HPRP began, communities that already had some experience with prevention used that experience to guide their HPRP homelessness prevention planning, but usually their information was based on their own observations, not on systematic evidence of effectiveness from either their own or other communities' research, as there was little rigorous research to provide guidance.

The Homelessness Prevention and Rapid Re-housing Program

The general lack of resources and capacity for homelessness prevention changed dramatically when, in 2009 as part of the American Recovery and Reinvestment Act (ARRA), Congress provided $1.5 billion to fund the Homelessness Prevention and Rapid Re-housing Program (HPRP). The U.S. Department of Urban Development (HUD) was designated to administer these funds, and allocated them through grants to 535 cities, counties, states, and territories based on the formula it used to disburse Emergency Shelter Grants. (Appendix A provides a complete list of HPRP grantees and grant amounts.) HPRP grant recipients were not Continuums of Care (CoCs), but civil jurisdictions, some of which were part of the Emergency Shelter Grants (ESG) program. Many city, county, state, and territory HPRP grantee agencies

[8] ESG recipients could decide to use a small proportion of their Emergency Shelter Grants (ESG) for prevention, but relatively few did so. The HEARTH Act of 2009 converted Emergency Shelter Grants to Emergency Solutions Grants (still ESG) and increased the proportion that could be used for prevention. Following their HPRP experience, some communities expect to use ESG funds to continue some level of their prevention activities.

participated in their local CoCs, working with others involved in homeless assistance to decide on priorities and allocations of HUD homeless assistance dollars. In the case of HPRP, however, they had independent decision-making authority.

In most communities, HPRP grantees disbursed their funds to one or more subgrantees—usually nonprofit organizations, but sometimes other local governments that were charged with administering HPRP services. Funding for HPRP at least doubled resources for homelessness prevention in most communities;[9] in some communities, it also changed the community's response to homelessness.

Congress' decision to fund HPRP came in the middle of what economists are now calling "the great recession." As unemployment reached levels not seen in decades and housing foreclosures reached unprecedented levels, HPRP moved rapidly toward implementation. ARRA was signed into law on February 17, 2009; HUD issued the program rules (the HPRP Notice) on March 19, 2009; grantees had to submit a substantial amendment to their Consolidated Plan/Annual Action Plan by May 18, 2009; and communities had to have all of their subgrantees in place by September 30, 2009.

The speed of implementation reflects the perception by Congress, HUD, and communities that need for assistance was great, but the lack of research meant that HUD did not have a specific model to replicate nationally. HUD therefore gave communities a lot of flexibility to design and implement HPRP homelessness prevention models that met local needs. In the HPRP Notice, HUD primarily specified minimum eligibility criteria, plus the scope of financial assistance and housing relocation and stabilization services for which HPRP funds could be used.

Eligibility criteria included (1) having a household income no higher than 50 percent of Area Median Income (AMI)[10] and (2) being either homeless or at risk of losing housing *and also* having identified no appropriate subsequent housing options and lacking the financial resources and support networks needed to obtain immediate housing or remain in existing housing. A meeting with a case manager was also required. HUD provided definitions of housing status to be used for all HPRP clients and recorded in local Homeless Management Information Systems (HMIS). To help communities decide which households met the second criterion, being at risk, HUD offered a guideline that came to be known as the "but for" requirement. The HPRP notice states it as follows: "…It is helpful to remember that the defining question to ask is: Would this individual or family be homeless but for this assistance?"

Grantees could use HPRP funds for financial assistance and housing relocation and stabilization services. Financial assistance could cover rent, utilities, and several other expenses. Housing relocation and stabilization services included case management, outreach, landlord negotiation, and similar activities. HPRP funds could also be used for data collection and evaluation and for administrative costs (capped by statute at 5 percent of the HPRP grant).

[9] See Chapter 3 for details.
[10] See Definition of Terms.

The Homelessness Prevention Study (HPS)

In September 2009, HUD contracted with the Urban Institute and its partners, Abt Associates Inc. and the Cloudburst Consulting Group,[11] to complete a process study of how HPRP-funded communities designed and implemented their prevention programs. The study was conducted between October 2010 and late 2012. Huge gaps often exist between how policymakers design programs at the federal level and how they operate locally. Due to the flexibility of federal program policies, grantees could tailor HPRP prevention programs to meet the needs of their local community. This process study was designed to describe how HPRP prevention programs were conceptualized, implemented, and operated. The research challenge was to capture this diversity in programs and, with broad strokes, paint a picture of what happened across the country while also providing an indepth look at how HPRP played out in 17 communities.

Research Questions

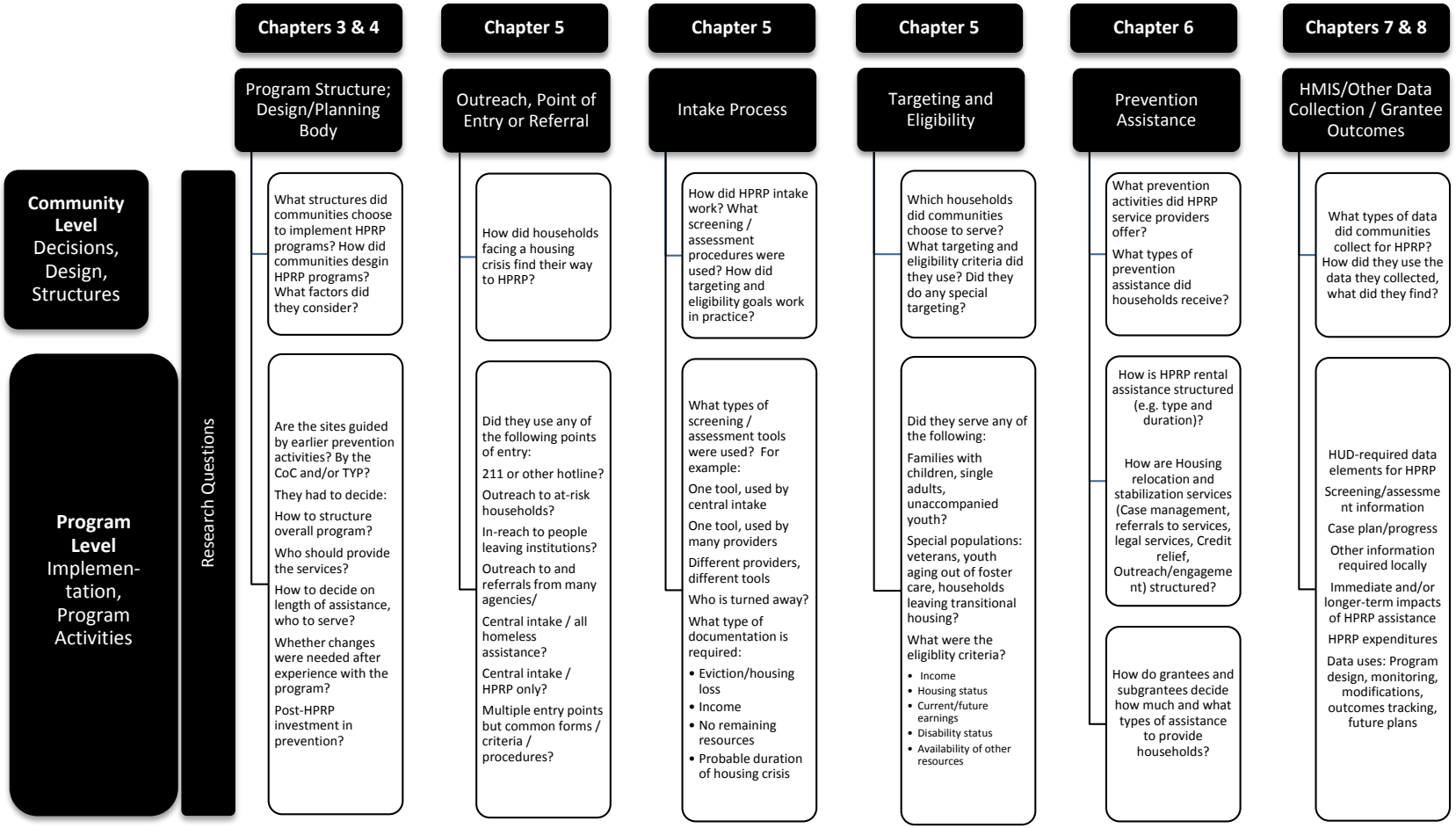
Six research questions guided this effort, as noted below. Exhibit 1.1 presents them in graphic form. It shows the federal level at the top, indicating the distribution of $1.5 billion to HPRP communities to cover 3 years of program activity. In the middle is the community level, showing the decisions local planners had to make and how they line up with the study's research questions, as well as the main structure or activity involved. The third level reflects, for each research question, the details of what actually happened as HPRP operated in communities. Chapters in this report are organized around the columns in Exhibit 1.1, with each chapter describing findings pertinent to one or more of these research questions:

1. How did communities design their HPRP programs? Which factors did they consider?
2. How did households facing a housing crisis find their way to HPRP?
3. How did HPRP screening and intake work? What screening and assessment were done?
4. Which households did communities choose to serve?
5. What prevention activities did HPRP clients receive?
6. What data did HPRP communities collect and how did they use them? If any communities assessed outcomes after clients left HPRP, what did they find?

[11] Dr. Dennis Culhane from the University of Pennsylvania and Dr. Beth Shinn from Vanderbilt University advised on the project.

Exhibit 1.1: Homelessness Prevention Study
Research Questions

HPRP Prevention
Federal Level: HUD Distributes Grants Totaling $1.5 Billion to States, Counties, Cities, and Territories



Methods

The study team used multiple methods to answer the research questions, leveraging existing data sources where possible and collecting original data. Data collection and analysis activities included the following:

1. **Analysis of HUD performance reports**. These reports cover all 535 HPRP grantees and are the source for all client characteristics and uses of HPRP funds.
2. **HPS survey.** To obtain information on how HPRP programs worked that would be nationally representative of the entire HPRP program, the research team conducted a Web survey.
3. **Site visits**. To learn indepth how HPRP programs worked and to examine certain innovative practices, the research team visited 17 HPRP homelessness prevention communities and discussed many aspects of HPRP planning and operations with key stakeholders.

HUD performance reports spoke mainly to characteristics of clients served and distribution of expenditures across allowable uses. The HPS survey provided nationally representative data relevant to most research questions, but used closed-ended questions and thus cannot offer details or rationales. The site visits offered rich information on how things really worked on the ground.

HUD Annual Performance Reports

All HPRP grantees had to submit an Annual Performance Report (APR) to HUD in a version designed for HPRP to include variables capturing housing status at entry and exit and financial information in HPRP categories. The APR provides grantee information, program outputs, client characteristics by household type and by exit status (still a client or exited); HPRP expenditures by service type, eligible activities, and sub-activities; and program performance by service type. The APRs contain the following information, all recorded in preset categories:

- Persons served, by household type
- Households served
- Persons and households served by service activity
- Gender
- Age
- Ethnicity
- Race
- Persons served by victim service providers
- Residence prior to program entry
- Monthly income at program entry and exit
- Monthly benefits
- Veteran status
- Length of participation
- Housing status at program entry and exit
- Destination for leavers
- Financial information (amounts spent on financial assistance and services, by category)

Grantees reported these data to HUD in aggregate format. This report combines data from the first two HPRP APRs, covering the period from when programs served their first client through September 2011, the end of HPRP's second year. Appendix B provides a copy of the APR.

HPS Survey

The research team administered a nationally representative Web survey to learn how communities used HPRP funding to implement their prevention programs; in particular, the goal was to gauge how they targeted their programs, the types of assistance they elected to provide, and how they measured outcomes

for people served through HPRP prevention activities. All respondents answered some questions, while other questions were specific to their role in HPRP as grantees, subgrantees, and direct service providers. Throughout, the report notes who the respondents were when reporting on a finding. Reflecting this, when referenced as a source, the HPS survey will be referred to in the following ways, as appropriate: HPS survey, All; HPS survey, Grantees; HPS survey, Subgrantees. The survey covered the following topics:

- HPRP funding allocation to prevention activities (as opposed to rapid re-housing),
- Eligibility and targeting,
- Program intake structures and procedures,
- Involvement with mainstream public agencies such as welfare or housing,
- Activities for which HPRP homelessness prevention funds were used,
- Whether the community did anything to track client outcomes, and
- Changes in provider capacity and systems change.

The research team randomly selected 100 grantees from among 527 of HPRP's 535 grantees, excluding territorial grantees (four) and the four grantees that did not appear to be using their funding for homelessness prevention. Once the grantees to be surveyed were known, lists of all their subgrantees were obtained. The 400 subgrantee sample slots were allocated to each grantee in proportion to the grantee's share of all subgrantees across the 100 grantees. If a grantee had only one subgrantee, that subgrantee was selected with certainty. Otherwise, subgrantees of each grantee in the sample were selected at random up to the number allocated to that grantee.

To select 100 grantees from the 527 in the grantee universe, the 527 were stratified by type of jurisdiction (states, counties, cities, and Puerto Rico), region of the country (Northeast, South, Midwest, and West), and grant amount (which varied by type of jurisdiction).

- 12 survey slots were allocated to the 50 states receiving grants. States with grants exceeding $25 million (four) were selected with certainty and eight other states were selected at random from the eight strata created from four regions and two grant funding levels, over and under $10 million, and weighted by population.
- Puerto Rico received 3 survey slots for its 25 grants. The Commonwealth was selected with certainty, one grantee was selected at random from among those with grants of over $1 million, and one was selected at random from grantees receiving under $1 million.
- 27 survey slots were allocated among 146 counties receiving grants. Los Angeles, the only county with a grant more than $10 million, was selected with certainty. The remaining 26 survey slots were first allocated to regions in proportion to the number of counties in each region receiving grants, then assigned to specific counties through systematic sampling from regional lists ordered by grant size to assure that county grants of all sizes were represented.
- 58 survey slots were allocated among 306 **cities** receiving grants (including the District of Columbia). Cities with grants of more than $10 million (six) were selected with certainty. The remaining 52 survey slots were first allocated to regions in proportion to the number of cities in each region receiving grants, and then assigned to specific cities through systematic sampling from regional lists ordered by grant size, to assure that city grants of all sizes were represented.

The survey launched in July 2011. When the field period closed on December 19, 2011, a total of 381 surveys had been completed, comprised of 91 grantees (88 percent) and 290 subgrantees (74 percent) for an overall response rate of 77 percent.[12] Appendix C describes in greater detail how the research team selected the survey sample, conducted the survey, and developed weights to use in making national estimates from the survey data. All HPS survey data presented in this report are weighted to provide a statistically valid, nationally representative picture of HPRP as it operated throughout the country. In other words, the statistics reported do not reflect the raw, unweighted responses of 381 HPS survey respondents; instead, they are national estimates.

Site Visits and Key Informant Interviews

Visits to HPRP communities were included in the study design to be sure the research team had the indepth information needed to describe community processes in designing and implementing HPRP and to interpret survey results. Questions on a Web survey can elicit only the simplest of views on what happened as communities grappled with HPRP planning and execution, as well as what they learned along the way and how they modified their programs in response. To understand these things at a level that would be helpful to other communities and to federal policymakers, visiting HPRP communities was essential. Evaluation resources permitted 2- to 4-day visits to 17 HPRP communities (grantees), during which stakeholders in all aspects of HPRP were interviewed. The longer visits were made to communities that had many subgrantees, a large territory to cover (such as state grantees), or both.

For places to visit, the team looked for exemplary communities, seeking recommendations from numerous sources of communities that were doing something innovative with their HPRP funds. The team looked for communities that were allocating a large share of their HPRP funds to homelessness prevention, that represented geographic diversity and size of the HPRP grantee community (in terms of grant award), and that met five selection criteria:

1. Strong implementation
2. Presence of triage and targeting efforts to select households to serve
3. A range of special target populations[13]
4. A range of prevention activities and mix of emergency and systems prevention efforts
5. HMIS coverage

Visits occurred in two waves. For wave 1, research staff solicited input from experts in the field, including HUD staff, technical assistance providers at Abt Associates Inc. and Cloudburst Consulting Group, and national organizations such as the National Alliance to End Homelessness (NAEH), seeking

[12] The response rate was calculated as the number of completes plus number of ineligibles divided by the total sample. For the overall response rate of 77 percent, this is 381 completes + 39 ineligibles divided by 549 grantees and subgrantees ever in the sample; for the grantee response rate of 88 percent, this is 91 completes + 1 ineligible divided by 105 grantees; and for the subgrantee response rate of 74 percent, this is 290 completes + 38 ineligibles divided by 444 subgrantees. This calculation produces the same response rates as assuming that the share of nonrespondents that are ineligible (where eligibility of nonrespondents has not been determined) is the same as among the sites where eligibility has been determined and the estimated number of ineligible sites is removed from the calculation of response rates.

[13] Two communities were selected because preliminary information indicated they were working with mainstream agencies (e.g. homeless coordinators in the schools or child welfare) to target populations with special needs. They were interesting to the study because they appeared to meet two of the criteria the study was investigating: collaborations with mainstream agencies and special targeting. Unfortunately, these plans did not develop, and only a handful of households representative of special targeting were served early in the program's existence. Other communities selected for different reasons did provide good examples of HPRP working well with mainstream agencies.

communities that were doing interesting things with their HPRP prevention funds and met our selection criteria. For wave 2, the HPS survey results helped to identify additional communities that met the selection criteria. Research staff conducted screening phone calls with communities that appeared most promising, to confirm before visiting that they had interesting and innovative practices. Researchers used a semi-structured screener protocol to guide these discussions and ensure that the information was collected systematically. Each wave began with about 50 candidates, winnowing down to selecting 8 for wave 1 and 9 for wave 2. The 17 communities visited were (listed alphabetically, states last):

- Albuquerque, NM
- Arlington County, VA
- Dayton/Montgomery County, OH
- Fall River, MA
- Jefferson County, AL
- Kalamazoo, MI
- Lancaster City and County, PA
- Miami-Dade County, FL
- Pasco County, FL
- Pima County/City of Tucson, AZ
- Philadelphia, PA
- Santa Clara County, CA
- Indiana
- Maine
- Massachusetts
- North Carolina
- Rhode Island

Appendix D provides more detail on site visit selection.

While visiting communities, field staff interviewed key informants from the community's grantees and subgrantees, who included stakeholders from state, city, and local agencies as well as nonprofit service providers. Because the study was particularly interested in how HPRP fit into other community homeless assistance and antipoverty activities, interviews were conducted with representatives of Continuums of Care, which orchestrate communitywide homeless assistance planning, HUD funding applications, and allocation of resources. Likewise, when communities visited had ten year plans (TYPs) to end homelessness, TYP representatives were interviewed to understand where homelessness prevention fit into those plans, if at all, and whether TYPs influenced HPRP planning. Other key informants interviewed including grantee staff in government agencies, subgrantee managers/coordinators, intake specialists, case managers, and housing search workers at HPRP direct service providers, specialty service providers (e.g., legal aid), HMIS staff, and other community or program stakeholders identified by the grantees. This study did not include interviews with HPRP program participants.

Interviews followed discussion guides that covered these topics: background information; role in HPRP; previous prevention programs; decision making about HPRP prevention; target populations; eligibility determination, including point(s) of entry, screening, assessment, and triage; prevention services; monitoring and data; effectiveness of HPRP; and plans for the future. The program-level guide covered similar topics but focused on understanding specifics of program operations, including experiences with target populations, screening and assessment tools, triage, prevention activities, and HMIS.

Feasibility Study

Since HPS is a process study, it did not evaluate program outcomes or impact, although it did collect the results of some efforts to do so by the HPRP communities visited. As noted throughout this chapter,

when HPRP was launched, very little was known with confidence about the best way to structure homelessness prevention programs. Because funds were allocated so quickly and HUD gave communities flexibility to design their program, HUD's choice of a process study was more reasonable than an attempt to mount an experimental or quasi-experimental study to track client outcomes, which requires consistency of program design and implementation across communities. To guide future research and prevention programming efforts, HUD asked the research team to identify service approaches and structures through its examination of HPRP processes that *could* bear the weight of rigorous outcome evaluation in one or more future studies. Therefore the research team used information collected during the process study to propose program models that could be tested further and possibly replicated, examining the following issues:

- Program models that show promise and should be considered for further testing,
- Research design methods to evaluate the proposed program models,
- Required number of sample sites and sample size,
- Cost associated with launching program models and research.

In making recommendations for future research designs, the research team's experiences were augmented by a 1-day meeting of experts at the Urban Institute in Washington, D.C., that included researchers, practitioners, advocates, and policymakers with know-how in homelessness prevention and experimental and quasi-experimental design (see Appendix E for a list of attendees). Participants discussed the proposed research design options and weighed their advantages and disadvantages, as described in Chapter 10 of this report.

Structure of this Report

This report integrates findings from the study's three information sources to provide a picture of HPRP across the country. The remainder of this report is organized into nine chapters:

- **Chapter 2** offers a quick overview of HPRP—HPRP at a glance—using information on clients, policies, practices, and expenditures derived largely from APRs and HPS survey results.
- **Chapter 3** describes the nature of HPRP grantees and subgrantees, the structure of their relationships, and their involvement with mainstream public agencies.
- **Chapter 4** discusses how HPRP communities designed their HPRP homelessness prevention programs, the factors that influenced the structure they developed, whether they made any midcourse corrections and if so what and why, and their plans for prevention efforts with the end of HPRP.
- **Chapter 5** focuses on pre-enrollment processes, including outreach, screening, assessment, and the eligibility determination process, and also describes the characteristics of the households that HPRP programs accepted and served.
- **Chapter 6** describes how HPRP direct service providers worked with households and the array of financial assistance and services they delivered.
- **Chapter 7** details HPRP grantee and subgrantee uses of HMIS and other data, including program monitoring and resource allocation, tracking outcomes, and reporting.

- **Chapter 8** summarizes the information the research team was able to gather from HPRP community efforts to assess client outcomes following the end of HPRP assistance, and discusses their value as indicators of HPRP impact.
- **Chapter 9** highlights opportunities for future homelessness prevention programming, technical assistance, and designing research.
- **Chapter 10** shares issues and lessons for future prevention programming and evaluation, including recommendations for useful prevention research to yield more definitive answers, which could be the focus of future projects.

Appendices provide detail on survey methodology, site visit methodology, HUD administrative data analyses, challenges in using self-sufficiency matrices and other screening and assessment tools, a list of expert panel participants, case studies of the 17 communities visited.

Chapter 2. HPRP at a Glance

This chapter gives an overview of HPRP programs and client households based on the HPS survey and the APRs from 2010 and 2011, covering time from HPRP start-up through September 30, 2011. The HPS survey results that are presented in percentages are national estimates based on statistical methods of extrapolating from the HPS survey to the whole country. Combining analysis of the APR data with findings of the HPS survey provides a picture in broad strokes of how the prevention part of HPRP looked nationwide. Subsequent chapters explore each topic in more detail.

Agencies Participating in HPRP

Grantees

HUD distributed HPRP funds as grants to 535 governments:

- Grantees included 50 states, 146 counties, and 306 cities (including the District of Columbia).
- The Commonwealth of Puerto Rico received 1 grant and so did 24 municipalities in Puerto Rico.
- Four territories received grants.
- Four entities that received an HPRP grant did not implement prevention programs.

Exhibit 2.1: HPRP Grantees

Jurisdiction	Number of Grantees
States	50
Counties	146
Cities	306
Puerto Rico	25
Territories	4

Source: APR data, covering time from HPRP startup through September 30, 2010
Note: D.C.is included in cities; four additional grantees did not use HPRP for prevention. The four territories are American Samoa, Guam, the Northern Marianas, and the Virgin Islands; they were not included in the sampling frame. See Appendix C for details.

For more detailed information on HPRP grantees, see Chapter 3.

Agencies Delivering Services and Working with HPRP Clients

Most HPRP grantees (93 percent) subgranted funds to at least one other organization:

- Subgrantees included nonprofit, faith-based nonprofits, and government agencies.
- Most subgrants went to agencies that provided direct services to HPRP households.
- Some subgrants brought specialty services into the program, such as legal aid or housing locator services.
- Some grantees also subcontracted for data entry/analysis and funds disbursement/tracking services.

Exhibit 2.2: HPRP Subgrantees	
Type	**Percentage of Subgrantees**
Nonprofit service provider	65%
Government service provider	10%
Faith-based service provider	10%
Other government agency	7%
Legal aid agency	4%
Other nonprofit or CoC	3%
Source: Weighted HPS survey results, October through December 2011	

For more information on HPRP subgrantees, see Chapter 3.

Collaboration with Mainstream Agencies

Grantees reported collaborating with mainstream agencies, including public housing authorities, mental health and Temporary Assistance for Needy Families (TANF) agencies, U.S. Department of Veterans Affairs Medical Centers (VAMC), Education for Homeless Children and Youth (EHCY) liaisons, child welfare agencies and corrections. Most such relationships involved referrals to and from the respective programs.

Exhibit 2.3: HPRP Grantee Reports of HPRP-Mainstream Agency Involvement	
Public housing authority	60%
Mental health agency	57%
TANF agency	53%
VAMC	46%
EHCY	40%
Child welfare agency	39%
Corrections	25%
Source: Weighted HPS survey results, October through December 2011	

For more detail on the agencies involved with HPRP, see Chapter 3.

Focus of HPRP Activities: Prevention or Rapid Re-housing

HPRP grantees decided how to divide the funding between prevention and rapid re-housing and which households to serve:

- At the beginning of HPRP, on average, communities planned to devote 59 percent of funds to prevention and 41 percent to rapid re-housing.
- By December 2011, funds allocation had shifted, with 70 percent of HPRP funds going to prevention and 30 percent to rapid re-housing.
- About three out of four (77 percent) persons served received help through HPRP's prevention component, with the remaining 23 percent receiving assistance for rapid re-housing.

Exhibit 2.4: Prevention and Rapid Re-housing—Funds Allocations and Persons Served

Initial grantee plans for funds allocation*	
Prevention	59%
Rapid re-housing	41%
Most recent data on funds allocation—12/2011*	
Prevention	70%
Rapid re-housing	30%
Persons served through end of 2nd reporting year**	
Prevention	77%
Rapid re-housing	23%

Source: *Weighted survey results, HPS Grantees, October through December 2011
**2010 and 2011 APR data, covering time from HPRP startup through September 30, 2011

For more detailed information on the distribution of HPRP resources, see Chapter 4.

Previous Experience and Plans to Continue

Seventy-one (71) percent of grantees had previous experience administering prevention programs and most (70 percent) had plans to continue offering prevention services after HPRP ended.

Exhibit 2.5: Previous Experience With Prevention and Plans to Continue

Previous experience	71%
Plans to continue providing prevention after HPRP*	70%

Source: Weighted survey results, HPS Grantees, October through December 2011
*somewhat likely or very likely

For more details on previous experience and plans to continue, see Chapter 4.

Populations Targeted

Virtually all HPRP grantees targeted families with children. In addition, most grantees targeted single adults and nearly one fourth targeted unaccompanied youth:

- 97 percent targeted families with children.
- 82 percent targeted single adults.
- 22 percent targeted unaccompanied youth (by themselves, not with parents or children).

In addition, more than half of grantees targeted special populations of various kinds:

- 37 percent targeted households leaving transitional housing without the resources to get into housing on their own.
- 20 percent targeted veterans.
- 16 percent targeted youth aging out of foster care.
- A few grantees (5 percent) set an income limit lower than the 50 percent of area median income (AMI) maximum set by HUD.

Exhibit 2.6: Percent Grantees Targeting Household Types and Special Populations

Household Types Targeted	
Families with children	97%
Single adults	82%
Unaccompanied youth	22%
Groups Targeted Specially	
No special targeting	39%
Households leaving transitional housing	37%
Veterans	20%
Youth aging out of foster care	16%
Income level lower than 50 percent of AMI	5%

Source: Weighted survey results, HPS Grantees; October through December 2011

For more detailed information on targeting and populations served, see Chapter 5.

Eligibility and Assessment Tools

- 90 percent of grantees developed screening tools to determine eligibility
- 55 percent standardized forms used by direct service providers
- 34 percent stipulated that direct service providers gather standardized information

Exhibit 2.7: Eligibility and Assessment Tools Used by Percent of Grantees	
Developed screening tools to determine eligibility	90%
Developed standardized form used by direct service providers	55%
Stipulated that standard information be gathered by direct service providers	34%
Source: Weighted survey results, HPS Grantees; October through December 2011	

For more detailed information on targeting and populations served, see Chapter 5.

The Households That HPRP Prevention Programs Served

Household Type

- Most people served with prevention were in families with children.
- 53.9 percent of persons served were adults.
- 44.8 percent of persons served were children (under 18).

Exhibit 2.8: Characteristics of Persons Served by HPRP-Prevention	
Characteristic	**Percent**
Persons in—	
Families with children	76%
Families without children	22%
Child-only or unknown	2%
Persons served	
Adults	54%
Children	45%
Missing/unknown	1%
Source: 2011 and 2010 APR data, covering time from HPRP startup through September 30, 2011	

Race/Ethnicity

Data for prevention clients alone are not available. Among all HPRP clients, 77 percent of whom received prevention services, 44 percent were white, 40 percent were African-American, and 4 percent were either Asian, American Indian, Alaska Native, Native Hawaiian, or other Pacific Islander. Only 3 percent identified as mixed race.

Types of Prevention Services HPRP Communities Offered

HPRP funds could be used for financial assistance and housing relocation and stabilization.[14]

- Almost all programs paid rent (98 percent), security or utility deposits (92 percent), and utility bills (91 percent).
- About half paid for moving expenses (49 percent) and about one-third for hotel/motel vouchers (35 percent).
- Housing relocation and stabilization services offered by grantees varied:
    - 96 percent offered case management
    - 64 percent offered housing search and placement
    - 55 percent offered outreach and engagement
    - 40 percent covered legal services
    - 32 percent covered credit repair

Exhibit 2.9: HPRP-Prevention Financial Assistance–What Communities Offered

Used for	Percent of HPRP Communities
Rental assistance	98%
Security or utility deposits	92%
Utility payments	91%
Moving cost assistance	49%
Hotel/motel vouchers	35%
Housing Relocation and Stabilization Services	
Case management	96%
Housing search and placement	64%
Outreach and engagement	55%
Legal services	40%
Credit repair	32%

Source: Weighted survey results, HPS Grantees; October through December 2011

For more detailed information on uses of HPRP financial assistance and housing relocation and stabilization services, see Chapter 6.

How Long Programs Intended to Serve Households

The maximum possible service duration in HPRP, set by HUD, was 18 months. HPRP policies in local communities set expectations for how long a community's program was willing to serve clients. Often, the actual length of time that households spent in the program was much shorter.

[14] HPRP funds could also cover administrative costs (capped at 5 percent) and data collection and management.

Exhibit 2.10: Policies Relating to Length of Service	
Maximum Length of Service	**Percent of HPRP Communities**
Less than 3 months	13%
3 to 6 months	36%
6 to 12 months	24%
More than 12 months	21%
Missing/not sure	6%
Source: Weighted survey results, HPS Direct Service Providers, October through December 2011	

HPRP Prevention Supports and Services Actually Provided

- Rental assistance was the most common form of financial assistance and 62 percent of households received this type of help.
- 21 percent of prevention households received help with utility payments.
- 16 percent received help with utilities or security deposits.
- Less than one percent of prevention clients received moving cost assistance or hotel/motel vouchers.
- Among housing relocation and stabilization services, case management was the most common service, received by 82 percent of households.

Exhibit 2.11: Uses of HPRP-Prevention	
Used for	**Percent of Households**
Financial Assistance	
Rental assistance	62%
Utility payments	21%
Security or utility deposits	16%
Moving cost assistance	.9%
Hotel/motel vouchers	.5%
Housing Relocation and Stabilization Services	
Case management	82%
Outreach and engagement	18%
Housing search and placement	10.5%
Legal services	6.5%
Credit repair	3.6%
Source: 2011 APR data, covering time from HPRP startup through September 30, 2011	

For more detailed information about the types of assistance HPRP grantees and subgrantees provided, see Chapter 6.

Actual Length of Prevention Program Participation

Actual lengths of program participation come from APR data for those who completed and exited the program. During the first 2 years of HPRP:

- 35 percent of prevention client households were served for less than 30 days.
- 15 percent were served for 31 to 60 days (1 to 2 months).
- 35 percent were served for 61 to 180 days (3 to 6 months).
- 14 percent were served for more than 180 days.

HPS survey responses (Exhibit 2.10) reflect policies covering whole communities. The APR data in Exhibit 2.12 reports actual length of program participation by households. Looking at the two data sources together suggests that many communities served many of their HPRP clients for periods significantly shorter than the maximum allowed by policy.

Exhibit 2.12: Actual Length of Program Participation Among Program Exiters

Actual Length of Service	Percent of Exiters
Fewer than 30 days	35%
31 to 60 days	15%
61 to 180 days	35%
181 to 365 days	11%
More than 365 days	3%

Source: 2010 and 2011 APR data, covering time from HPRP startup through September 30, 2011

For more detailed information on how long clients were served, see Chapter 6.

Grantee Reports of Changes Attributable to HPRP

Participating in HPRP changed homeless services delivery systems. Most grantees reported important improvements in areas such as assessment, coordination among service providers, and data collection.

Exhibit 2.13: Community-Reported Outcomes

HPRP Helped Grantees	
Serve more people at risk of homelessness	97%
Collaborate with community-based non-profits on homelessness prevention	92%
Collect and manage data on prevention	78%
Better identify households/persons at highest risk of homelessness	74%
Become more involved with Continuum of Care	71%
Develop a stronger screener or risk assessment tool	66%
Collaborate with mainstream service agencies (such as TANF and child welfare) on prevention	62%
Become more involved in a 10-year plan to end homelessness	61%
Develop a coordinated or central intake system	60%
Source: Weighted survey results, HPS Grantees, October through December 2011	

See Chapter 8 for extensive discussion of community-reported outcomes and efforts to analyze impacts of HPRP on homelessness.

Expenditures per HPRP Household Served

- Program reports of expenditures and households served provide the information needed to calculate the average amount of financial assistance that households received.[15]
  - About 11 percent of programs spent less than $1,000 per household served.
  - 32 percent of programs spent between $1,000 and $2,000 per household served.
  - 58 percent of programs spent more than $2,000 per household served.
- Expenditures are affected by local housing costs as well as lengths of stay and the array of services that HPRP communities would pay for.

Exhibit 2.14: Average HPRP Financial Assistance per Household, Percent of All Grantees

Average Amount of Financial Assistance per Household	Percent of All Grantees
Less than $1,000	11%
Between $1,000 and $2000	32%
More than $2,000	58%

Source: 2010 and 2011 APR data, covering time from HPRP startup through September 30, 2011

See Chapter 6 for discussion of how grantees and case managers determined how much financial assistance to offer prevention clients.

Housing Status at Entry and Exit

Among those who entered HPRP deemed at imminent risk of losing housing or unstably housed:[16]

- 61 percent were judged to be stably housed when they left the program.
- 14 percent were considered unstably housed.
- 17 percent were imminently at risk of losing housing.
- Housing status was not known for an additional 7 percent, while 1 percent was reported to be literally homeless at exit.

Exhibit 2.15: Housing Status at HPRP Exit, HHs That Left HPRP (Including both Rapid Re-housing and Prevention Clients) by the End of the Reporting Period

	Status At Program Exit
Literally homeless	1%
Imminently losing housing	17%
Unstably housed	14%
Stably housed	61%
Unknown	7%

Source: 2010 and 2011 APR data, covering time from HPRP startup through September 30, 2011

See Definition of Terms for definitions of housing status variables.

[15] All funds spent by HPRP on behalf of client households went directly to a landlord, utility company, or other vendor. None went to client households directly.

[16] A household that was literally homeless at program entry would be assigned to rapid re-housing rather than prevention services, so by definition no households entering HPRP prevention services are literally homeless.

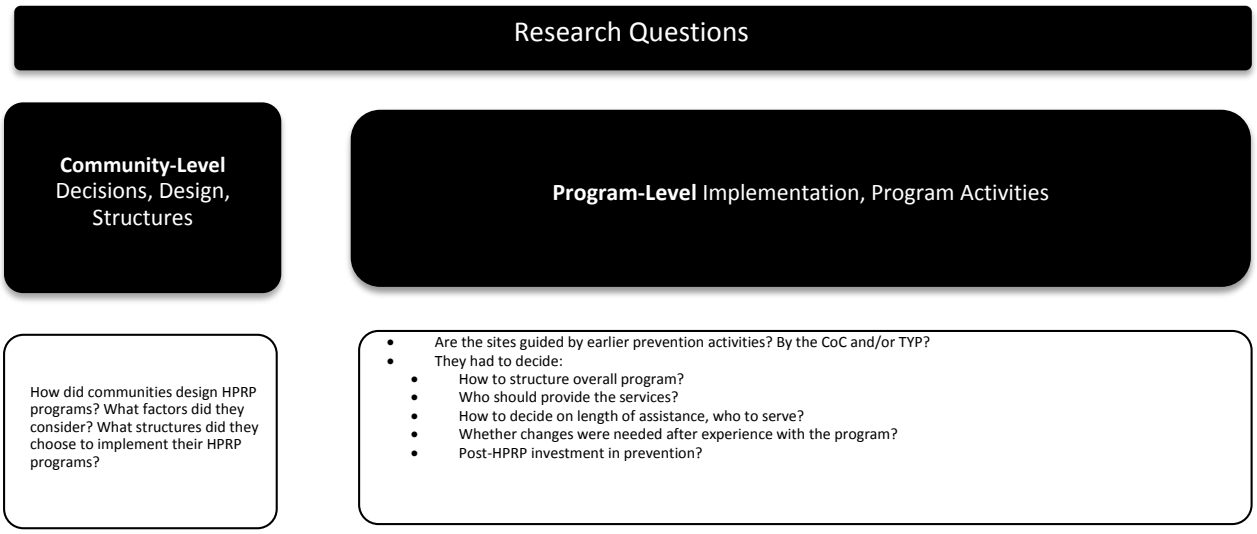
Chapter 3. HPRP Grantee and Subgrantee Structures

Introduction

HUD distributed HPRP funds to 535 government jurisdictions (grantees) across the country based on a formula. In most cases, these grantees in turn contracted with subgrantees to carry out the program. This chapter introduces the communities that received HPRP funds, the agencies that served as grantees to administer the funds, and the providers that delivered HPRP financial assistance and housing relocation and stabilization services to households at risk of becoming homeless. It explores the following research questions (from Exhibit 1.1, highlighted in the diagram below):

- What structures did communities choose to implement their HPRP program?

Using data from the HPS survey, this chapter begins with a picture of the grantee and subgrantee structures that characterized HPRP nationally. It then provides more detailed findings on HPRP grantees, the types of agencies they selected to provide direct services, the types of specialized subgrants they made to help them run the program or to serve specialized target populations, and their interactions and arrangements with mainstream agencies.



National Highlights—HPRP Grantee and Subgrantee Structures[17]

- HPRP grantees were overwhelmingly (70 percent) housing and economic development-related government agencies (e.g. community development, economic development, housing agency, etc.).
- About 27 percent of grantees were government agencies with a direct client base, such as TANF, mental health, child welfare, and veterans affairs agencies.
- Grantees contracted with about 2,500 subgrantees, mostly (65 percent) nonprofit organizations.
- Mainstream public agencies (public housing authorities, TANF agencies, VA Medical Centers, etc.) were actively involved with HPRP, either by making referrals or providing services.

HPRP Grantees

HUD distributed HPRP grants to qualifying cities, counties, states, and territories. City mayors, state governors, and elected officials in other jurisdictions usually selected a public agency familiar with housing and homeless assistance programs to be the administering agency (referred to throughout this report as "the grantee"). These HPRP grantees were a community development, economic development, or housing agency (70 percent) or the mayor's or governor's office itself (2 percent). More than one in four grantees (27 percent) were mainstream benefits agencies with clients who might themselves be at risk of homelessness, such as a Temporary Assistance for Needy Families (TANF), mental health, child welfare, or veterans affairs agency or a public housing authority (HPS survey).

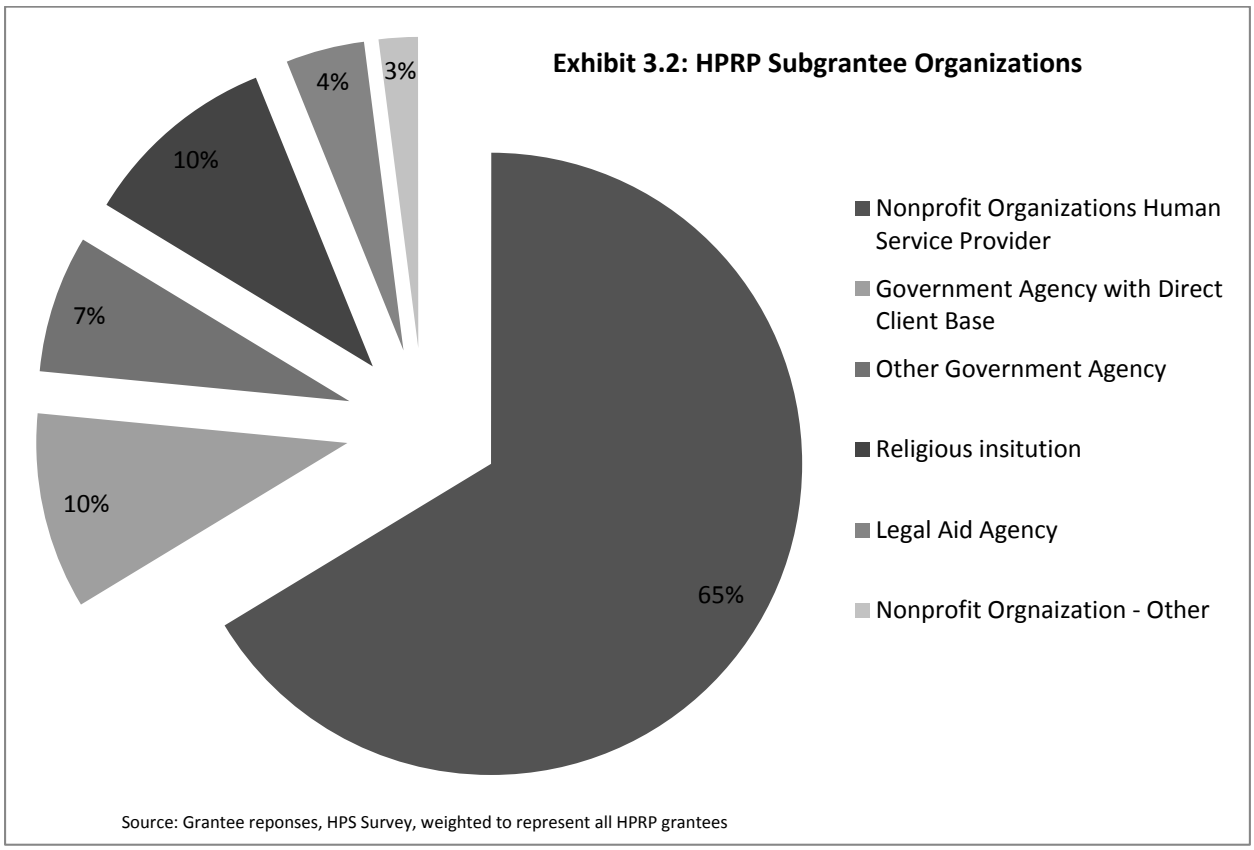
Information on HPRP grantee and subgrantee structure (see Exhibit 3.1) illustrates the variety of ways communities organized themselves. With a few exceptions, the agencies charged with designing and administering HPRP were the ones responsible for managing all or most of their communities' federal funds for homelessness. Most had experience managing HUD grants and could anticipate some of the things on which they would be monitored or audited. Many were also CoC-lead agencies.

[17] Weighted Homelessness Study survey results, October through December, 2011; Grantees and Subgrantees.

Exhibit 3.1: HPRP Grantees in Communities Visited			
Community	**Grantee(s)' Prior Relevant Experience**	**Other Grantees Involved**	**Relationship Among Grantees**
Albuquerque, NM	City, office with responsibility for homeless programs	State, to one subgrantee	State allocated HPRP funds to the city's main subgrantee, once selected, to augment that program's resources; not planned jointly
Arlington County, VA	County, office with responsibility for homeless programs	State	State allocated HPRP funds to county
Dayton/Montgomery County, OH	City and county, offices with responsibility for homeless programs	State	The three grantees created a special HPRP board that designed and ran an integrated HPRP program; joint planning
Fall River, MA	City, office with no prior rental assistance experience	None	
Jefferson County, AL	County, office with no prior homeless programming experience	City (for Birmingham) State (for whole county)	Pooled funding, but geographical restrictions; ultimately, county did its own contracting for its own HPRP funds
Kalamazoo, MI	City, office with responsibility for homeless programs	State, to CoC (for whole county)	Joint HPRP oversight committee, single program design
Lancaster City and County, PA	City and county, quasi-governmental agency created to handle federal and other monies coming to county	State	Joint program designed and administered through city-county entity; state HPRP funds allocated to CoC were merged in
Miami-Dade County, FL	Housing trust, entity with responsibility for homeless programs throughout the county	County Miami + 3 other cities State	Joint program pooling funds of six HPRP grantees, designed largely by the subgrantee that won all the separate jurisdictional requests for HPRP proposals
Pasco County, FL	County, office with responsibility for homeless programs	None	
Philadelphia, PA	City, office with responsibility for homeless programs	State	City designed its program, won competitions for state HPRP funds for use with special populations
Pima County/City of Tucson, AZ	City and county, offices with responsibility for homeless programs	None	Joint program pooling city and county HPRP funds; joint design and implementation
Santa Clara County, CA	City (office with responsibility for homeless programs) and county (no prior experience)	State, to one subgrantee	City and county did joint planning and implementation, merged some funding, and did some as separate, geographically based contracts
Indiana	State housing/community development agency	None	Covered balance-of-state
Maine	State housing finance and public housing agency, office with responsibility for homeless programs	City County	The three Maine HPRP recipients (Portland, Cumberland County, and state) pooled funds, designed and implemented an integrated statewide structure
Massachusetts	State housing/community development agency, office with responsibility for homeless programs	None	20 cities got their own HPRP allocations, but each administered its own and did not merge with state
North Carolina	State entity created to administer ARRA funds	None	Covered balance-of-state
Rhode Island	State housing/community development agency	Cities	Partnership of state + three city grantees
Source: HPS site visits			

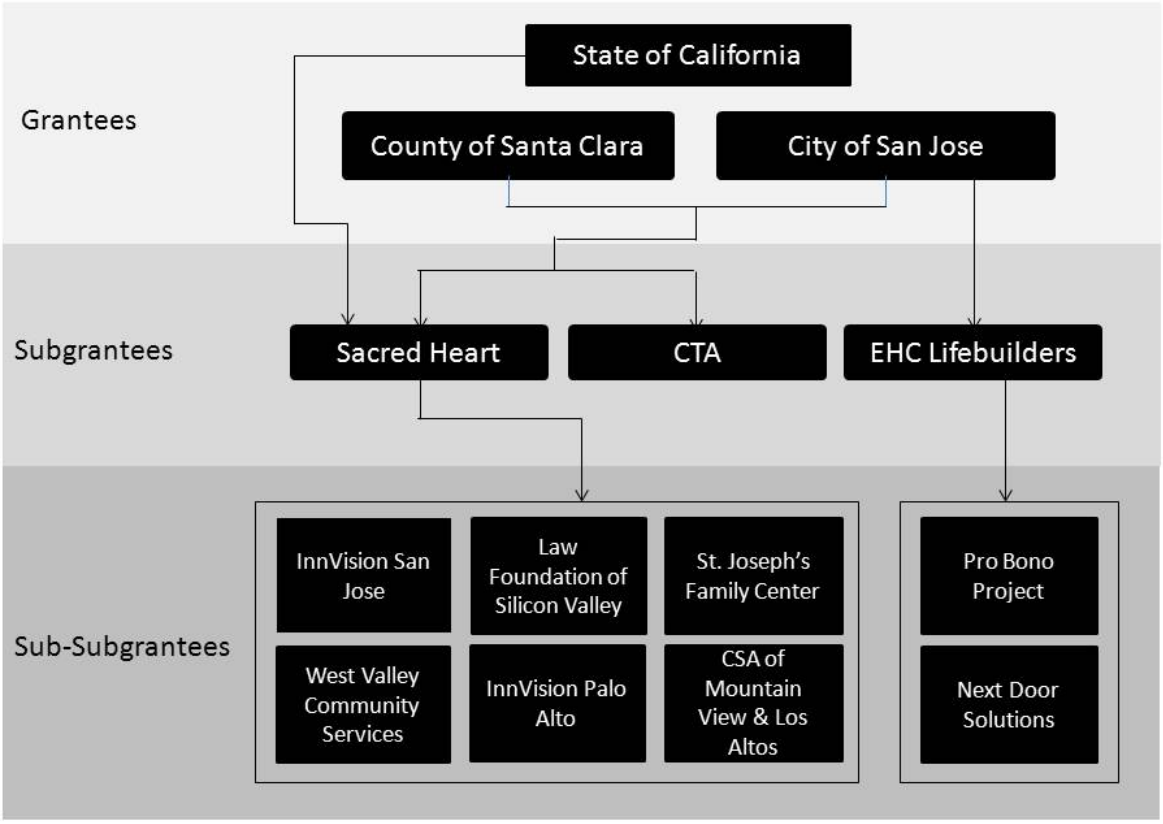
HPRP Subgrantees

Almost all HPRP grantees (93 percent) subgranted at least a portion of their HPRP funds to at least one other organization; all together, about 2,500 organizations played a subgrantee role in HPRP prevention programs. Nonprofit human services agencies comprised 65 percent of the subgrantees, with government agencies having a direct client base and faith-based nonprofits/religious institutions each contributing 10 percent of subgrantees (Exhibit 3.2). About 20 percent of these subgrantees themselves contracted with partner organizations to create sub-subgrantees. Some grantees (17 percent) kept HPRP resources for their own agency, which performed direct services in addition to its administrative and program management responsibilities, with some keeping all the funds and doing all the direct services themselves but most sharing direct service responsibilities with at least one subgrantee.



The number of subgrantees in the communities visited ranged from 1 to 23. Among the city and county jurisdictions, that range was 1 to 9, while among states it was larger, not surprisingly—11 to 23. One community that began with one subgrantee later dropped that one and established a formal process for selecting the six subgrantees with which it continued the program. For another grantee, its single subgrantee served essentially as the program designer and implementer, establishing sub-subgrants with direct service provider agencies, one of which offered legal aid only. Some grantees had complex subgrantee and sub-subgrantee structures—Santa Clara County, California is a good example of a complex structure, combining funding from three grantees to support three subgrantees, two of which have their own sub-subgrantees, some with specialties (Exhibit 3.3).

Exhibit 3.3: Santa Clara County HPRP Structure



Source: Site visit notes and documentation

Specialization was another dimension with great variation across the 17 communities visited. Two states, Massachusetts and North Carolina, were the only communities with no specialized subgrantees. Massachusetts' 20 subgrantees and North Carolina's 23 subgrantees were differentiated only by their geographical catchment areas, which did not overlap. Philadelphia, Pennsylvania, had five subgrantees differentiated by ZIP Code, but one, which already specialized in utility assistance pre-HPRP, became the single Philadelphia HPRP agency that did all the utility assistance.

Among the communities visited, most grantees issued at least one specialized subgrant. Exhibit 3.4 highlights these specializations.

Exhibit 3.4: Site Visit Community Subgrantees With Specializations

Specialization	Number
Legal services	7
HMIS/evaluation	4
Domestic violence	2
Central intake services	3
Fiscal agent	2
Financial literacy	1

Source: tabulation of site visit communities

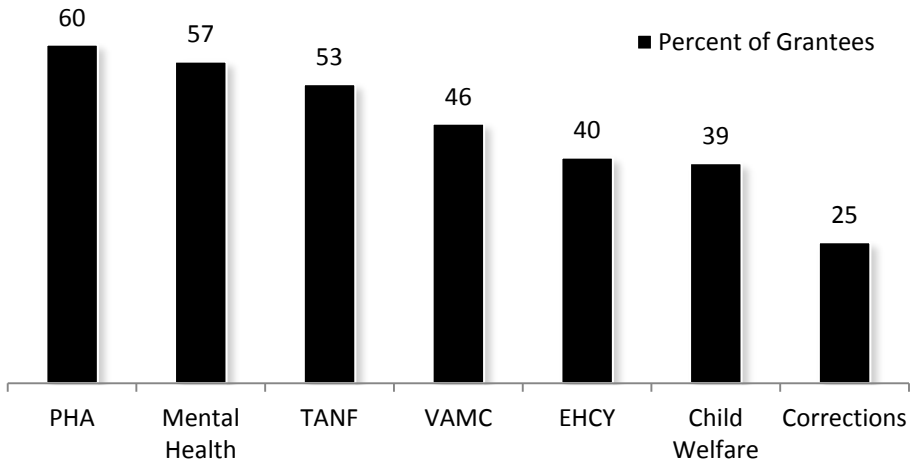
In communities visited, legal services, data/HMIS/evaluation, central intake, and domestic violence-related services were mostly undertaken only by specialty agencies under subgrants or sub-subgrants, and not by the general direct service providers with subgrants. Cutting checks (being a fiscal agent) was more often a function of the grantees themselves, although some made this function part of a subgrant that included many other duties as well.

Other activities that found their way to specialty subgrants in some communities were integral parts of direct HPRP services in others. Common among these types of activities were serving households that had both short- and long-term needs for financial assistance or were at both higher and lower risk for becoming homeless. Many direct HPRP service providers made budgeting and financial counseling part of their casework with every household served.

Working With Mainstream Agencies

Many grantees said that mainstream public agencies such as welfare, mental health, child welfare, or the VA participated as partners in their community's HPRP program. Most such relationships involved referrals to and from the respective programs. Exhibit 3.5 shows that more than half of HPRP programs worked with welfare and mental health agencies and public housing authorities, while smaller but still substantial proportions worked with VA, child welfare, schools, and corrections departments.

Exhibit 3.5: HPRP Grantee Reports of HPRP-Mainstream Agency Involvement



Source: Grantee responses, HPS survey weighted to represent all HPRP grantees and subgrantees. PHA = Public Housing Authority, TANF = Temporary Assistance for Needy Families, VAMC = Veterans Affairs Medical Center, EHCY = Education for Homeless Children and Youth

Merging HPRP Grants

According to the HPS survey, 11 percent of grantees were recipients of HPRP funds from another grantee, making them a subgrantee as well as a grantee, as when a state grantee allocated some of its resources through a subgrant to a city or county HPRP grantee and had the local grantee incorporate the state money into its HPRP program.

Among programs visited, Philadelphia, Pennsylvania, designed its own HPRP program and also won competitions for several subgrants from the state HPRP program to serve special populations (the state was not, however, part of the city's HPRP program design activities). Arlington County, Virginia, designed its own program, then merged the state HPRP funds it received into that program where all HPRP monies were administered without distinction. A third community, Albuquerque, New Mexico, also operated its HPRP program alone, but one of its subgrantees received HPRP funds from the state after Albuquerque had selected it as an HPRP agency.

One small city and one small county (Fall River, Massachusetts, and Pasco County, Florida) designed and managed their own HPRP programs. Three states (Indiana, Massachusetts, and North Carolina) also designed and ran their own HPRP homelessness prevention programs without joint planning with other HPRP grantees. North Carolina covered communities mostly outside of CoCs, while the Indiana and Massachusetts HPRP prevention programs covered the whole state, having subgrantees in communities that had their own HPRP allocation as well as those that did not.

HPRP grantees in the remaining nine site visit communities, usually cities and counties but sometimes also including the state, joined together, often with state participation as well, to design integrated HPRP homelessness prevention programs. Several set up formal joint design, oversight, and implementation committees; all had at least informal structures through which they designed their joint programs, selected subgrantees, monitored progress, and determined how to meet the challenges posed by trying to mount an effort that had few proven models.

Summary

HPRP grantees were, by legislation, jurisdictions of varying sizes and levels of government. Most of these jurisdictions assigned a housing and economic development-related government agency to run HPRP, with about one-third giving that responsibility to other agencies (i.e., TANF, mental health agencies, child welfare, and veterans affairs agencies). A large share of communities involved mainstream agencies in HPRP as referral sources to the program, as resources to which HPRP agencies could refer clients, or both. Most HPRP grantees used subgrants to enlist the aid of agencies in their community experienced in working with households facing a housing crisis, and with capacity to meet program administrative and documentation requirements. Nonprofit service providers comprised about two-thirds of subgrantees. Most subgrants were general, supporting agencies to offer households HPRP's financial assistance and housing relocation and stabilization services. Some subgrants were very specific, providing services that past experience with prevention programs had indicated would be needed. These included legal aid, support for victims of domestic violence, and financial literacy. Subgrants were also occasionally issued for such non-direct-service activities as HMIS services, fiscal agency, and central intake.

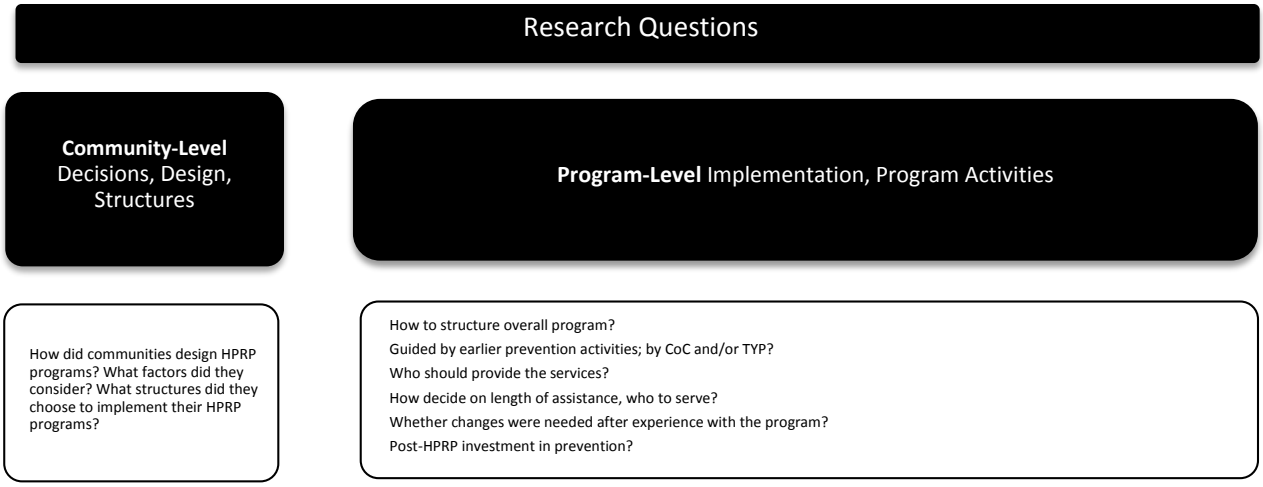
In addition to subgrantees, many HPRP grantees established relationships with other mainstream public agencies to enhance their prevention efforts with HPRP. Mainstream public agencies, including welfare, mental health, child welfare, corrections, public housing authorities, and VA Medical Centers, sent referrals to and received referrals from HPRP.

Chapter 4. Designing HPRP at the Community Level

HPRP grantees and subgrantees faced significant implementation challenges, including the enormous need for services and lack of previous capacity in prevention. In many ways, they had to start from scratch, setting up program policies and administrative structures, deciding which households to serve, hiring staff, coordinating community service providers and mainstream agencies, and collecting adequate data to ensure compliance with HUD reporting. Many communities had little experience designing homelessness prevention programs, nor were there any established models of successful approaches to guide them as they grappled with how they would use funds that easily exceeded what any of them had ever had available before to support homelessness prevention or rapid re-housing.[18] This chapter addresses the following research questions (from Exhibit 1.1, highlighted in the diagram below):

- How did communities design HPRP programs? What factors did they consider?

The chapter begins with national highlights from the HPS survey, which serve to paint in broad strokes a national picture of how prevention programs were designed. This is followed by an indepth look at how communities grappled with critical program design questions as they launched their HPRP programs.



[18] The smallest HPRP grant exceeded $400,000. The largest was almost $74 million, with 35 communities, mostly states, receiving $10 million or more. Distributing these amounts over HPRP's 3 years, on average the nonstate communities visited received four times as much in funds from HPRP annually as they did from EFSG.

National Highlights—Designing HPRP at the Community Level[19]

- HPRP was designed with input from the local homeless community. Nearly all HPRP grantees (94 percent) were involved with their local Continuums of Care (CoCs) before HPRP and 86 percent were in communities with ten year plans to end homelessness.
- Some communities had no experience with homelessness prevention. About one third (29 percent) reported that their community never had a homelessness prevention program prior to HPRP.
- Among those that had prior prevention programs for which they had collected some data (43 percent of grantees) nearly all (90 percent) used it to inform their HPRP design.
- Communities made midcourse changes. Initially, HPRP grantees planned to allocate 59 percent of funds, on average, to prevention. However, 60 percent of grantees changed how they allocated HPRP between prevention and rapid re-housing at some time during implementation. Of those that changed, a large majority (85 percent) shifted more funding toward prevention.
- Only 18 percent of grantees and 22 percent of subgrantees changed their eligibility criteria at some point during their HPRP program. Of the grantees that did change their eligibility criteria, half moved to target households with more intensive needs, as HUD began urging about a year into HPRP funding.

Program Design Decisions

Program design decisions that every HPRP community had to make ranged from the global to the extremely detailed, including:

- Who would be involved in designing HPRP?
- What geographies would HPRP cover?
- Who would deliver services?
- How would intake be structured?
- Which households would be served?
- What services would the program offer, and for how long?

Many factors influenced these decisions:

- Pre-HPRP planning experiences such as Continuum of Care (CoC) and Ten-Year Plan (TYP) processes, the extent to which they included thinking about homelessness prevention, and HPRP grantees' prior experience with homeless assistance programs and with HUD
- Pre-HPRP prevention activities, if any; data on pre-HPRP prevention clients and outcomes; and lessons learned from them
- Existing intake and other homeless-related structures
- Program resources already available in the community to provide some supports that HPRP might otherwise be used for
- Grantee and potential subgrantee capabilities, for services, for handling money, for reporting
- Opportunities for partnering with other HPRP grantees
- Jurisdiction size and configuration and related political influences
- Local housing/employment markets

[19] Weighted Homelessness Study survey results, October through December, 2011. Data include HPS Grantees and Subgrantees

Given the number of design decisions to be made and the number of factors that played a role in making them, it is useful to have a quick reference for understanding which factors played the biggest roles in the various decisions that HPRP communities made. Exhibit 4.1 provides this crosswalk. Columns show the decisions that HPRP planners had to make, while rows show the most important factors influencing those decisions.

Exhibit 4.1: Primary Influences on HPRP Design Decisions

Influences	Design Decisions About:					
	Who would be involved in designing HPRP	What geographies would be covered	Organization of services, who would deliver	Structure of intake/triage, who does, how (tools)	Targeting and eligibility criteria, who to serve	Financial assistance and services to offer, and for how long
CoC and TYP plans/desires for homelessness prevention	X		X	X		
Previous experiences with prevention			X		X	X
Grantee involvement with CoC/TYP/homeless system	X		X	X		
Existing homeless assistance system structures (e.g. intake)			X	X		
Alternative resources for prevention, rapid re-housing			X	X	X	X
Grantee and provider capabilities			X			
Partnering opportunities with other HPRP grantees	X	X				
Jurisdiction size, political influences	X	X	X	X	X	
Local housing/job markets					X	X

Source: Findings from site visits to 12 city/county and 5 state grantees and their communities. Cell entries reflect the most important influences on the various HPRP design decisions.

The rest of this chapter is organized around the design decisions (columns), describing how the various factors were or were not majorly involved and how those that were involved interacted. It focuses on influences on HPRP design, leaving to subsequent chapters the details of how those decisions were implemented, how intake structures actually worked, who actually was served, how money actually was spent, and so on. HPS survey data on involvement in HPRP design decisions are included when available, but most of the information in this chapter comes from visits to 17 HPRP communities. The chapter ends with a review of midstream corrections to HPRP design and what communities said about their intent to continue homelessness prevention services after HPRP ended.

Who Was Involved in Designing HPRP?

HPRP was funded through the American Recovery and Reinvestment Act of 2009 (frequently called the stimulus bill). Funding for the program was distributed based on the formula used for the Emergency Shelter Grants (ESG) program. This means that funds were sent directly to civil jurisdictions—cities, counties, states, and territories—that had authority to decide how HPRP programs would run, including setting local rules, selecting local providers, and monitoring resource use. As HUD required, most grantees involved the homeless assistance community in helping to design their HPRP program, but city councils and other political bodies sometimes played a role.

Grantees decided who they would involve in planning HPRP, as well as what attention they would pay to the homelessness prevention-related elements of local organizing entities such as Continuums of Care or ten year planning groups. According to the HPS survey, virtually all HPRP grantees (94 percent) were involved with their local CoCs before HPRP, and 86 percent were in communities that have a ten year plan (TYP). Of the latter, 93 percent (80 percent of all grantees) participated in that plan and its implementation. Detailed information on who was involved in HPRP design, the ways that CoC members and TYP goals were incorporated into those designs, and the influence of other factors comes from the visits the research team made to 17 HPRP communities.

These 17 communities took different approaches to planning their HPRP programs. In two communities, the grantees did little planning of any kind (Jefferson County, Alabama, and Pasco County, Florida). Both were agencies that had not been involved in homelessness prevention pre-HPRP. Neither involved local CoCs and both left it up to their subgrantees to decide whom they would serve and what they would offer, within general HUD guidelines.

Grantees in two other communities delegated HPRP design and implementation to a single subgrantee. In Miami-Dade County, Florida's five HPRP grantees (Dade County, city of Miami, and three other cities) independently issued requests for proposals and independently chose the same agency, then decided collectively to give that agency the responsibility for developing, implementing, and managing an integrated countywide program design. Albuquerque, New Mexico, first established an HPRP planning committee, but then picked a primary agency to be the subgrantee for most of the program and delegated most design decisions to that subgrantee.[20]

The HPRP grantee in three communities visited (of which two were states) made all or almost all of the design decisions in-house. Two of these communities (Kalamazoo, Michigan, and Massachusetts) had well-established and respected prevention programs that the grantees decided to expand with HPRP funds, as well as numerous other resources to serve households in a housing crisis. These two factors—widespread agreement about the efficacy of a particular program that matched HPRP criteria and other resources to serve households that did not fit—made it relatively easy for grantees to decide how to spend HPRP homelessness prevention funds and obviated the need for much by way of design because the programs already existed. Kalamazoo reached its decision respecting the use of HPRP homelessness prevention funds through consensus, while in Massachusetts the grantee decided how to use HPRP funds itself, in discussions with another state agency. In the third community, Indiana, which had no earlier statewide prevention program, the state agency receiving HPRP funds decided the basic shape of the program and then communicated it to potential regional and local administrators and service providers.

CoC/TYP Involvement

Stakeholders in four HPRP communities visited said that their grantee held some meetings with CoC and other community members early on to get input, but community involvement in HPRP planning was not intense. Some of these communities had a TYP, and people involved in designing HPRP were also involved with the TYP, but the TYP focused on ending chronic homelessness and did not speak to

[20] A small subgrant was also awarded to an agency that served Latina victims of domestic violence. This agency operated outside the scope of the larger program.

homelessness prevention, or did so only to ensure that people who experience chronic homelessness did not return to homelessness when they were released from hospitals and other institutions. In addition, some CoCs with no pre-HPRP prevention resources had not thought seriously about what they would do about prevention, and so had little to add to HPRP design discussions.

On the other hand, CoCs, TYP groups, or both in nine communities had thought about homelessness prevention and had either tried one or more approaches or knew they wanted to try homelessness prevention and how they might structure it, but before HPRP they had had no resources to turn those thoughts into reality. CoC members, committees within the TYP structure, or both had a major influence on HPRP design in these communities. In five communities, the grantee convened an advisory committee of stakeholders that had considerable influence on HPRP design, but was not a formal part of either a CoC or a TYP structure. The remaining four communities created special CoC or TYP committees to design and guide HPRP.

It is also true, however, that several communities with the same multi-grantee funding structure and goals (communitywide program, consistent rules) designed and implemented their programs without a formal oversight body. Maine, for instance, developed its HPRP program using the same statewide collaborative planning process that for many years has worked to design and implement most homeless programming. Participants include all three of the state's CoCs, its statewide TYP membership, and its three HPRP grantees, two of which are also CoCs. And Santa Clara County, California, with three participating HPRP grantees, invited every CoC member plus other stakeholders to meetings to design HPRP.

HPRP design was a long process in these communities, involving many meetings to reach substantial agreement on where the HPRP resources would do the most good and how they would fit into homeless assistance and antipoverty structures and resources that already existed. It was also common in these nine communities to have CoC and TYP representatives participating in the proposal review process that selected subgrantees.

Many of the formal or informal committees established to design a community's HPRP homelessness prevention program continued to meet as long as HPRP ran. Grantees worked with these committees in many ways: to facilitate implementation, to provide training, to assess how well the program was functioning and make needed corrections, to allocate and re-allocate clients and money, to rethink program targeting and eligibility criteria, and to act as a sounding board for many issues as they arose.

What Geographies Would Be Covered?

Stakeholders in five of the communities visited said that their community was small and compact, that all the relevant agencies and organizations had often worked together before, and that it was easy to communicate, making the answer to the decision about which geographic areas HPRP should cover easy and without controversy. Two of these communities were cities and two were counties. Further, two chose a single provider and one used HPRP homelessness prevention funds for a single specialized service (court-based eviction prevention). HPRP homelessness prevention services reached the entire jurisdiction in all of these communities.

Eleven communities made HPRP homelessness prevention design decisions based in part on geography, but the meaning of "geography" differed considerably across communities. Three of the five state grantees visited described their intent to accommodate the different needs of diverse communities throughout the state, which included major urban, rural, and suburban areas; coastal, plain, and mountain geography; and diversity in language, culture, and history. These areas were also affected differently by downturns in extractive industries (e.g. agriculture or fishing) or other changes in the local economy. A fourth state grantee said that the size of the state made no difference to HPRP design, but perhaps that was because it was simply assumed that the program would cover the entire state, including jurisdictions that had their own HPRP allocation.

One community targeted its highest-poverty areas, selecting providers located in or covering those areas and specifying the ZIP Codes that they could serve. One other community divided its major city by ZIP Codes and had one provider for each part of the city.

Communities that created HPRP programs by combining funds from two or more HPRP grantees also faced geographical concerns in designing their programs, stemming mostly from each grantee in a partnership wanting its funds to be used only in its own jurisdiction. These implementation decisions were often driven by local politics. In Santa Clara County, California, for example, which combined the resources of three HPRP grantees, city of San Jose HPRP funds could be used only for people living in San Jose, while county funds could be used throughout the county except in one city that had its own HPRP allocation and kept it for its own use. State funds were designated for county residents outside of San Jose. Making all this come out right in practice took some time once the program began. Jefferson County, Alabama, had similar differentiations within a structure that combined resources of three HPRP grantees, with city funds serving only Birmingham residents, county funds serving only county residents outside of *all* incorporated jurisdictions within the county (eight cities), and state funds serving people living anywhere within the county.

In the rare cases, when elected bodies such as city councils played a role in HPRP design it was mostly to establish targeting criteria. To the extent that they had an opinion, it was in the direction of serving households that faced housing loss through no fault of their own (e. g. their employer laid off half its workforce, their landlord was foreclosed upon, etc.), who had solid work histories, and who would be back on their feet within a few months. During HPRP's second and third years, as HUD urged targeting toward households with greater barriers and a higher risk of literal homelessness, a frequent comment during technical assistance sessions at national meetings was "my city council wouldn't go for that." Politics also occasionally influenced a jurisdiction's willingness to participate in merged countywide funding. Among communities visited, one county included a city that got its own funds and would not participate in the merged city-county effort despite the fact that the local CoC covered the whole county. The same thing happened on a larger scale in Massachusetts, where 20 cities received their own HPRP allocation but did not integrate into the state's HPRP approach.

Who Would Deliver Services?

Almost every influencing factor in Exhibit 4.1 affected decisions about how HPRP would be organized and who would deliver its services. Chief among them were pre-HPRP experiences with homelessness prevention programs; alternative resources for helping people in a housing crisis and where HPRP might fit in the mix; and grantee and provider capabilities.

Pre-HPRP Experiences With Prevention

Most HPRP communities that had experience doing homelessness prevention before HPRP used that experience to design their HPRP homelessness prevention programs. Among HPRP grantees nationally (HPS survey):

- 71 percent reported that they had experience with homelessness prevention programs.
- 10 percent reported only EFSG-funded prevention.[21]
- 16 percent reported homelessness programs funded from sources other than EFSG, but said their community had not received EFSG funding.
- 45 percent reported both EFSG and at least one prevention program funded with other resources.

Two-thirds of grantees (68 percent) reported that prevention programs prior to HPRP collected information on households seeking homelessness prevention assistance. Of grantees that knew of these earlier data collection efforts, 90 percent (43 percent of all grantees) used the data to inform their HPRP design (HPS survey). Subgrantees with pre-HPRP prevention activities were more likely than grantees to have collected data on their own homelessness prevention programs (80 percent of those with programs), but somewhat less likely to use that information to inform their HPRP practices (74 percent) (HPS survey).

Interviews with knowledgeable stakeholders in the 17 communities visited put some flesh on the bare bones of survey results, including how communities used the pre-HPRP prevention data available to them. Of the 17 communities visited:

- 1 community had no prior homelessness prevention experience.
- 1 had experience but said it did not influence decisions about HPRP.
- 9 had been doing homelessness prevention but did not want to continue doing it the way it was being done before HPRP.
- 6 had an existing homelessness prevention approach they liked, and used HPRP funding as an opportunity to expand that approach.

Among the nine communities visited that wanted to do something different from what they had been doing before, eight described the desire for increasing coherence in their approach to prevention, frequently mentioning their interest in developing a communitywide program (as opposed to agency by agency) and also the possibility of creating a uniform, coordinated intake structure and moving toward centralized intake. These communities wanted at least a common set of eligibility criteria and often also

[21] EFSG is the federal Emergency Food and Shelter Grants program operated through the Federal Emergency Management Agency and hence referred to most commonly among homeless assistance providers as "FEMA." See Definition of Terms.

wanted common intake and assessment forms. They set up new centralized structures for initial contact through a 2-1-1 or other hotline or established a virtual central intake by creating common intake and assessment forms. Also, in one case, a computerized intake process recorded intake and assessment information in real time. Another frequently mentioned objective was to get away from the type of 1-month or low-dollar-limit (e.g., $200) assistance that is most common in Emergency Food and Shelter Grant programs and also typified some locally funded prevention efforts.

Among the six communities that used HPRP to expand existing prevention efforts, expansion took different forms. Several grantees were able to cover new geography, new populations, additional services, or longer time periods. Maine, for instance, had a small prevention program in one county that had a heavy emphasis on connecting families to resources of which they were unaware but which could help them retain their housing. The success of this approach was indicated by a significantly reduced number of families entering shelter from the towns where the program operated. HPRP provided the resources to let Maine implement similar programs statewide, and influenced its decision to allocate a higher proportion of HPRP resources to housing relocation and stabilization services than was common in HPRP communities. Likewise, Massachusetts used HPRP to augment the shelter diversion component of its existing emergency assistance program, and Fall River, Massachusetts, added legal services as a major component of prevention assistance. Fall River also used the approach used by the primary agency in town that did homelessness prevention before HPRP to inform the design across multiple agencies.

Data and experience from pre-HPRP prevention programs helped shape some of these decisions. For the communities that had an approach they felt was working, confidence in their approach stemmed from their knowledge of household experiences and post-assistance housing stability for households served by the program. Information used included casework notes and caseworker and supervisor experience and impressions, but rarely analyses of crisis service and shelter records to track repeat requests for assistance (although some HPRP communities visited did do such tracking for HPRP, as described in Chapter 7).[22] Communities that decided to offer rental assistance for longer periods and/or more intense housing relocation and stabilization services support than had previously been available said their experiences of repeat program use by recipients of the earlier one-month-of-money-and-no-casework approaches had convinced them that longer and more intense contact was needed to assure that households reached a point of housing stability.

Grantee and Provider Capabilities

Grantees in all but one of the 17 communities visited said that they were very familiar with HUD homeless programs and that this expertise was helpful. In selecting agencies to deliver HPRP services, stakeholders in communities visited said they considered several factors. These factors included:

- Prior experience with homelessness prevention
- Administrative and staffing capacity to handle documentation and oversight requirements of the program

[22] The research team asked during site visits for data from pre-HPRP prevention activities that shaped HPRP design, but did not receive any. Even data-driven Philadelphia, which used its HPRP HMIS data intensively throughout the program, relied mostly on community meetings to develop its initial HPRP design.

- Fiscal capabilities to sustain a funding structure using reimbursement-with-time-lag (rather than upfront funding)
- Location
- Recognition in the community to be served
- The range of homeless and other resources they could call into play to help HPRP households

Twelve of the seventeen grantees incorporated these factors into a request for proposals from community agencies. All five of the state grantees visited used a proposal process, as did seven of the twelve city/county grantees. These requests were widely disseminated and generated a lot of interest, giving grantees options in selecting the ultimate subgrantees.

The remaining five grantees visited used less formal approaches in selecting subgrantees. Arlington County, Virginia, asked interested organizations to volunteer, and selected four with which the county had worked extensively and knew they had the capacity to deliver HPRP services. Albuquerque, New Mexico, and Kalamazoo, Michigan, held stakeholder meetings at which consensus developed that there was one obvious agency in the community that would be appropriate to become the HPRP agency.

For the most part, agencies selected to deliver HPRP services were part of local homeless assistance networks, had prior experience working with the HPRP grantee agencies, and had the capabilities needed to deliver the program. Grantees in five of the communities visited expressed some concerns about subgrantee agencies. Three said that, while some potential subgrantees might have been appropriate based on clientele and experience, their financial and staffing situation was such that they could not sustain themselves while waiting for reimbursement after invoicing HPRP, or could not handle HPRP's documentation, financial paperwork, or billing procedures. Even after careful consideration of such matters and selection of subgrantees with them in mind, some subgrantees initially funded under HPRP either withdrew voluntarily or did not have their contracts renewed for the full term of HPRP because they were not meeting expectations. Subgrants and other arrangements to place payment processes in agencies other than the grantee reflected knowledge that a grantee's agency would take so long to cut checks that providers would not be able to cover costs if they were not paid quickly and that too many providers under these circumstances would not be able to participate in HPRP.

Other issues with provider capacity in some HPRP communities revolved around program philosophy and experience with a particular service approach. Experience with previous prevention efforts had convinced more than one grantee to commit itself to a goal of housing stabilization rather than a one-time payment, using relatively intense case management coupled with a willingness to provide rental assistance for the medium-term (average 6 to 9 months). These grantees looked for agencies that had a track record of providing this type of support and also were located in the geographical areas to be served. Specialty subgrants also reflected the desire, based on knowledge of unmet needs of clients in pre-HPRP prevention programs, to provide very specific types of service offered by experienced and respected agencies. Subgrants to legal aid organizations and domestic violence providers were part of this pattern.

How Would Intake Be Structured?

The major factors affecting HPRP community decisions about intake structures and procedures included how prevention services were already organized (where they existed); what structures already existed for people requesting assistance from homeless service and homelessness prevention providers and how they these structures were regarded; alternative resources for preventing homelessness and who controlled them; and the need for screening and assessment tools.

Stakeholders in three communities visited said they had had to create a prevention services network from the ground up, as none had existed before. Ten reported that agencies in their communities had been doing one-time prevention before HPRP, but to participate in HPRP these agencies would have had to make a lot of changes and increase or develop specific capacities, and it was not clear during planning that all would be willing or able to do so. Three communities already had viable structures for doing homelessness prevention, to which HPRP mostly added more funding and more paperwork. In two communities, there was only one agency that planners saw as having the capacity and willingness to take on HPRP, so that agency was selected to be the subgrantee. Finally, stakeholders in three communities visited said the existing service structure played no role in determining the shape of their HPRP homelessness prevention program.

Existing intake structures, or lack thereof, also influenced community decisions about how HPRP should work. Every community visited said the issue of how to do intake consumed considerable planning time. One community already had centralized intake for all housing crises, and this system already addressed prevention situations. HPRP funds were added to the intake agency, and HPRP homelessness prevention fit right into the system. Nine communities had existing intake structures, but either these did not cover all housing crises or did not cover homelessness prevention specifically. One of these nine communities decided to add prevention screening and intake to the existing structure, and eight created a new structure for HPRP.

An important influence on the decision to create a new structure was a desire to have a consistent communitywide approach—one that meant that every agency doing HPRP homelessness prevention was using the same eligibility criteria in the same way, making decisions on what assistance to offer based on the same criteria, and recording their activities in ways that could be reported and monitored. Several of these communities had TYPs or CoC goals that prioritized moving toward both prevention and central intake. Before HPRP, however, they had not had the resources to create or require use of central intake.

Seven of the communities visited had no existing communitywide intake structures.[23] The four state grantees without intake structures created them, specifying eligibility criteria and sometimes adding screening and assessment tools or a computerized intake and data reporting system. The three nonstate grantees with no pre-HPRP intake structure did not create one, but left things mostly up to subgrantees, within HUD's basic guidelines.

[23] Massachusetts was the exception, having an established family homelessness prevention and diversion program operated through a state agency.

With respect to alternative resources in the community that HPRP might have been designed around, two communities said they did not have such resources, six said they had them but because of their nature and target populations their existence did not influence decisions about HPRP, and four said that alternative resources had no influence on HPRP but did not elaborate. The remaining five communities took alternative resources into account during HPRP design. Massachusetts used HPRP to fill gaps in available resources (mostly for shelter diversion), while Philadelphia shifted its housing trust fund prevention activities exclusively to homeowners facing foreclosure during the period when HPRP operated because HPRP could not pay mortgage assistance, leaving all assistance to renters up to HPRP.

In addition to the role that alternative resource availability played in HPRP design, many communities visited structured their ways of determining eligibility against the criteria in the HPRP design to be sure that households used all alternative resources available to them in the community before receiving assistance through HPRP.

Screening and Assessment Tools

Nearly all HPRP grantees/subgrantees developed tools to screen for eligibility; these tools varied significantly, from brief screeners to lengthy assessments. Influences on HPRP decision makers' choice of tools to use for eligibility determination included the existence of tools used for pre-HPRP prevention efforts, the desire to create an intake procedure free of bias and subjectivity, the desire to target households with a specific level of barriers to housing retention (usually, not too few and not too many), the need to know that households met HUD's eligibility criteria, and the level of control desired by the grantee over HPRP activities.

All HPRP communities grappled with how to determine if a household met HUD's income requirements and "but for" and sustainability criteria,[24] plus any criteria the community imposed, such as residence within particular ZIP Codes or being employed or immediately employable (see below). A few (10 percent) left it up to subgrantees to develop their own screening, assessment, and data recording procedures, but most either developed common forms (55 percent) or a common set of information (34 percent) that all direct service providers had to gather for all HPRP households (HPS survey). The desire to move toward communitywide procedures, up to and including central intake, was one influence on the prevalence of standardized procedures. Knowing the level of documentation HUD required to show that the program was serving only eligible people was another.

Within the framework of establishing common forms and/or data elements, the desire to keep things simple and avoid bias pushed some HPRP communities to keep the information collected at intake very simple. Philadelphia, for instance, had its subgrantees ask applicants seven questions, the answers to which were recorded on a central computer during intake and formed the basis on which enrollment decisions were made. Miami-Dade County's program, which involved a single managing subgrantee and 29 service-providing partners, asked for only two or three pieces of evidence before deciding on eligibility, including household income and having an eviction notice.

[24] HUD offered guidance that households served should be able to sustain housing on their own after assistance ended, but this guidance was not a requirement; nevertheless, providers often believed it was a formal criterion.

At the other extreme, Kalamazoo, Michigan, added many questions to its existing intake form to accommodate HPRP and simultaneously assess what other housing resources might be appropriate if HPRP was not right for a household. The HPRP agency in Kalamazoo had the resources to handle various types of housing crises, so its intake form focused on gathering information to decide which resource was the best fit for the household's needs. Santa Clara County adapted the Arizona Self-Sufficiency Matrix (18 dimensions rated on 5-point scales), used 8 of the scales to create a score, and set eligibility at a particular level (a score of between 51 and 70 percent). Santa Clara County, as one of the few HPRP communities visited that committed itself to a formal evaluation of HPRP, also set itself an overall program goal of having at least 75 percent of clients improve their self-sufficiency score by at least 10 percentage points between program intake and exit.

Chapter 5 describes the HPRP intake process in detail, including approaches to centralization or decentralization, outreach and ways households first connect to HPRP, screening and assessment tool development and use.

Which Households Would Be Served?

As described in Chapter 1, HUD established several eligibility requirements for HPRP, of which the two most relevant to HPRP homelessness prevention were (1) having an income at or below 50 percent of the AMI, and (2) being at risk of losing housing plus having identified no appropriate subsequent housing options, and lacking the financial resources and support networks needed to obtain immediate housing or remain in existing housing.[25]

Most communities (91 percent, HPS survey, grantees) chose to stay with an income maximum of 50 percent of AMI so they could serve households threatened with eviction due to recent job loss or landlords in foreclosure. The few communities that selected a lower income threshold did so because they wanted to select clients that looked more like households actually entering shelter, as revealed in their Homeless Management Information System data. Details of communities setting income limits lower than 50 percent of AMI, along with instances of communities changing to lower limits over time, appear in Chapter 5.

Setting a maximum household income and being able to document a household's income eligibility for HPRP was fairly simple. Unfortunately, determining if a household was imminently at risk of losing its housing and was without other resources was not straightforward. To assist, HUD established some basic guidelines that concluded: "It is helpful to remember that the defining question to ask is: 'Would this individual or family be homeless but for this assistance?'" which became known as the "but for" rule. HPRP designers had to set procedures for establishing "but for" and stipulate the documentation that would be accepted as showing that a household met this criterion. Communities varied greatly in the stringency with which they treated "but for" documentation, as detailed in Chapter 5.

"But For" Versus Sustainability

In addition to the income eligibility and "but for" criteria, HUD program guidelines also suggested, but do not require, that communities use HPRP to serve households whose financial condition is such that they will be able to pay for their housing on their own once HPRP financial assistance ends. These

[25] HPRP could also serve people who were literally homeless through its rapid re-housing component.

concepts, though not theoretically incompatible, were difficult to reconcile in practice. HPRP planners felt that they had to decide what they were going to emphasize—"but for" or sustainability—and whether both could be accomplished within the same program.

Communities varied greatly in the emphasis their HPRP programs placed on "but for" versus sustainability. Eight of the communities visited stressed "but for," requiring documentation of the alternatives that households had used and tried to use to avoid housing loss, facilitating access to available resources, and negotiating for the household with landlords, family, and friends to prevent housing loss without a large HPRP financial investment.

In contrast, six placed a major emphasis on sustainability, focusing eligibility on households with histories of stable prior employment, serious future employment prospects, and circumstances that put them at risk of housing loss through no fault of their own. Many households facing a housing crisis during the bad economic times that prevailed during HPRP had always had their own places and, until recently, were able to afford them. Sudden income loss due to jobs disappearing or lengthy illnesses may have put that housing in jeopardy, but such households were likely to have relatively good odds of being able to find work that would pay enough to sustain housing, and also were likely to have relatives and other resources that could help them weather a housing crisis. Communities stressing sustainability rather than "but for" might reasonably opt to serve households with these characteristics rather than households closer to actual homelessness, because they believed that only these households had a chance of being able to keep their housing once rental assistance ended. Chapter 5 explores in more depth the ways that communities applied the "but for" and sustainability criteria in practice, including criteria they added to narrow their targeting.

What Services Would HPRP Offer, and for How Long?

Before communities could decide how they wanted their HPRP homelessness prevention program to run, they had to decide how they were allocating HPRP resources between prevention and rapid re-housing. Prior experiences with prevention efforts shaped some of these decisions, as did other factors in the community such as a perception that too many households were in emergency shelter because they got stuck there while waiting for resources to help them get back into housing. Nationally (HPS survey):

- Grantees reported initially allocating 59 percent of HPRP funds, on average, to prevention.
- However, 60 percent of grantees changed their allocation at some time during their HPRP program.
- Of those that changed, the very large majority (85 percent) shifted toward prevention.
- At the time they completed the HPS survey (December 2011, 2 years into their HPRP program), grantees reported prevention allocations of 70 percent, on average, with 30 percent going to rapid re-housing.

Shifts toward prevention in site visit communities were responses to a higher-than-expected level of demand for prevention assistance (i.e., households facing eviction) compared to demand for rapid re-housing from already-homeless households. Because resources were finite and demand was great, shifts toward prevention were accompanied in some communities by tightening eligibility criteria to keep

enrollment within bounds. For instance, Philadelphia and Miami-Dade County began by requiring landlord "notice to quit" documentation but switched later to requiring court-ordered eviction notices. In Philadelphia, this cut the number of applicants for HPRP prevention assistance by half.

Shifts also occurred within the prevention category, usually toward serving households with more intensive needs. Santa Clara County, California, for instance, shifted toward the end of HPRP to focus on diverting households that were asking for shelter, reasoning that although the program would spend more per household doing diversion because people had already lost housing and needed help getting back into an apartment, the ability to prevent literal homelessness was more in keeping with HPRP intent and more important to do than just keeping people in their housing.

APR data reveal spending for HPRP's first 2 years that more closely resembles the changed rather than the initial prevention/rapid re-housing allocation reported on the HPS survey, as shown in Exhibit 4.2. The mean allocation to prevention for all HPRP grantees was 67 percent and the median was very close—69 percent. The range 0 to 100 percent indicates that at least a few grantees went against the prevailing trend and devoted all their HPRP resources to either prevention or rapid re-housing.

The mean allocation to prevention among the 17 communities visited (excluding one site due to data inconsistencies) was about 3 percentage points lower than for the universe of HPRP grantees (see Exhibit 4.2, third column), but the median of 68 percent was much closer to the median for all grantees, which was 69 percent. The lower mean indicates that a few grantees among the site visit communities gave an unusually low proportion of their HPRP funding to prevention.

Exhibit 4.2: HPRP Funds Spent on Prevention, as a Proportion of All HPRP Funds Expended During the Program's First 2 Years

	Universe of HPRP Grantees	Site Visit Communities (16*)
Mean	67%	64%
Median	69%	68%
Range (low-high)	0–100%	28–84%

* Indiana is not included due to unresolved data inconsistencies and possible reporting errors
Source: Analysis of APR data from program inception through September 30, 2011 (end of program's 2nd year)

Allocating HPRP Resources Between Financial Assistance and Housing Relocation Stabilization Services and Setting a Target for Length of Assistance

The interrelated influences of housing and employment markets, "but for," and sustainability influenced communities' allocation of their HPRP resources between financial assistance and housing relocation and stabilization services[26] and their policies for how long they would help HPRP households.

APR data on community allocations between financial assistance and supportive services indicate that HPRP homelessness prevention grantees devoted 78 percent of their prevention resources to financial assistance (Exhibit 4.3). The median was very close to this amount also, at 79 percent. Site visit communities' allocations were similar to those of HPRP communities nationwide. As with the allocation of HPRP resources to prevention versus rapid re-housing, the range was wide. In the universe of HPRP

[26] The APR categories being referred to here are "Total Financial Assistance" and "Total Housing Relocation and Stabilization Services."

homelessness prevention grantees, some gave nothing to financial assistance and some gave all their resources to it. Among the communities visited, the smallest amount going to financial assistance was 50 percent and the largest share was 89 percent.

Exhibit 4.3: HPRP Prevention Funds Spent on Total Financial Assistance, as a Proportion of All HPRP-Prevention Funds Spent on Financial Assistance or Stabilization Services for the Program's First 2 Years

	Universe of HPRP-Prevention Grantees	Site Visit Communities (16*)
Mean	78%	71%
Median	79%	73%
Range (low-high)	0–100%	50–89%

* Indiana is not included due to unresolved data inconsistencies and possible reporting errors
Source: Analysis of APR data from program inception through September 30, 2011 (end of program's 2nd year)

Among communities visited, all but three mentioned ways that local housing and employment markets had influenced their HPRP homelessness prevention design. Of the 14 that considered these markets, 4 said their housing market was very tight and expensive, while 7 said the housing market was pretty reasonable and there was room for negotiating with landlords. Nine said the job market was bad and two said people could get jobs if they pushed. Two reported that both markets were very tough, while another reported that both were okay. Five reported some combination of the two—mostly that the housing market was okay but jobs were very hard to find and did not pay well.

The research team was intrigued by the relationship between the types of program services offered and the relative weight a program put on satisfying the "but for" criterion vs. the sustainability goal in selecting clients. While it seems logical that a community stressing "but for" would opt for longer and/or more intense supports because the households they favored would need more help and that communities stressing sustainability would opt for short-term supports because they favored households with good histories but facing a short-term housing crisis, in practice several communities visited designed programs that incorporated both emphases.

Six of the communities visited described their HPRP program as stressing sustainability, or housing stability as some of them put it. Three of these communities, which had tough housing markets, felt that the local cost and scarcity of housing pushed them in this direction, but communities with softer housing markets also created sustainability-focused HPRP programs. Among the six communities whose HPRP programs stressed sustainability and had tight housing markets, three coupled that emphasis with a decision to offer only short-term assistance with little or no casework support. That decision, influenced by desires to serve more households as well as by the local housing market, led to further decisions about targeting households with reasonably stable housing and employment histories and future employment prospects, but who were in a temporary housing crisis. This decision string pulled these communities away from serving households at serious risk of homelessness rather than immediate housing loss. Some did not see the difference between those facing imminent literal homelessness and others who may have lost housing but were not without shelter. For instance, they treated households in doubled-up situations as rapid re-housing rather than prevention clients, though they were actually the latter in HUD terms.

Alternatively, three of the six communities emphasizing sustainability chose to offer medium- and longer-term financial and casework support so they could serve households with more barriers and higher risk of housing loss but also keep sustainability as a goal. The North Carolina state program took this approach. The majority of HPRP funds went to serve communities outside of the cities that received HPRP directly. Subgrantees covered 56 of the 92 counties in the balance-of-state CoC, including a lot of territory that had never had homelessness prevention services, or much of any other kind of homeless service before HPRP. In these communities, the state reasoned, households in a housing crisis are not in quick-fix situations, but with appropriate and sustained case management to help set goals and connect to resources, and supported by a statewide housing search database specializing in affordable housing, many could reach a point of housing stability if they had a significant period of relief from excessive rent burden. The North Carolina program's approach customized assistance to each household and provided the level of assistance needed for the household to achieve long-term stability, addressing barriers that might decrease housing stability down the road whenever possible.

Another eight of the communities visited designed their HPRP programs to stress "but for." Three of these communities opted for short-term rental assistance and little or no casework. One provided mostly short-term assistance but devoted significant resources to casework to link clients with other resources. The remaining four communities offered longer rental assistance (or a mix of short and long), more case management, and a greater focus on developing a case plan with clients and working with them to follow the plan, with housing stability as the ultimate goal.

Looked at from the perspective of choosing to offer mostly short-, mostly longer-, or a mix of short- and longer-term assistance, the picture also is mixed:

- Of the six communities offering mostly short-term financial assistance and little or no casework, half described their approach as emphasizing the "but for" and half said they emphasized sustainability.
- The one community that offered short-term financial assistance coupled with case management emphasized "but for".
- Of the six communities offering a mix of short- and longer-term financial assistance, one emphasized "but for," three emphasized sustainability, and two could not be characterized as having a marked emphasis on one or the other.
- Of the five communities offering mostly longer-term assistance and much casework, only one described its approach as having a "but for" emphasis, with four saying they selected clients with an eye to future sustainability.

Chapter 6 provides detailed descriptions of what financial assistance and housing relocation and stabilization services communities actually provided, what their length of stay policies were and how they operationalized them, and what the typical HPRP households received by way of financial assistance.

Clearly HPRP took many forms in communities around the country, responding to influences ranging from employment and housing markets to existing service structures to desires of homeless assistance system planners to move their system toward greater coherence and communitywide consistency.

Using the communities visited as a guide, it appears that communities responded to HPRP as they respond to homelessness in general. If they were already highly organized, then their HPRP program was incorporated into that existing organization. If they were strategic and ready to seize opportunities to expand or improve their system to reach already articulated goals, then they welcomed HPRP as an opportunity and went about activating already existing plans. If they were decentralized, accommodating the desires of local homeless assistance agencies without much central guidance, their HPRP program mirrored this more ad hoc approach.

Had HUD been able to offer communities evidence-based models of homelessness prevention programs to consider adopting for HPRP, HPRP programs might not have varied so much across the country. But there were no such tried-and-true program models to offer, as Chapter 1 made clear. Even had there been, the strong bent of communities to adapt model programs to their own circumstances would have exerted itself, although there would have been a better chance of comparability across communities and some common standards of outcome measurement. Moving in this direction is the next step for homelessness prevention. The last chapter in this report presents some options for doing this, based on what has been learned from this HPRP process evaluation.

Midstream Changes

Did things go as planned for HPRP programs? Did any programs make significant changes, and if yes, what did they change? Changes to eligibility criteria were relatively uncommon among HPRP communities across the nation. Only about one in five grantees (18 percent) and subgrantees (22 percent) changed these criteria at some point during their HPRP program. Of grantees that did change their eligibility criteria, half moved to target households with more intensive needs, as HUD began urging them to do about a year into HPRP funding. Only 12 percent moved in the other direction, taking households at lower risk of actual homelessness (HPS survey).[27]

Among the 17 communities visited, 10 did not make any major changes to their HPRP program once they launched it. The rest reported a variety of changes, with some communities making changes in more than one area. Three communities changed to improve targeting, all moving closer to households at higher risk of homelessness. Several that were initially overwhelmed with households wanting assistance limited intake hours or days or made other changes to limit client flow, including suspending intake for a period to catch up with existing intakes. Otherwise, they found that providers had to spend all their time doing intakes and never got to do actual work with clients or enter data on clients served and services given. At least two communities stopped intake for a while to correct administrative problems such as assuring proper documentation and recordkeeping, or to change providers when the first provider(s) selected did not work out. Some grantees also dropped or added subgrantees/service providers at subgrantee request, because a subgrantee found that it was not able to serve the households in the program, could not handle the paperwork, or did not have the funds to survive while waiting for reimbursement, or the service a particular grantee offered was rarely needed. Miami-Dade County reported the most changes of the communities visited, with 46 updates through the program's second year.

[27] The rest responded that their criteria had changed in some other way, but did not specify what that was.

Lasting Changes

Seven out of 10 grantees expressed their intent to continue homelessness prevention efforts after HPRP funding runs out; 39 percent said they were very likely and 31 percent somewhat likely to continue prevention programming. Subgrantees also reported high levels of intention to continue prevention work after HPRP, with 53 percent saying they were very likely and 23 percent saying they were somewhat likely to do so (HPS survey).

All but one of the communities visited expected to continue some homelessness prevention efforts. Five said they would revert to the prevention programming available before HPRP, which many had modified to complement HPRP during the past 3 years. Eleven communities expected to continue homelessness prevention, at whatever level they could afford, whose shape, targeting, structure, design, and approach would be influenced by their HPRP experiences.

In addition, all but one of the 17 communities visited said they expected changes made for and during HPRP to last and influence their approach to their homeless assistance system. Eleven described new partnerships formed among participating agencies, and how these partnerships have led to changed ways the agencies do their own work and will continue to do it in the future. Stakeholders in seven communities described their new awareness of populations in need; this was especially true for specific direct service provider agencies that did not have close links to the overall homeless assistance system before HPRP. Stakeholders in eight communities also attested to their awareness of resources available from or through their partner agencies that they had not known about before HPRP, or known that they could be used by the types of households served by HPRP.

Four communities either revised their TYPs, CoC priorities, or both to include prevention in these planning instruments, where they had not had a prevention component when HPRP started. Three communities have already allocated more Emergency Solutions Grant funds to prevention than they would have done before HPRP. Four communities described other changes, including increased case management capacity, the HPRP legacy of an online screening and eligibility system, and lasting changes in the court system and levels of landlord cooperation with the prevention program. For example, in Maine, judges who were pleased with the settlements that HPRP attorneys were able to work out between tenants and landlords to avoid eviction began referring tenants and landlords to the attorneys whom they saw in court. In addition, municipal general assistance offices began negotiating with landlords directly to facilitate settlement of disputes that might lead to eviction. In Kalamazoo, Michigan, procedures developed for HPRP among the welfare department, housing court, and the HPRP agency that determined household eligibility and connected households that had received an eviction notice with HPRP advocates who were able to avert evictions in many instances. Landlord outreach, education, and liaison support made the program a win-win for both tenants and landlords.

Summary

HPRP grantees and subgrantees had to design their prevention programs quickly and address a host of implementation challenges. Without much research or best practices on what works, they were starting from scratch in many communities. The communities that did have experience used it to inform their HPRP design. Most grantees were involved in local CoCs and ten year plans to end homelessness, and

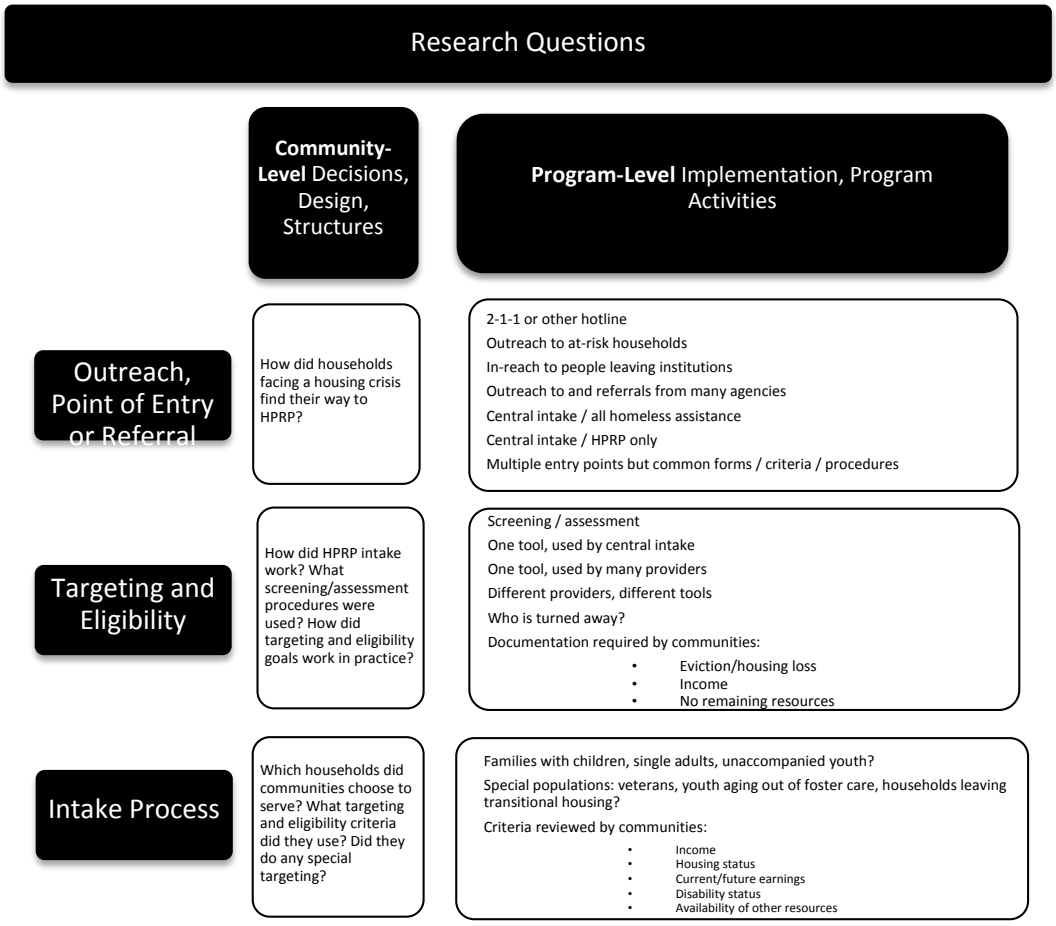
thus likely designed HPRP with involvement from these stakeholders. While designing HPRP, grantees and subgrantees had to answer the following questions: Who would be involved in designing the program? What geographies the program would cover? Who would deliver services? How would intake be structured? Who would be served? What types of services would be offered and for how long? Communities considered many factors as they answered these questions. No single factor dominated in any of the communities visited for this project, with the final program shapes emerging as HPRP designers understood interactions and made tradeoffs among the factors to create the best fit for HPRP. Factors affecting design decisions included geography, prior experience with homelessness prevention and data based on it, existing plans and commitments to end homelessness and serve homeless people, existing intake and service structures, alternative resources that HPRP might fit into or around, grantee and subgrantee capabilities, and local housing and employment markets. HPRP grantees and subgrantees learned as they went, making midcourse corrections on how to allocate funds (e.g., prevention vs. rapid re-housing) and whom to serve with HPRP assistance.

Chapter 5. Intake Process: Point of Entry, Targeting, and Eligibility

Introduction

When HPRP began, the national housing crisis, coupled with the deep recession and high unemployment, put many households at risk of losing their housing. Few communities had any trouble identifying households that needed help to deal with a housing crisis—after initial announcements, many were overwhelmed with requests for help, and HPRP served several hundred thousands of households nationwide. It remains unclear, however, whether the program succeeded in targeting assistance to those most at risk of homelessness. This chapter examines findings pertinent to point of entry and referral, the intake process, targeting and eligibility. The chapter answers the following research questions (from Exhibit 1.1, highlighted in the diagram below):

- How did households facing a housing crisis find their way to HPRP?
- How did HPRP intake work? What screening/assessment procedures were used? How did targeting and eligibility goals work in practice?
- Which households did communities choose to serve? What targeting and eligibility criteria did they use? Did they do any special targeting?



This chapter begins with the national highlights drawn from the HPS survey to paint a picture in broad strokes of how prevention programs reached out to and targeted eligible households nationally. It then takes an indepth look at dilemmas and variation related to program outreach (spreading the word about HPRP), program entry points (connecting to HPRP), intake and enrollment, screening and assessment tools, and eligibility determination.

National Highlights—Point of Entry, Intake Process, Targeting, and Eligibility[28]

- About two-thirds (69 percent) of HPRP communities conducted outreach for HPRP by using flyers, posters, and public service announcements.
- More than half of HPRP communities received referrals from public housing authorities, and mental health and TANF agencies. About 40 percent received referrals from child welfare agency, VA Medical Centers, and Education for Homeless Children and Youth (EHCY) school liaisons.
- In almost all HPRP communities (85 percent), households needing HPRP assistance were referred from local agencies. If HPRP entry was exclusively through central intake, these local agencies referred households to the central intake point.
- The vast majority (95 percent) of HPRP direct service providers served families. More than three quarters (77 percent) served single adults. Only 14 percent served unaccompanied youth. About one in three said they did no specific targeting.
- Ninety-one percent of grantees and 84 percent of subgrantees said they used 50 percent of AMI as their income cutoff for HPRP eligibility. The remainder set lower limits.
- To determine HPRP eligibility, most communities either used a standard assessment tool (55 percent) or collected a standard set of data but with different tools or intake forms (34 percent).
- Most HPRP service providers (82 percent) used at least one specific risk factor to establish that a household was imminently at risk of becoming homeless. Factors included having an eviction notice, recent job loss, and a history of previous homelessness.
- In addition to assessing the risk of housing loss and subsequent homelessness, about half of HPRP service providers looked for indicators that a household could sustain housing after receiving help from HPRP, as well as indicators that the household would cooperate with the provider and do what was necessary to end its housing crisis.
- Approximately 76 percent of persons served with homelessness prevention assistance were in families including adults and at least one child.
- Approximately 54 percent of those persons served by HPRP prevention assistance were adults and 45 percent were children.

[28] First eight bullets report weighted Homelessness survey results, October through December 2011, HPS, Grantees and Subgrantees; last five bullets report 2011 nationwide APR data cumulative through September 30, 2011.

Demographic data available do not distinguish between clients who received prevention and those who received rapid re-housing. Among all HPRP clients:

- Approximately 19 percent of persons served were Hispanic/Latino. The percentages of white persons and black or African American persons served were relatively equal (45 percent and 40 percent, respectively).
- Approximately 4 percent of all persons served were veterans; however, an additional 6 percent of persons either did not know their veteran status, did not disclose their status, or were missing information in this field.
- More than 40,000 participants (9.9 percent) were served by a provider designated to serve victims of domestic violence.

Outreach—Spreading the Word About HPRP

Usually a new community program needs to establish a presence and attract a clientele. HPRP communities had very little trouble doing this, as the program was eagerly anticipated. Slightly more than two-thirds (69 percent) of HPRP communities announced HPRP availability through flyers, posters, and public service announcements (HPS survey). Information from site visits suggests, however, that these approaches were short lived. Several communities visited began by conducting public awareness campaigns, using flyers, radio PSAs, and mailings, but they quickly stopped these efforts as they were overwhelmed with applicants on HPRP's first day. Thereafter, word of mouth proved sufficient to generate more than enough potential clients; however, it is not clear to what extent these clients were those at greatest risk of homelessness.

Outreach approaches also involved meetings with the staff of community-based and mainstream public service agencies to explain the program and which households were likely to be eligible. These staff then referred many potential clients to the program. As noted in Chapter 3 (Exhibit 3.5), more than half of HPRP communities received referrals from mental health, TANF[29] agencies, and public housing authorities, while between 20 and 46 percent received referrals from child welfare agencies, VA Medical Centers, corrections facilities, and school homelessness coordinators. Partnerships with mainstream agencies in several of the communities visited illustrate ways, beyond simple back and forth referrals, that the most innovative of these arrangements worked. Kalamazoo, Michigan, provides an innovative example of mainstream involvement (Exhibit 5.1).

Exhibit 5.1: Partnering With Human Services and Eviction Court

In **Kalamazoo**, the HPRP agency, housing court, welfare agency, and 2-1-1 formed an innovative partnership in which a majority of HPRP clients entered through an eviction diversion program. Outreach began with a flyer that arrived with the summons to court. Households were encouraged to call 2-1-1 to be screened for HPRP eligibility. If potentially eligible, 2-1-1 scheduled an assessment with a Department of Human Services (welfare office) caseworker, who completed the eligibility assessment and sent the case on to the HPRP provider, which in turn arranged for the HPRP court liaison to meet the head of household in court. The court facilitated landlord/tenant mediation to prevent eviction and stabilize rental arrangements, in which HPRP rental assistance played a big part.

[29] Temporary Assistance to Needy Families (TANF) is the federal/state welfare program that replaced Aid to Families with Dependent Children (AFDC) in 1997. The American Recovery and Reinvestment Act of 2009 appropriated additional funds to TANF for emergency assistance, including rental assistance.

Entry Point(s)—Connecting to HPRP

If you are homeless or about to become homeless, how do you find the programs and agencies that might be able to help? In addressing this question, it helps to think of the goals that a community may be trying to achieve with its intake structure for homeless assistance:

- Access—making sure households in need can find the right program/resource.
- Consistency—making sure that the intake decision (accept or not) for similar households seeking help will be the same and that similar households will get the same treatment/services, regardless of where they enter the system.
- Efficiency—making sure that each household gets what it needs (but not more or less than it needs and not something different from what it needs) in a timely manner and without undue stress on the household or having to apply independently to several different agencies. To accomplish this, the intake agencies must have control over a sufficient range of resources and interventions to be able to offer appropriate interventions based on assessment.
- Effectiveness as a whole system—offering services that actually help resolve the household's difficulties. This can only be known through evaluation, but systems can set themselves up to do evaluations and use the feedback to shift resources toward effective interventions.

Some intake structures are more able to meet these goals than others. Below are four types of intake structure commonly used for homeless services, in general and also for HPRP homelessness prevention:

- **Completely decentralized entry.** Households needing help must approach each program separately; every program has its own eligibility requirements and intake procedures.
- **Low to moderately coordinated entry.** A communitywide information and referral hotline such as 2-1-1 listens to a caller's needs and makes referrals to one or more appropriate programs. In some communities this hotline is general while in others it is homeless-specific. It is hardly ever specific to a single aspect of homeless services such as homelessness prevention. It usually does not control the resources and programs to which it refers. In some communities and for some types of assistance (e.g., prevention), the 2-1-1 function extends to doing light screening with a formal screening instrument for particular programs. In some communities and for some types of assistance, agencies that might receive direct requests for help are organized to ask households to call 2-1-1 first.
- **Coordinated homeless-specific entry.** All homeless programs use the same screening, intake, and assessment forms. Households approaching any one of the coordinated agencies should go through the same procedures and receive the same treatment. In some communities these coordinated-entry systems are computerized. A subset of this entry structure is coordinated entry for one specific element of homeless assistance. More than half of the communities visited for this study developed a structure like this specifically and only for HPRP.
- **Highly centralized, homeless-specific entry.** All households seeking homeless assistance of any type must pass first through the centralized intake process, which does screening and triage and refers households to what it considers to be the appropriate resources, which it controls sufficiently to assure that households will get the resources to which they are referred. Relevant

resources include prevention, emergency shelter, transitional housing, permanent supportive housing, and strong linkages to services and benefits from mainstream agencies. Central intake for a single component of homeless assistance, as many communities created for HPRP, falls into the previous category of coordinated entry and is not central intake as used in this classification.

Exhibit 5.2 crosswalks the four intake structures with the four goals. It suggests that completely decentralized entry often fails to meet any of the four goals—people needing help have to find each program on their own, are not likely to face the same entry criteria or procedures in the different programs, and, from a system perspective, allocation of resources to households is inefficient and therefore probably not effective. Low to moderately coordinated entry improves on completely decentralized intake a little, but not until one gets to coordinated entry does one get an intake system that is likely to have both widespread and fair access.

Exhibit 5.2: System Goals and Intake Structures

	Access	Fairness	Efficiency	Effectiveness
Completely decentralized entry	Low	Low	Low	Low
Low to moderately coordinated entry	Medium	Low to medium	Low	Low
Coordinated homeless-specific entry	High	High	Low to medium	Low to medium
Highly centralized, homeless-specific entry	High	High	Medium to high	Medium to high

Centralized intake is the structure most conducive to achieving all four goals in a community, as Exhibit 5.2 shows. However, it may not be appropriate for every community as its ability to achieve those goals depends on a number of factors, including an adequate level of alternative interventions in the community and the centralized intake agency's control over those resources, which in turn means that providers with those resources are willing to accept the households referred by central intake and have the capacity to do so. Further, centralized intake might not make sense in areas that cover large geographic boundaries.

Exhibit 5.3 provides examples from the HPRP communities visited for each of these intake structures.

Exhibit 5.3: Examples of Intake Structures Used for HPRP	
Type of Entry	**Sites**
Completely decentralized entry	**Pasco County** has resource centers through which households in need may access a variety of services, including food, clothing, and other basic necessities. In 2009, in anticipation of HPRP, the grantee enlisted five organizations to help coordinate requests for HPRP services and provide households with information on services they could use. While the resource centers were meant to function as a multisite-coordinated entry mechanism for HPRP, only a portion of referrals to HPRP agencies came from a resource center. A county 2-1-1 call center operated by the United Way also referred callers to subgrantee programs. Further, HPRP screening was not standardized at different agencies, although all were expected to collect a minimum common data set.
Low to moderately coordinated entry (with coordinated screening/ assessment)	**Maine** used standardized assessment and enrollment forms across the nine agencies statewide that offered HPRP prevention services. Agency staff received training and were monitored to assure consistent administration. Access to HPRP agencies was less controlled, coming through a number of mechanisms including referral from other services within the HPRP agencies or other community-based agencies, from municipal general assistance offices, and from a statewide 2-1-1 system, and by self-referral. **Santa Clara County, California,** HPRP agencies received referrals from many sources, including a 2-1-1 line that referred likely households to the various HPRP provider agencies based on ZIP Code. Standardized intake and assessment forms were developed for HPRP and used by all subgrantees. Agencies did their own intakes using these forms.
The subset of coordinated entry that is specific only for HPRP	**Lancaster, Pennsylvania,** used HPRP as an opportunity to move toward greater centralized control over its homeless assistance programs, setting up central intake just for HPRP with an expectation that if it worked it might be expanded to other components of the system. The Lancaster United Way screened each household, gave points for specific risk factors, and then triaged clients to one of the two HPRP agencies based on risk levels for homelessness. Households with more risk factors were referred for more intense support, while those facing fewer risks were referred to an agency that provided a lighter touch. **Miami-Dade County, Florida,** has a centralized intake structure for its emergency shelter system but it does not cover all homeless assistance programs in the county. For HPRP, a single subgrantee developed, administered, and monitored standardized intake and assessment forms and procedures used by the 29 HPRP providers throughout the county. Households reached these providers through several local and countywide information and referral mechanisms, including 2-1-1, that referred households to the appropriate HPRP provider. These providers did prescreenings using their own tools to identify the households that were likely to be eligible for HPRP. Then, households screened in completed a

	standardized application package and provided the same documentation across all providers. Completed applications were sent to the lead agency, which reviewed the intake information and made all final enrollment decisions.
Highly centralized, homeless-specific entry	**Kalamazoo, Michigan,** the 1 community among the 17 visited that had an existing central intake structure for all housing/homeless services, added HPRP to its existing structure. It also contracted with the local 2-1-1 information and referral service to receive all inquiries and do a brief prescreening before referring households to the HPRP agency, and worked with the local welfare office to identify and pre-qualify families for HPRP services.

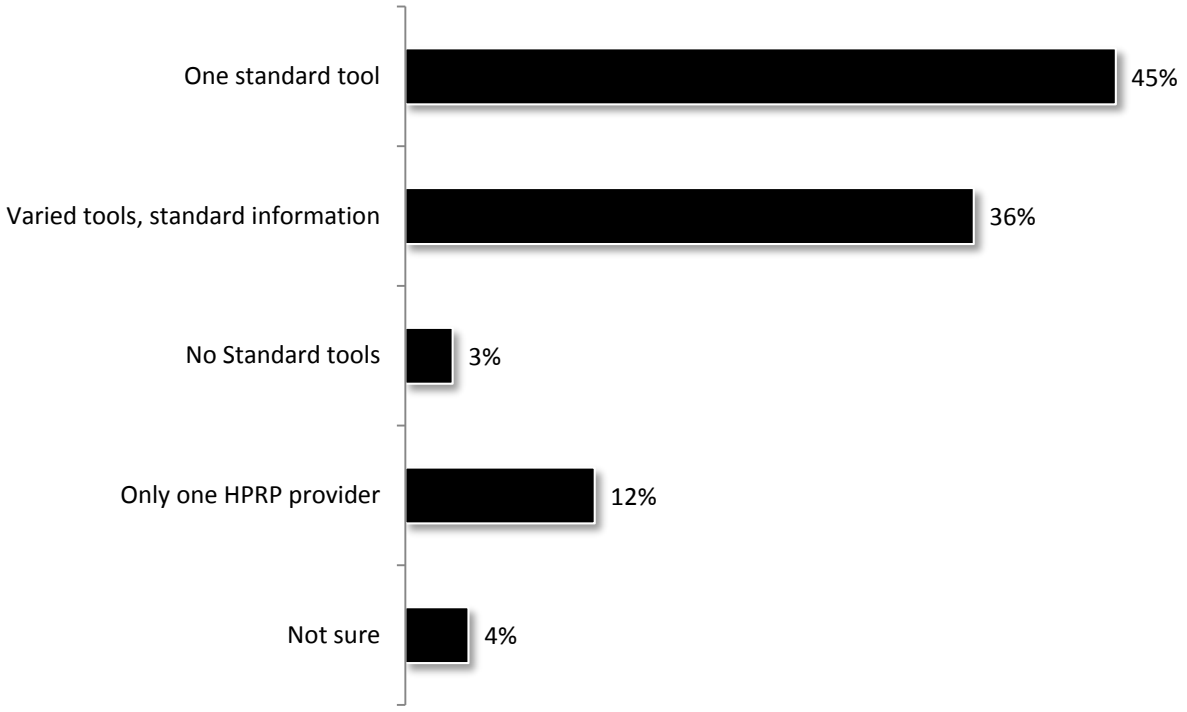
Nationally, 32 percent of grantees reported having central intake for HPRP that was performed by a single agency, 36 percent said they used multisite coordinated entry, and 17 percent reported multisite entry with different procedures at each agency offering HPRP (HPS survey). It is unclear how communities defined these categories and some inconsistencies were apparent in the responses. Some communities reported more than one approach. For instance, as just noted, about one-third of HPRP communities reported having central intake, but about one in four of the grantees in these communities said they had other intake structures, including referrals from local agencies in 85 percent of HPRP communities (HPS survey).

Among the 17 communities visited, 9 used a hotline as the first point of contact for their HPRP program, although in many of these communities households could also approach HPRP programs directly. Maine, for example, allowed households to apply for HPRP at any of the subgrantees, but many referrals also came through Maine's statewide 2-1-1 system. Rhode Island operated similarly—there was no single point of entry and some of the households that requested assistance came through the 2-1-1 system. Some of the communities that relied on hotlines used them to conduct a prescreening to determine eligibility for HPRP.

Intake Process (Screening, Assessment Tools, and Enrollment)

Most of the HPRP communities visited for this study included some type of initial screening for eligibility and then, if the household met the minimum criteria, moved on to a full screening or assessment. The former activity was especially common for communities that relied on hotlines as the first point of contact for HPRP. Nationally, 89 percent of HPS communities in the country used a screening tool or required a common set of information from the HPRP applicant. Among subgrantees nationally, most of whom were HPRP direct service providers, 45 percent used one standard tool, 36 percent used varied tools but collected a common set of data established as the communitywide standard, 3 percent did not use any standard tools, and 4 percent were not sure (HPS survey, Exhibit 5.4).

Exhibit 5.4: Subgrantees' Reports of Screening Tool Use



Source: Subgrantee responses, HPS Survey, weighted to represent all HPRP Subgrantees

Targeting and Eligibility

Part of the challenge of homelessness prevention is defining the households that are at greatest risk. Targeting homelessness prevention resources to these households increases the odds that providers are using public funds earmarked to prevent homelessness efficiently by delivering these funds to the households that would most likely end up homeless without the intervention. Targeting comes in different forms. Communities can target different household structures (e.g., families, single adults, and unaccompanied youth) and specific populations (e.g., doubled-up families, households leaving transitional housing, people leaving institutions, veterans, etc.). Within these household structures and subpopulations, HPRP grantees also needed to set specific eligibility criteria.

HUD Criteria

HUD specified three eligibility criteria for HPRP—a household had to have an initial consultation with a case manager to determine eligibility, a household had to have income below 50 percent of AMI, and the household had to be either homeless or at risk of losing its housing and meet both of the following circumstances: (1) no appropriate subsequent housing options have been identified; AND (2) the household lacks the financial resources and support networks needed to obtain immediate housing or remain in its existing housing. The first two are quite clear, but the latter is not as easy to implement. HUD offered the following guidance for determining HPRP eligibility, which became known as the "but for" rule:

There are many people who are housed and have great need but would not become homeless if they did not receive assistance. HUD strongly encourages grantees and subgrantees to target prevention assistance to those individuals and families at the greatest risk of becoming homeless. It is helpful to remember that the defining question to ask is: "Would this individual or family be homeless *but* for this assistance?"[30]

To help communities sort through households facing a housing crisis to see which ones met the "but for" criterion, HUD identified 17 risk factors that communities could assess, albeit without specifying how they should be assessed, prioritized, or combined to determine eligibility.[31] These risk factors fall into several clusters:

Homeless history

- Homeless in last 12 months.

Income- or money-related

- Sudden and significant increase in utility costs.
- Severe housing cost burden (spending more than 50 percent of income for housing costs).
- Extremely low income (less than 30 percent of Area Median Income).
- Credit problems that preclude obtaining housing.
- Significant amount of medical debt.
- Sudden and significant loss of income.

Vulnerabilities

- Mental health and substance abuse issues.
- Physical disabilities and other chronic health issues, including HIV/AIDS.
- Young head of household (under 25 with children or pregnant).
- Current or past involvement with child welfare, including foster care.
- Past institutional care (prison, treatment facility, or hospital).
- Recent traumatic life event, such as death of a spouse or primary care provider, abandonment of spouse or primary care provider, or recent health crisis that prevented the household from meeting its financial responsibilities.
- Discharge within 2 weeks from an institution in which the person has been a resident for more than 180 days (including prison, mental health institution, or hospital).

Housing withdrawal

- Pending foreclosure of housing (rental or homeownership).
- Eviction within 2 weeks from a private dwelling (including housing provided by family or friends).
- Residency in housing that has been condemned by housing officials and is no longer meant for human habitation.

[30] HUD Notice for Homelessness Prevention and Rapid Re-Housing Program Grantees under the American Recovery and Reinvestment Act of 2009 [FR-5307-N-01]

[31] HUD Notice for Homelessness Prevention and Rapid Re-Housing Program Grantees under the American Recovery and Reinvestment Act of 2009 [FR-5307-N-01]

Finally, in early guidance on the program,[32] HUD suggested that since HPRP funding was limited to short- and medium-term assistance, communities should target households that were most in need of the temporary assistance that HPRP could provide and would be able to sustain permanent housing after the program ended. This led many communities to target HPRP to households that were, in many cases, easier to serve (e.g., higher income, fewer housing barriers, employed or under-employed, etc.).

Locally Established Criteria

Eighteen percent of direct service providers (28 percent of grantees and 19 percent of subgrantees) did not set eligibility criteria beyond what HUD specified (HPS survey). For those that did set additional eligibility criteria to narrow the field of potential eligibles, they used one or more of five criteria to identify the households they would accept into the program:

1. Household type
2. Subpopulation
3. Income
4. "But for" risk factors
5. Sustainability

Household Types and Subpopulations

Most grantees and subgrantees responding to the HPS survey said they served families and single adults with HPRP funds (Exhibit 5.5). Nearly all—97 percent of direct service providers—served families and 82 percent served single adults. Only 22 percent of direct service providers targeted unaccompanied youth.

Exhibit 5.5: Target Populations

	Grantees	Subgrantees	Direct Service Providers
Household Type Targeted			
Families	97%	96%	95%
Single adults	82%	80%	77%
Unaccompanied youth	22%	15%	14%
Domestic violence victims	2%	1%	<1%
Other (e.g. health/mental health/substance abuse, elderly, re-entry)	n/a	2%	2%
Specific Populations (Targeted)			
Veterans	20%	27%	25%
Families doubled-up	29%	37%	37%
Individuals doubled-up	25%	30%	29%
Homeless youth	9%	10%	9%
Youth aging out of foster care	16%	10%	10%
People leaving institutions	22%	20%	19%
Leaving transitional housing	37%	37%	36%
Leaving public or subsidized housing	20%	30%	29%
Area with a high population entering emergency shelter	12%	20%	20%
No Specific Targeting	39%	32%	32%
Other (e.g. families, homeless persons, geographic areas, health/mental health)	8%	15%	15%

Source: Analysis of HPS survey data

[32] HUD Notice for Homelessness Prevention and Rapid Re-Housing Program Grantees under the American Recovery and Reinvestment Act of 2009 [FR-5307-N-01]

About 37 percent of direct service providers targeted doubled-up families and 29 percent targeted doubled-up individuals. Families leaving transitional housing or public or subsidized housing were also common target subpopulations. About 25 percent of direct service providers targeted veterans.

In most of the communities visited, providers were more likely to focus on a household type—usually families—than specific subpopulations. Some exceptions were communities that selected specific subgrantees for their history of serving certain vulnerable populations. Albuquerque, New Mexico, for instance, gave one subgrant to an agency that exclusively served immigrant women who were victims of domestic violence, while Santa Clara County, California, had a domestic violence response program as a sub-subgrantee. Pasco County, Florida, selected a community mental health center to be one subgrantee and a youth-serving agency to be another, to take advantage of these agencies' abilities to help households with specific issues and challenges.

Income

As noted previously, HUD set the income cap for HPRP eligibility at a maximum of 50 percent of AMI, but allowed grantees the flexibility to choose a lower income eligibility threshold if they wanted to. Most grantees (91 percent) and subgrantees (84 percent) stuck with the HUD guidelines, accepting households with incomes up to 50 percent of AMI into HPRP (Exhibit 5.6). Some altered that income maximum and used a lower percentage of AMI as their cutoff.

Exhibit 5.6: Income Eligibility Caps

Maximum Eligible Income	Grantees	Subgrantees
50% of AMI	91%	84%
Not sure	4%	3%
Cutoff is lower than 50% of AMI	5%	13%

Source: Analysis of HPS survey data

Among the communities visited, five—Miami-Dade County, Florida; Lancaster City and County, Pennsylvania; Dayton/Montgomery County, Ohio; North Carolina; and Philadelphia, Pennsylvania—set their income eligibility lower than 50 percent of AMI. North Carolina set different income eligibility criteria based on geography: in urban areas it was 30 percent of AMI (approximately the federal poverty level) but in rural areas it was set at 50 percent of AMI.[33] Lancaster City and County, Pennsylvania, set its cap at 30 percent of AMI, but in calculating its eligibility risk score it provided more points to those households with incomes below 15 percent of AMI. Dayton/Montgomery County, Ohio, originally set its income limit at 30 percent of AMI, but lowered it to 15 percent midstream based on the high demand for homelessness prevention services and the desire to assist more households that were at risk of actual homelessness. Miami-Dade County, Florida's eligibility criteria did not differ significantly from those outlined under HUD guidelines. Toward the end of the program, however, one of the grantees contributing to the countywide program, Dade County, decided to restrict its HPRP assistance to households below 30 percent AMI because its grant

[33] The higher poverty rates of rural areas and the relative absence of high-income households means that 50 percent of AMI may still be close to the federal poverty level, since the low incomes of the many poor households in those areas are not offset by many households with higher incomes.

funding was running out. The city of Miami maintained its eligibility at 50 percent, though, because the city still had plenty of HPRP funds. Finally, Philadelphia lowered its criterion to 30 percent of AMI in its third year of HPRP because program data showed that this would help it target households for HPRP that looked the most like households entering shelter. Financial constraints also played a part, as the city wanted to use its remaining funds to help those most at risk of literal homelessness.

Two motives appeared in the decisions of site visit communities to choose an income cutoff lower than 50 percent of AMI, or to change to a lower cutoff midstream. The strongest motive was a desire to serve households that looked more like the households actually entering shelter—that is, to prevent literal homelessness by targeting households at the greatest risk. The second motive is actually a variation on the first—when money started to run out, communities made the decision to target the poorest households, which were also the households most similar to those entering shelter and thus deemed to have the greatest risk of literal homelessness.

Lancaster City and County, Pennsylvania, and Dayton/Montgomery County, Ohio, based their income cutoff decisions on analysis of HMIS data and detailed knowledge of their communities. Lancaster is small, the homeless assistance community is smaller, and populations at risk were well known to those involved in designing HPRP. The Dayton/Montgomery County HPRP planners held community meetings to help specify targeting, and also analyzed HMIS data to determine the neighborhoods from which shelter entrants were most likely to come. The initial cap of 30 percent of AMI was reduced to 15 percent of AMI halfway through HPRP to further improve targeting after experience with the program showed that those assisted with HPRP had, on average, higher incomes than those entering shelter.

Site visits also cast light on the conflicting desires of HPRP communities with respect to household income. A combination of developments coinciding with the time period of HPRP in many communities pushed households that had never before had contact with any safety net programs into housing crises. The trends that produced housing crises for these newly troubled households included subprime mortgage foreclosures, the burst of the housing bubble, and recession and unemployment and their related foreclosures. These households had incomes that were (or had been) clearly above the poverty level, members had job skills and a history of steady employment, had always paid their bills, and had never come close to homelessness before. Many HPRP communities initially made the same decision as Philadelphia—to serve households with incomes up to 50 percent of AMI—because those households were clearly in trouble at the time they applied to HPRP, even though they did not resemble households entering shelter for the most part. For similar reasons, some communities out of fairness decided to serve their entire geographical area, even though most could have identified high-risk neighborhoods, as Philadelphia did, and restricted their HPRP funding assistance to households coming from those neighborhoods.

Readers unfamiliar with the AMI concept, or who would like a comparison to the federal poverty level (FPL) or specific dollar amounts, may find the following information on poverty thresholds and 50 percent

of AMI income levels in two communities visited for this study revealing (Exhibit 5.7). Philadelphia is a relatively poor community; Santa Clara County, California, the heart of Silicon Valley, is a relatively wealthy one:[34]

Exhibit 5.7: Comparing Poverty Levels and 50% AMI			
Household Size	**Federal Poverty Level (2012)**	**Philadelphia, Pennsylvania, 50% of AMI**	**Santa Clara County, California, 50% of AMI**
1-person	$11,170	$27,450	$40,375
2-person	$15,130	$31,350	$54,487
3-person	$19,090	$35,250	$60,525

As can be seen, Philadelphia households qualifying for HPRP with an income just below 50 percent of AMI would have incomes close to or above 200 percent of poverty. Those qualifying in Santa Clara County would be at about 300 to 400 percent of poverty. By keeping the income cutoff for HPRP eligibility at 50 percent of AMI, HPRP communities were opting to serve households that likely had never before had recourse to assistance from public or nonprofit service agencies. As Philadelphia stakeholders put it, they wanted to include households with incomes at 30 to 50 percent AMI who had been hard hit by unemployment and newly vulnerable to homelessness due to rental or utility delinquencies, but were likely to maintain housing with assistance.

The "But For" Criterion

The HPRP communities in the study used a range of risk factors to operationalize HUD's "but for" criterion. More than half (54 percent) of the direct service providers required an imminent foreclosure or eviction notice. Other common factors reported were recent loss of a job (40 percent), history of previous homelessness (21 percent), and disabilities (13 percent) (Exhibit 5.8). Among the communities visited, some required extensive documentation to verify compliance with "but for," while others simply asked the household to sign a document stating that "they would be homeless but for this assistance."[35]

[34] Poverty thresholds, adjusted for family size, are set annually by the Census Bureau based on data from the Current Population Survey, and are uniform throughout the country. Area median income (AMI) is specific to particular housing markets, and is not calculated nationally. As a rule of thumb, 30 percent of AMI is likely to be close to the poverty threshold for households of a given size, but in some very poor communities 50 percent of AMI could be right at poverty and in relatively wealthy communities, poverty thresholds might be equivalent to only 10 or 15 percent of AMI.

[35] Such a document alone would likely not be enough to document eligibility. The case manager's judgment was also required.

Exhibit 5.8: Eligibility Criteria Reported on HPS Survey			
	Grantees	**Subgrantees**	**Direct Service Providers**
HUD Criteria Only	28%	19%	18%
Factors Required as Means to Establish Imminent Risk/"But For"			
Imminent foreclosure or eviction notice	44%	53%	54%
Recently lost job	29%	37%	40%
History of previous homelessness	15%	20%	21%
Disabilities	10%	13%	13%
Factors Required as Means to Estimate Sustainability			
High likelihood of self-sufficiency within 3 months	41%	52%	54%
Cooperation with activities to promote self-sufficiency	24%	47%	47%
Employed or clearly employable	21%	33%	35%
No criminal history	4%	3%	4%
No significant disabilities	3%	5%	5%
Residency requirement	2%	3%	2%
No prior evictions	2%	2%	2%
Never been homeless	3%	5%	5%
Source: Analysis of HPS survey data			

Sustainability Guidance

Per early guidance from HUD, HPRP communities also looked for signs that the household could sustain permanent housing after the assistance ended. HUD did not require that such self-sufficiency be an eligibility criterion; nevertheless, it was widely adopted, and conflicted with indicators of high homelessness risk. This guidance was not intended to be in conflict with the "but for" guidance, but many communities found the two contradictory and expressed difficulty with identifying people who on one hand must be at imminent risk for homelessness but on the other hand should be able to maintain stable housing after their HPRP assistance ended.

A large share of HPRP grantees and subgrantees nationwide adopted eligibility standards intended to measure sustainability. More than half (54 percent) of direct service providers on the HPS survey required that households have a "high likelihood of self-sufficiency within 3 months"; 35 percent required that households be employed or "clearly employable"; and 47 percent required "cooperation with activities to promote self-sufficiency." A small number of HPRP grantees and subgrantees set other factors such as no prior evictions, no criminal history, and no significant disabilities as eligibility criteria (Exhibit 5.8). HPRP programs clearly saw these factors as indicators of risk that the household would not be able to sustain housing after HPRP assistance ended.

Households were often screened out of HPRP because they were too needy. A large minority of grantees (39 percent) responding to the HPS survey said that their HPRP program did not give households assistance when needs were more intensive than HPRP could support. To lend specificity to the survey result, Exhibit 5.9 shows the criteria that HPRP communities visited for this study adopted as their minimum eligibility requirements. Ideally, households not meeting minimum eligibility would receive the more intensive services they needed from the agency administering HPRP—as was the case in at least three of the communities visited (Kalamazoo, Michigan; Lancaster, Pennsylvania; and North Carolina).

If the HPRP agency could not provide such services, referrals to other agencies that could serve them with permanent supportive housing or connect them to a permanent subsidy were the fallback option.[36]

Exhibit 5.9: Risk Factors Used in at Least One of the Communities Visited for the HPS Study

Eligibility Criteria / Risk Factors	Count
Homeless History	
Homeless in last 12 months	5
Housing-Related	
Eviction notice	16
Eviction within 2 weeks from a private dwelling	9
Court eviction notice	5
Extreme overcrowding	8
Pending foreclosure of rental housing	7
Severe housing cost burden	7
Low assets	6
Residency in housing that has been condemned	4
Sudden and significant increase in utility costs	4
Presence of arrearages	3
Eviction from subsidized housing	2
Income- or Money-Related	
Income less than 30 percent of AMI	7
Sudden and significant loss of income	7
Significant amount of medical debt	5
Credit problems that preclude obtaining housing	4
Good employment prospects	3
Employment history	2
Income less than 15 percent of AMI	2
Household location	2
No appropriate substitute housing options	2
Utility shut off notice	2
Vulnerabilities	
Young head of household	
History of foster care	9
Mental health/substance abuse issues	8
Past institutional care	8
Physical disabilities/other chronic health issues	7
Death of a spouse or other primary care provider	7
No assistance from community	6
No help from family or friends	6
Current/past involvement with child welfare	5
Recent health crisis	5
Recent traumatic life event	5
Discharge within 2 weeks from an institution	4
Domestic violence	4
Child abuse	3
Documented citizen	2
Lack of high school degree or GED	2

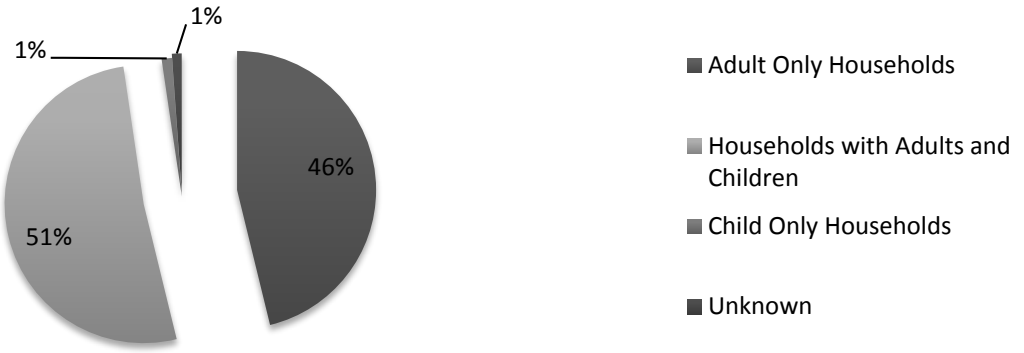
Source: HPS site visit grantees and subgrantees

[36] Unfortunately neither the HPS survey nor site visits provided reliable information on the proportion of applicants turned away by communities that adopted more or less stringent HPRP eligibility criteria. Ideally, households in need of assistance but deemed unlikely to succeed with HPRP assistance would have been directed to the kind of assistance that they needed.

Participants Served

Between July 1, 2009 and September 30, 2011, approximately 909,192 persons in 359,192 households received assistance through the HPRP program.[37] Approximately 46 percent of persons served with homelessness prevention assistance were in adult only households whereas 51 percent were in households with adults and children. A much smaller percentage of persons were in children only households or had an unknown household status (Exhibit 5.10).

Exhibit 5.10: Percentage of Persons Served by Household Type (Prevention Only)

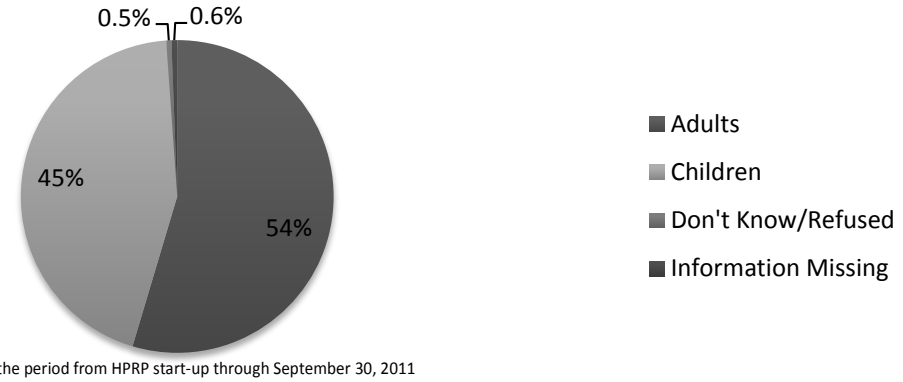


Source: 2011 APR data, covering the period from HPRP start-up through September 30, 2011

Of the persons served with prevention assistance, 54 percent were adults and 45 percent were children (Exhibit 5.11). Approximately half of the persons served were adults between the ages of 18 and 54, with another 44 percent being under the age of 18. A very small percentage of persons over age 54 were served. In addition, 65 percent of the adults served were female as compared to 34 percent male.[38]

Unfortunately it is not possible to distinguish prevention and rapid re-housing clients for purposes of

Exhibit 5.11: Persons Served by Age (All HPRP Clients)

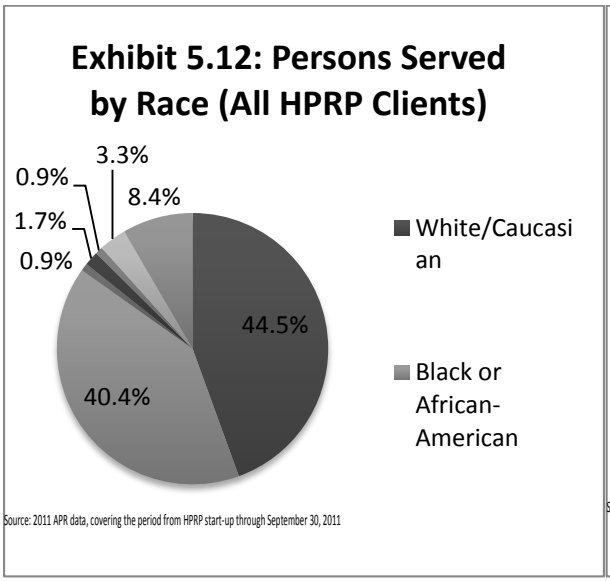


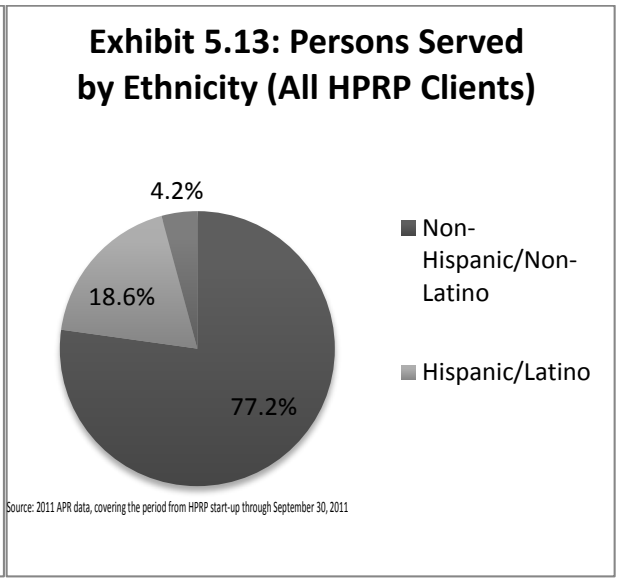
Source: 2011 APR data, covering the period from HPRP start-up through September 30, 2011

[37] Grantees had different start dates for the Year 1 APR because the reporting period was equal to the grant execution data through September 30, 2010. Most grant agreements were executed in July and August of 2009.

[38] One percent of persons served had missing gender.

describing race and ethnicity and veteran status. However, among all HPRP clients, 44 percent were white and 40 percent were Black or African American (Exhibit 5.12). Approximately 19 percent of persons served were Hispanic/Latino (Exhibit 5.13). Approximately 4 percent of all persons served were veterans; however, an additional 6 percent either did not know their veteran status, did not disclose their status, or were missing information in this field. More than 40,000 participants (9.9 percent) were served by a domestic violence provider.





Summary

HPRP communities easily reached households in need of homelessness prevention through their outreach and program promotion efforts. Communities structured first and subsequent contacts between households in need and HPRP providers in various ways, including completely decentralized entry, low to moderately centralized entry, coordinated homeless-specific entry, and highly centralized homeless-specific entry. Centralized intake—the least common method—is likely most conducive to achieving goals of access, fairness, efficiency and effectiveness in homelessness prevention. Nearly all HPRP grantees/subgrantees developed tools to screen for eligibility, but fewer than half used one standard tool, with another one-third trying to collect standard information with varied tools.

HUD left decisions around eligibility almost entirely up to communities. With a few exceptions they could make decisions about the household type (e.g. families, singles, or youth), subpopulations they wanted to target (e.g. veterans, domestic violence victims) where to set the income cutoff (as long as it was below 50 percent of AMI), and what risk factors to consider. A central dilemma for communities was to define imminent risk of homelessness and balancing the "but for" guidance with the desire to serve households that were more likely to achieve sustainability. HPRP provided a little more than 1 million people with homelessness prevention or rapid re-housing assistance, yet it remains unclear whether providers succeeded in identifying and targeting those truly at imminent risk of homelessness—that is the highest need households and those most likely to enter the emergency shelter system.

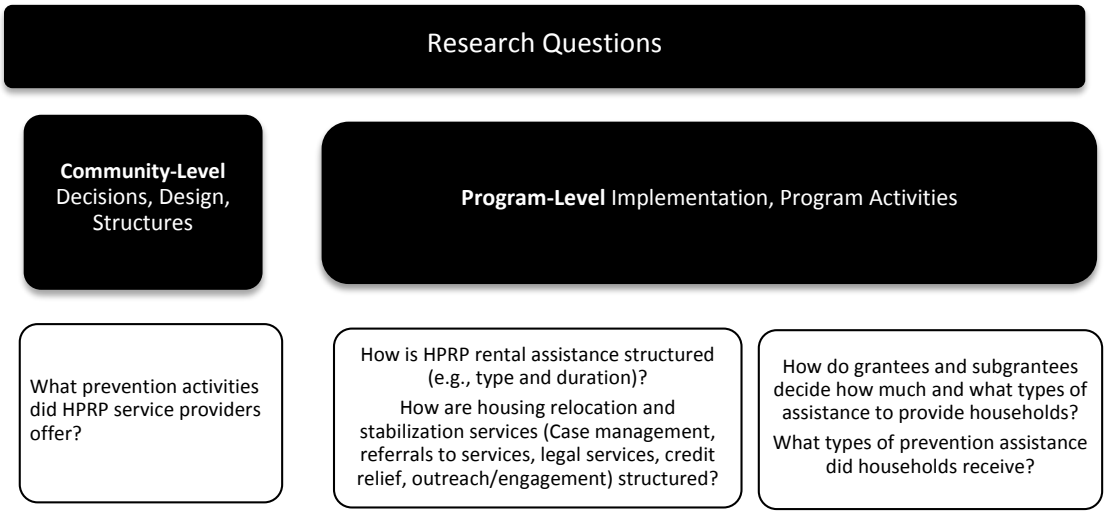
Chapter 6. Implementing HPRP: Homelessness Prevention Assistance

Introduction

Once a household enrolled in HPRP, the next step was to establish a package of assistance. As noted in Chapters 1 and 3, HPRP grantees had a lot of flexibility to design their HPRP programs. This included deciding what types of assistance to provide. This chapter addresses the following research questions (from Exhibit 1.1, highlighted in the diagram below):

- What prevention activities did HPRP service providers offer?
- How was HPRP rental assistance structured (e.g., type and duration)?
- How was HPRP case management structured (e.g., intensity and frequency)?
- How did grantees and subgrantees decide how much and what types of assistance to provide households?
- What types of prevention assistance did households receive?

The chapter begins with national highlights from the HPS survey and APR data to provide a broad overview of the national contours of HPRP's prevention assistance. It then provides detailed findings on the structure of HPRP assistance (rental assistance and case management), how communities decided on HPRP assistance packages for households, and what households received.



National Highlights—Implementing HPRP: Prevention Assistance[39]

- About one-third (36 percent) of HPRP service providers established policies that limited assistance to between 3 and 6 months; 24 percent limited it to 6 to 12 months; and 21 percent would provide up to 18 months. Only 13 percent of HPRP service providers limited assistance to less than 3 months.
- About one-third of service providers (31 percent) required that households pay 30 percent of the rent; 33 percent structured rental assistance as a graduating/declining subsidy; and 13 percent provide a fixed or flat-rate subsidy.
- About one-third (29 percent) limited the dollar amount they would pay for financial assistance.
- Most HPRP service providers (63 percent) relied on caseworker judgment based on information collected through the assessment process to decide what to offer households; 15 percent relied on staff committees; and 23 percent used other ways, including structured scoring systems.
- An overwhelming majority of providers (86 percent) use some type of assessment tool to gather information about household needs.
- The most common type of financial assistance provided was rental assistance, provided to approximately 62 percent of prevention households. The second most common was utility payments (21 percent) and security or utility deposits (16 percent).
- Approximately 82 percent of persons in households receiving prevention assistance through HPRP received case management services—the most common housing service provided.
- The average length of time households receiving prevention assistance stayed in the program was 166 days. Approximately 35 percent of households stayed in the program less than 30 days; 15 percent stayed for 31 to 60 days; and 35 percent stayed for 61 to 180 days. Only 11 percent stayed for 181 to 365 days. These actual lengths of stay are considerably shorter than the policies that communities established for the maximum length of assistance.

Structure of HPRP Financial Assistance

Grantees had flexibility to design prevention assistance packages, since HUD specified only allowable uses for HPRP funds and general parameters for the length of financial assistance. Communities made decisions that shaped the packages of HPRP prevention assistance that households received, including:

- Limiting allowable uses (what HPRP would pay for)
- Limiting duration of financial assistance
- Setting share of rent to be paid
- Setting maximum expenditure level
- Setting expectations

These decisions and their implications are discussed below.

[39]The first five bullets report weighted Homelessness Study survey results, October through December, 2011, HPS grantees and subgrantees. The last three bullets reported 2011 nationwide APR data cumulative through September 30, 2011.

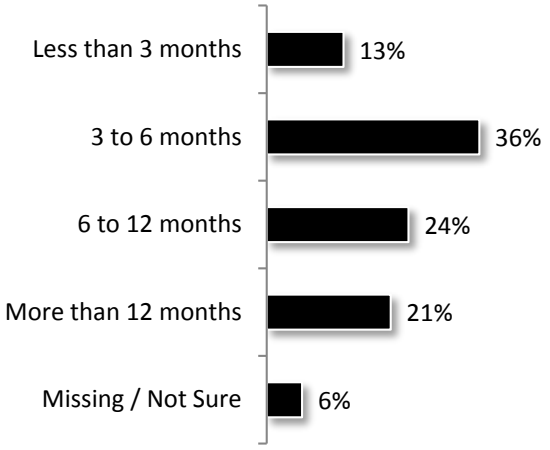
Limiting Allowable Uses (What HPRP Would Pay For)

Some of the communities visited restricted financial assistance to particular types of assistance (e.g., rental assistance, utility assistance, etc.). For example, Dayton/Montgomery County, Ohio, and Fall River, Massachusetts, focused almost exclusively on paying rental arrearages and only awarded rental assistance going forward in exceptional cases. In Dayton/Montgomery County, Ohio, this choice stemmed from the desire to minimize cost and serve as many people as possible, while in Fall River the grantee felt that this was the only way to ensure HPRP clients were committed to their own housing stability going forward. Other communities chose not to use HPRP funds to help with utilities because they had alternative ways to relieve households of these costs.

Limiting Duration of Financial Assistance

Nationally, most HPRP communities limited the number of months a household could receive HPRP assistance to fewer than the 18 months HUD allowed (HPS survey). Thirteen percent set the duration of assistance at less than 3 months, 36 percent set it at 3 to 6 months, and 24 percent set it at 6 to 12 months. Only about one in five programs (21 percent) were willing to let it run for longer than 12 months (Exhibit 6.1). Eleven of the 17 communities visited set limits of fewer than 18 months, ranging from giving one-time assistance only to 12-month maximums. Some communities set different limits for different household types. Albuquerque, New Mexico, also had two categories: one for short-term emergencies (1 month of assistance) and one for more complicated situations (up to 12 months of assistance). In communities with this type of flexibility, assessment was used to determine which level of assistance a household should receive. The communities that chose a 12- or 18-month limit had decided that they wanted to serve households that would need a period longer than a month or two to reach an earning potential with which they could sustain housing. Some of them were also cognizant of their community's very high level of unemployment, and wanted the flexibility to be able to stretch out a household's rental assistance if an expected job fell through.

Exhibit 6.1: Maximum Length of HPRP Assistance Provided by HPRP Communities



Source: Homeless Prevention Study survey results, October through December, 2011

Another consideration was the depth of the arrearages—12 months of assistance might be available, but Albuquerque, New Mexico, and Kalamazoo, Michigan, for example, limited the number of those months that could be for rent arrears to 3 or 4 months, fearing that households would not be able to reach stability if they were behind by many months' rent. Kalamazoo also worked with landlords, asking them not to let a household get more than 3 months behind and to send the household for help before approaching that limit.

Regardless of the expected limit on duration set by HPRP design, most communities gave themselves the flexibility to extend assistance if the case justified it. Providers also quickly learned, if they did not begin this way, that the first offer should always be for 3 months, even if assessment indicated that the household would likely need 6 to 12 months to become self sufficient. Providers reported that households told up-front that they had 12 or 18 months of assistance were slower to act on the goals in their case plan, sometimes not mobilizing until they had only 1 or 2 months of support left. Starting with the message that "you have 3 months, and we expect you to be paying for your own housing at the end" worked better than an up-front promise of 12 months to stimulate activity leading toward self-sufficiency, with time extensions having to be justified to the caseworker by the household, and sometimes to a recertification committee by the caseworker. As providers reported during site visits, the less automatic recertification was, the more the household worked in its own behalf.

Setting the Share of Rent to Be Paid

HPRP guidance did not specify how much of a household's rent the program should or could pay, so each community decided for itself. On the HPS survey, about a third (31 percent) of direct service providers said they used the HUD standard of the household paying 30 percent of its income for rent and the program paying the rest. Some (13 percent) gave a fixed or flat-rate subsidy (e.g., no more than $400 toward rent, regardless of household income or rent level), and another third (33 percent) gave a graduated or declining subsidy (HPS survey). Many providers in the communities visited talked about expecting clients to contribute financially toward their own housing stability and a few actually put specific requirements in place. Kalamazoo, Michigan; Maine; Miami-Dade County, Florida; and Santa Clara County, California all required clients to pay either a defined percentage of their income or of their rent to receive financial assistance. In Miami-Dade County, Florida, the proportion of the rent that clients had to pay increased the longer the household was on assistance. For the first 2 months, HPRP paid 100 percent of the rent, but in subsequent months the proportion declined to 75 percent, to 50 percent, and eventually to 25 percent. Two communities visited (Albuquerque, New Mexico, and Pasco County, Florida), wanting to give households maximum flexibility with their own money while on HPRP, committed to paying full rent for the duration of assistance, although Pasco County did this only up to $800, which translated into only 1 month's assistance for most households.

Setting a Maximum Expenditure Level

Some communities capped the total amount of HPRP financial assistance available to clients. Nationally, 29 percent of direct providers limited the total dollar amount HPRP would pay (HPS survey). Among these providers, 6 percent capped assistance at $500, 23 percent at $1,000, 21 percent at $2,000, 23 percent at $5,000, and 12 percent at some amount greater than $5,000 (HPS survey). Usually the motivation for these caps was to be able to serve more families, and not have a few families use up all

the funds. In the 17 site visit communities, 8 instituted caps ranging from $500 to $8,000 per household, usually in addition to limits on the duration and/or the structure of assistance. The majority of these communities employed a single cap, but some adjusted caps according to household size because apartment size and therefore cost would vary with the number of people in the household. Pima County, Arizona, set a limit of $4,000 for singles, $6,000 for two- to three-person households, and $10,000 for households of four or more. Some grantees in Massachusetts essentially did the same thing by basing its cap on the number of people in the household.

Setting Expectations for Case Management

Communities that chose to offer only short-term financial assistance usually then only enrolled households for which 1 or 2 months of rent subsidy would see them through to stability, and closed their cases with little or no case planning or goal-setting. Communities that saw their job with HPRP as assisting households that would need substantial time to get back on their feet gave both more months of financial support and more intensive casework to help households plan how they would achieve housing stability and follow-through on those plans, which included making maximum use of other resources available in the community for work skills improvements, credentialing, credit repair, and similar objectives. Most of the communities visited did not significantly extend housing relocation and stabilization services beyond the time when financial assistance ended, so if housing relocation and stabilization services were going to help, it was going to have to happen within the timeframe of financial assistance. This was true even for communities whose decision to offer longer-term supports arose from past experience of households returning for repeat assistance, which were attributed to the brevity of the financial support and the lack of casework and follow-through. The rationale for lack of follow-up was most likely the high level of demand for HPRP services and the need for caseworkers to move on to new clients.

Who Decided

Most HPRP provider agencies (62 percent) placed the responsibility for deciding what to offer HPRP clients on individual caseworkers interacting with families. Having caseworkers decide what assistance clients would get was often a practical decision, particularly in communities where grantees had many subgrantees or covered a large geographic area (e.g., state grantees). Some communities that gave caseworkers this responsibility still wanted to establish a high level of consistency for all HPRP activities, so they developed standardized forms or established a common data set that all HPRP providers had to collect and upon which their assistance decisions were supposed to be based. The grantees with the most spread-out geography or a large number of providers that wanted uniformity, including Maine, North Carolina, and Rhode Island among site visit communities, invested significant resources in training and technical assistance for caseworkers.[40] A few grantees also took the additional step of formally auditing individual caseworker files, especially early on, to assure that cases were being handled according to specification. In North Carolina, for example, the state's lead agency required each HPRP case manager to submit de-identified case files for their first five enrollments and first three rejections. In Fall River, Massachusetts, subgrantee staff members brought difficult cases to a biweekly meeting of the grantee and other subgrantees to discuss case scenarios and make collective decisions.

[40] HPRP caseworkers were sometimes new hires, but sometimes not.

A high level of supervision might seem to imply that most HPRP caseworkers were new hires who needed a lot of training and oversight. This was sometimes true, but more often not. Caseworkers with experience in earlier prevention programs such as EFSG had not had to do as much documentation as HPRP required, and so they needed HPRP-specific training. Further, when available, to satisfy the "but for" requirement, caseworkers had to be very careful to use existing resources before HPRP resources. At least one community found that many of its regular caseworkers could not do the job, and agencies had to pull very experienced caseworkers or casework supervisors from other activities to assure that HPRP was done and documented correctly.

About 15 percent of providers placed decision making authority for assistance packages in a committee. Examples of this practice include Arlington County, Virginia, and Kalamazoo, Michigan, which had formal housing committees. Arlington County created this committee specifically for HPRP, while Kalamazoo incorporated HPRP decisions into the work of an existing housing committee. In Arlington County, the grantee brought together its HPRP staff with representatives from each of its four subgrantees for meetings once a week, during which caseworkers presented the facts of individual cases and then left the room for the committee to make final decisions. In Kalamazoo, which had only one case management subgrantee, the allocations committee included only staff from this organization—the housing stability program director, operations coordinator, two case managers, one accounting person, the landlord liaison officer, leasing specialist, and others as needed. These committees were very effective in giving caseworkers leverage over clients who might not be making as much progress on their case plans as expected. Caseworkers in these communities commonly said to clients, in effect, "I don't think the committee is going to approve an extension of your rent subsidy unless I can show them that you have [made a big dent in your debt/worked hard to get your nurse's aide credential/taken a part-time job while continuing to apply for full-time ones/and so on]." The caseworker would then work with the client to set one or two specific goals for the next week or two which, if met, would prompt a recommendation to the committee to recertify the household for another 3 months.

Another 23 percent of HPRP providers decided what to offer in other ways. For example, in Miami-Dade County, Florida, where a single subgrantee coordinated the efforts of an extensive network of 29 direct service providers, the providers sent all files and documentation to the supervising agency's staff, which reviewed the information and made the final decisions. Philadelphia almost completely automated the decision making process. Caseworkers conducting screening and intake interviews fed the information directly into HMIS in real time, which then generated a score and an assistance package tailored to the household's needs. This package of assistance could be tweaked around the edges through negotiations between caseworker and household, but big changes were extremely rare and had to be approved by a supervisor at the grantee level.

The driving force behind the rigid decision making structure used in Miami-Dade and Philadelphia was a desire to keep the eligibility decision simple, to assure that clients got equal treatment regardless of provider, and to standardize as much as possible the assistance package offered. It is important to note that assistance in both communities was almost entirely short-term, with little by way of casework. It would be almost impossible to use this type of decision structure in a program such as North Carolina's that gave mostly longer-term assistance, accompanied by individualized case management focused on

long-term housing stability. Client-caseworker interactions over time were important in this approach to HPRP, and caseworkers needed flexibility to meet needs as they arose or as one of a client's major case goals proved impossible to reach via an earlier strategy.

How Decisions Were Made

Assessing needs and matching up services is extremely difficult. Most HPRP providers spent time with each household talking to them about their current situation, taking stock of client budgets, and, based on these factors, assessing their needs. Following initial screening, a large proportion (86 percent) of direct service providers used indepth assessment tools to gather information about household needs, either through a common form or instrument (54 percent) or a common set of measures (32 percent) (HPS survey). A few used a common form by default, because there was only one HPRP service provider and it used its own forms. Only 1 in 10 service providers reported that subgrantees in their community did not use common standardized assessment tools to determine HPRP eligibility and assistance packages (HPS survey, Chapter 5, Exhibit 5.4).

From site visits, it is clear that all of these assessments covered household structure, housing and employment history, current income and income sources, benefits receipt (e.g., food stamps), current prospects for improving income and/or employment, and resources already used, as well as eligibility for benefits and services of which the household might not be aware. Some delved into other areas, such as childcare, children's needs, and disabilities and other barriers to housing stability. All looked at household budgets by establishing income and expenses—often the first time the client had ever looked at income and expenditures in a coherent manner. During site visits, caseworkers reported that clients often commented, "I never really looked at it all together like this," and that doing a household budget made clear where expenditures could be cut. Implicit in the budgeting exercise was a comparison with the known cost of housing, including the unit the household currently occupied, and what else might be available.

Among the communities visited, all but two used a standardized assessment form to gather the information needed to make decisions about eligible clients' service packages. Even ones that did not use a standardized form generally collected the same pieces of information and documentation. Collecting the same information did not always mean, however, that every HPRP provider and caseworker would make the same decision based on the same information. Decision making was the most consistent in communities with clearly defined parameters for their financial assistance, as those communities intended. Philadelphia's HMIS system had preprogrammed formulas in place and Miami-Dade County, Florida's supervising subgrantee specified the exact length and structure of assistance for each type of client. In most communities visited, however, caseworkers said they had a range of options available to them and exercised wide discretion in formulating assistance packages as they saw fit, even when assessments revealed roughly the same household situations. In practice, this meant that households with the same characteristics might have received quite different packages at different providers or even from different caseworkers within the same organization.

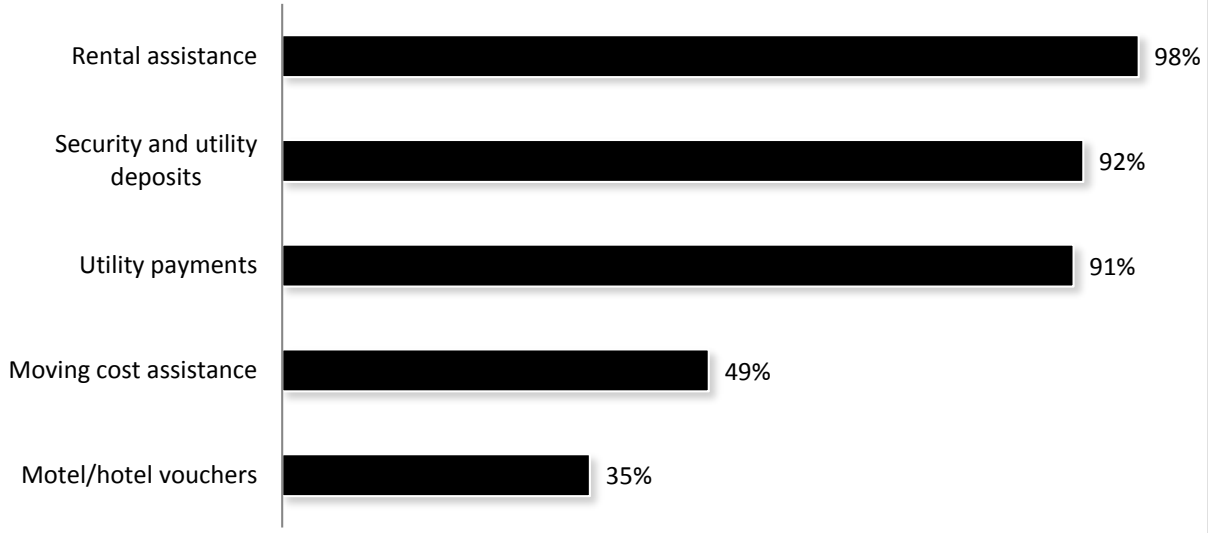
HPRP Services that Communities Planned to Provide

This section provides an overview of the different kinds of assistance HPRP communities planned to provide. It is followed by sections detailing what HPRP client households actually received.

Financial Assistance

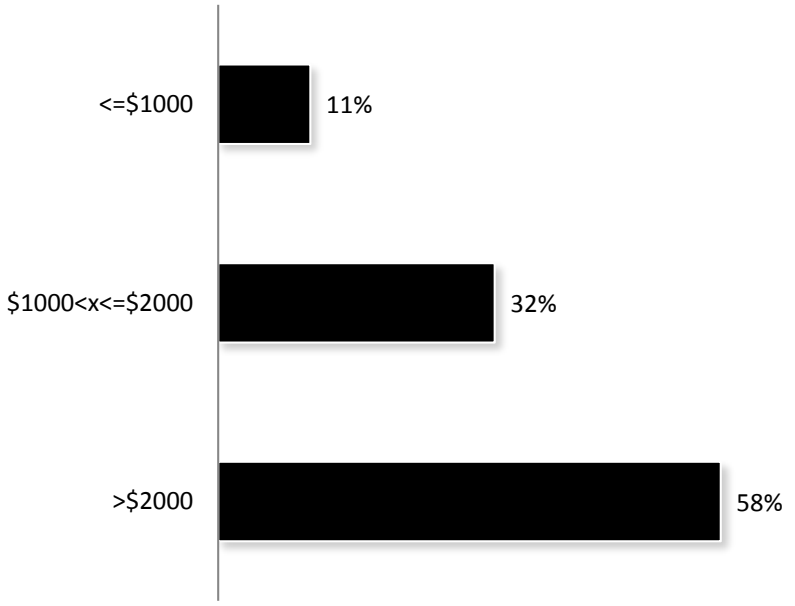
Rental assistance, in the form of arrearages or rent subsidies going forward from time of enrollment, registered as the most common type of financial assistance that HPRP communities expected to provide (Exhibit 6.2). Nearly all (98 percent) grantees nationwide offered rental assistance as part of HPRP assistance. Other prominent types of HPRP financial assistance included security and utility deposits as well as utility payments. Moving cost assistance and use of motel/hotel vouchers were less commonly part of HPRP plans; as stakeholders in communities visited explained, this type of assistance is more appropriate for rapid re-housing activities than to the needs of prevention clients.

Exhibit 6.2: Types of Financial Assistance Offered by Grantees



Source: Homeless Prevention Study survey results, October through December, 2011

Exhibit 6.3: Average Total Financial Assistance per Household

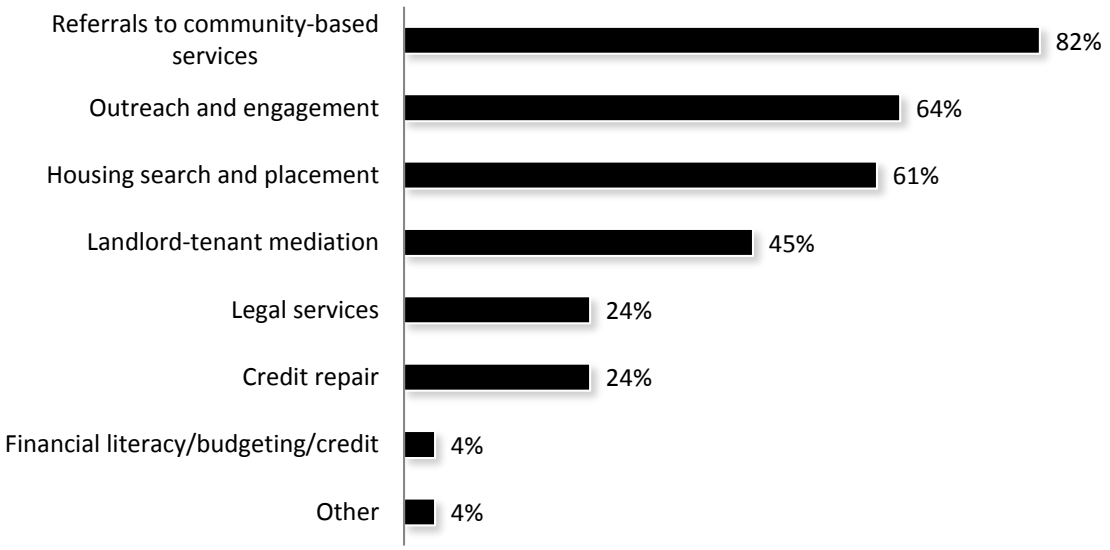


Source: 2011 APR data, covering the period from HPRP start-up through September 30, 2011

Housing Relocation and Stabilization Services that Grantees Planned to Provide

HPRP's housing relocation and stabilization services were intended to serve a number of functions. Caseworkers helped clients negotiate with landlords to prevent eviction; understand their income and expenditures so they could bring them into line, repair their credit, and leave enough funds for housing; and identify and access resources that would supplement HPRP rental assistance. For households receiving longer-term assistance, caseworkers also worked with them to develop case plans that would move them closer to housing stability, monitored progress, adjusted the plan as needed, and had the responsibility of making a recommendation to continue or stop financial assistance at quarterly recertification intervals. Nationally, 82 percent of HPRP providers planned to offer referrals to community resources, while 64 and 61 percent, respectively, included outreach and engagement and housing search and placement in their HPRP plans. A smaller percentage expected to offer landlord-tenant mediation, legal services, credit repair, and other services (Exhibit 6.4).

Exhibit 6.4: Housing Relocation and Stabilization Services Offered by HPRP Prevention Providers



Source: Responses from grantees and subgrantees who reported being direct service providers in the HPS survey

Visits to HPRP communities provided some insight into how communities assured that these services were available, with some incorporating them into regular case management, some awarding subgrants to specialized agencies for specific services such as legal aid, and some doing both.

Many of the supportive services shown in Exhibit 6.4 were key components of regular HPRP case management. Providing referrals to other programs and services and helping clients prepare budgets were core case management functions, even in places that offered only one-time or very-short-term assistance. HPRP case managers also often engaged in direct mediation with landlords and utilities and assisted clients in housing search and placement. In addition, at the beginning of HPRP, many caseworkers took an active role in outreach and engagement to clients at risk, but discontinued this activity once word got out about the program.

Legal and Other Specialized Services

About 24 percent of HPRP communities nationwide had strategies to offer assistance with legal problems. Some site visit communities were chosen in part because they did offer these services and the research team wanted to see how they worked. Six communities visited offered legal services through subgrants. A seventh community, Kalamazoo, Michigan, used its entire HPRP homelessness prevention allocation for legal services in housing courts in an innovative collaboration of courts, welfare, 2-1-1, and HPRP that has been described in previous chapters. The type of legal assistance itself varied substantially across communities. In most cases, it consisted of legal advice, review of leases and other documents and negotiations with landlords. Less often, legal services providers actually represented HPRP clients in court. Pine Tree Legal, the legal services subgrantee in Maine's program, was one subgrantee that did go to court with clients. Its staff connected with clients during eviction proceedings in district courts

throughout the state, providing on-the-spot legal representation, and was also available to HPRP caseworkers for phone consultation in specific cases. During site visits, stakeholders said they found it very helpful to have these legal resources available to their clients, as legal situations were often confusing to clients and caseworkers alike. The situations in Maine and Kalamazoo were a bit different, as both had legal assistance/court-based programs in place that they had found to be extremely useful in averting evictions, and added HPRP funds to these programs so they could expand their reach.[41] In Kalamazoo's case, the program also was successful in its convincing landlords to bring situations to the program while they could still be negotiated, thus avoiding court-based proceedings altogether.

Some HPRP providers also made available structured financial literacy and employment skills classes, most of which were financed by leveraging other funding sources to complement HPRP. Clients in four communities—Tucson/Pima County; Arizona; Rhode Island; and Albuquerque, New Mexico—were actually required to attend financial literacy classes as a condition of receiving financial assistance. In other places, such classes were optional and often limited to particular case management subgrantees with missions and expertise in this area—although judging from the level of financial illiteracy evident to HPRP caseworkers during the intake process, they are much needed.

Employment programs for HPRP clients were much less common, probably because employment training was not an eligible activity under HPRP, though it could have also been in part because of the short-term nature of much HPRP assistance and in part the selection process in some HPRP communities that favored people with jobs or strong employment histories. Those site visit communities that did have an employment aspect to their HPRP programs already had it as part of grantee or service provider practice, and grantees and service providers thought they served a useful function for households that were trying to find a job or improve their job skills. All three were in communities offering assistance in the 3- to 9-month range, thus allowing time while on the program for households to take advantage of the employment program. The Albuquerque HPRP provider already had a strong emphasis on job-finding activities and required all clients to attend job development classes for resume writing, interview skills, mock behavioral interviews, and role playing. Arlington County, Virginia, partnered with its Employment Center to set aside ARRA Community Services Block Grant funds to pay for culinary training, a summer youth job training program, and client employment expenses exclusively for HPRP-eligible clients. And one of Santa Clara County, California's HPRP providers had job-finding activities as part of its array of services and made them available to HPRP clients.

Subgrantees in some communities already had special expertise or program resources when HPRP began that they made available to serve HPRP households, motivated partly by the desire to increase efficiency and reduce any unnecessary duplication. For example, the two subgrantees in Santa Clara County, California, as well as some of their sub-subgrantees, had among them the following resources to which they cross-referred HPRP households: financial education and tax preparation; adult education, citizenship, and computer classes; job search/job club/resume and interview preparation; employment/job location specialist; and specialists in facilitating applications for SSI and other benefits.

[41] It is important to note that not all persons who are evicted become homeless, and many find other places to stay, that are not a shelter or a place not meant for human habitation. A homelessness prevention program that focuses on persons being evicted must carefully assess and document that the households are likely to become homeless without the assistance.

A desire for achieving the greatest efficiency and effectiveness with HPRP resources was also the reason that Philadelphia, Pennsylvania; Pasco County, Florida; Santa Clara County, California; and other communities assigned responsibility for handling households with utility payment issues to agencies among their subgrantees that specialized in doing that. These agencies had at their disposal Low Income Home Energy Assistance Program (LIHEAP) funds, special local funds, negotiated rates with local utilities, and other means of assistance that became available to HPRP households through both regular case management and specialized subgrants. In many cases, these utility-focused agencies were able to resolve HPRP clients' utility-related difficulties using only their existing resources and connections, reserving all their HPRP funds for housing-related assistance.

Some communities visited were able to incorporate the services of a housing locator and/or landlord liaison into their HPRP program to facilitate finding or keeping housing. Providers in two of the communities visited—Arlington County, Virginia, and Santa Clara County, California—hired specialized staff to help HPRP clients maintain housing and find new housing if necessary. North Carolina also provided funding to an online affordable housing locator database maintained by a nonprofit to help identify available subsidized or otherwise affordable units close to where HPRP clients lived. Several of these housing locators worked closely with individual case managers and clients to develop relationships with local landlords and build the trust needed to retain and place HPRP clients in stable housing. Having this sort of staff available was particularly pivotal in communities that had tight housing markets because of price (Arlington and Santa Clara counties) or scarcity (rural North Carolina), where landlords had little incentive to negotiate. The Kalamazoo, Michigan, HPRP homelessness prevention agency already had a unit devoted to this task, and incorporated HPRP clients into its activities.

Finally, HPRP caseworkers in many communities took advantage of benefits and services offered by mainstream public agencies by referring HPRP clients to those agencies. Exhibit 3.5 in Chapter 3 displays the extent of HPRP-mainstream agency involvement for TANF, mental health, corrections, and child welfare agencies, VA Medical Centers, and public housing authorities, which ranged from 60 percent (housing authorities) to 25 percent (corrections agencies).

Case Management

Virtually all direct service providers (96 percent) used some sort of case management. Four out of five (80 percent) offered case management at program entry, 77 percent extended ongoing case management for as long as financial assistance lasted, and 57 percent spent some caseworker time with clients at program exit to help them make any remaining connections they needed (HPS survey).

As discussed earlier in this chapter, HPRP communities' decisions about the duration and structure of financial assistance shaped both the duration and the intensity of case management. Communities that specialized in one-time or short-term assistance such as Fall River, Massachusetts, or the state of Maine's Cumberland County tended to have minimal case management, as did longer-term programs such as Miami-Dade County, Florida, that checked in with clients only every 3 months for their reassessment. In contrast, programs with longer-term financial assistance and high expectations for clients to meet well-defined employment and housing stability goals (such as Albuquerque, New Mexico, and North Carolina) provided long-term, intensive interaction with case managers.

Not all case management took place in an office. Eighty percent of the direct service providers nationally reported keeping in contact with clients by phone; another 53 percent made home visits; and a small percentage (2 to 3 percent) stayed connected with clients by meeting them in public spaces or exchanging mail or e-mail. In the communities visited, HPRP providers that served large geographic areas or expected clients to check in more than once a month were more likely to use these alternative models of case management, although most expected in-person contact once a month.

Strategies for Helping Clients Reach HPRP Program Goals

No homeless assistance provider wants to set up households for failure. On the other hand, the fundamental premise of both homelessness prevention and rapid re-housing is that a small intervention at the right time can do as much as is needed for the large majority of households, allowing communities to save the resource-intensive interventions for the few that really need them. Given the scarcity of resources to assist people to leave homelessness or avoid it in the first place, for the last few years the homeless assistance community nationwide has been engaged in challenging itself to do the least that will work in helping households stay out of shelter. However, this is difficult to operationalize. The problem is, if one does the least at first and the household becomes homeless or returns to homelessness, the household has failed and has to start over.

Every HPRP community had to decide where it was going to come down on the continuum between short- and long-term rent assistance and light to intense housing relocation and supportive services. (Their decision making processes and rationales are described in detail in Chapter 3.) As a consequence of what they decided, communities were more or less likely to have to develop strategies for helping clients reach HPRP program goals. In many communities, households' time as HPRP clients was intentionally brief, allowing HPRP programs to close their cases after one-time financial assistance resolved their immediate housing crisis. In these situations, HPRP programs did not have to develop strategies for these clients to keep them on track to reach the program goals established in case plans, because essentially they had no case plans.

Communities and HPRP service providers that offered longer financial assistance faced a different situation. These communities served households with higher barriers to housing stability—that is, they looked for people whose risk of actual homelessness (rather than just housing loss) was greatest—and had committed themselves to help these households reach a point of housing stability. In these communities, caseworkers most often worked with clients to develop one or more goals leading to housing stability; these goals usually related to improving income through better jobs, or pursuing education or training to improve credentials to get better jobs, or similar strategies. Many HPRP clients worked diligently to fulfill the goals of their plan, but communities and service providers needed strategies to help others along, and sometimes to draw the line and terminate a household that would not work toward goals.

Some strategies were helpful communitywide, such as when the North Carolina grantee provided funding to a statewide affordable housing search/locator service to make these services available to all subgrantees and their clients. Strategies such as offering a rent subsidy that declined over time, pushing

households to take over more and more of the rent until they were covering all the rent themselves, were sometimes communitywide (Miami-Dade County, Florida) and sometimes limited to certain subgrantees. Dayton/Montgomery County, Ohio, chose to pay rent arrears only, so households would have full responsibility for rent going forward.

Some communities or subgrantees offering longer-term assistance adopted careful and frequent monitoring of goal achievement, breaking goals down into smaller steps if necessary but continuing to push on reaching the goal(s). This strategy often went along with committing initially to only 3 months of rental assistance, with extensions being contingent on making good progress toward goals. Communities that set up their HPRP program to have a committee make the final decision on extensions gave caseworkers a lot of leverage to move resistant clients; caseworkers routinely warned households that had not put much effort into their case plan that, "If I can't show the committee that you've at least accomplished XXX, I don't think they will be able to approve any more rent subsidy. You've only got a couple of weeks left to show me that you're working seriously on this."

Most communities visited said they caught on pretty quickly to limiting the HPRP commitment to 3 months of financial assistance, telling clients "we'll reassess" at 3 months to see if any additional support was warranted. They used this approach even, or especially, for households they thought, based on assessment information, would need 6 to 12 months to reach self-sufficiency. This caution came after many communities began by telling households that they would have up to 12 (or up to 18) months of assistance, and then finding that households did nothing on their plan until a couple of months before their time was up. HPRP program staff quickly realized that they should not make such long-term commitments up front, regardless of what their assessment indicated and what they expected these households would need.

Some of the communities visited developed a final approach for stimulating households to work on their plan once they decided that they might have to terminate some households that were not cooperating. After careful review of a household's progress to date and determining that no, or very little, progress had been made despite numerous opportunities, these HPRP programs put households on probation, usually at the point when the household was up for recertification. The household was given 1 more month of rental assistance, a set of immediate and concrete steps or goals to accomplish, and weekly or more frequent contacts by a case manager to see what was happening. Some HPRP providers also offered the household specific, focused assistance in the form of a housing locator or job developer. If at the end of the probation month there was no visible progress, the program terminated the household.

The details of intensive casework varied across the communities visited. Most employed this strategy exclusively with households qualifying for more than three months of financial support. However, Albuquerque, New Mexico, and a few other grantees used this approach with *all* households receiving more than one-time assistance. Other communities were more likely to use intensive casework to monitor households they put on probation because of sluggish progress towards goals. Generally, check-ins tended to be monthly, but some communities or providers required clients to see their caseworkers more frequently. For example, one Santa Clara County, California, provider moved to a strategy of

setting weekly goals for locating housing or work and helping households link to landlords and jobs, and reported that it cut their time to case resolution considerably. Both Santa Clara, California, (toward the end of the program) and Albuquerque, New Mexico, were relatively strict, clearly conditioning continued assistance on progress toward case plan goals, but most other communities were more flexible.

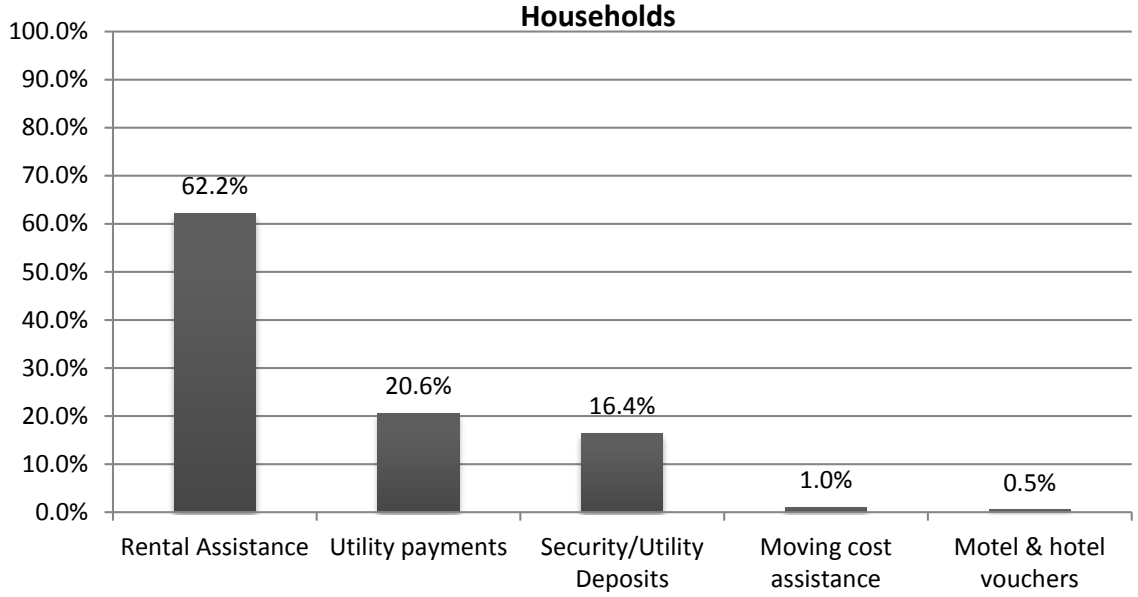
Prevention Services Provided to HPRP Program Participants

This section provides an overview of the different kinds of assistance HPRP *provided.*

Financial Assistance

The most common type of financial assistance provided was rental assistance, provided to approximately 62 percent of people in households served with prevention. The second most common was utility payments (21 percent). A few households received moving cost assistance, which may be because some prevention households ultimately had to receive assistance with moving to a new unit in order to avoid becoming homeless.

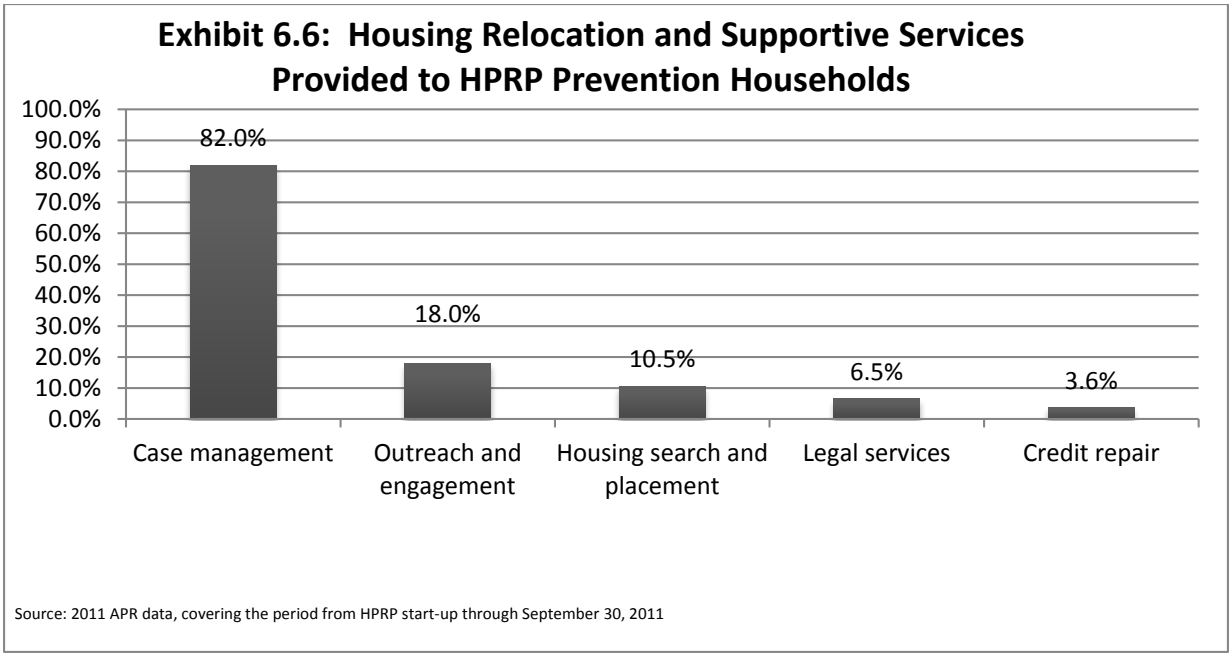
Exhibit 6.5: Financial Assistance Provided to HPRP Prevention Households



Source: 2011 APR data, covering the period from HPRP start-up through September 30, 2011

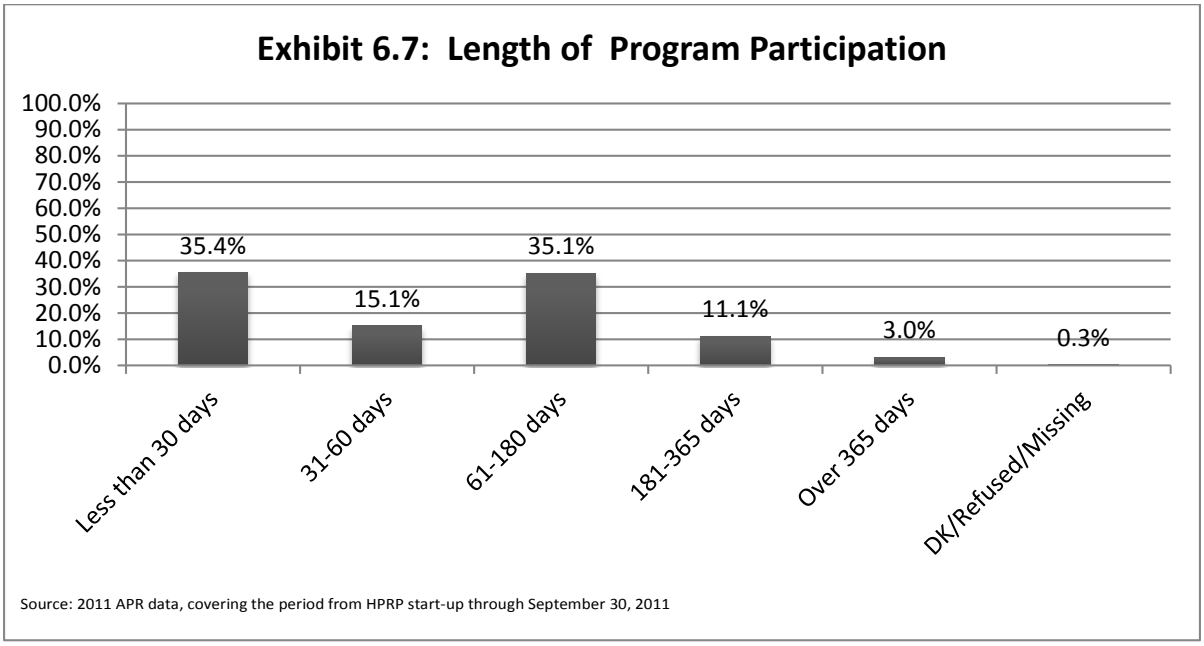
Housing Relocation and Stabilization Services

Approximately 82 percent of households receiving prevention assistance through HPRP received case management services, the most common housing service provided. Relatively few households received housing search and placement, legal services, or credit repair. The proportions of clients receiving each type of service are displayed in Exhibit 6.6.



Actual Length of Program Participation

APR data through the end of HPRP's second year reveals that the average length of time households receiving prevention stayed in the program was 166 days. As displayed in Exhibit 6.7, approximately 35 percent of households stayed in the program less than 30 days; 15 percent stayed for 31 to 60 days; and 35 percent stayed for 61 to 180 days. Only 11 percent stayed for 181 to 365 days. Some grantees structured their programs to provide only one-time assistance so the short length of stay does not necessarily mean that households dropped out or left the program prematurely.



Summary

Community decisions about the type, duration, total amount, and structure of assistance during planning and implementation shaped local HPRP programs. Some limited allowable uses of HPRP by, for example, only paying for rental arrearages or not paying for utilities. About one in five communities designed their programs to allow for up to 18 months of assistance; the rest limited the duration. Usually HPRP communities required that the household pay some share of the rent (e.g., 30 percent or some fixed or flat rate subsidy, or share that increased over time). Finally, about one-third of HPRP grantees capped the amount of assistance HPRP would provide.

Most decisions about how much assistance to provide and for how long were left up to individual caseworkers, though a few communities visited used a committee structure or automation. Even though most providers used standardized assessments to inform these decisions, few communities clearly defined how providers should take assessment information into account to determine an assistance package. Balancing the goal of assisting those who would be homeless "but for" the assistance against the goal of serving households who would be able to sustain housing on their own after relatively short-term assistance was difficult in practice. Rental assistance was the most common form of financial assistance. Almost all of the communities offered case management and supportive services. Among the supportive services, housing search assistance, landlord tenant mediation, legal services, and links to community-based services were most common.

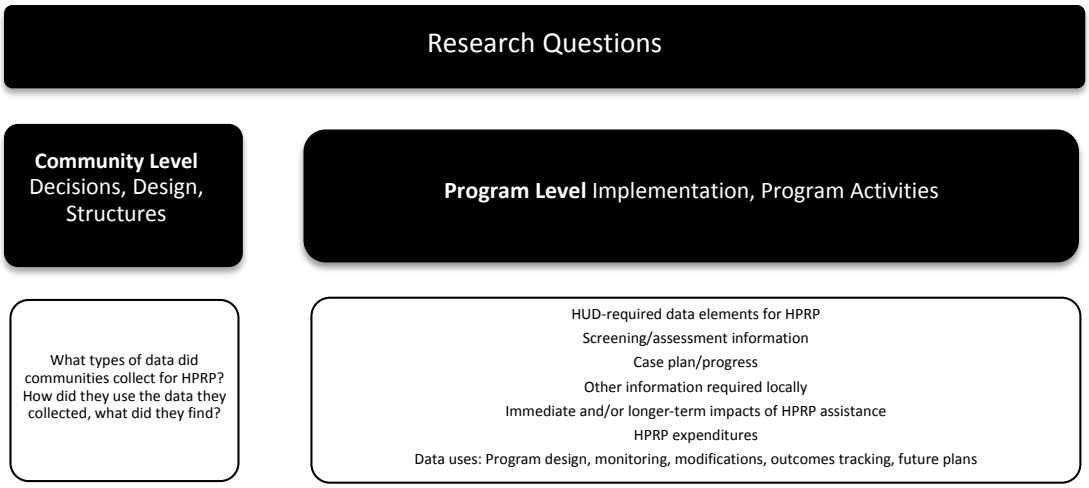
Chapter 7. HMIS Data Collected for HPRP

Introduction

Like other homelessness assistance programs, HPRP grantees were required to collect data and enter it into HUD's Homeless Management Information System (HMIS). This chapter explores HMIS and other data collection. The chapter answers the following research question (from Exhibit 1.1, highlighted in the diagram below):

- What types of data did communities collect for HPRP?

The chapter starts with national highlights from the HPS survey to paint in broad strokes the picture of HPRP data entry nationally. It then provides detailed findings on the processes and procedures HPRP grantees/subgrantees created to allow program staff to enter client-level data; how HPRP programs have used HMIS data so far; and what challenges grantees and subgrantees encountered with this program requirement.



National Highlights—HMIS Data Collected for HPRP[42]

- A little more than two-thirds of grantees (65 percent) and subgrantees (68 percent) entered information from the screening process into a database.
- An overwhelming majority of subgrantees (84 percent) entered information from their assessments into a database.
- About one-third of grantees and subgrantees entered data collected during the screening and assessment process on those whom they screened out.
- About half of grantees (52 percent) and subgrantees (47 percent) used program data to track household outcomes after HPRP program exit.
- About 71 percent of grantees and 64 percent of subgrantees collected data to understand how much HPRP prevention programs cost.

[42] Weighted Homelessness Study survey results, October through December 2011; HPS, Grantees and Subgrantees.

The Data That HPRP Programs Collected

As a condition of receiving HPRP funding, grantees and subgrantees had to report to HUD on persons served with HPRP assistance and the use of HPRP funds in the CoC's HMIS[43] or a comparable database (for victim service providers and some legal services providers). HMIS is an electronic data collection system that stores information on persons who use homeless services provided in a community. Data collected in HMIS include client demographics, health and disability information, housing status prior to program entry, income and benefits, services received during program participation, and similar information at program exit, including housing status. HUD required specific HMIS data elements for HPRP.

Additionally, grantees submitted Quarterly Performance Reports (QPRs) and an Annual Performance Report (APR) to HUD each grant year. These reports show aggregate client-level data on persons and households served by the program during the reporting and grant period. HUD instructed grantees to use HMIS or a comparable database to generate the data for these reports. While many HPRP grantees and subgrantees contributed data to their communities' HMIS systems prior to HPRP, for some programs this data collection and data entry requirement was new.

The requirements listed above encouraged grantees and subgrantees to focus on monitoring data quality and data completeness, and also think about ways to use their program- and client-level data to manage their programs and monitor outcomes. In addition to reporting HMIS data to HUD, grantees that entered the relevant data can use HMIS data to track shelter entry rates, compare eligible and non-eligible program applicants, and monitor housing outcomes of program participants. Some grantees used HMIS or other mechanisms to monitor program outcomes, although HUD did not require such post-program tracking.

HUD required HPRP grantees and subgrantees to collect the following elements on households that receive assistance from HPRP funds and enter them into HMIS:

- Current name
- Social Security Number
- Date of birth
- Race
- Ethnicity
- Gender
- Veteran status
- Disabling condition
- ZIP Code of last permanent address
- Program entry date
- Length of stay in previous place
- Residence prior to program entry
- Housing status
- Income and sources
- Non-cash benefits
- Program exit date
- Destination at program exit
- HPRP financial assistance provided
- HPRP housing relocation and stabilization services provided

The majority of grantees and subgrantees in communities visited also used HMIS to record and store supplemental information on households' housing and financial situations (see Exhibit 7.1).

[43] According to HUD's HPRP Data Collection and Reporting Guidance, "A Homeless Management Information System (HMIS) is a client-level data collection and management system implemented at the community level that allows for better coordination among agencies providing services to clients. It is not a national reporting system and it is not designed to be a financial reporting/accounting system. Agencies providing HPRP assistance must enter client-level data into their community's HMIS so the community can provide aggregate data to grantees."

Supplemental information could include housing histories and assessments; stability plans; assessment information, scores, and ratings; case plans and goals; eviction notices and leases; household outcomes; and reassessment screenings. For example, in Pima County/City of Tucson, Arizona, subgrantee staff uploaded lease agreements and eviction notices to HMIS. By having these documents on the HMIS system, staff at legal aid could review lease agreements and eviction notices for inconsistencies and errors before issuing payments to landlords for an HPRP household's rental arrears and rent assistance.

Exhibit 7.1: How the Communities Visited for This Evaluation Use HMIS

Communities Visited (states at bottom)	Supplemental Information Entered Into HMIS	How the Site Uses HMIS Data
Albuquerque, NM	• Data on public benefits that clients receive • Number of children in the household • Employment status	• To track housing stability • To determine average length of time required for a client to find employment
Arlington County, VA	• Housing stability at follow-up (3, 6, and 12 months after program exit)	• To examine client characteristics • To monitor shelter reentry • To develop a vulnerability index from client risk factors
Dayton/Montgomery County, OH	• Assessment • Case management notes	• To examine patterns of homelessness, shelter reentry, previous episodes of homelessness, and primary homelessness risk factors
Fall River, MA	• Only collected HUD-required data elements	• To verify grantee expenditure reports
Jefferson County, AL	• Case management plans	• To examine client outcomes
Kalamazoo, MI	• Program cost data • Data on residence at exit, work status, changes in income	• To examine client outcomes • To present to potential funders for the umbrella eviction diversion program
Lancaster City and County, PA	• Homeless risk factors from screening • Landlord payments • Housing stability plans	• To monitor shelter reentry • To improve program performance, including reducing shelter use and helping clients achieve permanent affordable housing
Miami-Dade County, FL	• Data on client reassessments and legal expenses	• To monitor shelter reentry
Pasco County, FL	• Only collected HUD-required data elements	• To monitor shelter reentry
Philadelphia, PA	• All intake and screening data • Full assessment data • Client exit data	• To improve program targeting • To assess why HPRP applicants become homeless or face the threat of homelessness • To examine services received by clients • To monitor financial data and client outcomes
Pima County/City of Tucson, AZ	• Case management notes • Housing plans • Eviction notices • Lease agreements	• For local evaluation efforts • To examine client characteristics and client outcomes • To monitor shelter reentry
Santa Clara County, CA	• Prescreening information • Modified Arizona Self-Sufficiency Matrix scores • Case management and housing stability plans • Information on shelter entry	• To examine client outcomes and client characteristics • To monitor program and client progress • To look at housing stability
Indiana	• Housing assessments	• For data quality report cards • To examine client outcomes, including destination at exit, change of income from program entry to program exit, and length of stay

Exhibit 7.1: How the Communities Visited for This Evaluation Use HMIS		
Maine	• Screening data for enrollees • Case management services • Information on housing search, outreach, legal assistance, and credit reports • Housing stability plans	• For data quality reports • For data sharing and tracking across state jurisdictions • To monitor shelter reentry
Massachusetts	• Nothing beyond HUD-required data elements	• One local program monitored shelter reentry
North Carolina	• Varying degrees of screening and assessment data, depending on subgrantee	• To monitor housing barrier levels served by programs • To examine the population that programs serve • To report on the program's progress • To examine client outcomes and housing stability rates at program exit
Rhode Island	• Modified Arizona Self-Sufficiency Matrix scores	• To assist in the design of the Emergency Solutions Grant (ESG) program • To examine client characteristics, length of stay, program exit data, client income levels, and residence prior to program entry • To monitor shelter reentry
Source: HPS site visits		

Santa Clara County, California, HPRP service providers entered Self-Sufficiency Matrix (SSM) scores from their assessment into HMIS for households participating in the program, in addition to HUD's required information. Staff tracked and monitored household outcomes via the SSM and compared SSM scores at program exit to those at program entry to determine whether the program was meeting its goals. Program staff developed several HPRP goals, including that 85 percent of households receiving assistance would remain stably housed and 75 percent of households that complete the program would improve their SSM scores. Chapter 8 examines in greater depth Santa Clara's efforts to use data to assess program outcomes.

In Philadelphia, Pennsylvania, HPRP program staff did intakes directly into the citywide HMIS before making an eligibility decision. This meant that the grantee had intake information on those denied assistance as well as on those who enrolled, giving it the ability to compare households that requested assistance but did not receive it to households that did receive assistance. Philadelphia was also able to track all HPRP applicants through HMIS to see if they entered shelter, and to compare shelter entry among those who received assistance to shelter use among those that HPRP rejected to see if HPRP made a difference to rates of shelter entry. Philadelphia's efforts to evaluate program impacts are discussed in greater detail in Chapter 8.

Entering Data on Homelessness Prevention

HPRP grantees and subgrantees used varied procedures to enter client- and program-level data into HMIS systems, taking into account agency and staff capacity, data quality and data entry timeliness, and the cost for user licenses and system maintenance.

While HPRP grantees were responsible for reporting HMIS data to HUD, grantee staff did not typically enter the data themselves. In most HMIS implementations, subgrantee or service provider staff entered

and maintained client-level data in the HMIS system because they worked directly with households and had the easiest access and most up-to-date information on clients. Service provider staff included case managers, intake workers, client specialists, and any other staff who provided services to households. This data entry model also allowed service provider staff to enter or upload households' service referrals, case plans, and program goals to HMIS as they were created.

In 15 of the 17 HPRP homelessness prevention communities that the study team visited, service provider staff entered client-level data into HMIS. However, some HPRP programs preferred not to use this data entry approach because of the cost and burden it places on service provider staff. For example, in Miami/Dade County, Florida, the lead agency for the countywide HPRP homelessness prevention program decided to centralize data collection and reporting to avoid buying HMIS user licenses and providing training to all service providers. Additionally, by creating a centralized data entry and reporting team, the program reduced the risk of data entry errors and duplication across providers.

In Kalamazoo, Michigan, Housing Resources Inc. (HRI), the HPRP service provider, performed all HMIS data entry for the Eviction Diversion/HPRP Homelessness Prevention program. Department of Human Services (DHS) caseworkers sent completed paper-based household assessments to HRI for data entry. This approach allowed DHS caseworkers to focus on working with households to resolve their housing crises while assuring consistent data entry through HRI staff.

Some HPRP grantees and subgrantees also used their HMIS system as a way to communicate among service agencies. For example, in Pima County/City of Tucson, Arizona, staff at each subgrantee entered client-level data, case plans, leases, eviction notices, and eligibility determinations into HMIS, where other subgrantees could see them. Thus HMIS served as a common tool for data sharing and program collaboration across subgrantees. Maine designed the HMIS module for its statewide HPRP program to allow data sharing throughout the state, permitting program staff to track households across jurisdictions.

In Jefferson County, Alabama, household intake, screening, assessment, and eligibility determination were conducted by staff from both the grantee and subgrantees, with client-level data flowing among the parties. In this case, HMIS provided a data exchange mechanism for the grantee and subgrantees.

When Data Entry for Homelessness Prevention Occurred

HPRP grantees and subgrantees entered household information into HMIS at various points during the screening and eligibility determination process. The Recovery Act statute required the use of HMIS, and HUD clarified that this meant grantees and subgrantees were required to enter client-level data on all households served with HPRP funds. Required client-level data included client demographics, information on prior living situation, program entry date, income and non-cash benefits, date and destination of program exit, and HPRP financial assistance and housing relocation and stabilization services provided. Other information used for screening and intake could be entered but was not required. Grantees could decide when a household's information would first be entered into HMIS as well as whether information was entered only for households admitted to the program or also for those screened out.

HPS survey results for HPRP grantees, reported in Exhibit 7.2, indicate that 65 percent of grantees entered information from screening on households screened in, but only 33 percent entered information from

screening on those screened out. HPS survey results for subgrantees and direct service providers showed that these agencies were more likely to enter assessment data than grantees, as they were more likely to work directly with clients and need the assessment data for case planning and follow-through. More than 80 percent of subgrantees and service providers entered information from assessments for households served. This is a fairly high percentage given that subgrantees and direct service providers were not required to enter information on assessments for households being served into a data system. Approximately 9 percent of subgrantees and 7 percent of direct service providers indicated that they did not enter information on assessments for households being served. Additionally, 6 percent of subgrantees and 7 percent of direct service providers stated that they were not sure if they enter information on assessments for households being served.

Exhibit 7.2: HPRP Screening and Assessment Data

Data Entered Into HMIS	Grantees	Subgrantees	Direct Service Providers
Information from screening *(on households screened in)*	65%	68%	69%
Information from assessments *(on households being served)*	67%	84%	85%
Information from screening *(on households screened out)*	33%	36%	37%
Information from assessments *(on households not being served)*	31%	31%	33%

Source: Analysis of HPS survey data

Only about one-third of HPRP agencies in any category entered data on households screened out of the program. While this information would be useful for programs to have, HUD did not require it and most HPRP communities chose not to enter it.

Some grantees entered all household information into HMIS, including initial intake and screening, the eligibility decision, and everything that happened up to program exit. For example, in Philadelphia, Pennsylvania, the grantee, Office of Supportive Housing (OSH), instructed staff to enter all household information collected from initial screening to full assessment to program closeout into HMIS. As a result, OSH has been able to compare the characteristics of applicants who requested homelessness prevention assistance but did not receive it with those applicants who did receive the assistance. Moreover, OSH can examine the rate of shelter entry for applicants who did receive homelessness prevention assistance to that of applicants who did not receive the assistance, controlling for individual characteristics. Information about the characteristics of people who do and do not receive services, in combination with data on homelessness, can be used to develop models to target services, as discussed in Chapter 1 (see also Shinn et al. 2013) and in Chapter 10.

Despite the evaluation advantages of having data on HPRP applicants who did not receive help from HPRP, most HPRP grantees only entered household information into HMIS once households were accepted for and enrolled in HPRP services. Indiana's HPRP program, for instance, entered clients into HMIS after they were screened and determined eligible for HPRP homelessness prevention assistance. Subgrantees in Indiana used an electronic, Web-based assessment tool to screen households for HPRP eligibility. However, the screening tool and Indiana's HMIS system do not interface with each other, so screening data on households screened out of HPRP were not entered into HMIS.

Finally, some grantees left the decision as to when households are entered into HMIS up to subgrantees. In North Carolina, subgrantees of the state's HPRP program entered information on households at various points after the prescreening process. Some subgrantees entered information into HMIS on households that passed the initial prescreen, even though those households might not ultimately receive help from HPRP. By contrast, other North Carolina subgrantees waited until final eligibility determinations had been made to enter data, and entered only information on eligible households into HMIS.

How HPRP Programs Used HMIS

HPRP grantees and subgrantees used HMIS data in a variety of ways. All HPRP grantees used HMIS data to populate the required Quarterly Performance Reports (QPRs) and Annual Performance Reports (APRs) submitted to HUD during the HPRP grant period. Additionally, some grantees used HMIS data to monitor subgrantees, make program adjustments, and track reentry or repeat requests for assistance and household outcomes.

Key informants interviewed during visits to Indiana, Lancaster City and County, Pennsylvania, Rhode Island, and North Carolina said that they used HMIS data to monitor their HPRP subgrantees, specifically examining data quality, data completeness, and data entry timeliness. In Indiana, the state's HPRP grantee generated data quality report cards for each subgrantee to assess HMIS data quality on collected data elements. The grantee found this encouraged subgrantees to enter data completely and correctly.

HPS survey results from grantees and subgrantees indicate that they used program data to track household outcomes after program exit, as shown in Exhibit 7.3. However, 23 percent of grantees were not sure if they were doing this.

Exhibit 7.3: Proportion of HPRP Recipients That Used Data to Track Household Outcomes After HPRP Program Exit*

	Grantees	Subgrantees	Direct Service Providers
Yes, do use program data	52%	47%	46%
No, do not use program data	22%	43%	44%
Not sure	23%	8%	9%

Source: Analysis of HPS survey data; 2 percent of grantees and 2 percent of providers did not respond to this question.
*Program data may include information from HMIS, another client-level database, or another source

Approximately 70 percent of surveyed grantees reported that they collected data to understand how much their HPRP homelessness prevention programs cost (Exhibit 7.4). Some 12 percent of grantees reported that they did not use their data to understand program cost, and 15 percent of grantees were not sure. Some grantees who reported "yes" to this survey question may have used their data to evaluate HPRP homelessness prevention program costs relative to other homelessness interventions in their community. However, given the general wording of the survey question, the research team suspects that many grantees reported "yes" because they simply used their HPRP program cost data to document how much money they spent on homelessness prevention services over the HPRP grant term, which HUD required them to do in order to report.

Exhibit 7.4: Collected Data to Understand How Much HPRP Prevention Programs Cost			
	Grantees	**Subgrantees**	**Direct Service Providers**
Yes	71%	64%	65%
No	12%	22%	21%
Not sure	15%	12%	13%
Source: Analysis of HPS survey data; 2 percent of grantees, 2 percent of subgrantees, and 1 percent of providers did not respond to this question.			

Pima County/City of Tucson, Arizona's HPRP program used HMIS data to examine client-level outcomes quarterly and to conduct several studies exploring various components of its HPRP program. One evaluation effort, discussed in more detail in Chapter 8, examined how HPRP case management services strengthened clients' self-sufficiency and housing stability.

Additionally, Catholic Charities, the lead provider for Albuquerque, New Mexico's HPRP program, made two attempts to track households' housing stability 6 months after program exit. This organization also examined the average length of time required for a client to secure employment and compared the data to average length of program participation. It found that clients took 5 to 6 months to find employment, and most left the program within a month after that event.

In most of the HPRP communities visited, HPRP program staff said they would have liked to evaluate their HPRP programs to examine household outcomes, but lacked the funding to do so. Some communities have taken incremental steps, however. For example, North Carolina's Department of Health and Human Services (DHHS) contracted with an organization to develop an evaluation plan, though DHHS did not have resources to implement the plan at the time of our visit.

Challenges With HMIS

During site visits, grantees and subgrantees expressed that they encountered challenges when implementing HMIS requirements for their HPRP program. These challenges ranged from program staff learning how to operate the HMIS to the cost of administering an HMIS to complying with reporting requirements.

Building Capacity

Since a portion of grantees and subgrantees did not participate in their communities' HMIS systems before HPRP, developing organizational and administrative capacity for reporting requirements was a challenge. During site visits, grantees and subgrantees said that HPRP data collection and reporting requirements overburdened staff. Several programs said they had had to set aside half or whole days every week to keep up with HPRP paperwork and data entry.

HMIS Data Quality and Completeness

Grantees also expressed concern about HMIS data quality and completeness. Some grantees created strategies to address these concerns. For example, North Carolina's state HPRP grantee waited until the relevant HMIS data were submitted and complete before reimbursing subgrantees for the costs of HPRP financial assistance or services delivered. In Arlington County, Virginia, grantee staff recognized numerous data errors resulting from incorrect HMIS data entry. It subsequently provided additional HMIS training and required subgrantees to perform regular data validation checks.

Cost of HMIS User Fees

Some grantees and subgrantees raised concerns about the costs of user licenses and ongoing training. The grantee for Rhode Island's HPRP program mentioned the challenge of continuously providing HMIS training due to high staff turnover. In Jefferson County, Alabama, staff estimated that the total cost of HMIS user licenses increased by 40 percent after implementing its HPRP program.

Software Challenges

Some grantees reported program data using their own data collection systems in addition to their communities' HMIS systems. Therefore, multiple data systems needed to be maintained and updated, causing confusion and difficulty exporting data from one system to another. For example, Massachusetts, a statewide grantee in a state with many CoCs and HMIS systems, faced many challenges trying to reconcile HMIS data from eight separate HMIS systems to the state's system. Additionally, during HPRP implementation, the Massachusetts Department of Housing and Community Development began to roll out a new HMIS system. In many cases the old system did not interface with the new system, so subgrantees needed to use spreadsheets to reconcile, compare, and re-enter information into the new system.

HUD Guidance

Grantees also expressed frustration because they perceived evolving reporting guidance for HUD's QPRs and APRs. For example, specifications for the HPRP module for HMIS were not available when the program started, but grantees still had to record data. As HPRP quickly ramped up, HUD provided updates to clarify reporting guidance and respond to grantee reporting and HMIS questions as they arose. Some grantees had to make changes to their systems or data collection practices as a result of this guidance, which grantees experienced as a challenge.

Summary

HPRP data collection and entry requirements encouraged grantees and subgrantees to focus on data quality and completeness. In some HPRP programs, staff thought these requirements were burdensome and time consuming. However, many grantees and subgrantees embraced the HMIS requirements because they were able to set up their system to allow programs to collaborate, share data, serve households more efficiently, and monitor outcomes. While many HPRP programs wanted to use their HPRP HMIS data for evaluation and research efforts, securing funding for these efforts was a challenge and relatively few were able to use their HMIS data this way. The next chapter discusses the efforts of a small number of grantees to use HMIS data and other measures in systematic ways to evaluate outcomes of their HPRP-funded homelessness prevention efforts.

Chapter 8. HPRP Outcomes Reported by Grantees

Introduction

Did HPRP prevent homelessness? HUD funded the Homelessness Prevention Study (HPS) as a process study, to document HPRP prevention programs, understand how they operated, and inform the design of future evaluations (see Chapter 10). The HPS was never intended to assess HPRP client outcomes. Nevertheless, some information is available. The HPS survey provides a national view of changes in community functioning around homelessness prevention as perceived and reported by grantees, and the APRs show housing status at program exit for HPRP participants nationwide. In addition, some of the communities visited gathered or analyzed outcome information on their own initiative and shared the results with the research team. Some looked at shelter entry following HPRP; others examined returns to HPRP, housing status at some time after leaving HPRP, and/or changes in self-sufficiency from program entry to exit. This chapter presents some of these outcomes for consideration as well as vital information needed to contextualize these numbers.

National Highlights—Grantee Reported Outcomes for HPRP[44]

Grantees responding to the HPS survey after 2 years of experience with HPRP reported their perceptions of changes brought about through designing, administering, and running HPRP:

- 71 percent of grantees became more involved with their CoC during HPRP than they had been before; 61 percent became more involved in a ten-year plan to end homelessness.
- 62 percent of grantees said their agencies increased their coordination with other mainstream public agencies and 92 percent developed initial or better relationships with community-based nonprofit agencies, which were the primary HPRP service providers.
- 74 percent felt that after implementing HPRP their community was better able to identify households at risk of becoming homeless, and 60 percent developed a screener or risk assessment tool or strengthened an existing one.

APR data covering HPRP's first 2 years show that:

- 61 percent of exiting households that had entered HPRP imminently at risk of losing housing or unstably housed were reported as stably housed at program exit. In contrast, 14 percent were seen as unstably housed and 17 percent as imminently losing housing.[45]

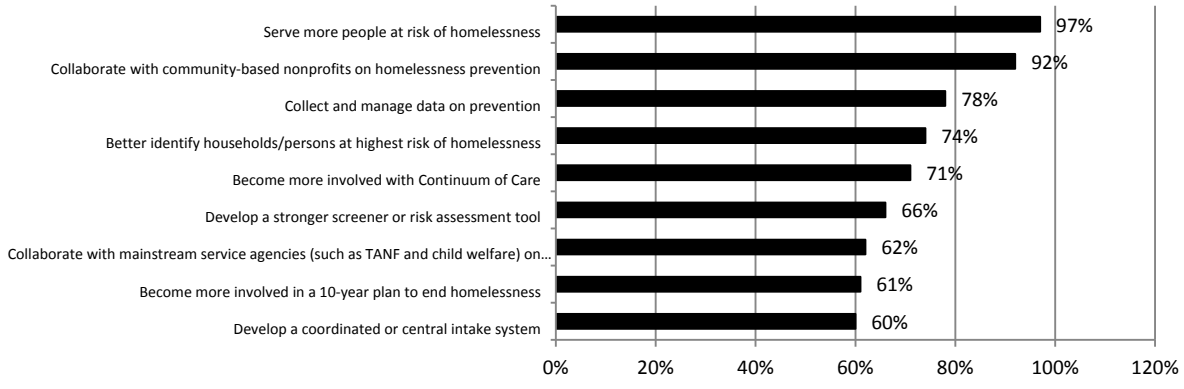
[44] The first three bullets report weighted Homelessness Study survey results, October through December 2011, HPS Grantees and Subgrantees; the last bullet reports 2011 nationwide APR data cumulative through September 30, 2011.

[45] HUD did not define these terms or categories; therefore, grantees and subgrantees self-defined "stably housed," "unstably housed," and "imminently losing housing."

Program and Community Outcomes

HPRP represented a major change in policy and programming for many HPRP communities. According to the HPS survey, most HPRP communities perceived some lasting changes to their homeless assistance and antipoverty systems that they attributed to their HPRP experiences. Most reported at least one positive change (Exhibit 8.1). Some of these changes simply reflected the availability of significant new resources. Given the amount of money dedicated to homelessness prevention through HPRP, it is not surprising that the program increased the number of households served. Thus, 97 percent of grantees reported that HPRP helped them serve more people at risk of homelessness, and the remaining 3 percent were not sure.

Exhibit 8.1: Grantee Reports of Changes Attributable to HPRP



Source: Grantee Responses, HPS Survey, weighted to represent all HPRP grantees

HPRP stimulated increases in knowledge, communication, and coordination among agencies and service sectors (HPS survey). All grantees were government agencies; most (94 percent) had been involved in their community's CoC before HPRP, and many were their CoC's lead agency or fiscal agent. Yet even with their pre-HPRP involvement, 71 percent of grantees reported getting more involved with their CoC and, judging from this trend in the communities visited, further involvement meant working to incorporate homelessness prevention into existing homeless assistance structures and move the entire enterprise toward more communitywide coordination. Further, 86 percent of grantees were in communities that have a ten-year plan and most of those (80 percent of all grantees) participate in that plan and its implementation. As with increased CoC involvement, 61 percent of grantees became more involved in their community's ten-year plan.

Prior to HPRP, homelessness prevention efforts often operated in silos that were outside the purview of the CoC, mostly within the network of community action and other antipoverty service agencies. The FEMA Emergency Food and Shelter and Grant (EFSG), the only significant federal source of homelessness prevention funding, has since the program's inception in 1983 been administered by local boards organized through United Way agencies, which set priorities for resource allocation independent of a CoC's decision making processes. Many grantees felt that HPRP helped break down some of these barriers (HPS survey). As observed in many of the communities visited for this study, increased

communication and knowledge developed especially between two groups of providers—those primarily in the homeless assistance system and those in the antipoverty network that did not have close links to the overall homeless assistance system before HPRP. Each learned what the other had to offer besides HPRP, from which grew many new referral linkages as well as some skill development as one agency taught another how to access certain resources or perform certain tasks.

Grantees also found that HPRP helped them mobilize and strengthen their relationships in support of homelessness prevention. Many grantees (62 percent) said HPRP led them to work more closely with mainstream agencies as referrals flowed back and forth with much greater regularity than pre-HPRP. Almost all grantees (92 percent) believed that HPRP also helped them work more closely with community-based nonprofit agencies (HPS survey). Narratives from visits to HPRP communities bolstered the survey findings, with 11 of the 17 describing new partnerships among participating agencies that changed ways the agencies served families during and after HPRP. Stakeholders in eight communities visited also noted that these partnerships heightened their awareness of resources available from or through their partner agencies and introduced them to resources that they had not known about before HPRP. A case in point was utility assistance. In Philadelphia, for example, one of the five HPRP subgrantees specialized in utility assistance. The agency had such facility with accessing utility resources that by HPRP's second year all clients needing help with utilities were referred there if they had entered the program through a different subgrantee. The agency was usually able to ease these clients' utility problems with resources other than HPRP, saving HPRP for rental assistance, and also taught the four other HPRP subgrantees how to access utility assistance opportunities available through its own network and directly from utility companies.

HPRP communities also experienced lasting changes in the ways their homeless assistance systems worked. About two-thirds of grantees reported that HPRP helped them to develop an initial screener or risk assessment tool or strengthen one already in use (66 percent) and/or develop a coordinated or communitywide intake system for HPRP (60 percent). Eight of the 17 communities visited confirmed that they used HPRP to move their system toward a more coordinated or centralized intake structure. Finally, 78 percent of HPRP grantees said that the demands of HPRP helped them systematically collect and manage data on homelessness prevention for the first time (HPS survey). The site visits highlighted other important changes, including increased case management capacity, the HPRP legacy of an online screening and eligibility system, and lasting changes in the court system and orientation of landlords toward seeking program assistance with tenants before arrearages reached a level beyond the ability of HPRP or similar programs to handle.

HPRP also paved the way for future homelessness prevention efforts in communities across the country. Most grantees said their communities were inclined to continue homelessness prevention efforts after HPRP funding ended, with 39 percent saying they were very likely and 31 percent somewhat likely to do so (HPS survey). At the service-provider level, subgrantees also reported high levels of commitment to prevention after HPRP, with 53 percent saying they were very likely and 23 percent somewhat likely to keep their efforts going (HPS survey). The site visits reinforced this idea. All but one of the communities visited expected to continue some homelessness prevention efforts. Eleven communities expected to continue homelessness prevention at whatever level they could afford, with its shape, targeting,

structure, design, and approach influenced by their HPRP experiences. Five said they would revert to the prevention programming available before HPRP, which many had modified to complement HPRP during HPRP's 3 years.

HPRP Participant Outcomes

At a minimum, all HPRP grantees gathered some basic data about the housing outcomes of their prevention participants, as required for HUD reporting on the APRs. Some grantees also examined housing outcomes in greater depth, and/or other outcomes such as self-sufficiency as measured by a self-sufficiency matrix (SSM). This section describes findings that study communities made available to the study team.

Housing Outcomes

As will be discussed in more detail in Chapter 10, without comparing results for HPRP clients with housing outcomes for a similar group that did not receive any help, we cannot know if an HPRP program effectively prevented homelessness. Some communities created a comparison group comprised of households exiting other programs reporting to HMIS (e.g., emergency shelters, transitional housing programs), but these groups differ from HPRP recipients in many ways that reduce the usefulness of the comparison. After housing status at exit, the most common post-HPRP outcome examined was emergency shelter entry after HPRP assistance ended. This measure depends heavily on whom communities chose to serve and the availability of shelters. At a minimum, HPRP participants' likelihood of becoming homeless varied widely both within and across communities due to differences in eligibility criteria and intake practices, with communities that stressed sustainability in preference to "but for" being likely to have served households with lower risk for literal homelessness and concomitant shelter use. These cross-community differences make it hard to interpret differences in rates of shelter entry. Follow-up studies of housing status post-HPRP also varied considerably. Although this section presents the data available on outcomes for HPRP households, we caution that no strong conclusions can be drawn from these data and that they must be considered only with these important caveats in mind.

Housing Status at Program Exit

The most consistent and reliable data available for HPRP clients' housing outcomes come from the APRs and reflect only housing status just as HPRP financial assistance ended—that is, they cannot reveal what happened to households after HPRP stopped helping to pay their rent. They are, nonetheless, available for all HPRP grantees and clients nationwide, and thus provide a national picture of the immediate effects of HPRP. APRs include reports of HPRP participants' housing status at both program entry and program exit—housing status was a new variable for the APR, created explicitly to record this piece of information that is vital for assessing the immediate impact of a homelessness prevention program using rental assistance to help keep people in housing. Categories included literally homeless, imminently at risk of housing loss, unstably housed, and stably housed (see Definition of Terms for details.) Note, however, that these categories were never precisely defined and there is no way of knowing how much variation across grantees there was in categorizing people's housing status.

Analyses of APR data indicate that most participating households improved their housing status substantially while in the program. Grantees reported that approximately 61 percent of households that

had entered the program at imminent risk of losing housing or unstably housed were in stable housing situations at program exit. In contrast, 14 percent were considered to be unstably housed and 17 percent to be at imminent risk of losing housing at the time they exited HPRP. Differences in the average number of months that HPRP programs provided financial assistance did not correlate strongly with the proportion of clients reported as stably housed at program exit; however, this does not suggest that shorter programs were as effective as longer programs because it is possible that shorter programs tended to serve clients at lower risk. In addition, how to define each type of housing status was left up to grantees so that the measure itself must be viewed as highly impressionistic.

Shelter Entry After Program Exit

Some communities used HMIS to track shelter entry after program exit for households participating in HPRP. This method of looking at outcomes provides an objective measure of the incidence of homelessness to the extent that people who have lost all housing approach and are accepted as shelter clients. Using HMIS allowed HPRP grantees to follow shelter use for all of their participants for an indefinite period of time, and permits estimates of how long HPRP participants were able to avoid shelter. However, shelter entry does not work well as an outcome measure in all places. Communities with low shelter availability or low HMIS participation rates among available shelters will likely underestimate HPRP participants' shelter use. Similarly, tracking shelter entry after program exit will not detect the homelessness of HPRP participants who end up living in places not meant for habitation or doubling up with friends or family.

Ten of the 17 communities visited said they tracked subsequent shelter entry among their HPRP participants. Four of these communities provided the research team with their findings: Maine; Philadelphia, Pennsylvania; Pima County/City of Tucson, Arizona; and Santa Clara County, California. These communities used methods that vary along a number of dimensions, including the length and timing of follow-up, the households included, and the subgroups used for analyses (Exhibit 8.2). These differences, coupled with underlying differences in the availability of emergency shelter, make cross-community comparisons inadvisable. When understood in the context of what they did, however, these examples do offer some limited insights into impacts of homelessness prevention efforts in these four communities.

Maine examined shelter entry for all its HPRP participants in a fixed window between January 1 and September 30, 2012. This analysis provided a follow-up period of 2 to 3 years for households served in the program's first year, of 1 to 2 years for households served in its second year, and 1 year or less for households served in its third year. Because funds for Maine's HPRP prevention program came from three distinct grantees, the state opted to report outcomes separately for each one. Rates of return to shelter were markedly higher in the city of Portland, home to a large proportion of the state's emergency shelters. Rates registered much lower in Cumberland County and the balance of state, where the grantees specifically chose HPRP subgrantees to cover areas with few emergency shelters. HMIS participation among emergency shelters in Maine is high, but because of the differences in shelter availability and the inclusion of a significant number of third-year clients, Maine's numbers may still underestimate rates of shelter entry or homelessness for HPRP participants.

Exhibit 8.2: Rates of Shelter Entry After Program Exit in Selected HPRP Communities			
Site Visit Community	**HPRP Participants Included***	**Follow-up Window**	**Rates of Shelter Entry**
State of Maine (N=6,037: 531 City of Portland, 1,007 Cumberland County, 4,499 MaineHousing)	All persons served	1 month to 3 years after exit	City of Portland - 10.9% Cumberland County - 2.9% MaineHousing - 1.6%
Philadelphia, PA (N=1,248: 923 families, 116 single men, 209 single women)	Households served that exited by early summer 2011	1 to 3 years after exit	Families - 2.2% Single men - 5.5% Single women - 5.0%
Pima County/City of Tucson, AZ (N=442)	Households served that lived in Tucson at program exit	3 months after exit	1.6%
City of San Jose, Santa Clara County, CA (N=299)	All households served	12 months after exit	5.7% to any program reporting to HMIS, including ES, TH, & SSO

Sources: Philadelphia, Excel file supplied by HPRP director, July 2012; Maine, HMIS data supplied by MaineHousing HMIS administrator, October 2012; Pima County, Summary of Client Services, 12/1/09–12/31/11, presentation to Project Action Community Stakeholders Meeting, 2/8/12; Santa Clara County, Focus Strategies/Kate Bristol Consulting, Assessment of Homelessness Prevention and Rapid Re-housing Program in San Jose, Community Technology Alliance, July 2012.
* This column indicates whether the Ns are for persons or households.

Philadelphia wanted to make sure it allowed at least a year after program exit to test the long-term stability of HPRP participants' housing arrangements. Consequently, in July 2012, the grantee chose to analyze shelter entry only for those households that had exited by early summer 2011. Philadelphia also felt that it was important to look at families and single men and women separately because of differences perceived in their level of need and their risk of homelessness. Indeed, their analyses revealed shelter entry rates for singles that were roughly twice those for families. Because of Philadelphia's high availability of emergency shelters and high rates of HMIS participation among these shelters, these estimates are likely to be fairly reliable.

Pima County/City of Tucson, Arizona, hired an evaluation team to examine outcomes for all HPRP participants residing in the city of Tucson when they left HPRP. The team looked at shelter entry within 3 months of HPRP exit and found only 7 of 442 HPRP households (1.6 percent) had entered shelter, none of which were families. However, the evaluation team's choice of a 3-month timeframe may not allow enough time to detect subsequent episodes of homelessness among HPRP participants.

The evaluation commissioned by the city of San Jose in Santa Clara County, California, also assessed use of any homeless assistance program reporting to HMIS in the 12-month period following program exit for the 299 San Jose households receiving HPRP homelessness prevention assistance. Programs covered included emergency shelters, transitional housing programs, supportive services only programs (SSOs), and some other programs. Program availability is fairly high in the community, as is HMIS participation, making estimates of homeless program use fairly reliable but likely to be higher than in analyses that focus solely on emergency shelter. The San Jose evaluation showed that 5.7 percent of HPRP prevention households accessed a homeless assistance program reporting to HMIS within a year after HPRP assistance ended.

Return to HPRP After Program Exit

Some communities used HMIS to document cases where households reapplied for HPRP prevention or rapid re-housing after receiving assistance and exiting the program. This outcome measure works well when programs accept applications from people who have already exited the program and track all applications regardless of eligibility. Among communities visited for this study, only the city of San Jose in Santa Clara County, California, and Pima County, Arizona, reported such analyses.

Among households exiting HPRP in San Jose, 7 of 299 returned to HPRP after exiting once, for a return rate of 2.3 percent. Pima County/City of Tucson, Arizona, accepted reapplications from people who had already exited the program through its second year, after which the program stopped accepting reapplications. Fifteen of the 442 households served through HPRP homelessness prevention reapplied, for a return rate of 3.4 percent, of which one was literally homeless and 14 were imminently at risk of losing housing. Eight were female-headed households. Reasons included job loss or cutback in work hours, medical problems, or domestic violence.

Housing Status After Program Exit

To fully understand housing outcomes for program participants, communities would ideally contact HPRP clients at fixed intervals after program exit to document their housing status. This would permit a more nuanced understanding of participants' experiences, capturing not just the shelter homelessness that shows up in HMIS systems, but also other unstable housing situations that put the household at imminent risk of literal homelessness. This kind of follow-up survey needs to capture at least 70 to 80 percent of participants exiting the program to ensure a representative or unbiased sample and make reliable estimates. However, contacting households with histories of housing instability can be exceedingly difficult.

In practice, very few of the communities visited even attempted this kind of follow-up and only three were comfortable sharing data on response rate and housing status after program exit. Among these communities, only Santa Clara, California, met the minimum reliability threshold described above. The local evaluator in that community successfully contacted 216 of the 306 clients eligible for 6-month follow-up after program exit, for a response rate of 70 percent. The very large majority of participants interviewed were still stably housed (93 percent).

As part of its formal evaluation of HPRP, Pima County/City of Tucson, Arizona, contracted professional interviewers to survey 166 exited HPRP participants 6 months after their HPRP assistance ended. Unfortunately, even these formal methods yielded a response rate of only 61 percent. The survey found that approximately 89 of those interviewed were stably housed.

Catholic Charities, the primary HPRP service provider in Albuquerque, New Mexico, also launched efforts to reach all exited participants—regardless of how much time had passed since their exit—on two different occasions. In all, the agency was able to locate about 27 percent of the 260 participants who had successfully completed their program. Of these, 84 percent were stably housed.

These communities calculated and reported the proportion stably housed as "percent stably housed of those contacted." However, it may be reasonable to assume that the people program staff or professional interviewers cannot locate are not stably housed. Under this assumption, one could recalculate the proportion stably housed by using the total number of exiters rather than the total number of respondents as the denominator. Using this alternative calculation, San Jose would have a housing stability rate of 65 percent (200 of 306 participants), Albuquerque 23 percent (59 of 260 participants), and Tucson/Pima County 54 percent (101 of 166).

Other Outcomes

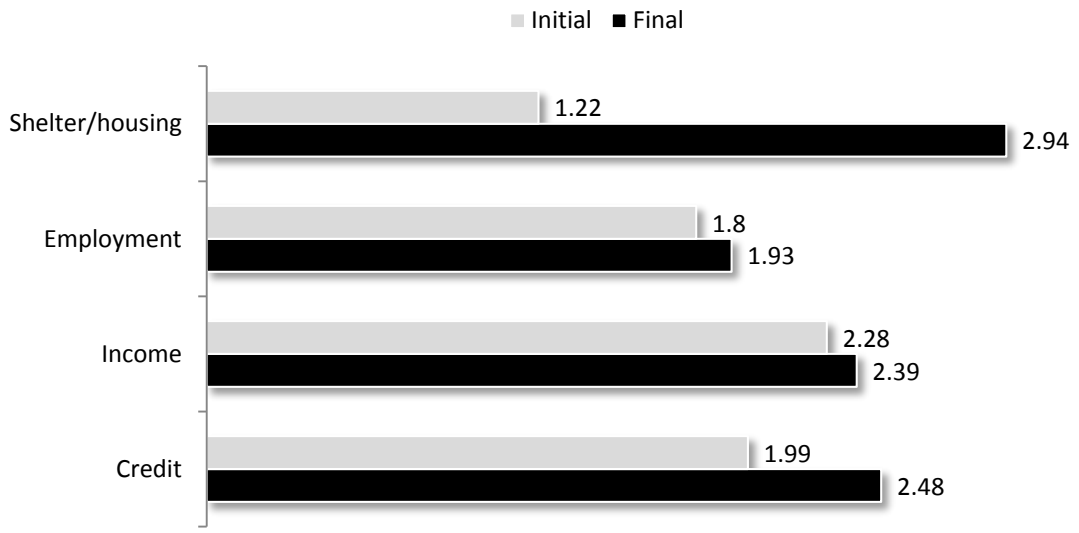
Some grantees and subgrantees visited tried to gather data on outcomes other than housing status, either at program exit or after program exit through structured follow-up with participants. However, only one community did this systematically enough to provide analyses of these data to the research team.

Santa Clara County, California, gathered data on all 18 domains of a modified Arizona Self-Sufficiency Matrix (SSM) at program entry, when it used 8 of these 18 domains to determine program eligibility. At program exit it reassessed clients on all 18 domains. This allowed for a pre-post comparison along each of these dimensions. Using the full scale, participants' scores increased an average of one-fourth of a point (from 2.74 to 3.0) from program entry to exit.[46] However, aligning the scoring more closely to the program components of Santa Clara County's program might have revealed even stronger gains. For example, if Santa Clara had calculated its scores using only the four domains on which the program concentrated most of its effort—housing, employment, income, and credit—pre-post improvements would have appeared more pronounced since the largest gains occurred in the housing and credit domains, one and three-quarters point and one-half point, on average, respectively (Exhibit 8.3).[47]

[46] Community Technology Alliance, 2012, PowerPoint presentation. CTA calculations for the 470 clients with data at program exit and entry between 10/1/2009 and 3/31/2012. The maximum number of observations for individual domains is 615. Homeless programs and homeless assistance networks use self-sufficiency matrices for several purposes and score them in a variety of ways. Choices regarding use and scoring of these matrices have many implications, not all of which are carefully evaluated by communities before they proceed to use them. Appendix G explores some of these issues in greater depth.

[47] Homeless programs and homeless assistance networks use self-sufficiency matrices for several purposes and score them in a variety of ways. Choices regarding use and scoring of these matrices have many implications, not all of which are carefully evaluated by communities before they proceed to use them. Appendix G explores some of these issues in greater depth than would be appropriate in this chapter.

Exhibit 8.3: Santa Clara County Analysis of Changes in HPRP Clients' Self-Sufficiency Scores



Source: Community Technology Alliance powerpoint, 2012 for clients exiting between October 2009 and March 2012.
Note: N=576 for the "Credit" category

Summary

HPRP helped grantees form new partnerships, gain important knowledge and resources, and build infrastructure needed to implement future homelessness prevention efforts. National data show that 6 out of 10 households helped by HPRP were reported to be stably housed at program exit, but about 3 out of 10 were either imminently losing their housing or unstably housed. Housing status for the rest was unknown. Some HPRP communities have used their data to examine outcomes such as use of shelter or other homeless assistance after HPRP exit, reapplications to HPRP, and changes on a self-sufficiency matrix, and have found promising results. None have adequate comparison groups, however, and most have no comparison group at all. To have more confidence in the ability of homelessness prevention programs to reduce entries into homelessness, better studies with experimental or quasi-experimental designs are needed to understand the true impact of homelessness prevention interventions such as HPRP. Chapter 10 of this report discusses criteria for such studies and proposes several different designs for rigorous evaluation of homelessness prevention.

Chapter 9. Opportunities to Improve Future Homelessness Prevention Efforts

Introduction

Now that HPRP has ended, what happens next for homelessness prevention? According to the HPS survey, 70 percent of grantees want to continue prevention efforts that started with HPRP, as do all but 1 of the 17 communities visited, despite concerns about how to fund these programs after HPRP. This chapter draws from what communities learned when they designed and implemented their HPRP homelessness prevention programs to identify practices of potential interest to HUD and communities nationwide. These lessons fall into three domains: (1) improving system structures and increasing services integration, (2) improving targeting, and (3) determining what assistance will be of most value. The chapter ends with the challenge of gathering more community-level information, which leads to the final chapter discussing research options to move the field forward.

Opportunities to Improve System Structures

Inertia is a very strong force.[48] This was clear in the communities visited for this study. HPRP was a major external force, but communities mostly continued doing what they had done before, blending HPRP activities into existing structures. If they used collaborative approaches to decide what their homeless assistance system should look like, they made HPRP decisions collaboratively. If their CoC took a laissez-faire attitude toward who did what, allowing any provider interested in offering a service to do so, the same thing happened for HPRP. On the other hand, if they had always wanted to do homelessness prevention and had a plan to do so, but lacked resources, HPRP was a welcome opportunity to activate their plan. If they had central intake, they used it. They tended to go with tried-and-true providers believing them to have the capacity to handle the program. If they already collected and used data to guide their programmatic decisions they continued to do so, but if they did not, even HPRP's heavy data demands did not induce them to become more self-analytical.

The most thoughtful communities do—and did in the case of HPRP-funded prevention programs—pay attention to best practices, when these are identified and well-documented, to make possible local adoption or adaptation. Among the communities visited, some used HPRP to implement best practices they learned about through national and state conferences, webinars, and similar sources. Most of these practices involved communitywide coverage as a key element—that is, consistent practice throughout the community regardless of which provider delivers the service.

Increasing Services Integration

Homelessness prevention activities would seem to be relevant to at least three systems—the network of homeless assistance providers and planners; the network of antipoverty agencies (e.g., community action agencies); and mainstream public agencies serving low-income households such as welfare, workforce development, and child welfare. Historically, though, these three systems have rarely developed coordinated structures, even when they serve the same people. In many of the communities

[48] Inertia means "remaining…in uniform motion in a straight line unless acted upon by some external force" (Webster).

visited, the fact that agencies from different systems worked together on HPRP helped increase communication and access to services across system boundaries. Communities around the country could profit from their experiences, many of which will be found throughout this report and in the site summaries included as appendices.

The Emergency Food and Shelter Grant program (EFSG) was the primary source of federal homelessness prevention funding before HPRP. EFSG was administered largely by agencies in the antipoverty network, not the homeless assistance network. Most HPRP communities visited brought at least some of these agencies into the HPRP network to share the program with homeless assistance providers.[49] These agencies reported learning a lot about what each other could offer; some learned new skills or to use resources they had not known about previously, and some formed new connections that were expected to outlast HPRP. In a few communities visited, the same thing happened with agencies specializing in utility assistance, which previously might or might not have been in the antipoverty network. In communities where HPRP stimulated a greater integration of homeless assistance and antipoverty agencies, clients benefited from access to homeless resources beyond prevention services and to antipoverty assistance (e.g., childcare/Head Start, energy assistance, or employment supports). Finally, in a few communities where homeless assistance agencies already had good relationships with one or more mainstream agencies, working together on HPRP strengthened those relationships so prevention assistance became more available to mainstream agency clients. HPRP clients benefited from all of these enhanced connections.

The case study evidence strongly suggests that more integrated service systems serve clients better when clients need help from more than one system. This was the case for many HPRP clients, who needed help with housing and income, and sometimes job skills, credit repair, budgeting and managing finances, and childcare.[50] It would be useful to select communities with different degrees of integration across systems and study how they operate; to learn the extent to which households in more integrated communities really do receive more—and more appropriate—assistance thanks to the level of communication across systems, and to discover what factors contribute to maximizing system efficiency and client receipt of appropriate benefits and services.

Becoming Communitywide

Only 1 of the 17 communities visited already had a system of universal central intake for all services related to housing crises.[51] Over the course of HPRP, none of the other visited communities established this type of universal central intake, but eight moved strongly in the direction of actual or virtual centralized intake specifically for HPRP. Most did this by creating screening and intake structures and tools and requiring all HPRP providers to use them; for several, the screening and intake processes were computerized to increase uniformity. The intent of these innovations was to make acceptance into the program consistent and fair, so similar households would be treated similarly by all HPRP providers and

[49] It is interesting, though, that not one of the communities visited mentioned that the same act (ARRA) that funded HPRP also funded a special EFSG appropriation that went to 2009 EFSG recipients and was approximately equal to regular annual funding. Apparently planning for how these funds would be used was never integrated into HPRP planning; the United Way-organized local boards that determine EFSG allocations had their own system, and apparently stuck to it.

[50] Services integration will not do much to improve service delivery for people who only need help with a single uncomplicated problem, although it might increase the speed with which they get to the right agency.

[51] See Chapter 5 and Exhibit 5.3 for discussion of different levels of coordination and centralization.

caseworkers. As it turned out, setting up these systems was only the beginning. To reach the objective of consistency required initial and ongoing training and supervision. Some communities knew this from the start and some realized the need midstream and took steps to provide it.

HUD has signaled to communities that national policy is moving toward prioritizing a central or coordinated point of entry for access to homeless services.[52] Yet the concept of a central point of entry remains unclear to many. Some HPRP communities visited believed that having a 2-1-1 line that anyone may call at any time to receive information about homeless resources gave them a central or coordinated point of entry. However, the 2-1-1 operators usually did nothing more than refer to the usual array of providers, sometimes doing a brief screening before making the referral to try to get the caller to the right providers. In fact, in a truly centralized system, one entity controls all or almost all resources related to housing crises. Only one HPRP community visited (Kalamazoo, Michigan) had a central intake system that administered nearly all housing-crisis-related resources (the exception was permanent rent subsidies).

Because confusion exists about the meaning of a centralized homeless intake system, it would be useful to develop a classification system for points of entry, such as the one suggested in Chapter 5, and provide guidance and technical assistance to help communities move toward central intake. Material from this study could contribute to this end, by helping HUD and CoCs understand how these communitywide HPRP systems were established, the rules and tools they used, and the training content and mechanisms for achieving consistency that they developed. It would also be useful to learn, from a multisite study, how other communities replicate these systems and what local factors help or hinder their effectiveness in creating a fair and consistent system. Communities with central intake systems that cover all housing crisis/homelessness/homeless risk situations should be included, to understand the similarities and differences between a comprehensive central intake structure and the structures most typical for HPRP communities visited.

Opportunities to Improve Targeting

Throughout, this report has noted the issues involved in getting the right people into HPRP. Issues remain as to who the right people are, and how an agency knows when a household is "right." Different HPRP communities made very different decisions about which households they wanted to serve and how they wanted to serve them. They also chose different ways to identify appropriate households through screening and assessment.

To target effectively, a prevention program must identify what it is trying to prevent—loss of current housing or literal homelessness—and determine whether the goal of the program is short- or long-term. If the goal is to prevent immediate housing loss (i.e., stopping an eviction) and see that the household keeps its housing for at least another few months, then an outcome evaluation of HPRP would probably find that the program was successful. However, this was not HUD's intent with HPRP – HPRP was designed to prevent literal homelessness, as evidenced by HUD's emphasis on the "but for" criterion. If stable housing

[52] See, for example a training module on centralized intake and other system change measures available from HUD at: https://www.hudexchange.info/resource/4427/coordinated-entry-policy-brief/.

into a longer-term future is the goal, then there is much less evidence for success. The few communities among those visited that tried to find clients 3 to 6 months after the end of assistance could not find a significant share of them, suggesting that the housing HPRP helped them to retain was not stable.

If, on the other hand, preventing literal homelessness was the goal, then almost certainly many HPRP programs set their entry criteria and verification practices too broadly for effective targeting. HUD allowed HPRP grantees to accept households with incomes up to 50 percent of AMI, and 9 out of 10 HPRP communities retained this upper-bound criterion and served households up to 50 percent of AMI[53]. Yet the incomes of households that enter shelter are more likely to cluster around 15 percent of AMI or lower, including many that have no income. In reality, HPRP served mostly poor households, but some may have served many households with incomes above those of typical shelter users. If an HPRP service provider did not make a major effort to verify the absence of any alternative housing resources, they may have enrolled a significant share of clients whose risk of literal homelessness in the short term at least was low.

Contributing to targeting challenges were the potentially conflicting objectives in client selection represented by the "but for" and sustainability criteria. Some HPRP communities visited reconciled these two criteria by selecting households with housing barriers that put them closer to literal homelessness, but giving them more months of assistance to allow enough time to achieve income gains and also helping them find affordable housing. Other communities chose to select households with very few barriers other than an immediate cash crunch, and gave them just enough to get through it. The former were likely serving households closer to literal homelessness while the latter served households that would probably have found ways to avoid literal homelessness. Even the additional "but for" criteria of having no options and no resources to create options may not always have screened out households that could find friends or relatives to stay with. Communities that allowed applicants to self-certify that they would be homeless without HPRP assistance did not have enough information to judge for themselves. Other communities chose to rigorously examine each household's options.[54]

Three parameters were at work: an emphasis on "but for" or sustainability, the length of assistance the program wanted to provide, and a household's barriers to housing stability. Set any two of them and the third necessarily follows. Thus communities that decided they would offer only short-term assistance (up to 3 months) and wanted to see housing stability at the end left themselves with no option other than to limit eligibility to people with previously stable housing and work histories—in other words, the households least likely to end up literally homeless even if they lost their current housing. Communities that gave themselves greater flexibility in setting the length of assistance had more flexibility also in the characteristics of households they could accept and still meet the expectation of sustainability.

[53] See Exhibit 5.7 for a comparison of 50 percent of AMI to the federal poverty level. On average across the country, the federal poverty threshold is about the equivalent of 30 percent of AMI but can vary considerably depending on whether the AMI's area is unusually wealthy or unusually poor.

[54] Perception is critical here. Many people will consider and speak of themselves as homeless if they get evicted, even if they immediately move in with relatives. So they will be telling their own truth if they self-certify, but will not meet HUD's definition of literal homelessness. However, HUD wanted case managers to check, unless it was very difficult or threatening to the program participant's safety. Self-certification was only the last option for documentation of at risk of homelessness.

One option is to use “but for” to establish eligibility and then calibrate financial and service support to help clients reach sustainability. Thinking about applying the “but for” and sustainability criteria for different purposes could help alleviate what some people interviewed for this study felt were contradictory goals. HUD could encourage communities to use “but for” for eligibility, thereby screening in the highest risk households, and save sustainability criteria for deciding what services and supports it would take to help these higher-risk households reach the point of housing stability.

If preventing literal homelessness is the goal of a homelessness prevention program, then it would be essential to set the income threshold considerably lower than 50 percent of AMI except in rural and other high-poverty areas. It would also be useful to identify clear risk factors for literal homelessness, preferably not using shelter entry as the definition of becoming homeless, as there are many reasons why newly homeless people do not approach shelters. Previous homelessness as an adult is the strongest indicator in the New York HomeBase study (Shinn et al. 2013), followed by applying for shelter in the past 3 months, severe discord with landlord/leaseholder/household, four or more moves in the past year, eviction or being asked to leave by the landlord or leaseholder, being young (22 or younger), and receiving welfare or involvement with child protective services. More research is needed to see if these risk factors could be incorporated into homelessness prevention screeners.

A final aspect of targeting that presents opportunities for development is assessment. Communities need guidance on tools for assessment and service planning. As Chapter 5 and Appendix G discuss, it is no simple matter to select, modify, or create an assessment tool and use it correctly—so that it provides the information needed but does not lead to erroneous conclusions about client progress or program performance. One needs to avoid the twin pitfalls of too-loose administration and too-rigid scoring and score cutoffs, while also gathering the information needed to determine what to give and how much to help households overcome housing barriers. One also needs to focus measurement on the best predictors instead of trying to collect too much information.

Communities visited for this study made decisions about what to offer clients using different decision making structures, from caseworkers to committees to automated formulas. Even within those decision making structures, the practice of deciding what to offer varied considerably. Some communities offered little flexibility; some were systematic in their expectations and even in their tools but flexible in the casework process; and still others let agencies and even individual caseworkers make their own decisions without detailed centralized guidance. If any generalization can be made it would be that the communities using the tightly controlled approach also did very short-term assistance and served relatively barrier-free households. No community visited whose program design included the expectation that people would stay on assistance for 6 to 9 months took this approach. Nor does it seem as if the inflexible, highly controlled approach would work with longer assistance, because too much could happen to affect lockstep achievement of case goals, and caseworkers would need to have flexibility to adjust plans as needed.

At this point in the history of homelessness prevention, three things need to be done related to screening and assessment:

1. Create or modify several screening and assessment tools, the former to help establish eligibility and the latter to help determine appropriate assistance. The tools could be different depending on program goals; that is, they could be designed to correspond to different combinations of housing barriers and length of assistance and to different goals (e.g., to preventing immediate housing loss or preventing literal homelessness).
2. Test and validate these tools, including the most relevant ways to score them for different program purposes.
3. Develop training and supervision modules to assure that the tools are used consistently and as intended.

Opportunities to Focus Assistance and Services

Because earlier experiences with homelessness prevention suggested certain specialized services that many clients needed but could not get, some communities opted to provide those services through subgrants or other payment arrangements. Chief among these were housing locator services and—particularly significantly—legal aid.

The HPS survey and visits to HPRP communities revealed that legal assistance and court eviction programs can be an important part of homelessness prevention, and would probably help in more communities than currently have them. Seven of the 17 communities visited used subgrants to obtain legal services related to evictions, and nationally, according to the HPS survey, legal aid was the service most likely to be the focus of a specialized HPRP subgrant. Yet, little to no systematic information exists to establish a best practice and promote its replication. This is an area that could fruitfully bear more focused attention.

Housing locators help prevention clients find less expensive but still adequate housing that they can afford with the resources they have or are likely to have. Two of the communities visited had made arrangements to allow HPRP clients access to a housing locator; in one case by paying for a staff position within a regular HPRP direct service provider, and in the other by negotiating with an existing statewide Web-based housing locator database. A variation on this theme is the housing specialist or landlord liaison who works to develop good relations with landlords and establishes a reliable group willing to rent to people in some difficulty. Communities that have such staff reported they are particularly valuable when housing markets are tight. Yet, the efficacy of housing locator services also lacks documentation up to the level of a best practice. It would be very useful to learn from controlled outcome studies how effective these services are at preventing housing loss or helping prevention clients locate housing they can afford, and to learn how this type of assistance may improve a range of housing outcomes, including housing stability, affordability, housing quality, and neighborhood quality.

What can be said about the “proper” length of assistance for a prevention program? One could argue that prevention interventions are crisis interventions and should therefore offer short-term assistance. One strategy for prevention programming would be to give every household that applies for assistance

3 months or less of assistance and not try to judge whether they will be able to sustain housing after it ends. Some presentations at national meetings reported such strategies and found that very few households came back for more help or enter shelter, regardless of caseworker perceptions of their barriers to stability. Of course, without a comparison group that did not get the services, it is not clear whether this is because services worked to avert homelessness or whether most recipients were at low risk to begin with.

The fact is that there is no reliable information on how little is enough, and most communities, providers, and caseworkers are unwilling to take a chance on households they think will fail. It would be good to have more information on programs that use the same assistance strategy with households with varying levels of housing barriers and see what happens. This could be thought of as the converse of triage, which attempts to identify different need levels and then match resources to need.

At this point, the field has three critical needs for better information on types and amounts of assistance in homelessness prevention. First, it needs to use systematic evaluation to gather evidence of the effectiveness of promising practices such as providing legal aid and court-based eviction diversion and housing locator services. Chapter 10 proposes several options for rigorous studies of homelessness prevention that would assess the efficacy of program models including housing locator services. Second, as explained above, it would be useful to have systematic evaluation of an approach that uses a short intervention for every household rather than trying to match assistance levels to assessed needs to see what happens. If such a system worked for a large majority of households, it would be much easier and more efficient to implement than any kind of complex assessment process that attempts to divine the specific and particular needs of individual households. Those who fail in such a system could then receive longer and/or more intense interventions. Third, it needs to understand how to target services to people who would become homeless without them. Since there is very little evidence to guide triage efforts, it could be useful now to study what results from a one-(small)-size-fits-all approach, or at least an approach that devotes the bulk of resources (say 75 percent) to short-term assistance of less than 3 months. The key to this experiment would be to take all households except those that would clearly qualify for permanent supportive housing—don't triage, and see what happens.

Collect Better Information

In addition to gathering better information on the connection between assessment and services offered, as just described, much more information is needed to understand empirical questions related to targeting and program outcomes. In the 2010 data standards that applied to HPRP, HUD only required communities to collect basic client characteristics for households entering shelter, to which HPRP added housing status. Required indicators of program outcomes, recorded in HMIS, are sparse for shelter users and not much more plentiful for other programs, including HPRP-funded programs, other rapid re-housing, transitional housing, and permanent supportive housing program clients. They consist of income and income sources at entry and exit, destination at exit, and, for HPRP, housing status at exit. Very few communities record anything for households that applied to a homeless assistance program for help and were turned away. For prevention, it would be useful to have communities collect and record household characteristics and housing situations for all households screened for prevention, whether accepted and served or not, to support follow-up assessments to see whether those that did

not receive assistance were more likely to become homeless. To understand program outcomes, it would be good if studies could track prevention households for some time period after they leave the program, to see if they enter shelter or otherwise seek homeless resources. This type of tracking is almost impossible for service programs to undertake themselves, as staff are always engaged with new clients and have no time to do the persistent tracking that it takes to achieve a good enough response rate. Further, the best study would track a comparison group that did not receive services, and program staff cannot do this well.

The next and final chapter of this report provides several suggestions for focused and controlled studies of homelessness prevention designed to move the field forward.

Chapter 10. Future Research

Basic questions related to the impact of homelessness prevention remain unanswered. As part of HPS, HUD charged the research team with identifying several approaches for rigorously evaluating the impact of homelessness prevention programs. This chapter discusses the research questions that should be a high priority based on the state of knowledge at the time of the report. It then proposes studies designed to answer these questions, including two approaches that would leverage existing data and four possible research demonstrations.

Unanswered Research Questions on Homelessness Prevention

Based on findings of HPS, Chapter 9 identified the areas of practice in homelessness prevention that are currently most in need of sustained empirical and analytical attention. In this context, this chapter describes questions to be tackled next related to targeting, assessment, and types of services. Although questions about entry points and system structures are also important, as of this writing they are secondary. Given the current state of knowledge and practice, we prioritize the following questions:

1. Who should policymakers target for homelessness prevention services?
2. How effective are various homelessness prevention programs?
3. How do those impacts vary by individual characteristics?
4. Relative to providing services to people *after* they become homeless (e.g., emergency shelter), is prevention cost effective? What is the cost-benefit ratio for prevention vs. post-homelessness services?
5. What mix of services is most cost effective? What mix of services has the most favorable cost-benefit combination? How does that vary with individual characteristics?
6. How much of an impact did a program/can the optimal program have on homelessness?

The following discussion elaborates these critical questions.

Question 1: Who should be targeted for homelessness prevention services?

This discussion assumes that the primary objective of providing homelessness prevention services is to prevent homelessness. From that perspective, services provided to households that would not become homeless in the absence of these services would be wasted unless service provision is calibrated to be cost effective.[55] As noted previously, it is very difficult to predict who will become homeless and who will not. Thus, it would be useful to have a statistical model that predicts each household's probability of homelessness. Ideally, the statistical model would identify some populations with probabilities of homelessness near 100 percent—that is, they are certain to become homeless. As noted in Chapter 1, Shinn, Greer, Bainbridge, Kwon, and Zuiderveen (2013) found that, just under 13 percent of people who applied for prevention services became homeless. But even very-high-risk households (the top 10 percent in their model) became homeless only 45 percent of the time in the absence of services.

[55] Homelessness prevention services for people who would not become homeless in the absence of those services may still help the family served, such as by enabling them to move less, reducing stress in the household, or avoiding the negative effects of an eviction on the household's credit rating.

Shinn's analysis provides a template for estimating models of the probability of homelessness. Using data on baseline characteristics and subsequent homelessness for a large population, Shinn estimates conventional statistical models of the probability of homelessness as a function of baseline characteristics. Shinn extended her analysis by converting her regression model into a simpler scoring scheme that a practitioner could use to help decide which households should receive homelessness prevention services.

Shinn's basic insight—that the probability of homelessness can be predicted from observed data—is powerful. However, the application of this model has some limitations. Shinn's study estimates the model on a sample that applied for prevention assistance. It is thus a selected sample and not representative of everyone who might become homeless; moreover, the types of people who apply for services might depend on outreach strategies adding further selection bias to models based on these groups. To make the methodology stronger, it would be better to estimate a model of this form on a population of poor people. However, obtaining data for such a population is more difficult.

Several other issues about the utility of such models should be noted. If the prevention program will almost certainly eliminate homelessness for those who receive services (e.g., an indefinite, deep rent subsidy), then a model of the probability of homelessness absent prevention assistance (what we call a "targeting model") is sufficient. However, if the prevention program is a less expensive model, such as short-term assistance to pay back rent or moving costs and first month rent, it will only eliminate some homelessness. In this case, researchers need to know *both* who is at risk for homelessness and the likelihood that this prevention program will work for this household. For example, it could be that the households with the highest risk of homelessness are also the least likely to benefit from a short-term homelessness prevention program. Thus a targeting model based on who is at the highest risk of homelessness pushes the prevention program to serve people who would not benefit from prevention assistance. In other words, it may be that a prevention program should target those who would benefit from a less intensive intervention, which may not be the same households with the highest risk of homelessness. Thus, the targeting for the program needs to align with an intervention that is effective for the targeted group.

Second, there is a question about the applicability of targeting models that are developed in the absence of a homelessness prevention intervention. The models are estimated during a period in which the targeting score (i.e., predicted probability of homelessness according to the targeting model) is low stakes (i.e., status based on targeting model score does not affect any benefit). When targeting score status is low stakes, households have little incentive to behave—or to respond to a survey—in such a way as to change their score. Once the targeting model becomes known and is used to decide who will receive homelessness prevention service—potentially a benefit worth several months of rent and therefore several thousands of dollars—status based on the targeting model score will be high stakes. This induces what economists term a moral hazard problem. For example, households might move more often, if frequent moves meant that they were more likely to receive services. Families might also "game the system" by reporting risk factors that are not easily verifiable, such as discord with landlord. Caseworkers might also encourage such reports to help families who they deem worthy of assistance despite a low risk score. Both moral hazard and the fact that people might try to game the system suggest that a targeting model estimated on a period before the model is used to allocate prevention services may not predict as well in a period in which the model is used to provide services.

Despite these problems, targeting models can help providers direct services to people who are most likely to benefit from services. Sites that keep screening or assessment data from households who did not receive services as well as from those who did, and who have assessed an outcome such as use of shelter over some period after the household applied for services can use these data to create a model like Shinn created for New York City. Once several of these models have been developed, the field will have a much better sense of whether they generalize across time and location or need to be created anew for each jurisdiction.

Question 2: How effective are various homelessness prevention programs?

Does the program prevent homelessness? This is a classic impact analysis question. For a given population—presumably one chosen by the best available targeting model—how much lower are homelessness rates with the program than without the program, holding all else equal? Ideally, researchers would estimate effectiveness for various programs so that the relative effectiveness could be established. This section begins with two types of background. First, it provides a very high level overview of methods of estimating impact. Then, it describes possible data sources for an impact evaluation.

Methods of Estimating Impact. In this subsection, three broad classes of designs to estimate the impact of an intervention are considered. By the impact of an intervention, we mean what the outcomes would be with the intervention (in this case, prevention) in comparison to what the outcomes would be without the intervention (in this case, usual care, which means the baseline, usually minimal, level of prevention services in the community). This comparison should hold all else equal—the characteristics of those receiving the treatment, the place in which the treatment occurs, and the time period in which the treatment occurs.

- *Random Assignment (RA)*. Random assignment mimics the impact thought experiment (i.e., outcomes with the program relative to outcomes without the program, holding all else equal). Otherwise similar individuals are assigned via the functional equivalent of a coin toss to either the program or usual care. As a result, the two groups differ in only two ways: (1) the treatment group receives the intervention, the control group does not; and (2) chance. Statistical methods allow us to estimate the impact of chance and assess the impact of the intervention.
- *Regression Discontinuity (RD)*. Regression discontinuity exploits formal quantitative rules for determining who gets the treatment. For example, this happens when applicants are given some score, and those with scores on one side of some cutoff get the intervention, those on the other side do not. When such a rule determines who gets the intervention, the impact can be estimated by comparing those just on either side of the cutoff. It is plausible that they are very similar because their scores are close together. Researchers can control for the score using regression methods to estimate the impact of receiving the intervention.
- *Regression-Like Methods (RM):* Regression methods use statistics to take into account observed ways in which those in the treatment group differ from those in the control group. While these methods can control for observed ways in which the treatment group differs from the control group, they cannot rule out the possibility that the treatment and control group are different in unobservable ways before the treatment (in this case the prevention program) that affect the outcomes of interest. The more that is included in the model, the closer these methods will get

to estimating true impact. The strongest of these methods include information on how pre-intervention levels of the outcome vary across the groups. Specific regression-like methods include linear regression, logistic regression, pre-post studies, difference-in-differences, and propensity score matching.

Exhibit 10.1 summarizes the differences among these methods in important dimensions, one column for each method. The rows rate each method according to different criteria.

Exhibit 10.1: Advantages and Disadvantages of Methods for Impact Evaluation

Method	**Random Assignment (RA)**	**Regression Discontinuity (RD)**	**Regression-Like Methods (RM)**
Internal validity (i.e., estimate true impact in population under study)	Highest	Strong	Moderate to weak (depends on available covariates)
Required sample size	Smallest	Three (or more) times larger than RA	In practice, even larger than RD
Intrusiveness	Highly: Must be prospective and requires changing who is served	Minimal: Requires only that a rule be used and that how it was applied be recorded	None: Can use retrospective data
Timing	Must be implemented prospectively	Can be implemented retrospectively	Can be implemented retrospectively
Applicability	Only if sites agree to implement random assignment	Only if sites use a numerical rule to decide who gets served	Everywhere
Ethics	Ethical if there are more applicants than can be served, and it is fair to distribute services by a lottery	Ethical if there are more applicants than can be served, and it is fair to distribute services according to level of risk	Ethical, as it does not alter distribution of services

The first row of Exhibit 10.1 considers internal validity. The primary goal of an impact evaluation is internal validity (i.e., the extent to which the method estimates the true impact where true impact is defined as outcomes with the program relative to outcomes without the program, for the same individual(s), holding all else equal). A study with strong internal validity and a large enough sample will estimate the true impact of the treatment (prevention services) on the outcome (the probability of becoming homeless).

In general, RA is considered to yield by far the highest internal validity, followed by RD, and then (far behind) RM. Random assignment mimics the thought experiment of impact analysis. When properly implemented, it unambiguously estimates true impact. Assumptions for RD are slightly stronger, but estimates are considered to have high internal validity (i.e., it estimates true impact). In contrast, RM requires that researchers measure and properly include in the model all important differences between those who did and did not get the intervention. That requirement is never exactly satisfied, is often implausible, and is never directly testable. Thus, RM estimates are always suspect due to concerns about such omitted variable bias.

The second row of Exhibit 10.1 considers required sample sizes. For all methods, the larger the samples, the more precise are our estimates. The first step in precision is establishing whether there is any impact. Classical statistical power analysis estimates required sample sizes. In general, RA makes the most efficient use of sample (i.e., it requires the smallest sample sizes to detect an impact). Thus, when data collection costs dominate design, RA is extremely attractive.

The last three rows of Exhibit 10.1 consider required intrusiveness, timing, and applicability. As just noted, RA has the strongest internal validity and the smallest sample size requirements. However, RA is less attractive when considering intrusiveness, timing, and applicability.

With respect to intrusiveness, RA requires that the evaluators—not the program—specify who receives services. Programs do not like having evaluators tell them who to serve. RA disrupts their processes and it often violates their sense of ethics as to who should be served. As a result, RA is often difficult to implement. In contrast, beyond work related to data collection, RD and RM do not require any change in program operations.

Furthermore, RA must be done prospectively (i.e., if researchers start an RA study now, they could not begin data analysis for several years). Random assignment must be set up, households must be randomized, treatment must be provided to the treatment group, subsequent outcomes occur or do not occur, and outcome information is collected and assembled for analysis. In contrast, for RD and RM, as soon as researchers could acquire and assemble the required data—on who was served, background information for those served and not served, and outcomes for those served and not served—researchers could begin analysis.

Finally, between RD and RM, RD can only be implemented if the program uses a numerical rule to determine who does and does not get services. Furthermore, information on the score and how it was used must have been retained. When these conditions are not met, RD is not feasible.

Given these trade-offs, two sets of studies are considered below. First, retrospective studies that researchers could do now are discussed in the section Leveraging Existing Data: What Can Researchers Do Now?). Such studies cannot be RA studies; only RD and RM are feasible retrospectively. Second, under the subtitle Launching a Research Demonstration: Demonstration Program Designs, we discuss studies that researchers could start now and run prospectively. Those studies could use RA, or they could use RD or RM research designs.

Data Sources. Any impact evaluation to assess the effectiveness of various homelessness prevention programs will require several types of information:

- *Who was served? And who was not served?* The essence of impact evaluation is comparing outcomes for those who were served to outcomes for those who were not served (and adjusting for any pre-existing differences between the two groups). A first step is to identify who was served and a control or comparison group who was not served. Information on who was served is usually available in program records. Defining who was not served and getting information on them is easy for RA (those randomized to control) and RD (those on the wrong side of the cutoff); but this is a major design challenge for RM. This challenge is considered in detail below.
- *What are their characteristics?* The internal validity of RM studies requires rich data on baseline characteristics (ideally, pretreatment outcomes) to control (as much as possible) for differences between those who were and were not served. RA and RD obtain more precise estimates with these data. RD requires that there be a numerical score (relative to a cutoff) and that it be recorded for everyone. Determining what works for whom requires characterizing subgroups, which also requires assessing the characteristics of those served and not served. As with who was served, this information is usually available in program records. It is often useful to augment that program record information with a baseline survey. Again, getting comparable information for those not served is a major design challenge.
- *What services were received?* For those in the program, this information should be in program records. For those outside the program, it is sometimes appropriate to assume that no services were received or that what was received is not relevant. Otherwise, if non-trivial, relevant services may have been received outside the program, researchers need to conduct a follow-up survey to capture this information (perhaps 12 to 24 months after initial program entry). See the bullet below on the expense of surveys.
- *What were outcomes?* How to measure outcomes will depend on the outcome(s) of interest. A key outcome is clearly homelessness. In many communities homelessness is well measured in the Homeless Management Information System (HMIS). If so, that data should be available to an evaluation at relatively low cost, although the coverage of the HMIS system for each community should be examined. Earnings are also available in administrative data. For other outcomes, a household survey will be needed. Surveys are very expensive per case.

- *How much did it cost?* A cost-effectiveness analysis or a cost-benefit analysis will require information on costs. The broader the cost concept, the better the analysis. A reasonable starting point is costs to the homelessness system. A process analysis—including interviews with local authorities and providers and analysis of cost records—should yield unit cost estimates (e.g., cost of providing the program and cost of homelessness). Ideally, broader cost data (e.g., jails, health services) would also be collected because the intervention may reduce the use of these expensive services and should thus be considered in a cost analysis. (Costs are discussed further below under research question 4 on cost effectiveness.)

Finally, note that an evaluation will need to link various types of information (except possibly the cost information). In general, this will require names and/or Social Security Numbers. Depending on the exact context, getting that information may be contingent on the informed consent of the people being studied. Consent requirements may make retrospective studies infeasible.

Question 3: How do these impacts vary by individual characteristics?

How can service providers assess household needs and triage homelessness interventions (i.e., match the level of homeless services to the level of household need) so that each household receives the right type and amount of prevention assistance? For HPS the research team collected assessment forms from each of the 17 sites that the research team visited and asked survey respondents to attach their forms as well. As noted in Chapter 5, except for Philadelphia, no sites relied exclusively on their assessment form to make decisions about the types of assistance and how much assistance each household needed. Instead, most HPS sites relied on caseworker judgment or a committee structure to make these decisions. Clearly, the field would benefit from a tool that identified which households need which services given a probability of becoming homeless. All other things equal, policymakers should target a given service package to the households for which it will make the biggest difference. Thus, this is the answer to the second version of the targeting question, which asks about how different services may affect different types of households differently.

To answer this question, researchers would want to estimate how the probability of homelessness varies with receipt of different interventions—and how that probability varies with individual or household characteristics. Such studies would require very large sample sizes or perhaps a meta-analytic approach across studies. Much more testing and validation of tools is needed before policymakers can feel confident about their effectiveness. Further, since most sites rely on caseworker judgment in assessing service need, more knowledge about how well caseworkers or committee structures successfully match services to household need is necessary, especially in light of research by Dawes, Faust, and Meehl (1989) that suggests empirical models, like Shinn's, are more accurate than caseworker judgment.

Question 4: Relative to post-homelessness services, is prevention cost effective? What is the cost-benefit ratio for prevention vs. post-homelessness services?

In simpler terms: Is it cheaper to prevent homelessness or simply to provide services to people after they become homeless? As noted above, providing homeless assistance services to people who would not have become homeless wastes scarce public resources. Policymakers can avoid this by narrowing

the risk pool and calibrating the amount of assistance so that the intervention is cost effective. For example, if it costs $1,000 per household to provide homelessness prevention services to 10 households ($10,000) and the cost of a night of shelter is $100, then a homelessness prevention program would be cost effective (i.e., it would lower total costs) if it causes those 10 households to avoid a total 100 nights of shelter. Furthermore, given that the average stay in shelter is approximately 3 months, two shelter stays (among those ten families) would be 180 nights. Thus, under this scenario, the cost of the two households entering homeless shelters would be more than providing 10 households homelessness prevention services.

From an evaluation perspective, this is a classic cost-effectiveness question. A robust impact evaluation should collect cost data for those who are offered the services and for those not offered the services. An impact evaluation should also include a way to make the two groups comparable. Then, one can apply standard cost-effectiveness tools to assess whether any particular prevention program is cost-effective for the population served (i.e., is it cheaper to prevent homelessness or simply to provide services to people after they become homeless). If samples are large enough, these questions can be answered for subgroups of the population served.

Cost-benefit is a narrow criterion for judging prevention services. The initial transition to homelessness is itself traumatic and disruptive for families. It is possible that prevention is less costly than treating homelessness after it occurs. Presumably, even if prevention costs slightly more than treatment after homelessness, some policymakers would choose prevention over post-homelessness services. How much more to pay for prevention is a value judgment. Nevertheless, a good robust impact analysis should collect impact and cost information. In the case that prevention is more expensive than treating homelessness after it occurs, such cost and impact information would help policymakers to make the appropriate value judgments about whether the incremental cost of prevention is sufficient to justify avoiding any homelessness.

Question 5: What mix of services is most cost effective? What mixes of services have the most favorable cost-benefit combination? How does that vary with individual characteristics?

If policymakers have cost-effectiveness and cost-benefit analyses for multiple programs (or for variation intensity/level of assistance for a given program) and how those analyses vary with household characteristics, they can decide whom to serve, with which program, at which intensity. Doing so will require impact estimates, cost estimates, estimates of the size of the population to be served, and a total budget. Once policymakers make those decisions, researchers and practitioners can build a decision-support tool to help caseworkers to make treatment (i.e., “triaging”) decisions. Again, this would require very large sample sizes.

Question 6: How much of an impact did a program have on homelessness?

Understanding program impact on overall homelessness—that is, at the population level—is critical. Retrospectively, did a program lower homelessness in the community? Prospectively, how big an impact would a program (or a group of programs, including a triaging rule) have on homelessness? Answering these questions helps identify programs that work and will help communities measure their progress toward the goal of ending homelessness. Understanding how programs impact overall homelessness is

important since many interventions could create a moral hazard issue. For example, if a community were to provide housing vouchers and allowed for those who are deemed at risk of homelessness to move to the head of the queue for vouchers, this could lead to many more people presenting as at risk for homelessness, thus increasing the number of people homeless.

To answer the question of whether or not homelessness decreased communitywide, one would need to collect data on the sheltered and unsheltered homeless population for the entire area affected by the homelessness prevention services and the counterfactual area (i.e., a comparable area in which no prevention services are available). These data are available in every CoC across the country. The number of unsheltered homeless people is collected through the point-in-time counts, usually conducted during the last week in January each year (though about half of CoCs conduct a count every other year, which is the minimum required by HUD). The sheltered count is available through HMIS data.

Leveraging Existing Data: What Can We Learn Now?

As noted in Chapter 8, the question of whether or not HPRP was successful in preventing homelessness remains unanswered. During the HPS site visits, the research team learned about how communities conceptualized, designed, and implemented their programs, including data collection and tracking of outcomes. This information can inform the design of studies that retrospectively examine the efficacy of HPRP. This section highlights two approaches to evaluating the impact of prevention programs funded by HPRP. The first approach is a national study comparing outcomes across HPS communities. The second approach considers outcomes in one or more HPS communities.

National Retrospective Study of HPRP Impact

The question of whether or not HPRP prevented homelessness (Question #2) remains unanswered. One approach to understanding this question *retrospectively* would use an RM model called a differences-in-differences model (DiD). A DiD model would compare pre-post changes in homelessness at the site level across varying intensities of HPRP expenditures (in the extreme, sites with no expenditures). To do so, one would construct a time-series (e.g., annual/quarterly/monthly data) on entries into homelessness in each period—for the periods immediately preceding HPRP, the periods of HPRP, and perhaps some periods after HPRP. All of these data are currently available for all 535 HPRP grantees (i.e., the unit of analysis). HMIS is available for homelessness entries, IDIS for expenditure information, and APR for a typology of program activities. No such time series will be perfect.

A regression specification for a DiD model would have one observation for each site-period pair. The dependent variable would be site/year specific rates of homelessness. The key independent variable would be per capita HPRP expenditures on prevention and rapid re-housing.[56] The model would include dummy variables for each site and for each time period (e.g., calendar quarter). A more robust version of this model would estimate separate impacts by HPRP strategy (e.g., a typology of assistance created from APR data). The dummy variables control for preprogram levels of the outcome. This is the earlier

[56] One place to start would be to include only HPRP funds. Slightly better would be to survey communities to try to collect information on non-HPRP prevention expenditures. Expenditures need to be normalized in some way for population size—for example, average entries into homelessness in the years before HPRP.

noted condition for higher quality RM studies. Like all RM studies, this approach is subject to concerns about omitted variables and therefore has much lower internal validity than an RD study.

HPRP Community-Level Evaluations

While the study described above would compare data of *all* HPRP grantees, one or multiple single-site studies also appears promising. It should be possible to complete a handful of retrospective community evaluations in communities that collected detailed information on those requesting prevention services. These retrospective community evaluations could address Questions #1 and #2: Did HPRP target the households at highest risk of shelter entry? Did the services provided through HPRP prevent homelessness? Three of the communities visited appear to have data that could support this research: Santa Clara County, California; Philadelphia, Pennsylvania; and Dayton/Montgomery County, Ohio.

In sites in which only some of those requesting services actually received services, it should be possible to use Shinn's model to address the first question—the probability of someone becoming homeless. Program data include information on background characteristics; HMIS has information on entries into homelessness.

To answer the second question—do the prevention services work in preventing homelessness?—requires some type of experimental or quasi-experimental design. Since an experimental design requires random assignment, which would need to be done prior to program entry, this approach is not feasible using existing HPRP data. Because RD or RM creates a comparison group retrospectively, these designs may be feasible—if the research can identify and get data on households that did not receive homelessness prevention services, but who looked similar to those who did.

One strong approach to creating a comparison group is to exploit a scoring rule in the assignment of services. Philadelphia, Pennsylvania, used a standardized screening process that produced an eligibility score for each household. The households that fell just below the eligibility cutoff could serve as a possible comparison group with regression discontinuity adjustments (i.e., including the treatment score as a regressor).

Another approach is to use RM, in particular propensity score matching, to estimate impact with those not given services serving as the comparison group. Propensity score matching could be used even in the sites that did not use a formal scoring process to decide which households would receive services (Santa Clara County or Dayton/Montgomery County) as well as in sites that did use a formal scoring process (Philadelphia). To properly estimate impact, propensity score matching methods require detailed information on households. Further exploration would be needed to establish exactly what information was expected to be recorded in the available databases and the extent to which the information was actually recorded.

Launching Prospective Research Demonstrations

At the time HPRP was implemented, HUD was not ready to launch a major research demonstration. There were too many open questions about what the demonstration would look like, what hypotheses it would test, and the types of research methods that would be deployed. What should future prevention

programming look like? Based on existing research and what the research team has learned so far from HPS, this section proposes four homelessness prevention research demonstrations. Each research demonstration includes two components: (1) promising program models (e.g., which households to target, what types of prevention assistance to offer, how much, and for how long); and (2) one or more feasible research designs (e.g., RA, RD, RM, including difference-in-differences and propensity score matching). Together, the program models and research designs form potential research demonstrations that HUD could launch to further knowledge about what works best in preventing homelessness.

Each of these studies could address both RQ1 (targeting), as well as RQ2 (impact) and RQ3 (impact by individual characteristics). In addition, in as much as cost data was collected, each of these studies could address RQ4 (cost effectiveness of prevention).

Research Demonstration 1 – Shelter Diversion Program

This demonstration would provide short- to medium-term financial assistance, including rental arrearages, to divert households from entering shelter. This intervention would be offered through a CoC central or coordinated intake process that would be triaged with other homeless assistance services (e.g., permanent supportive housing, transitional housing, etc.).

Program Design

- **Entry Point:** Central intake point run by CoC
- **Targeting:** Program would target households (singles and families) at 20 percent of AMI and a combination of risk factors using some version of Shinn's targeting model to determine exactly which households would receive assistance. Risk factors to consider include variables like eviction, young head of household, having young children, pregnancy status, previous shelter entry, number of moves in the past year as well as barriers to future housing, such as poor credit, lack of employment, and, prior history of eviction.
- **Prevention Assistance:** Provide tiered services based on housing needs assessment. Examples of tiered services might be something like: one-time financial assistance for rental arrearages; short-term subsidy (up to 3 months); medium-term subsidy (up to 12 months); plus some mix of case management. Housing relocation services would be provided by a housing specialist, if relocation is necessary.

Evaluation

- **Research Questions:** This evaluation would allow provide answers to RQ1 (targeting), RQ2 (impact), RQ3 (impact by individual characteristics), and RQ4 (cost-effectiveness of prevention).
- **Methods:** This program design lends itself easily to RA or RD.
- **Unit of Analysis:** Household
- **Impact Analysis**: Candidate household presents (perhaps by phone) to central intake. Background information is collected. A score is constructed. Under RA, those who meet the score cutoff are then assigned to either treatment or control (no treatment) by the functional equivalent of a coin toss. Researchers then collect outcomes for both groups and compare the

outcomes. Under RD, those immediately on either side of the cutoff are compared. Treatment group would receive shelter diversion services described above and control group (or comparison group in the case of RA) would receive services as usual.

- **Targeting Analysis**: Under RA, the control group includes those who would have received services versus RD for which the targeting model can only be estimated on those who were not selected for services. Under RD, researchers can estimate a targeting model using Shinn's model as a starting point. Earlier, it was noted that such models are imperfect because they are estimated on a selected sample—those not selected for treatment. Data generated by RA would not have this problem.
- **Data Collection**: Data collection would include baseline information collected as part of the scoring process for targeting as well as information used for assignment along with actual assignment to treatment/control group (RA) or to eligible/not eligible group (RD). Program records contain information on services provided, and homelessness outcome data are recorded in HMIS. Other outcomes—e.g., health, domestic violence—would require a survey, and much higher study costs. If income and employment outcomes are of interest, employment information could be collected on the survey or from administrative sources of earnings data (e.g., unemployment insurance records).
- **Process Study and Cost-Effectiveness/Cost-Benefit Analysis**: In addition to collecting information on implementation to determine if the program was implemented consistently, a process study could collect information on costs, which could be used to support a cost-effectiveness or cost-benefit analysis.

The size of the study sample—that is, the required number of study subjects—will vary with the quality of the targeting model and with the likely success of the program. Exhibit 10.2 provides some illustrative calculations. The rows vary the total sample size (i.e., treatment plus control, assuming an equal split between the two groups). The columns vary the prevalence of homelessness in the control group. Given Shinn's work on targeting, it is plausible that a homelessness prevention program could target a group within which somewhere between 10 and 15 percent of the group would become homeless in the absence of the program. These outcomes depend, of course, on the population and the local economy. Then, the entries in the table give the minimum detectable effect—the percentage point difference in the rate of homelessness between the treatment and control group that could be detected with the given sample size and prevalence of homelessness in the absence of the program. High-quality covariates would cut the sample sizes moderately, perhaps by 20 percent. Survey follow-up would increase the required samples sizes by a quarter or more (to account for survey non-response and the design effect induced by correcting for that non-response).

The table entries should be interpreted as the minimum difference in the rate of homelessness between the treatment and control group that could be detected for the given sample size and prevalence rate of homelessness in the control group. For example, if the control group has a homelessness prevalence rate of 5 percent, it would take a study sample size of 2,600 people to reliably detect a difference of 2.4 percentage points between the treatment and control group.

Exhibit 10.2: Percentage Point Change in the Rate of Homelessness That Could Reliably Be Detected (Minimum Detectable Effect) With Various Study Sample Sizes and Prevalence Rates of Homelessness in the Absence of the Program

Total Sample Size (T + C) to Achieve MDE	Prevalence of Homelessness in the Absence of Treatment			
	5%	**10%**	**15%**	**20%**
800	4.3 pp	5.9 pp	7.1 pp	7.9 pp
1,200	3.5 pp	4.9 pp	5.8 pp	6.5 pp
1,600	3.1 pp	4.2 pp	5.0 pp	5.6 pp
2,000	2.7 pp	3.8 pp	4.5 pp	5.0 pp
2,400	2.5 pp	3.4 pp	4.1 pp	4.6 pp
2,600	2.4 pp	3.3 pp	3.9 pp	4.4 pp

Assumptions: alpha=0.80, beta=0.05, two-sided test. These computations assume no power gain for covariates and no design effect.
Note: pp = percentage points.

A study would want to choose a sample large enough such that the MDE was smaller than the likely impact (i.e., differential rate of homelessness between treatment and control). It is expected that a deep and permanent subsidy would lower the rate of homelessness to well below half its level in the control group. With good targeting (i.e., targeting that selects a group with high risk of homelessness), one might expect homelessness in the absence of the program to be 10 or 15 percent. In that case, an impact of 5 to 7 percentage points might be plausible. On the other hand, a low-intensity counseling program might have an impact of only a percentage point or two.

Given our impressions of HPRP programs and Messeri et al.'s (2011) analyses of HomeBase in New York City, which found that "that for every hundred families HomeBase enrolled, shelter entries fell by between 10 and 20,"cutting homelessness by one-third seems plausible, but less likely. Assuming a 15 percent baseline homelessness rate, detecting a decline of a third (5 percentage points) requires a sample of 1,600 (800 treatment and 800 control). If the true prevalence is 20 percent, detecting a one-third drop (i.e., 6.7 percentage points) requires a slightly smaller sample of about 1,150). If the true prevalence is 10 percent, detecting a one-third drop (i.e., 3.3 percentage points) requires 2,600 observations.

The number of sites needed to achieve these sample sizes will depend on the specific sites and what share of the population is eligible and would apply for the homelessness prevention program. In considering this question, note that the following estimates are not counts of the number of people presenting for prevention services. Instead, these are estimates of the population size of the study

communities such that the number of people presenting for prevention services who meet the targeting criteria will yield enough study subjects. For example, to obtain a sample of 1,600 study subjects from the subset of unassisted renter households with high rent burdens and extremely low incomes that are at high risk to become homeless (an estimated 15 percent rate of homelessness in the absence of prevention services), we estimate that there would need to be at least 5 sites with a population of 450,000 people (or 10 sites with a population of 225,000).[57]

These are the sample sizes required to test a single program, yielding a single estimate of impact for the pooled population. Multiple comparison considerations imply that the required sample sizes for two interventions would be about 60 percent higher; and for three interventions about 120 percent higher. Attempts to estimate differential impacts by observed characteristics would probably require samples five to ten times larger. Moving beyond pooled analyses of a single intervention would further exacerbate the challenge of finding sufficient sites.

This is the sample size required for RA. Sample sizes for RD are larger. RD requires samples three or more times as large as RA because the RD observations have to be close to the cutoff. In an RD study, everyone who meets the eligibility criteria would be served whereas in a RA study, half this group would be assigned to the treatment group and half to the control group. For the RD evaluation, an equal number of applicants that are close to the eligibility cutoff, but not eligible, would also be needed for the comparison group. Thus RD would give services to twice as many people; i.e., everyone who would have been in either the RA treatment group or the RA control group and follow up on that entire group plus a group of equal size that was just below the eligibility cutoff and did not receive services. If follow-up is via HMIS, the only cost is the cost of services to twice as many people (and these additional costs are services costs, not research costs). If follow-up is also (or only) via survey, there is also the cost of surveying perhaps four times as many people. While RA would be a more efficient study design, RD may be more acceptable to program operators because they would not need to turn away any eligible households for study purposes.

Research Demonstration 2 – Neighborhood-Based Prevention Services for Families

This demonstration would test homelessness prevention services provided by community-based organizations that conduct outreach to households at risk of homelessness (e.g., doubled-up, facing eviction, severe rent burden, problems with housing quality, etc.). This is different from the proposed Research Demonstration 1 because it targets people in neighborhoods with a large number of people at risk for homelessness rather than individuals from any neighborhood who meet the eligibility criteria. The intervention could be modeled on New York City's HomeBase program and target households at 30 percent of AMI and test how well the risk factors in Shinn's screening model work outside the neighborhoods in HomeBase. Services would include limited financial assistance and case management. Neighborhoods that have high rates of shelter entry would be targeted.

[57] These estimates were calculated as follows: From the 2009 American Housing Survey, there are an estimated 5 million unassisted U.S. households with severe rent burdens and incomes of less than 30 percent of area median income. This is approximately 4.4 percent of all households. A geographic area of 450,000 people (or 180,000 households) that mirrors these national averages would have about 7,900 households in this category. If approximately 1 in 25 of these households applied and was eligible for the prevention program (i.e., apply and meet the additional criteria that would attempt to discern whether they would become homeless "but for" the prevention services), that would provide a sample of 320 households from that site. Five sites times 320 households equals a sample of 1,600 households.

Program Design

- **Entry Point:** Community-based organization
- **Targeting:** Program would target family households at 30 percent of AMI and a combination of the risk factors in Shinn's model (e.g., eviction, young head of household, young children, pregnancy, previous shelter entry, number of moves in the past year, and future barriers to housing, including credit, employment, and prior eviction).
- **Prevention Assistance:** One-time cash assistance and short-term case management (3 months).
- **Level of Assistance/Duration:** All households receive similar short-term services

Evaluation

- **Research Questions:** This evaluation would allow us to address RQ1 (targeting), RQ2 (impact), RQ3 (impact by individual characteristics), RQ4 (cost-effectiveness of prevention).
- **Methods:** Like Research Demonstration 1, this design lends itself easily to RA or RD, at each site. Analysis would then proceed on the data collected across all sites. For RA, there would be an incremental cost of setting up randomization for each neighborhood's intake process. For RD, it is not required that each neighborhood use the same rule; it is, however, required that all neighborhoods use some well-defined quantitative rule. In other ways, the analyses—impact, targeting, cost benefit—and data collection would be similar. In addition, Research Demonstration 2, because it is a neighborhood design lends itself to an RM approach, specifically DiD. Such an RM/DiD approach will be feasible if some neighborhoods do not get the program at all or if implementation is staggered across neighborhoods. Messeri et al. (2011) exploited such a staggered implementation in New York City. However, this approach appears to require a very large area, such that there are multiple neighborhoods (at least three, ideally a dozen or more) and such that the service areas are well defined and non-overlapping. In the absence of well-defined and non-overlapping service areas, researchers need to worry that people will migrate to the area providing the service. Such migration would destroy the internal validity of the design. For internal validity of the evaluation, this design seems attractive for programs targeting people who are about to be evicted because they have a well-defined address. It seems plausible, though not ideal, for those who are doubled-up; researchers would worry that a household would choose to double-up with someone who is in the catchment area of the program. It seems badly flawed for a program for those at the shelter door; researchers would worry that someone would present at the shelter that offered the service, rather than at the shelter that did not offer the service.
- **Unit of Analysis:** Inasmuch as it mimics the impact analysis approach from Research Demonstration 1 (i.e., individual-level RA or RD), the unit of analysis is individuals. Inasmuch as researchers exploit the neighborhood-nature of the analysis (i.e., RM/DiD), the unit of analysis would be the neighborhood.
- **Impact Analysis**: For RA or RD, the impact analysis would be the same as for Research Demonstration 1. The goal is to estimate the change in homelessness due to the program. The analysis would take individual-level homelessness as the key outcome and individual-level assignment to the treatment group as the key independent variable.

For RM/DiD, the impact analysis would follow the approach used by Messeri et al. (2011). The goal is to estimate the change in homelessness due to the program at the neighborhood level. The data would include neighborhoods that newly implemented the program as well as neighborhoods that always or never had the program for periods before and after program implementation.

The analysis would take neighborhood-level homelessness in a given time period as the key outcome—coded based on reported neighborhood of last residence (i.e., the catchment area determining whether they would have received the service). These data would be converted to rates based on catchment area population. This information should be available in HMIS for time periods before the implementation of a program.

The key independent variable would be presence of the program—and, perhaps, the characteristics of that program (e.g., expenditures per capita, program type). That variable would vary with roll-out of the program by time and place.

The RM/DiD approach can be motivated as follows. One estimate of the impact of the program would be to compute pre-post changes in homelessness with the implementation of the program in the neighborhood. That is a conventional pre-post design (a pre-post difference).

This single difference (i.e., pre-post in the neighborhoods that newly implemented the program) is open to the criticism that there might have been other reasons why homelessness changed over this time period (e.g., changes in the economy). To address this criticism, a better estimate would compute pre-post changes in homelessness in neighborhoods whose program status did not change; i.e., they either always had the program or never had the program. This pre-post change in homelessness can be viewed as a proxy for how homelessness would have changed in neighborhoods that newly implemented the program, if those neighborhoods had not implemented the program. Thus, the DiD/difference-in-difference (sometimes called double difference) estimator subtracts from the pre-post change in the neighborhoods that newly implemented the program the pre-post difference in neighborhoods that did not implement the program—as a control for pre-post changes if the program had not been implemented.

This heuristic motivates the name difference-in-differences. The heuristic does not generalize directly to more complicated cases. Complications include: (i) multiple pre-periods; (ii) multiple post-periods; (iii) varying periods of program implementation; (iv) multiple neighborhoods; and (v) other time varying covariates (e.g., direct proxies for the economy).

To address these complications, the DiD specification is usually estimated via regression. In the regression approach, the regression model includes one observation for each neighborhood/time period combination. The key dependent variable is a neighborhood level proxy for homelessness. The key independent variable is the presence of the homelessness program in this neighborhood, in this time period. More sophisticated models would include variables characterizing the program (for instance, dollars spent per capita or some typology of program approaches). In addition, when available, we include other measures of local neighborhood conditions (e.g., the economy, strength of rapid re-housing program, other homelessness programs, demographics)—when they are measured at the neighborhood level both before and after the implementation of the program.

Finally, the regression models include dummy variables for each neighborhood and time period. Since it is assumed that there are at least two time periods (at least one before and at least one after the program was implemented), this neighborhood effect can be estimated. Similarly, since it is assumed that we have at least one neighborhood that newly implements the program and at least one neighborhood that does not newly implement the program (i.e., either it never had the program or it always had the program), this time effect can also be estimated.

- **Targeting Analysis**: Again, the targeting analysis would proceed using Shinn-like (see Shinn et al., 2013) methods. That is, household characteristics would be collected from the application for services and linked to information on subsequent homelessness. The results would be used to build a statistical model that predicts homelessness given information on the application. The limitation in this approach is that it does not provide a pure no-treatment group. In principle, a pure no treatment group exists; i.e., individuals in periods in which a neighborhood has not yet implemented the program. However, since there was not yet a program, application data were not collected. (This lack of data will be true whether the research adopts individual-level methods and RA or RD or neighborhood-level methods and RM/DiD).
- **Data Collection**: In this design, despite the lack of baseline characteristics on the potentially homeless when the program is not in operation, impact analysis can nevertheless proceed. However, a targeting analysis would require baseline characteristics of those that apply for services in places where the program is operational. These were the data that Shinn used.
- **Process Study and Cost-Effectiveness/Cost-Benefit Analysis**: A process study would collect information on costs of the program. Specifically, a process study would have information on billing of service providers for homelessness prevention services. A process study would also collect information on the number of families served. From this information, it is straightforward to estimate average cost; i.e., cost of the homelessness prevention program per family served. If there was interest in changing the scale of the program, a process analysis might conduct interviews and collect budget information in an attempt to separately estimate fixed costs (defined as costs that are not related to the number of families served and would therefore not change appreciably even with a large increase in the number of families served) and variable costs (costs that would increase approximately proportionately with a large increase in the number of families served) and how those costs vary with family characteristics. The impact analysis would estimate the benefit of the program (the cases of homelessness avoided by the program). This would be enough to do a cost-benefit analysis.

  A process analysis might also attempt to collect local estimates of the cost of homelessness (e.g., average length of stay in shelter, the cost per night of shelter, and how those costs vary with family characteristics). With such information on the cost of homelessness, the study could perform a cost-effectiveness analysis by comparing the cost of the program to the cost of the homelessness averted by the program.

Research Demonstration 3 – Systems Homelessness Prevention Program

In this demonstration, prevention services would be provided by a mainstream agency (or "system") to prevent homelessness among its clients. Qualifying agencies could include corrections facilities, healthcare facilities (e.g., hospitals, psychiatric, detoxification centers), or child welfare agencies (for youth aging out of

foster care). The intervention would include short-term financial assistance and case management services. The mainstream agency would collaborate with the CoC. The CoC would administer financial assistance and case management, and the mainstream agency would be responsible for referrals and other service supports. Funding for the demonstration would be offered through an open RFP process. The RFP would clearly specify which targeting and screening and service options need to be included. Prospective grantees would apply with program design plans that meet both local needs and the RFP's requirements.

Program Design

- **Entry Point:** In-reach at mainstream agency
- **Targeting:** 30 percent of AMI and specific risk factors that will be tested during the demonstration.
- **Prevention Assistance:** Provide tiered services (e.g., one-time financial assistance for rental arrearages, short-term subsidy (up to 3 months), medium-term subsidy (up to 12 months), plus some mix of case management), based on a housing needs assessment. Most households (75 percent) would receive up to 3 months of financial assistance and the rest (25 percent) would receive longer-term assistance, up to 12 months. Housing relocation services provided a housing specialist, if relocation is necessary.
- **Level of Assistance/Duration:** All households provided short-term assistance and up to 25 percent of households could receive extensions up to 12 months. Decisions on continuing services would be made during recertification every 3 months.

Evaluation

- **Research Questions:** This evaluation would allow researchers to address RQ1 (targeting), RQ2 (impact), RQ3 (impact by individual characteristics), and RQ4 (cost-effectiveness of prevention).
- **Methods:** This design lends itself easily to RA or RD, if sufficient samples can be found. The sample size analysis would be similar to that for Research Demonstration 1. It is not clear that sufficient samples would exist. The higher the baseline prevalence of homelessness in the subgroup, the more feasible would be the study. In addition, sometimes a system design lends itself to a different and easier to implement design. Consider the case where there are multiple system sites. Examples might include several jails, several mental institutions, or several offices for social workers working with youth aging out of foster care. RA would require implementing randomization at each site. RD would require that each site implement a scoring rule. Under RM/DiD, researchers might simply offer the program in some institutions (jails, mental institutions, or social work offices), but not at others. This design is more likely to be both acceptable and feasible.
- **Unit of Analysis:** For RM/DiD, the institution (i.e., institutions offering the program vs. institutions not offering the program) would be the unit of analysis, while for RA or RD, it would be households.
- **Impact Analysis.** Analysis proceeds as Research Demonstration 2 (as in Messeri et al., 2011), where the unit of analysis is the institution, rather than the neighborhood. Otherwise, the analysis is identical. RA or RD (following the analysis described in Research Demonstration 1) may also be possible, but RM/DiD exploiting the staggered intervention method used by Messeri is the most likely to be feasible.

- **Targeting Analysis**: Again, using Shinn-like (see Shinn et al. 2013) methods. This approach will provide a pure no-treatment group when individuals in the no-treatment sites (see the next bullet) can be identified.
- **Data Collection**: In general, HMIS will not record whether an individual came from an institution, which institution, or when. Thus, in order to determine who came from an institution and whether or not the institution offered the program when this individual was discharged, it will be necessary to collect a list of people discharged—for each site, in each period—with identifiers (names and Social Security Numbers). A study would certainly need this information for both sites with and without the program, prospectively. For internal validity purposes, it seems crucial to have this information for a year or more before the program starts anywhere.[58] That information would allow using each site as its own control (i.e., difference-of-differences). Given that researchers have identifiers, an analysis can find (or not find) those released from the institutions in HMIS data and/or conduct a follow-up survey.
- **Process Study and Cost-Effectiveness/Cost-Benefit Analysis**: A process study would collect information on costs, which could be used to support a cost-effectiveness or cost-benefit analysis.

Research Demonstration 4 – Shallow Housing Subsidy Program

This demonstration would offer an ongoing shallow subsidy to all households who meet income requirements. The subsidy would be administered by the local public housing authority in collaboration with the CoC, who would refer eligible households to the PHA.

Program Design

- **Entry Point:** PHA in collaboration with CoC
- **Targeting:** Families with incomes at or below 30 percent of AMI
- **Prevention Assistance:** Ongoing shallow housing subsidy (20 percent of local FMR)
- **Level of Assistance/Duration:** Permanent until 40 percent of income equals the contract rent.

Evaluation

- **Research Questions:** This evaluation would allow us to address RQ1 (targeting), RQ2 (impact), RQ3 (impact by individual characteristics), and RQ4 (cost-effectiveness of prevention).
- **Methods:** This design lends itself easily to RA or RD, as in Research Demonstration 1. No new issues appear to be raised. Targeting studies would also be possible. The intervention is likely to be much more expensive and much more effective. In as much as the program is only offered to those at very high risk of homelessness (e.g., groups with a 10 percent or higher risk of homelessness as discussed in Research Demonstration 1), sample sizes could therefore be much smaller, perhaps 1,000 or even 500. However, if the program has weak targeting (such as the 30 percent of AMI above), then rates of homelessness in the control group are likely to be well below 5 percent. Required sample sizes would therefore be well above 1,000.
- **Unit of Analysis:** Household

[58] Issues of consent would be need to be addressed, covering both prospective and retrospective data release.

- **Impact Analysis**: As in Research Demonstration 1.
- **Targeting Analysis**: As in Research Demonstration 1.
- **Data Collection**: As in Research Demonstration 1.
- **Process Study and Cost-Effectiveness/Cost-Benefit Analysis**: As in Research Demonstration 1.

Conclusion

This chapter has considered possible next steps for evaluation of homelessness prevention. Given the recent HPRP experience, three retrospective analyses seem appropriate.

- A cross-community analysis relating changes in homelessness entries (as measured in HMIS) with HPRP funding to the details of a community's HPRP funded prevention program.
- In communities with high quality data on applicants for prevention services, propensity score matching models of the relation of service receipt to subsequent homelessness (as measured in HMIS). These are likely to be the same communities that have data that would support a targeting analysis. There is thus likely to be considerable cost savings from doing both analyses at the same time and by the same team.
- Developing targeting models in other communities with appropriate data.

These are non-experimental analyses that are, therefore, open to real concerns about omitted variable bias. Nevertheless, given the recent HPRP experience and the relatively low cost (probably under $1 million), these studies are well worth doing. Furthermore, the sooner these analyses can be started the better. As the HPRP experience recedes, records of services received and costs, as well as memories of details of program operation, will become harder to access. As that occurs, the quality of these analyses will decline or may become impossible.

This chapter has also considered prospective analyses. Specifically, the chapter enumerated four possible research demonstration designs:

- Communitywide Shelter Diversion Program
- Neighborhood-Based Family Services Program
- System-Based Homelessness Prevention Program
- Shallow Housing Subsidy Program

Each of these program approaches would be amenable to impact analysis via random assignment with outcome data collected through HMIS. Inasmuch as the program could be induced to use a quantitative rule to determine who is served, these programs are also amenable to impact analysis via regression discontinuity. Finally, for some of the program designs, this report provides regression-like analysis plans. These plans identify a comparison group, how to collect data for that comparison group, and pretreatment control outcome information sufficient to make non-experimental analytic results plausible.

Nevertheless, concerns about omitted variable bias remain with all regression like methods, even when pretreatment outcome information is available. Thus, whenever possible, the research team urges using random assignment; regression discontinuity would be the next best design because it is clearly better

than regression-like methods, but it is not as good as random assignment. Inasmuch as random assignment would be conducted in the context of a new program or where eligible applicants greatly exceed the number who can be served, and where agreement to random assignment was a condition of receiving the funds, random assignment seems feasible and ethical.

Prospective studies would have much better internal validity than the retrospective studies, but they would also be much more expensive. Analyses of a single program, taking homelessness as the only outcome and collecting that information through HMIS, could probably be conducted for approximately $2.5 million. Analyses considering broader outcomes would be worth doing, but would have costs several times that (perhaps $10 million) because of sample tracking and survey costs. Analyses of more than one outcome or that were sized to detect differential impact with observable characteristics would require sample sizes two to ten times larger, with much higher costs. Furthermore, the feasibility of such large studies is unclear. They would require recruiting many of the very largest sites.

Appendix A: Homelessness Fund Formula Allocations

American Recovery and Reinvestment Act of 2009: Homelessness Fund Formula Allocations		
State	*Grantee Name*	*Allocation Amounts*
STATE PROGRAMS		
AK	AK STATE PROGRAM	$1,143,986
AL	AL STATE PROGRAM	$13,328,942
AR	AR STATE PROGRAM	$10,530,746
AZ	AZ STATE PROGRAM	$7,033,520
CA	CA STATE PROGRAM	$44,466,877
CO	CO STATE PROGRAM	$8,154,036
CT	CT STATE PROGRAM	$10,818,309
DE	DE STATE PROGRAM	$934,980
FL	FL STATE PROGRAM	$21,507,109
GA	GA STATE PROGRAM	$19,084,426
HI	HI STATE PROGRAM	$2,166,888
IA	IA STATE PROGRAM	$11,866,889
ID	ID STATE PROGRAM	$4,438,807
IL	IL STATE PROGRAM	$20,286,504
IN	IN STATE PROGRAM	$16,293,551
KS	KS STATE PROGRAM	$8,360,995
KY	KY STATE PROGRAM	$12,157,352
LA	LA STATE PROGRAM	$13,541,639
MA	MA STATE PROGRAM	$18,443,744
MD	MD STATE PROGRAM	$5,680,393
ME	ME STATE PROGRAM	$6,575,089
MI	MI STATE PROGRAM	$22,108,890
MN	MN STATE PROGRAM	$10,865,236
MO	MO STATE PROGRAM	$12,011,262
MS	MS STATE PROGRAM	$13,348,427
MT	MT STATE PROGRAM	$3,731,327
NC	NC STATE PROGRAM	$22,157,468
ND	ND STATE PROGRAM	$2,582,637
NE	NE STATE PROGRAM	$5,128,578
NH	NH STATE PROGRAM	$4,612,322
NJ	NJ STATE PROGRAM	$10,221,710
NM	NM STATE PROGRAM	$6,778,653
NV	NV STATE PROGRAM	$2,035,393
NY	NY STATE PROGRAM	$25,527,382
OH	OH STATE PROGRAM	$26,205,724
OK	OK STATE PROGRAM	$8,101,391
OR	OR STATE PROGRAM	$7,873,436
PA	PA STATE PROGRAM	$23,411,484

RI	RI STATE PROGRAM	$3,282,670
SC	SC STATE PROGRAM	$11,136,176
SD	SD STATE PROGRAM	$3,254,060
TN	TN STATE PROGRAM	$13,467,433
TX	TX STATE PROGRAM	$41,472,772
UT	UT STATE PROGRAM	$5,021,811
VA	VA STATE PROGRAM	$11,389,160
VT	VT STATE PROGRAM	$3,398,824
WA	WA STATE PROGRAM	$11,126,387
WI	WI STATE PROGRAM	$17,101,862
WV	WV STATE PROGRAM	$7,977,649
WY	WY STATE PROGRAM	$1,718,313
CITY		
AK	ANCHORAGE	$776,469
AL	BIRMINGHAM	$2,735,730
AL	HUNTSVILLE	$529,697
AL	MOBILE	$1,186,394
AL	MONTGOMERY	$860,653
AR	LITTLE ROCK	$682,197
AZ	CHANDLER	$575,271
AZ	GLENDALE	$914,122
AZ	MESA	$1,405,094
AZ	PHOENIX	$6,996,243
AZ	TEMPE	$661,474
AZ	TUCSON	$2,534,340
CA	ALAMEDA	$552,208
CA	ALHAMBRA	$567,605
CA	ANAHEIM	$2,046,908
CA	BAKERSFIELD	$1,372,351
CA	BALDWIN PARK	$605,041
CA	BERKELEY	$1,332,952
CA	CHULA VISTA	$819,738
CA	COMPTON	$848,514
CA	COSTA MESA	$560,237
CA	DALY CITY	$510,070
CA	DOWNEY	$611,834
CA	EL CAJON	$512,686
CA	EL MONTE	$1,110,506
CA	ESCONDIDO	$709,782
CA	FONTANA	$783,380
CA	FREMONT	$682,331
CA	FRESNO	$3,130,746
CA	FULLERTON	$622,710
CA	GARDEN GROVE	$1,068,707
CA	GLENDALE	$1,346,899
CA	HAWTHORNE	$703,261

CA	HAYWARD	$703,342
CA	HUNTINGTON BEACH	$566,611
CA	HUNTINGTON PARK	$656,002
CA	INGLEWOOD	$918,344
CA	IRVINE	$540,656
CA	KERN COUNTY	$2,076,503
CA	LANCASTER	$564,646
CA	LONG BEACH	$3,566,451
CA	LOS ANGELES	$29,446,304
CA	LYNWOOD	$646,575
CA	MERCED	$515,203
CA	MODESTO	$966,016
CA	MORENO VALLEY	$732,872
CA	NORWALK	$633,782
CA	OAKLAND	$3,458,120
CA	OCEANSIDE	$742,791
CA	ONTARIO	$997,869
CA	ORANGE	$545,636
CA	OXNARD	$1,124,994
CA	PALMDALE	$615,530
CA	PASADENA	$908,395
CA	POMONA	$1,164,766
CA	RIALTO	$546,485
CA	RICHMOND	$559,735
CA	RIVERSIDE	$1,383,070
CA	SACRAMENTO	$2,375,126
CA	SALINAS	$1,013,978
CA	SAN BERNARDINO	$1,455,066
CA	SAN DIEGO	$6,168,104
CA	SAN FRANCISCO	$8,757,780
CA	SAN JOSE	$4,128,763
CA	SANTA ANA	$2,831,989
CA	SANTA MARIA	$521,839
CA	SANTA MONICA	$553,576
CA	SANTA ROSA	$516,527
CA	SOUTH GATE	$865,273
CA	STOCKTON	$1,725,572
CA	SUNNYVALE	$508,191
CA	WESTMINSTER	$511,454
CO	AURORA	$1,009,717
CO	COLORADO SPRINGS	$1,043,089
CO	DENVER	$3,769,259
CO	PUEBLO	$678,970
CT	BRIDGEPORT	$1,351,004
CT	HARTFORD	$1,572,727
CT	NEW BRITAIN	$772,694

CT	NEW HAVEN	$1,514,570
CT	WATERBURY	$931,128
DC	DISTRICT OF COLUMBIA	$7,489,476
DE	WILMINGTON	$1,008,057
FL	FT LAUDERDALE	$852,872
FL	GAINESVILLE	$567,404
FL	HIALEAH	$1,734,021
FL	HOLLYWOOD	$625,671
FL	MIAMI	$3,392,918
FL	MIAMI BEACH	$715,418
FL	MIAMI GARDENS (city)	$567,612
FL	NORTH MIAMI	$507,641
FL	ORLANDO	$921,665
FL	POMPANO BEACH	$507,694
FL	ST PETERSBURG	$914,999
FL	TALLAHASSEE	$784,267
FL	TAMPA	$1,538,393
GA	ATLANTA	$3,441,091
GA	MACON	$541,299
GA	SAVANNAH	$1,121,523
HI	HONOLULU	$4,016,074
IA	CEDAR RAPIDS	$536,843
IA	DAVENPORT	$711,923
IA	DES MOINES	$1,763,874
IA	DUBUQUE	$502,294
IA	SIOUX CITY	$779,497
IA	WATERLOO	$570,881
ID	BOISE	$533,411
IL	AURORA	$506,883
IL	BERWYN	$559,545
IL	CHICAGO	$34,356,259
IL	CICERO	$581,065
IL	DECATUR	$623,309
IL	EAST ST LOUIS	$750,339
IL	EVANSTON	$801,460
IL	OAK PARK	$796,581
IL	PEORIA	$790,404
IL	ROCKFORD	$861,073
IL	SPRINGFIELD	$516,191
IN	EAST CHICAGO	$559,073
IN	EVANSVILLE	$1,217,598
IN	FORT WAYNE	$874,319
IN	GARY	$1,498,882
IN	HAMMOND	$948,137
IN	INDIANAPOLIS	$3,942,177
IN	MUNCIE	$590,276

IN	SOUTH BEND	$1,148,607
IN	TERRE HAUTE	$760,163
KS	KANSAS CITY	$1,003,797
KS	TOPEKA	$816,686
KS	WICHITA	$1,168,490
KY	COVINGTON	$679,522
KY	LEXINGTON-FAYETTE	$849,668
KY	LOUISVILLE	$4,870,830
LA	BATON ROUGE	$1,734,745
LA	HOUMA-TERREBONNE	$507,405
LA	JEFFERSON PARISH	$1,469,179
LA	LAFAYETTE	$672,893
LA	NEW ORLEANS	$7,578,168
LA	SHREVEPORT	$1,072,168
MA	ARLINGTON	$533,800
MA	BOSTON	$8,209,151
MA	BROCKTON	$610,110
MA	BROOKLINE	$667,436
MA	CAMBRIDGE	$1,302,128
MA	CHICOPEE	$531,528
MA	FALL RIVER	$1,232,852
MA	HOLYOKE	$551,671
MA	LAWRENCE	$710,503
MA	LOWELL	$979,048
MA	LYNN	$1,033,392
MA	MALDEN	$636,677
MA	MEDFORD	$716,681
MA	NEW BEDFORD	$1,228,020
MA	NEWTON	$923,339
MA	PITTSFIELD	$613,738
MA	QUINCY	$848,274
MA	SOMERVILLE	$1,181,067
MA	SPRINGFIELD	$1,700,802
MA	WORCESTER	$1,904,831
MD	BALTIMORE	$9,523,896
ME	PORTLAND	$876,120
MI	BATTLE CREEK	$531,444
MI	BAY CITY	$592,249
MI	DEARBORN	$873,199
MI	DETROIT	$15,234,947
MI	FLINT	$1,763,839
MI	GRAND RAPIDS	$1,650,890
MI	JACKSON	$568,942
MI	KALAMAZOO	$758,089
MI	LANSING	$898,823
MI	PONTIAC	$633,479

MI	ROYAL OAK	$558,226
MI	SAGINAW	$1,022,177
MN	DULUTH	$1,162,800
MN	MINNEAPOLIS	$5,520,902
MN	ST PAUL	$3,298,163
MO	KANSAS CITY	$3,628,139
MO	SPRINGFIELD	$551,673
MO	ST JOSEPH	$727,371
MO	ST LOUIS	$8,156,188
MS	JACKSON	$1,031,154
NC	ASHEVILLE	$509,460
NC	CHARLOTTE	$1,930,217
NC	DURHAM	$789,101
NC	FAYETTEVILLE	$589,648
NC	GREENSBORO	$781,141
NC	RALEIGH	$991,091
NC	WINSTON-SALEM	$748,097
NE	LINCOLN	$726,148
NE	OMAHA	$2,017,088
NH	MANCHESTER	$766,545
NJ	ATLANTIC CITY	$553,438
NJ	BAYONNE	$779,080
NJ	CAMDEN	$1,149,122
NJ	CLIFTON	$581,485
NJ	EAST ORANGE	$693,362
NJ	ELIZABETH	$839,604
NJ	JERSEY CITY	$2,676,991
NJ	NEWARK	$3,533,348
NJ	PATERSON	$1,184,137
NJ	TRENTON	$1,251,452
NJ	UNION CITY	$555,355
NM	ALBUQUERQUE	$1,807,256
NV	LAS VEGAS	$2,105,118
NV	NORTH LAS VEGAS	$677,704
NV	RENO	$836,301
NY	ALBANY	$1,523,772
NY	BABYLON TOWN	$526,925
NY	BINGHAMTON	$955,655
NY	BUFFALO	$6,594,081
NY	ELMIRA	$560,951
NY	ISLIP TOWN	$840,437
NY	JAMESTOWN	$573,517
NY	MOUNT VERNON	$745,701
NY	NEW ROCHELLE	$686,935
NY	NEW YORK	$73,929,729
NY	NIAGARA FALLS	$1,037,411

NY	ROCHESTER	$3,954,235
NY	SCHENECTADY	$1,048,938
NY	SYRACUSE	$2,524,997
NY	TONAWANDA TOWN	$772,574
NY	TROY	$845,286
NY	UNION TOWN	$578,661
NY	UTICA	$1,192,417
NY	YONKERS	$1,533,003
OH	AKRON	$2,790,522
OH	CANTON	$1,183,577
OH	CINCINNATI	$5,339,182
OH	CLEVELAND	$9,801,913
OH	CLEVELAND HEIGHTS	$715,677
OH	COLUMBUS	$2,642,649
OH	DAYTON	$2,595,505
OH	HAMILTON CITY	$605,828
OH	LAKEWOOD	$902,439
OH	LIMA	$506,015
OH	LORAIN	$502,230
OH	SPRINGFIELD	$815,869
OH	TOLEDO	$3,275,494
OH	WARREN	$541,184
OH	YOUNGSTOWN	$1,610,332
OK	OKLAHOMA CITY	$2,161,404
OK	TULSA	$1,513,504
OR	EUGENE	$567,404
OR	PORTLAND	$4,172,282
OR	SALEM	$597,562
PA	ALLENTOWN	$1,129,049
PA	ALTOONA	$819,718
PA	BETHLEHEM	$687,480
PA	CHESTER	$586,664
PA	ERIE	$1,458,364
PA	HARRISBURG	$855,478
PA	JOHNSTOWN	$644,490
PA	LANCASTER	$738,012
PA	MCKEESPORT	$500,957
PA	PHILADELPHIA	$21,486,240
PA	PITTSBURGH	$6,848,936
PA	READING	$1,267,021
PA	SCRANTON	$1,401,868
PA	UPPER DARBY	$797,813
PA	WILKES-BARRE	$794,109
PA	WILLIAMSPORT	$518,859
PA	YORK	$693,600
RI	PAWTUCKET	$845,934

RI	PROVIDENCE	$2,303,402
RI	WOONSOCKET	$545,802
SC	COLUMBIA	$524,731
TN	CHATTANOOGA	$712,946
TN	KNOXVILLE	$771,803
TN	MEMPHIS	$3,329,685
TN	NASHVILLE-DAVIDSON	$2,012,994
TX	AMARILLO	$739,071
TX	ARLINGTON	$1,304,792
TX	AUSTIN	$3,062,820
TX	BEAUMONT	$741,325
TX	BROWNSVILLE	$1,347,839
TX	CORPUS CHRISTI	$1,393,181
TX	DALLAS	$7,187,357
TX	EL PASO	$3,492,976
TX	FORT WORTH	$2,746,929
TX	GALVESTON	$585,604
TX	GARLAND	$858,997
TX	GRAND PRAIRIE	$569,746
TX	HOUSTON	$12,375,861
TX	IRVING	$930,680
TX	LAREDO	$1,490,976
TX	LUBBOCK	$947,453
TX	MC ALLEN	$733,518
TX	PASADENA	$790,214
TX	PLANO	$509,050
TX	PORT ARTHUR	$564,089
TX	SAN ANTONIO	$5,974,286
TX	WACO	$685,599
TX	WICHITA FALLS	$583,425
UT	PROVO	$700,321
UT	SALT LAKE CITY	$1,680,347
VA	ALEXANDRIA	$512,214
VA	CHESAPEAKE	$507,406
VA	NEWPORT NEWS	$659,087
VA	NORFOLK	$2,097,079
VA	PORTSMOUTH	$724,490
VA	RICHMOND	$2,044,088
VA	ROANOKE	$766,017
VA	VIRGINIA BEACH	$1,010,599
WA	SEATTLE	$4,993,052
WA	SPOKANE	$1,564,373
WA	TACOMA	$1,182,824
WA	VANCOUVER	$549,529
WI	MADISON	$817,092
WI	MILWAUKEE	$6,912,159

WI	RACINE	$817,554
WI	WEST ALLIS	$574,434
WV	CHARLESTON	$760,168
WV	HUNTINGTON	$854,337
WV	WHEELING	$606,447
COUNTY		
AL	JEFFERSON COUNTY	$845,709
AL	MOBILE COUNTY	$586,571
AZ	MARICOPA COUNTY	$900,303
AZ	PIMA COUNTY	$1,063,430
CA	ALAMEDA COUNTY	$802,915
CA	CONTRA COSTA COUNTY	$1,421,551
CA	FRESNO COUNTY	$1,634,630
CA	LOS ANGELES COUNTY	$12,197,108
CA	MARIN COUNTY	$659,106
CA	ORANGE COUNTY	$1,556,026
CA	RIVERSIDE COUNTY	$4,276,900
CA	SACRAMENTO COUNTY	$2,396,773
CA	SAN BERNARDINO COUNTY	$3,040,382
CA	SAN DIEGO COUNTY	$1,925,974
CA	SAN JOAQUIN COUNTY	$1,460,619
CA	SAN LUIS OBISPO COUNTY	$855,184
CA	SAN MATEO COUNTY	$1,166,526
CA	SANTA BARBARA COUNTY	$829,013
CA	SANTA CLARA COUNTY	$717,484
CA	SONOMA COUNTY	$817,572
CA	STANISLAUS COUNTY	$1,023,163
CA	VENTURA COUNTY	$826,094
CO	ADAMS COUNTY	$836,047
DE	NEW CASTLE COUNTY	$978,285
FL	BREVARD COUNTY	$644,208
FL	BROWARD COUNTY	$1,579,569
FL	COLLIER COUNTY	$888,850
FL	ESCAMBIA COUNTY	$855,417
FL	HILLSBOROUGH COUNTY	$2,458,811
FL	JACKSONVILLE-DUVAL COUNT	$2,779,039
FL	LEE COUNTY	$881,538
FL	MANATEE COUNTY	$635,485
FL	MARION COUNTY	$727,072
FL	MIAMI-DADE COUNTY	$7,468,222
FL	ORANGE COUNTY	$2,523,982
FL	PALM BEACH COUNTY	$2,823,871
FL	PASCO COUNTY	$1,055,241
FL	PINELLAS COUNTY	$1,237,464
FL	POLK COUNTY	$1,222,920
FL	SARASOTA COUNTY	$581,819

FL	SEMINOLE COUNTY	$991,180
FL	VOLUSIA COUNTY	$805,614
GA	ATHENS-CLARKE COUNTY	$604,969
GA	AUGUSTA-RICHMOND COUNTY	$927,319
GA	CLAYTON COUNTY	$856,410
GA	COBB COUNTY	$1,337,048
GA	COLUMBUS-MUSCOGEE COUNTY	$740,907
GA	DE KALB COUNTY	$2,359,998
GA	FULTON COUNTY	$896,069
GA	GWINNETT COUNTY	$1,713,730
IL	COOK COUNTY	$4,121,046
IL	DU PAGE COUNTY	$1,443,723
IL	KANE COUNTY	$517,394
IL	LAKE COUNTY	$1,057,106
IL	MADISON COUNTY	$566,987
IL	MCHENRY COUNTY	$540,732
IL	ST CLAIR COUNTY	$586,413
IL	WILL COUNTY	$602,271
IN	LAKE COUNTY	$550,643
MD	ANNE ARUNDEL COUNTY	$865,183
MD	BALTIMORE COUNTY	$1,721,080
MD	MONTGOMERY COUNTY	$2,104,743
MD	PRINCE GEORGES COUNTY	$2,512,242
ME	CUMBERLAND COUNTY	$605,763
MI	GENESEE COUNTY	$756,066
MI	KENT COUNTY	$639,448
MI	MACOMB COUNTY	$687,708
MI	OAKLAND COUNTY	$1,553,232
MI	WAYNE COUNTY	$2,308,510
MN	DAKOTA COUNTY	$704,252
MN	HENNEPIN COUNTY	$993,011
MN	ST LOUIS COUNTY	$1,001,832
MO	ST LOUIS COUNTY	$2,188,751
NC	WAKE COUNTY	$582,164
NJ	ATLANTIC COUNTY	$545,890
NJ	BERGEN COUNTY	$4,333,887
NJ	BURLINGTON COUNTY	$663,041
NJ	CAMDEN COUNTY	$1,057,935
NJ	ESSEX COUNTY	$2,520,882
NJ	GLOUCESTER COUNTY	$581,762
NJ	HUDSON COUNTY	$1,535,992
NJ	MIDDLESEX COUNTY	$800,475
NJ	MONMOUTH COUNTY	$1,240,040
NJ	MORRIS COUNTY	$931,156
NJ	SOMERSET COUNTY	$519,821
NJ	UNION COUNTY	$2,169,536

NV	CLARK COUNTY	$2,595,173
NY	DUTCHESS COUNTY	$654,862
NY	ERIE COUNTY	$1,209,200
NY	MONROE COUNTY	$789,300
NY	NASSAU COUNTY	$6,458,352
NY	ONONDAGA COUNTY	$897,454
NY	ORANGE COUNTY	$713,117
NY	ROCKLAND COUNTY	$860,643
NY	SUFFOLK COUNTY	$1,511,657
NY	WESTCHESTER COUNTY	$2,373,791
OH	CUYAHOGA COUNTY	$1,552,324
OH	FRANKLIN COUNTY	$746,920
OH	HAMILTON COUNTY	$1,396,621
OH	LAKE COUNTY	$575,083
OH	MONTGOMERY COUNTY	$759,496
OH	STARK COUNTY	$589,412
OK	TULSA COUNTY	$521,635
OR	CLACKAMAS COUNTY	$871,505
OR	WASHINGTON COUNTY	$824,990
PA	ALLEGHENY COUNTY	$6,714,064
PA	BEAVER COUNTY	$1,596,719
PA	BERKS COUNTY	$1,109,659
PA	BUCKS COUNTY	$975,905
PA	CHESTER COUNTY	$1,130,871
PA	CUMBERLAND COUNTY	$558,742
PA	DAUPHIN COUNTY	$621,187
PA	DELAWARE COUNTY	$1,700,587
PA	LANCASTER COUNTY	$1,382,274
PA	LEHIGH COUNTY	$574,614
PA	LUZERNE COUNTY	$2,057,026
PA	MONTGOMERY COUNTY	$1,514,639
PA	NORTHAMPTON COUNTY	$738,192
PA	WASHINGTON COUNTY	$1,762,094
PA	WESTMORELAND COUNTY	$1,832,195
PA	YORK COUNTY	$1,074,741
SC	CHARLESTON COUNTY	$831,125
SC	GREENVILLE COUNTY	$984,729
SC	HORRY COUNTY	$622,075
SC	LEXINGTON COUNTY	$588,970
SC	RICHLAND COUNTY	$568,201
SC	SPARTANBURG COUNTY	$532,752
TX	BEXAR COUNTY	$701,160
TX	BRAZORIA COUNTY	$707,747
TX	DALLAS COUNTY	$866,753
TX	FORT BEND COUNTY	$777,971
TX	HARRIS COUNTY	$4,463,961

TX	HIDALGO COUNTY	$3,463,905
TX	MONTGOMERY COUNTY	$741,614
TX	TARRANT COUNTY	$1,156,125
UT	SALT LAKE COUNTY	$1,005,916
VA	ARLINGTON COUNTY	$728,367
VA	CHESTERFIELD COUNTY	$515,089
VA	FAIRFAX COUNTY	$2,462,398
VA	HENRICO COUNTY	$603,481
VA	PRINCE WILLIAM COUNTY	$789,775
WA	CLARK COUNTY	$559,180
WA	KING COUNTY	$1,863,675
WA	PIERCE COUNTY	$1,224,641
WA	SNOHOMISH COUNTY	$1,262,714
WA	SPOKANE COUNTY	$622,278
WI	MILWAUKEE COUNTY	$712,755
TERRITORIES		
AS	AMERICAN SAMOA	$412,935
GU	GUAM	$1,221,922
MP	NORTHERN MARIANAS	$589,165
VI	VIRGIN ISLANDS	$775,977
PR	PR STATE PROGRAM	$20,835,644
PR	AGUADILLA MUNICIPIO	$764,657
PR	ARECIBO MUNICIPIO	$1,124,937
PR	BAYAMON MUNICIPIO	$1,874,802
PR	CABO ROJO MUNICIPIO	$509,023
PR	CAGUAS MUNICIPIO	$1,390,581
PR	CANOVANAS MUNICIPIO	$548,313
PR	CAROLINA MUNICIPIO	$1,596,195
PR	CAYEY MUNICIPIO	$536,499
PR	GUAYAMA MUNICIPIO	$506,041
PR	GUAYNABO MUNICIPIO	$786,550
PR	HUMACAO MUNICIPIO	$642,921
PR	ISABELA MUNICIPIO	$537,621
PR	JUANA DIAZ MUNICIPIO	$651,677
PR	MANATI MUNICIPIO	$542,285
PR	MAYAGUEZ MUNICIPIO	$1,168,388
PR	PONCE MUNICIPIO	$2,118,806
PR	RIO GRANDE MUNICIPIO	$587,542
PR	SAN JUAN MUNICIPIO	$4,253,787
PR	SAN SEBASTIAN MUNICIPIO	$568,040
PR	TOA ALTA MUNICIPIO	$635,194
PR	TOA BAJA MUNICIPIO	$871,335
PR	TRUJILLO ALTO MUNICIPIO	$643,815
PR	VEGA BAJA MUNICIPIO	$706,348
PR	YAUCO MUNICIPIO	$601,387

Appendix B: Annual Performance Report

Template for HUD's HPRP - Annual Performance Report (HPRP-APR)
For Homelessness Prevention and Rapid Rehousing (HPRP) Grants

This is a template designed to assist grantees required to complete the HPRP-APR. It is a model of the data collected in e-snaps. It is not intended to replace electronic data collection in e-snaps. Field layout in e-snaps may differ from the layout presented below.

1. Grantee Information

Grantee Name	--prefilled may not change–
Name of Organization or Department Administering Funds	--prefilled-may change--
Organizational DUNS#	--prefilled may not change–
Grant Number	--prefilled may not change–
Grant Amount	--prefilled may not change–
Indentify the Field Office	--prefilled may not change–

Identify CoC(s) in which the grantee or subgrantee(s) will provide HPRP assistance	--prefilled may not change–

HPRP Contact Name

Prefix	–prefilled-may change–
First Name	–prefilled-may change–
Middle Name	–prefilled-may change–
Last Name	–prefilled-may change–
Suffix	–prefilled-may change–
Title	–prefilled-may change–

HPRP Contact Address

Street Address 1	–prefilled-may change–
Street Address 2	–prefilled-may change–
City	–prefilled-may change–
State	–prefilled-may change–
ZIP Code	–prefilled-may change–
Phone Number	–prefilled-may change–
Extension	–prefilled-may change–
Fax Number	–prefilled-may change–
Email Address	–prefilled-may change–

HPRP Secondary Contact

First Name	–prefilled-may change–
Last Name	–prefilled-may change–
Title	–prefilled-may change–
Phone Number	–prefilled-may change–
Extension	–prefilled-may change–
Email Address	–prefilled-may change–

2. Report Period and Status

Select the Reporting Period for this Performance Report	–prefilled – may not change–
Indicate Report Type	–prefilled – may not change–

3. Subgrantee Information

Subtotal of Subawards	–automatically calculating from subgrantee information –
Funds Retained by Grantee	
Total Grant Allocation	–prefilled may not change –
Total Grant Amount	***e-snaps*** completes

Subgrantee Form – Complete one form for each subgrantee

Subgrantee or Contractor Name	
City	
State	– select —
Zip Code	
Duns Number	(9 or 13 characters)
Is subgrantee a VAWA-DV provider	–select –
HPRP Subgrant or Contract Award Amount	

4. Combined HMIS and Comparable Database Data Quality

Total number of records for All Clients	
Total number of records for Adults Only	
Total number of records for Unaccompanied Youth	
Total number of records for Leavers	

Combined HMIS and Comparable Data Quality

Data Element	Don't Know or Refused	Missing Data
First Name		
Last Name		
SSN		
Date of Birth		
Race		
Ethnicity		
Gender		
Veteran Status		
Residence Prior to Entry		
Zip Code of Last Permanent Address		
Housing Status (at entry)		
Income (at entry)		
Income (at exit)		
Non-Cash Benefits (at entry)		
Non-Cash Benefits (at exit)		
Destination		

5a. Persons Served by Household Type – Homelessness Prevention

Number of Persons in Households

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Adults	***e-snaps*** completes				
Children	***e-snaps*** completes				
Don't Know/Refused	***e-snaps*** completes				
Missing Information	***e-snaps*** completes				
Total		***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes

5b. Persons Served by Household Type – Homeless Assistance

Number of Persons in Households

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Adults	***e-snaps*** completes				
Children	***e-snaps*** completes				
Don't Know/Refused	***e-snaps*** completes				
Missing Information	***e-snaps*** completes				
Total		***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes

5c. Persons Served by Household Type – Unduplicated Total for HPRP Grant

Number of Persons in Households

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Adults	***e-snaps*** completes				
Children	***e-snaps*** completes				
Don't Know/Refused	***e-snaps*** completes				
Missing Information	***e-snaps*** completes				
Total		***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes

6. Households Served

Number of Households Served

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Households	***e-snaps*** completes				

7. Housing Status at Entry

Number of Persons in Households

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Literally homeless	***e-snaps*** completes				
Imminently losing housing	***e-snaps*** completes				
Unstably housed	***e-snaps*** completes				
Stably housed	***e-snaps*** completes				
Total number of persons		***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes

8a. Persons and Households Served with Homelessness Prevention by Service Activity

	Homelessness Prevention			
	Persons	Persons	Households	Households
Activities	Report Period	GTD	Report Period	GTD
Financial Assistance				
Rental assistance				
Security/Utility deposits				
Utility payments				
Moving cost assistance				
Motel & hotel vouchers				
Total Served with Financial Assistance				

Housing Relocation & Stabilization Services

Case management				
Outreach & engagement				
Housing search/placement				
Legal services				
Credit repair				
Total Served with Housing Relocation & Stabilization Services				

Total Served				

8b. Persons and Households Served with Homeless Assistance by Service Activity

	Homeless Assistance			
	Persons	**Persons**	**Households**	**Households**
Activities	**Report Period**	**GTD**	**Report Period**	**GTD**
Financial Assistance				
Rental assistance				
Security/Utility deposits				
Utility payments				
Moving cost assistance				
Motel & hotel vouchers				
Total Served with Financial Assistance				

Housing Relocation & Stabilization Services

Case management				
Outreach & engagement				
Housing search/placement				
Legal services				
Credit repair				
Total Served with Housing Relocation & Stabilization Services				

Total Served				

8c. Total Persons and Households Served by Service Activity

Activities	Total			
	Persons Report Period	Persons GTD	Households Report Period	Households GTD
Financial Assistance				
Rental assistance				
Security/Utility deposits				
Utility payments				
Moving cost assistance				
Motel & hotel vouchers				
Total Served with Financial Assistance				
Housing Relocation & Stabilization Services				
Case management				
Outreach & engagement				
Housing search/placement				
Legal services				
Credit repair				
Total Served with Housing Relocation & Stabilization Services				
Total Served				

9a. Gender – Adults

Gender of Adults
Number of Adults in Households

	Total	Without Children	With Children and Adults	Unknown Household Type
Male	***e-snaps*** completes			
Female	***e-snaps*** completes			
Transgendered	***e-snaps*** completes			
Other	***e-snaps*** completes			
Don't Know/Refused	***e-snaps*** completes			
Information Missing	***e-snaps*** completes			
Subtotal		***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes

9b. Gender - Children

Gender of Children
Number of Children in Households

	Total	With Children and Adults	With Only Children	Unknown Household Type
Male	***e-snaps*** completes			
Female	***e-snaps*** completes			
Transgendered	***e-snaps*** completes			
Other	***e-snaps*** completes			
Don't Know/Refused	***e-snaps*** completes			
Information Missing	***e-snaps*** completes			
Subtotal		***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes

9c. Gender – Missing Age

Gender of Persons Missing Age Information
Number of Persons in Households

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Male	***e-snaps*** completes				
Female	***e-snaps*** completes				
Transgendered	***e-snaps*** completes				
Other	***e-snaps*** completes				
Don't Know/ Refused	***e-snaps*** completes				
Information Missing	***e-snaps*** completes				
Subtotal		***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes

10. Age

Age
Number of Persons in Households

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Under 5	***e-snaps*** completes				
5 - 12	***e-snaps*** completes				
13 - 17	***e-snaps*** completes				
18 - 24	***e-snaps*** completes				
25 - 34	***e-snaps*** completes				
35 - 44	***e-snaps*** completes				
45 - 54	***e-snaps*** completes				
55 - 61	***e-snaps*** completes				
62 +	***e-snaps*** completes				
Don't Know/Refused	***e-snaps*** completes				
Information Missing	***e-snaps*** completes				
Total		***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes

11a. Ethnicity

Ethnicity
Number of Persons in Households

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Non-Hispanic/Non-Latino	***e-snaps*** completes				
Hispanic/Latino	***e-snaps*** completes				
Don't Know/Refused	***e-snaps*** completes				
Information Missing	***e-snaps*** completes				
Total		***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes

11b. Race

Race

Number of Persons in Households

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
White	***e-snaps*** completes				
Black or African-American	***e-snaps*** completes				
Asian	***e-snaps*** completes				
American Indian or Alaska Native	***e-snaps*** completes				
Native Hawaiian or Other Pacific Islander	***e-snaps*** completes				
Multiple Races	***e-snaps*** completes				
Don't Know/Refused	***e-snaps*** completes				
Information Missing	***e-snaps*** completes				
Total		***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes

12. Persons Served by Victim Services Providers

Persons Served by Victim Service Providers

Number of Persons in Households

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Total Number of Persons	***e-snaps*** completes				

13a. Residence Prior to Program Entry – Homeless Situations

Residence Prior to Program Entry – Homeless Situations
Number of Adults and Unaccompanied Youth in Households

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Emergency shelter	***e-snaps*** completes				
Transitional housing for homeless persons	***e-snaps*** completes				
Place not meant for human habitation	***e-snaps*** completes				
Safe haven	***e-snaps*** completes				
Subtotal	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes

13b. Residence Prior to Program Entry – Institutional Settings

Residence Prior to Program Entry – Institutional Settings
Number of Adults and Unaccompanied Youth in Households

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Psychiatric Facility	***e-snaps*** completes				
Substance Abuse or Detox Center	***e-snaps*** completes				
Hospital (Non-Psychiatric)	***e-snaps*** completes				
Jail, prison, or juvenile detention	***e-snaps*** completes				
Foster Care	***e-snaps*** completes				
Subtotal	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes

13c. Residence Prior to Program Entry – Other Locations

Residence Prior to Program Entry – Other Locations

Number of Adults and Unaccompanied Youth in Households

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
PSH for Homeless persons	***e-snaps*** completes				
Owned by Client, no Subsidy	***e-snaps*** completes				
Owned by Client, with Subsidy	***e-snaps*** completes				
Rental by Client, no Subsidy	***e-snaps*** completes				
Rental by Client, with VASH Subsidy	***e-snaps*** completes				
Rental by Client, with other ongoing Subsidy	***e-snaps*** completes				
Hotel/Motel, Paid by Client	***e-snaps*** completes				
Staying or Living with Family	***e-snaps*** completes				
Staying or Living with Friend(s)	***e-snaps*** completes				
Other	***e-snaps*** completes				
Don't Know/Refused	***e-snaps*** completes				
Information Missing	***e-snaps*** completes				
Subtotal	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes
Total for all clients 13a, 13b and 13c	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes

14. Veteran Status

Veteran Status
Number of Adults in Household

	Total	Without Children	With Children and Adults	Unknown Household Type
Veteran	***e-snaps*** completes			
Not a Veteran	***e-snaps*** completes			
Don't Know/Refused	***e-snaps*** completes			
Information missing	***e-snaps*** completes			
Total	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes

15. Client Monthly Cash Income Amount – Adult Leavers

Client Monthly Cash Income Amount
Number of Adult Leavers

Program Entry	Income at Entry	Income at Exit	Less Income at Exit	Same Income at Exit	More Income at Exit	Unknown Income at Exit	Average Change ($) Monthly Income per Adult
No Income							
$1 - $150							
$151 - $250							
$251 - $500							
$501 - $750							
$751 - $1,000							
$1,001 - $1,250							
$1,251 - $1,500							
$1,501 - $1,750							
$1,751 - $2,000							
$2,001 +							
Don't Know/ Refused							
Missing/No Follow-up							
Total	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	

16. Cash Income Sources – Leavers

Cash Income Sources by Number of Leavers

	Total	Adults	Children	Age Unknown
Earned Income	***e-snaps*** completes			
Unemployment Insurance	***e-snaps*** completes			
SSI	***e-snaps*** completes			
SSDI	***e-snaps*** completes			
Veteran's Disability	***e-snaps*** completes			
Private Disability Insurance	***e-snaps*** completes			
Worker's Compensation	***e-snaps*** completes			
TANF or Equivalent	***e-snaps*** completes			
General Assistance	***e-snaps*** completes			
Retirement (Social Security)	***e-snaps*** completes			
Veteran's Pension	***e-snaps*** completes			
Pension from Former Job	***e-snaps*** completes			
Child Support	***e-snaps*** completes			
Alimony (Spousal Support)	***e-snaps*** completes			
Other Source	***e-snaps*** completes			

17. Non-Cash Benefit Sources – Leavers

Non-Cash Benefit Sources by Number of Leavers

	Total	Adults	Children	Age Unknown
Supplemental Nutritional Assistance Program	***e-snaps*** completes			
MEDICAID Health Insurance	***e-snaps*** completes			
MEDICARE Health Insurance	***e-snaps*** completes			
State Children's Health Insurance	***e-snaps*** completes			
WIC	***e-snaps*** completes			
VA Medical Services	***e-snaps*** completes			
TANF Child Care Services	***e-snaps*** completes			
TANF Transportation Services	***e-snaps*** completes			
Other TANF-Funded Services	***e-snaps*** completes			
Temporary Rental Assistance	***e-snaps*** completes			
Section 8, Public Housing, Rental Assistance	***e-snaps*** completes			
Other Source	***e-snaps*** completes			

18. Length of Participation by Homelessness Prevention and Homeless Assistance (Leavers Only)

Length of Participation

Number of Leavers

	Total	Homelessness Prevention	Homeless Assistance
Less than 30 days (includes day 30)	***e-snaps*** completes		
31 to 60 days	***e-snaps*** completes		
61 to 180 days	***e-snaps*** completes		
181 to 365 days	***e-snaps*** completes		
366 to 730 Days (1-2 Yrs)	***e-snaps*** completes		
731 to 1095 Days (2-3 Yrs)	***e-snaps*** completes		
More than 3 years	***e-snaps*** completes		
Information Missing	***e-snaps*** completes		
Total		***e-snaps*** completes	***e-snaps*** completes

Average and Median Length of Participation in Days

	Average Length	Median Length
Homelessness Prevention		
Homeless Assistance		

19. Housing Status at Entry and Exit

Housing Status at Entry and Exit

All Leavers

	Housing Status at Exit					
Housing Status at Entry	**Literally homeless**	**Imminently losing their housing**	**Unstably housed and at risk of losing their housing**	**Stably housed**	**Don't know/ Refused**	**Missing this Information**
Literally homeless						
Imminently losing their housing						
Unstably housed and at risk of losing their housing						
Stably housed						
Total number of persons	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes

20a1. Destination for Leavers with Length of Stay Greater than 90 Days – Homelessness Prevention
Number of Leavers in Households

Permanent Destinations

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Owned by Client, no Ongoing Subsidy	***e-snaps*** completes				
Owned by Client, with Ongoing Subsidy	***e-snaps*** completes				
Rental by Client, no Ongoing Subsidy	***e-snaps*** completes				
Rental by Client, VASH Subsidy	***e-snaps*** completes				
Rental by Client, other Ongoing Subsidy	***e-snaps*** completes				
PSH for Homeless Persons	***e-snaps*** completes				
Living With Family, Permanent Tenure	***e-snaps*** completes				
Living With Friends, Permanent Tenure	***e-snaps*** completes				
Subtotal	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes

Temporary Destinations

Emergency Shelter	***e-snaps*** completes				
TH for Homeless Persons	***e-snaps*** completes				
Staying With Family, Temporary Tenure	***e-snaps*** completes				
Staying With Friends, Temporary Tenure	***e-snaps*** completes				
Place Not Meant For Human Habitation	***e-snaps*** completes				
Safe Haven	***e-snaps*** completes				
Hotel or Motel, Paid by Client	***e-snaps*** completes				
Subtotal	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes

Institutional Settings

Foster Care	***e-snaps*** completes				
Psychiatric Facility	***e-snaps*** completes				
Substance Abuse or Detox Facility	***e-snaps*** completes				
Hospital (non-Psychiatric)	***e-snaps*** completes				
Jail or Prison	***e-snaps*** completes				
Subtotal	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes

Other Destinations

Deceased	***e-snaps*** completes				
Other	***e-snaps*** completes				
Don't Know/Refused	***e-snaps*** completes				
Information Missing	***e-snaps*** completes				
Subtotal	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes
Total Permanent, Temporary, Institutional and Other	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes

20a2. Destination for Leavers with Length of Stay 90 Days or Less – Homelessness Prevention

Numbers of Leavers in Households

Permanent Destinations

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Owned by Client, no Ongoing Subsidy	***e-snaps*** completes				
Owned by Client, with Ongoing Subsidy	***e-snaps*** completes				
Rental by Client, no Ongoing Subsidy	***e-snaps*** completes				
Rental by Client, VASH Subsidy	***e-snaps*** completes				
Rental by Client, other Ongoing Subsidy	***e-snaps*** completes				
PSH for Homeless Persons	***e-snaps*** completes				
Living With Family, Permanent Tenure	***e-snaps*** completes				
Living With Friends, Permanent Tenure	***e-snaps*** completes				
Subtotal	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes

Temporary Destinations

Emergency Shelter	***e-snaps*** completes				
TH for Homeless Persons	***e-snaps*** completes				
Staying With Family, Temporary Tenure	***e-snaps*** completes				
Staying With Friends, Temporary Tenure	***e-snaps*** completes				
Place Not Meant For Human Habitation	***e-snaps*** completes				
Safe Haven	***e-snaps*** completes				
Hotel or Motel, Paid by Client	***e-snaps*** completes				
Subtotal	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes

Institutional Settings

Foster Care	***e-snaps*** completes				
Psychiatric Facility	***e-snaps*** completes				
Substance Abuse or Detox Facility	***e-snaps*** completes				
Hospital (non-Psychiatric)	***e-snaps*** completes				
Jail or Prison	***e-snaps*** completes				
Subtotal	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes

Other Destinations

Deceased	***e-snaps*** completes				
Other	***e-snaps*** completes				
Don't Know/Refused	***e-snaps*** completes				
Information Missing	***e-snaps*** completes				
Subtotal	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes
Total Permanent, Temporary, Institutional and Other	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes

20b1. Destination for Leavers with Length of Stay Greater than 90 Days – Homeless Assistance

Number of Leavers in Households

Permanent Destinations

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Owned by Client, no Ongoing Subsidy	***e-snaps*** completes				
Owned by Client, with Ongoing Subsidy	***e-snaps*** completes				
Rental by Client, no Ongoing Subsidy	***e-snaps*** completes				
Rental by Client, VASH Subsidy	***e-snaps*** completes				
Rental by Client, other Ongoing Subsidy	***e-snaps*** completes				
PSH for Homeless Persons	***e-snaps*** completes				
Living With Family, Permanent Tenure	***e-snaps*** completes				
Living With Friends, Permanent Tenure	***e-snaps*** completes				
Subtotal	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes

Temporary Destinations

Emergency Shelter	***e-snaps*** completes				
TH for Homeless Persons	***e-snaps*** completes				
Staying With Family, Temporary Tenure	***e-snaps*** completes				
Staying With Friends, Temporary Tenure	***e-snaps*** completes				
Place Not Meant For Human Habitation	***e-snaps*** completes				
Safe Haven	***e-snaps*** completes				
Hotel or Motel, Paid by Client	***e-snaps*** completes				
Subtotal	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes

Institutional Settings

Foster Care	***e-snaps*** completes				
Psychiatric Facility	***e-snaps*** completes				
Substance Abuse or Detox Facility	***e-snaps*** completes				
Hospital (non-Psychiatric)	***e-snaps*** completes				
Jail or Prison	***e-snaps*** completes				
Subtotal	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes

Other Destinations

Deceased	***e-snaps*** completes				
Other	***e-snaps*** completes				
Don't Know/Refused	***e-snaps*** completes				
Information Missing	***e-snaps*** completes				
Subtotal	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes
Total Permanent, Temporary, Institutional and Other	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes

20b2. Destination for Leavers with Length of Stay 90 Days or Less – Homelessness Assistance

Number of Leavers in Households

Permanent Destinations

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Owned by Client, no Ongoing Subsidy	***e-snaps*** completes				
Owned by Client, with Ongoing Subsidy	***e-snaps*** completes				
Rental by Client, no Ongoing Subsidy	***e-snaps*** completes				
Rental by Client, VASH Subsidy	***e-snaps*** completes				
Rental by Client, other Ongoing Subsidy	***e-snaps*** completes				
PSH for Homeless Persons	***e-snaps*** completes				
Living With Family, Permanent Tenure	***e-snaps*** completes				
Living With Friends, Permanent Tenure	***e-snaps*** completes				
Subtotal	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes

Temporary Destinations

Emergency Shelter	***e-snaps*** completes				
TH for Homeless Persons	***e-snaps*** completes				
Staying With Family, Temporary Tenure	***e-snaps*** completes				
Staying With Friends, Temporary Tenure	***e-snaps*** completes				
Place Not Meant For Human Habitation	***e-snaps*** completes				
Safe Haven	***e-snaps*** completes				
Hotel or Motel, Paid by Client	***e-snaps*** completes				
Subtotal	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes

Institutional Settings

Foster Care	***e-snaps*** completes				
Psychiatric Facility	***e-snaps*** completes				
Substance Abuse or Detox Facility	***e-snaps*** completes				
Hospital (non-Psychiatric)	***e-snaps*** completes				
Jail or Prison	***e-snaps*** completes				
Subtotal	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes

Other Destinations

Deceased	***e-snaps*** completes				
Other	***e-snaps*** completes				
Don't Know/Refused	***e-snaps*** completes				
Information Missing	***e-snaps*** completes				
Subtotal	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes
Total Permanent, Temporary, Institutional and Other	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes

21. Financial Information

Financial Information
Financial Assistance and Housing Relocations & Stabilization Services

Expenditures	Homelessness Prevention		Homelessness Assistance		Total	
	Report Period	Grant to Date	Report Period	Grant to Date	Report Period	Grant to Date
Financial Assistance (FA)						
Rental assistance					***e-snaps*** completes	***e-snaps*** completes
Security and utility deposits					***e-snaps*** completes	***e-snaps*** completes
Utility payments					***e-snaps*** completes	***e-snaps*** completes
Moving cost assistance					***e-snaps*** completes	***e-snaps*** completes
Motel & hotel vouchers					***e-snaps*** completes	***e-snaps*** completes
Other costs attributable to providing FA					***e-snaps*** completes	***e-snaps*** completes
Total FA	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes
Housing Relocation & Stabilization Services (HRSS)						
Case management					***e-snaps*** completes	***e-snaps*** completes
Outreach and engagement					***e-snaps*** completes	***e-snaps*** completes
Housing search & placement					***e-snaps*** completes	***e-snaps*** completes
Legal services					***e-snaps*** completes	***e-snaps*** completes
Credit repair					***e-snaps*** completes	***e-snaps*** completes
Other costs attributable to providing HRSS					***e-snaps*** completes	***e-snaps*** completes
Total HRSS	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes
Total Data Collection & Evaluation						
Total Administration						
TOTAL	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes	***e-snaps*** completes

22. Significant Program Accomplishments

Please describe any significant accomplishments achieved by your program during the operating year
Maximum Characters: 2000

23. Program Description

Describe the following elements of the HPRP program design and implementation
Maximum Characters: 2000 each section

Homelessness Prevention
Rapid Re-Housing
Collaboration with Continuum of Care
Collaboration with other ARRA programs
Barriers to and challenges with effective implementation
Grantee's process for oversight and monitoring of subgrantees/contractors

24. Additional Comments

Please provide any additional comments on other areas of the APR that need explanations, such as difference in anticipated and actual programs outputs or bed utilization
Maximum character limit is 2000

25. Submission Certification

Authorizing Information and Certification

Name of Authorized Grantee Official	
Title/Position	

Appendix C: Sample Selection and Survey Methodology for the Web-Based Survey of HPRP Grantees and Subgrantees

To capture descriptive information about local HPRP-funded prevention activities at the national level, we administered a Web-based survey to a nationally representative sample of HPRP grantees and subgrantees. The survey data supplement the HUD performance reports to provide more detailed information about grantees and subgrantees and their HPRP program features. The research team also used the Web survey data to inform the selection of innovative communities for the second round of site visits. This section describes the survey design, implementation, sample selection, and the development of weights for national estimates.

Survey Design

The survey's purpose was to learn about HPRP homelessness prevention organizational arrangements, how they targeted their programs, the types of assistance they elected to provide, and how they measured outcomes for people served through HPRP prevention activities. Grantees and subgrantees answered approximately 30 closed-ended questions requiring 15 to 20 minutes to complete. We created one survey with different sets of questions for different types of respondents. An initial survey screener section asked about the respondents' agency, their role in the agency, whether or not their agency was a grantee or subgrantee, whether their agency provided direct services, and whether they were involved in community-level planning for HPRP. The rest of the survey was organized around three sets of questions targeted to respondents playing different roles: (1) questions for community-level planners focusing on decisions around the design of their HPRP program; (2) questions for direct service providers focusing on how they delivered prevention activities; and (3) questions for both types of respondents focusing on prevention activities before HPRP and plans for prevention programs after HPRP.

In addition to answering survey questions, respondents were given the opportunity to share any screening or assessment tools they use in their programs. The survey provided a link to an FTP site where respondents could send any tools they wanted to provide to the study team.

Sample Selection

The goal of the survey was to learn how communities used their HPRP funding to design and implement programs to prevent homelessness. To address these questions, we selected a sample of 100 HPRP grantees and 400 subgrantees. Below we describe our methodology for selecting the sample.

Selection of Grantees

Our first step for selecting a sample of 100 grantees was to divide the population of grantees into 12 strata based on the level of government entity (three types) and census region (four regions). Dividing the sample into strata is a standard sampling technique for obtaining more precise national estimates when there are likely to be large differences in the variables of interest across the sites in different strata. It also ensures that you do not create some of the "outlier samples" that are theoretically possible with simple random sampling (for example, a sample with all 100 grantees being small cities in the West region).

The strata were created by the cross-classification of three levels of government receiving the grant—state, county, and city—and four census regions—East, Midwest, South, and West. The first variable of stratification was chosen because of differences across government entities that received HPRP funds in the amount of the grants; the size, diversity, and population-density of their jurisdictions; and the likelihood that some grantees such as states would be involved in direct provision of homeless services. The regional stratification was done to reflect regional differences in job opportunities, the housing market, and possible differences in approaches to addressing homelessness.

We further stratified by size of grant in ways that varied by entity. Some grantees received very large grants relative to other government entities of the same type. Therefore, these grantees were selected with certainty to ensure that a large portion of HPRP funds were represented by the selected sites in the sample. The certainty selections were the four states with grants more than $25 million and the seven counties and cities with grants exceeding $10 million. The twelfth certainty grantee is the Commonwealth of Puerto Rico ($20.8 million grant). We chose Puerto Rico with certainty because we judged that it was a unique entity and would not be well represented by the states if it was not selected, and it received too large a grant to exclude from the study. We excluded the territories of American Samoa, Guam, the Northern Marianas, and the Virgin Islands from our sampling universe (and thus the population represented by the sample) because they would also not be well represented by states and would need to be selected with certainty to accurately represent them in the sample. Given their small grant amounts relative to states, we judged it was better to exclude them from the study and use the sample slots for additional non-certainty sites. These decisions reduced the total number of grantees covered by this study from the 535 that received HPRP grants in 2009 to 531. We also eliminated four grantees that did not appear to be implementing homelessness programs, reducing the final sampling universe to 527 grantees.[59]

A grantee selected with certainty will represent only itself in national estimates. Given we selected 12 grantees with certainty, that left 88 sample slots to represent the remaining 515 grantees (527 grantees in the universe minus 12 certainty grantees equals 515). The certainty grantees within each stratum and the selection of non-certainty sites within each stratum are discussed below. Exhibit C-1 shows the universe and sample within each stratum.

- ***States (12 of 50):***[60] Of the 50 state grantees we selected 12 for the sample. Four states were selected with certainty because their grants were more than $25 million: California ($44.5 million), Texas ($41.5 million), Ohio ($26.2 million), and New York ($27 million). The eight non-certainty sites were selected by region and grant amount to represent the other 38 states. For the selection of non-certainty states, the population of states within each region was divided into two strata. The first stratum contained all state grantees receiving more than $10 million and the second stratum all state grantees receiving less than $10 million. One state grantee was selected within each stratum within the region with equal probability.

[59] To judge whether or not a grantee was implementing a homelessness program (rather than using all of its grant for rapid re-housing), we looked at the most recent available financial reporting in the summer of 2011 and identified the grantees that had reported expenditures—indicating that the grantee was reporting their expenditures, but none of the reported expenditures were for homelessness. Grantees that had not reported expenditures or appeared to have incomplete expenditure data were kept in the sampling universe.

[60] Washington, D.C. is in the city strata.

Exhibit C-1: Grantee Universe and Allocation of Sample by Strata

Region	Grantees in Universe	Sample Size		
		Certainty	Non-Certainty	Total
State Grantees				
East	9	1	2	3
Midwest	12	1	2	3
South	16	1	2	3
West	13	1	2	3
Subtotal	50	4	8	12
County Grantees				
East	38	0	7	7
Midwest	25	0	5	5
South	52	0	9	9
West	31	1	5	6
Subtotal	146	1	26	27
City Grantees				
East	74	2	13	15
Midwest	65	2	11	13
South	83	1	14	15
West	84	1	14	15
Subtotal	306	6	52	58
Puerto Rico Grantees				
Commonwealth	1	1	0	1
Municipalities	24	0	2	2
Subtotal	25	1	2	3
Total	**527**	**12**	**88**	**100**

Notes: The total number of HPRP grantees is 535; however the universe for sampling contains 527 grantees because it does not include: (1) Four grantees from American Samoa, Guam, the Northern Marianas, and the Virgin Islands; and (2) Four grantees that before the sample was drawn had reported no homelessness expenditures, but had reported rapid re-housing expenditures (indicating that it was not just an issue of late reporting). Also note that the District of Columbia was categorized as a city grantee.

- ***Puerto Rico (3 of 25)****:* Puerto Rico has one commonwealth grantee and 24 municipal grantees. As discussed earlier, we selected the commonwealth with certainty. We also selected two municipalities to represent the other 24 grantees. We randomly selected one grantee with a grant exceeding $1 million and one with a grant less than $1 million.
- ***Counties (27 of 146):*** Of the 151 county grantees, we selected a sample of 27 counties. Only Los Angeles County ($12.2 million) had a grant exceeding $10 million, so it was the only county selected with certainty. The county strata have one-third of the non-certainty county and city

grantees, so we allocated one-third of the remaining non-certainty sample slots, or 26 slots, to the county strata. We allocated the non-certainty sample to each region in proportion to the number of county grantees in that region. Within the region, a systematic sample of counties was selected. In systematic sampling, we first determine the sampling interval, which is obtained by dividing the number of sites on the list in the stratum by the number of sites to be selected. A starting point between 1 and the sampling interval is randomly generated. If the desired sample size is say "N," then (N-1) numbers are generated by adding the sampling interval successively to the first randomly generated number. The list of counties was sorted by grant amount and numbered. All counties with listed numbers that matched the randomly generated numbers were included in the sample. Systematic sampling after sorting by grant size ensures that we get a representative distribution of sites by grant amount.

- ***Cities (58 of 306):*** Of the 306 city grantees, we selected 6 certainty sites and 52 non-certainty sites. The six certainty cities, with grants of more than $10 million are: New York City ($73.9 million), Chicago ($34.4 million), Los Angeles ($29.4 million), Philadelphia ($21.5 million), Detroit ($15.2 million), and Houston ($12.4 million). The city strata have two-thirds of the non-certainty county and city grantees, so we allocated two-thirds of the non-certainty sample slots, or 52 sites, to the city strata. We allocated the non-certainty sample within each city-region stratum in proportion to the number of city grantees in that region. Within the region, we systematically sampled the grantees after ordering by grant amount similar to the method described for the selection of counties.

Selection of Subgrantees

We also selected 400 subgrantees for the survey. The subgrantees were selected from the subgrantees of the 100 selected grantees. We obtained a list of these subgrantees from the grantees' HPRP application.

The basic method we used to select the 400 subgrantees was to allocate subgrantee sample slots to each grantee in proportion the grantee's share of all subgrantees across the 100 grantees, then randomly selected that number of subgrantees from each grantee. However, to ensure that each grantee's subgrantees were well represented in the sample, we modified this by first allocating one subgrantee sampling slot to all grantees with only one subgrantee and allocating two subgrantee sampling slots to all other grantees. The remaining subgrantee sampling slots were then allocated in proportion to the remaining number of subgrantees for each grantee. Once the subgrantee sampling slots were allocated, we randomly selected the specified number of subgrantees from each grantee.

Verifying Contact Information and Eligibility for the Sample

In advance, we could not confirm with certainty which grantees and subgrantees were using HPRP funding for homelessness. We also needed to confirm with each respondent organization who the most knowledgeable individual would be to respond to the survey. To accomplish both of these tasks, we sent an advance letter to each respondent organization to describe the study and let them know we would be contacting the organization. We then followed up by telephone to confirm that the organization was

using HPRP for prevention and to collect contact information for the designated survey respondent. If we learned that a potential respondent was not using HPRP for prevention or declined to participate in the study, a replacement respondent organization was selected. During the course of the subgrantee survey, we also identified several subgrantees who had not provided prevention assistance using HPRP funds, but did only rapid re-housing with HPRP resources, or performed other non-direct service work for HPRP (e.g., staff training, or HPRP Web design or support), making them ineligible for the survey. We also had a few early refusals to participate in the survey. To maintain the target sample size, we replaced these subgrantees with other randomly selected subgrantees from the same grantee, or if there were no additional subgrantees from that grantee, we randomly selected another subgrantee from a grantee in the same stratum. To keep the study on schedule, we had to make an early decision on how many replacement sites would be needed, based on the advance calls and the experience from the first couple weeks of the field period. We added 5 grantees (for a total of 105 grantees) and 44 subgrantees (for a total of 444 subgrantees) to the sample.

As described in the weighting section below, we developed weights to ensure that the sample was nationally representative based on the probability of being in the sample for all grantees and subgrantees that were ever included in the sample.

Survey Implementation

Once OMB approved the survey data collection in July 2011, the survey was programmed for the Web and tested and the grantee and subgrantee samples were selected. We also began mailings and follow-up telephone calls to verify respondents as described above. Each confirmed respondent received an e-mail with instructions for accessing and completing the Web-based survey. Project staff monitored survey completions and requests for assistance. Some respondents asked to complete the survey by telephone or using a paper version; these requests were accommodated. E-mail and telephone reminders were initiated to respondents who had not completed the survey as the field period progressed.

When the field period closed on December 19, 2011, a total of 381 surveys had been completed, comprised of 91 grantees (88 percent) and 290 subgrantees (74 percent) for an overall response rate of 77 percent.[61] Of the total, 310 were completed on the Web, 64 by telephone, and 7 on paper.

Weighting the Estimates to Be Nationally Representative

Grantee Weights. The grantee analysis weights used for estimates in this report are based on the probability of selection into the sample (the sampling weight) and adjusted for non-response (the analysis weight). The sampling weight is simply the inverse probability of being selected for the sample. Every site had a known probability of being selected in the sample and thus this is straightforward. For example, if 1 out of 20 grantees (i.e., probability of selection of 0.05) was selected for the sample, the

[61] The response rate was calculated as the number of complete plus number of ineligibles divided by the total sample. For the overall response rate of 77 percent, this is 381 completes + 39 ineligibles divided by 549 grantees and subgrantees ever in the sample; for the grantee response rate of 88 percent, this is 91 completes + 1 ineligible divided by 105 grantees; and for the subgrantee response rate of 74 percent, this is 290 completes + 38 ineligibles divided by 444 subgrantees. This calculation produces the same response rates as assuming that the share of nonrespondents that are ineligible (where eligibility of nonrespondents has not been determined) is the same as among the sites where eligibility has been determined and the estimated number of ineligible sites is removed from the calculation of response rates.

sampling weight would simply be 20 (1 divided by 0.05). In determining the probability of selection for both the original and the additional replacement sample among non-certainty sites, certainty sites were removed from the stratum and the probability of selection was calculated as the number of selected grantees in the stratum divided by the number of grantees in the sampling universe in that stratum. No distinction was made between being selected in the initial sample or the replacement sample.

The sampling weights for certainty sites are calculated the same way, except certainty grantees have a probability of 1.0 (or 100 percent) of being selected, so their sampling weight is 1. This indicates that the certainty grantee only represents itself in national estimates. All certainty sites completed the survey, so the analysis weights for the certain sites are the same as their sampling weights and all the certainty sites are represented in the national estimates.

Because not all of the non-certainty sites responded to the survey, the weights of the respondent sites were adjusted to account for non-response. The only reliable information we had on the nonrespondents is the same information we used to determine the grantee sampling strata: geographic region, government type, and total HPRP funding amount. Therefore, we adjusted for non-response within the sampling strata. That is, to calculate the analysis weights we multiplied the weights of the respondent grantees by a non-adjustment factor specific to their stratum: the weighted number of sample sites in the stratum divided by the weighted number of respondent sites in the stratum. This ensures that each stratum represents the same share in the weighted estimates as they do in the sampling universe.

We had one unusual situation in surveying the grantees. One grantee was simply a pass-through to a nonprofit community development corporation and the program administration and knowledge resided with the community development corporation, which had been listed as a subgrantee in our data. We judged that the best way to handle this situation was to move the community development corporation from the subgrantee to the grantee bucket and remove the original grantee. For the survey, weighting, and estimates, this “subgrantee” was treated as a grantee.

Subgrantee Weights. Like the grantee weights, the subgrantee analysis weights were calculated based on the inverse probability of selection in the sample and adjusted for non-response. However, the probability of selection also needed to take into account both the probability that the grantee was selected, then conditional on that the probability that the subgrantee was selected. Hence the analysis weights for the subgrantees were a product of: the sampling weight of the grantee times the non-response adjusted weight of the subgrantee. The sampling weight of the grantee is used rather than the non-response adjusted weight of the grantee because some subgrantees of nonrespondent grantees completed the survey. Conceptually, the sampling weight of the grantee is the appropriate weight to use because the probability of the grantee being selected for the sample is a large part of the determinant of the probability of a subgrantee being selected for the sample. In practical terms, if we used the non-response adjusted weight, subgrantees of nonrespondent grantees would not be counted (because nonrespondent grantees have an analysis weight of zero).

Within each grantee, the non-response adjusted weight is determined the same way as it was done for the grantee. The subgrantee’s probability of selection is calculated separately for each grantee: the

number of subgrantees of the grantee in the sample divided by the total number of subgrantees for the grantee. The conditional sampling weight is the inverse of that probability. The non-response adjustment is also done within grantee. The non-response adjustment factor is calculated as: the conditionally weighted number of sample subgrantees for the grantee divided by the conditionally weighted number of respondent sites for the grantee. The preliminary analysis weight for this subgrantee was then calculated by multiplying the grantee sampling weight and the non-response adjusted subgrantee weight.

The preliminary analysis weight is so named because a second non-response adjustment had to be made at this stage for subgrantees. There were some grantees for which all the sampled subgrantees were nonrespondents and thus it was not possible to make a non-response adjustment for those subgrantees within a grantee (because there was no respondent subgrantee to weight up to represent the nonrespondent subgrantee). In these cases, a second nonrespondent adjustment was done at the stratum level. Within each stratum defined by region, government type, and award type, the preliminary subgrantee analysis weight was multiplied by a second non-response adjustment factor to arrive at the final analysis weight. The final adjustment factor for each stratum was: the total number of subgrantees in that stratum/the preliminary analysis weighted number of respondent subgrantees in that stratum. These final analysis weights were used for subgrantee estimates in the report.

Note that sampled subgrantees that were determined to be ineligible were considered “respondents” for calculating subgrantee weights. This was done because these subgrantees were not determined to be ineligible until they started the survey and were determined to be ineligible or were contacted directly by survey staff to complete the survey. That is, prior to contacting them, we could not determine that they were ineligible with the information we had available. They were weighted because they represent other subgrantees that do not do homelessness activities that were not selected for the survey sample or did not try to complete the Web survey or respond to calls to conduct the survey by telephone. Ineligibles were not included in the report estimates, but by weighting them appropriately, we ensured that the weights of respondent subgrantees weighted up to the correct estimate of subgrantees that did provide homelessness services.

We had several subgrantees in the sample that had subgrants from two grantees (e.g., a city and a county grantee, or a city and a state grantee). We treated them as separate subgrantees for weighting and analysis. In about five cases, the subgrantee performed different activities or separate activities for each grantee. In these cases, we asked the subgrantee to complete two separate surveys to reflect the different activities. Different people at the subgrantee were in charge of the different activities (even running them out of separate offices), so the two surveys were completed by different respondents. In the other three cases, the two different subgrants were essentially joint funding of an activity to be performed by the subgrantee for both grantees (e.g., budget counseling classes for clients of both grantees). In this situation, the subgrantee completed just one survey, but for weighting purposes, we treated the subgrantee as a respondent for both grantees and calculated their weights as described above for respondents. In the analysis, the survey responses of these three grantees were counted for both grantees in the analysis; however they were only counted as one complete in the reporting of completes and the response rate.

Appendix D: Site Visit Methodology

As part of the Homelessness Prevention Study (HPS), the research team conducted site visits to a sample of HPRP-funded communities providing prevention services. These site visits documented how HPRP grantees across the country had conceptualized their programs, implemented them at both the community and program levels, and measured outcomes. This appendix explains the methodology used to select sites, prepare for the visits, execute the visits, and construct case studies.

Site Selection

WAVE 1

For Wave 1, sites were purposefully sampled based on **geographic diversity** and **program size** as well as the five criteria listed below:

1. **Strong implementation.** Programs that had had major challenges and were behind on implementation were screened out. For the purposes of site selection, "strong implementation" was measured by looking at the drawdown of HPRP funds and flagging grantees that were slow in expending funds as well as talking with experts and Technical Assistance (TA) providers about site progress.
2. **Presence of triage and targeting efforts.** As the research indicates, one major gap in knowledge is how communities conduct triage, assessment, and targeting to identify households for prevention assistance. Sites selected were thinking strategically about these issues and were implementing different approaches, including single point of entry and "no wrong door" approaches.
3. **Different program target populations.** HPRP grantees had tremendous flexibility in deciding which populations to target (families, single adults, chronically homeless, etc.). For example, some sites choose to focus on preventing homelessness among families while others serve youth aging out of foster care. Sites selected served a range of target populations.
4. **A range of prevention activities and mix of emergency and systems prevention efforts.** Grantees used HPRP funds for many prevention activities (e.g., rent subsidies, financial assistance, housing search assistance, or case management). Most communities focused on at-risk individuals and families coming to the "front door" of the homeless system. But some also recognized the homeless risk for clients of mainstream systems at the point of institutional discharge (i.e., from corrections, mental health and substance abuse treatment; foster care; or hospitals). Sites selected offered a range of prevention activities.
5. **HMIS coverage.** Sites were also selected that used HMIS to track HPRP homelessness prevention program outcomes. Many of the sites were entering screening and assessment information into electronic databases (either HMIS or other systems) and some are tracking recidivism back to shelter.

From November 2010 to January 2011, research staff met with HPRP experts, including HPRP desk clerks, HUD HPRP TA providers, and the National Alliance to End Homelessness to identify HPRP homelessness prevention sites that were implementing innovative programs. In addition, we scanned the Internet, looking for HPRP homelessness prevention case studies and best practices. We also

reviewed a list of sites that nominated their community for presentations at the HUD HEARTH conference. For the purposes of site selection, "strong implementation" was measured by looking at the drawdown of HPRP funds and flagging grantees that were slow in expending funds as well as talking with experts and TA providers about site progress. Based on these conversations, the research team identified approximately 65 potential sites. Starting from this list, the research team applied the selection criteria and narrowed it to 21 sites. Research staff then met with HUD HPRP desk clerks in early April 2011 to review the list of recommended sites and solicit input on which sites to keep, drop, or add. At the end of this meeting, the research team came away with 25 possible sites. Research staff conducted screening calls and identified a total of 8 sites for Wave 1 site visits.

WAVE 2

To select Wave 2 sites, we started with the same criteria from the first wave but also placed an emphasis on program elements that were not well represented in the first wave of site visits. In particular, a priority was placed on programs that:

- Targeted youth, veterans, domestic violence victims, or people leaving prisons
- Coordinated with local public housing authorities (PHAs) or schools
- Used sophisticated screening or scoring processes
- Used graduated or bridge subsidies
- Had a substantial legal component or other innovative program component
- Implemented strong evaluation and HMIS

The team also sought to better geographically balance sample with sites in the West, Southwest, and Northwest regions of the country.

The first step in the Wave 2 site selection process was to analyze data from a Web survey administered to a nationally representative sample of 527 HPRP grantees and subgrantees from mid-October to late-December 2011. Through this process, the research team identified nearly 100 potential sites with the program characteristics of interest. Then, to further narrow down the list, researchers examined subgrantee information provided in the APRs and online sources and solicited input from HUD HPRP desk clerks and HPRP TA providers at Abt and Cloudburst. The team then synthesized this information and selected 25 grantees for screening. After this process and feedback from HUD, 10 sites rose to the top.

Site Visit Preparation

We scheduled site visit training for all members of the project team participating in site visits, which was held at the Urban Institute's offices on August 25, 2011. In advance of the training, the Urban Institute provided all team members with materials including site information, site visit protocol, interview guide, and project background. Refresher training was held via conference call before the Wave 2 site visits.

The Urban Institute provided all research staff site packets that contained notes from the screener conversations, contact information, HUD Performance Report data, and other background information. The Urban Institute also included a list of sample respondents and a draft of an introductory e-mail. Teams began by reaching out to the primary contact provided by HUD. They also provided a short description of the study and an official memorandum from HUD describing the study. Once the team confirmed the date of the site visit with the primary contact, they reached out to additional

stakeholders to schedule interviews. At most sites, teams attempted to schedule visits with each of the subgrantees. However, in some cases—particularly when the grantee was a state—teams worked with the primary contact to identify a sample of subgrantees to interview. When possible and appropriate, teams scheduled time to talk with the lead HMIS agency, Continuum of Care or Ten-Year Plan leadership, and key mainstream agencies.

Site Visit Protocol

From July through November 2011, two-person field teams visited the first wave of site visits in eight communities. The research team completed a second wave of site visits to another ten communities in March and April of 2012.

Teams of two conducted all site visits and interviews. At the beginning of each interview, the research team explained the purpose and background of the study including how data would be used and assured participants that involvement was voluntary and they could choose not to answer any of the questions. In addition, the site team assured participants that any information provided would be confidential and would not be shared with anyone except for research staff working on the study. Participants were informed that all team members signed a confidentiality pledge at the beginning of the study. Site teams also reminded participants that they would not be quoted by name and no names would be included in the summary reports. Grantees were informed that they would be given an opportunity to check the draft case study for factual accuracy. After this overview, the research team asked for verbal consent from each respondent.

All team members received extensive training on the interview guide prior to the site visits. The interview guide provided narrative and structure for conducting the semi-structured interview. Team members utilized the interview guide to facilitate information gathering and to allow respondents to answer interview questions in a sequence that naturally developed. During the interview, team members followed questions with probes for clarification or to gather additional information. The interviews lasted 1 to 2 hours. Research staff did not record the interviews. However, both team members took extensive notes and compared them afterwards to ensure information was accurately captured. While onsite, team members obtained copies of important documents such as policies and procedures manuals, forms, sample case files, and marketing materials. Team members debriefed after interviews to discuss overall impressions and identify any areas that required clarifications or additional detail.

The Urban Institute hosted regular check-in conference calls for project team members to discuss various aspects of site visit and project progress. These began as weekly calls, and transitioned into biweekly calls, primarily to check in on site visit planning and implementation, as well as lessons learned from the field, and challenges with writing case studies.

Development of Case Studies

After returning from each site, researchers cleaned up, transposed (if handwritten), and stored their notes securely in a locked cabinet or confidential drive. Each site team then used this information to develop the case study using a case study template developed by the Urban Institute. Site teams also completed a sample client flowchart and community program diagram based on information gathered during the site visit.

Appendix E: Short Case Studies

Albuquerque, NM

Arlington County, VA

Dayton/Montgomery, OH

Fall River, MA

Indiana

Jefferson County, AL

Kalamazoo, MI

Lancaster, PA

Maine

Massachusetts

Miami-Dade County, FL

North Carolina

Pasco County, FL

Philadelphia, PA

Pima County/Tucson, AZ

Rhode Island

Santa Clara/San Jose, CA

ALBUQUERQUE, NM, HPRP-FUNDED PREVENTION PROGRAM

The city of Albuquerque's homelessness prevention program, funded by HUD's Homelessness Prevention and Rapid Re-housing Program, provided rental assistance, case management, rent negotiation, and job development to 160 households (85 percent of which were families) through September 2010. Households accessed prevention through a single entry point or a domestic services provider, staying in the program for an average 115 days (and a median 119 days). Participants were required to demonstrate or gain employment and to exhibit 1 to 8 of HUD's 18 risk factors to qualify.

Community Description

In 2011, the city of Albuquerque's point-in-time count identified 387 unsheltered homeless people: 658 people in emergency shelter (ES) and 594 in transitional housing (TH), for a total homeless population of 1,639.[62] The city had 943 permanent supportive housing beds, 367 ES beds, 531 TH beds, and 26 rapid re-housing beds in its inventory.[63] Staff within the city of Albuquerque Office of Community Development and Homeless Services, the HPRP grantee, oversaw and coordinated the annual submission of HUD applications. The city contracted most of this work to the New Mexico Coalition to End Homelessness (NMCEH), the lead agency for the only other Continuum of Care (CoC) homeless service system in New Mexico, the Balance of State (i.e., localities outside Albuquerque).

The Albuquerque CoC, through NMCEH, is currently updating a 5-year plan to end homelessness developed in 2007. NMCEH spearheaded the plan with support from the city Office of Community Development and Homeless Services, the CoC, neighborhood leaders, business leaders, elected officials, policymakers, and members of faith-based communities, although the plan received no direct support from the mayor's office. NMCEH later updated its implementation plan in December 2010, in response to the new mayor's request to create more concrete, actionable steps toward ending homelessness in the city. Out of the action plan, which involved the business community and the mayor's office as well as the CoC, NMCEH created the Albuquerque Heading Home initiative, part of the nationwide 100,000 homes campaign to house the most medically vulnerable homeless individuals.

DESIGN AND SETUP OF HPRP PREVENTION

The city of Albuquerque received $1,807,256 from HUD for its HPRP program, discussed by NMCEH, community CoC agencies, and representatives from the city and ultimately designed by the central subgrantee, Catholic Charities. Catholic Charities' long-running prevention program contributed to the HPRP design.

Catholic Charities noticed that many clients returned to the program annually to receive funds and were unable to substantially improve their life circumstances. Comparing successful case management in its supportive housing program with the revolving door of clients back to the eviction prevention program, staff believed that clients requiring rental assistance would need more active case management to succeed in HPRP. As a result, Catholic Charities provided most clients with intensive case management to ensure sustainability.

[62] http://www.hudhre.info/CoC_Reports/2011_nm_500_pops_sub.pdf
[63] http://www.hudhre.info/CoC_Reports/2011_nm_500_bed_inventory.pdf

During the first few weeks of the program, Catholic Charities experienced such high volume that they instituted a work requirement for clients to serve those most likely to be sustainable after program exit. They required clients to have worked 3 consecutive months in the past 18. To help clients attain self-sufficiency after program exit, Catholic Charities hired a case manager who worked first as an outreach specialist and later, when outreach was no longer necessary, as a career specialist to help connect clients with job opportunities.

Catholic Charities used most of its money for prevention assistance. The city of Albuquerque also decided to fund an immigrant-focused domestic violence organization, Enlace Comunitario, using HPRP dollars. This organization already provided intensive case management to women at imminent risk of homelessness, and the city of Albuquerque saw HPRP as an opportunity to continue funding Enlace's work after its regular source of city funding was eliminated.

The city of Albuquerque kept some funding for program administration and oversight. Catholic Charities contracted homeless management information system services, technical assistance, and data monitoring and oversight from NMCEH, which also provided HMIS services for both New Mexico CoCs. Catholic Charities received an additional $931,000 in HPRP funding from the New Mexico Mortgage Finance Authority in March 2011 to run the same program they were running within the city of Albuquerque. The program did not change in any way as a result of this funding, except to add additional HMIS reporting and accounting requirements.

IMPLEMENTATION

The city of Albuquerque contracted with both Catholic Charities and Enlace Comunitario for case management, but only Catholic Charities provided HPRP financial assistance. Catholic Charities and Enlace Comunitario operated mainly in isolation. Both had different screening processes for HPRP prevention assistance, and the clients Enlace sent to Catholic Charities for HPRP financial assistance rarely qualified because of Catholic Charities' employment requirement. Catholic Charities served a mix of families and singles, though the majority served (71 percent) were families with children. At Catholic Charities, prescreened cases were placed on a waiting list, then scheduled for orientation and later, were scheduled for an intake appointment with a case manager, in the order in which they were prescreened. Clients requiring short-term assistance could skip this process for the 1-month assistance program. Eligibility for both the longer-term and the 1-month assistance programs was determined by case managers according to intake materials. Catholic Charities funded an outreach and career specialist, required all case managers to reach out to landlords, and funded case manager time for some life skills workshops inhouse.

Outreach

When HPRP first began, Catholic Charities hired an outreach specialist/case manager/career specialist who performed social service agency, landlord, and employer outreach. The outreach specialist created flyers that were distributed to all social service agencies and landlords in the city. In addition, the specialist and other case managers spoke with landlords in person about the program. After the initial marketing period, call volume was so high that no additional program outreach was necessary. At this point, the role of the outreach specialist shifted to building relationships with employers and inviting them to two job fairs held specifically for HPRP program participants.

Point of Entry

The city of Albuquerque designed a program for a central HPRP provider and funded an additional organization serving a distinct population. Households could call or walk in to Catholic Charities to apply for HPRP. Similarly, immigrant victims of domestic violence could walk in or call Enlace any time to receive assistance.

Intake: Eligibility and Assessment

Catholic Charities. Case managers and program staff conducted prescreening, and case managers conducted orientation and intake, as follows:

1. *Prescreening.* Clients could walk in or go through prescreening over the phone. The program assistant or case manager would ask questions from the two-page prescreening questionnaire regarding household location, ability to work, income, rent, and eviction status. Catholic Charities required clients to have rent below the fair market rent (FMR) specified by HUD (less than 50 percent of area median income), to live in the city of Albuquerque, for all adult household members to be willing and able to work, to have an eviction notice or a letter of eviction from family and friends, and to have worked for 3 consecutive months in the past 18. Clients with rent slightly above FMR worked with case managers and landlords to negotiate rent below the threshold. Clients receiving disability income or other government benefits and not willing or able to work could not meet the sustainability requirement and were thus referred to the Partners in Housing program. Clients who did meet the prescreening criteria were placed on a wait list for orientation.
2. *Orientation and the 1-month program.* Clients on the wait list were called to attend orientations of about 20 people held once or twice per month. At orientation, clients received an overview of the program, learned about documentation and housing inspection requirements, and got answers to their questions about the program. Attendees then scheduled an intake appointment with a case manager. Clients requiring only 1 or 2 months of rental assistance and arrears could skip orientation and go directly to intake for the 1-month program.
3. *Screening.* Clients were required to provide proof of income, proof of work history, an eviction notice or letter, a state-issued ID, bank account statements, and Social Security cards or birth certificates for adult household members. Clients were also asked to self-report on potential sources of assistance from family and friends, and whether they had any outstanding warrants for arrest. (Catholic Charities required clients to resolve outstanding warrants before they could be accepted into the program.) Case managers determined whether clients met each of HUD's 18 risk factors though a matrix of questions. For each risk factor, the case manager tallied one point. Clients with a score of zero or a score greater than eight did not qualify for the program.
4. *Intake.* Clients were accepted into the program if they scored between one and eight on the matrix and were able to produce all required documentation. On average, anywhere from half to all of the clients who scheduled intake appointments were screened in to the program. Clients qualifying for the 1-month program had to sign an additional document stating they required only 1 to 2 months' assistance to recover from their emergency situation.

5. *Assessment.* The client's matrix score was used as a rough guideline to determine the length of assistance—a score of one to three qualified for short-term assistance (1 to 3 months); three to six, medium-term assistance (4 to 8 months); and six to eight, long-term assistance (9 to 12 months). In practice, many clients initially receiving a short-term score ended up receiving more than 3 months of assistance, after case managers determined at the 3-month reassessment that the client needed additional assistance to become self sufficient. Catholic Charities paid full rent for all clients in 3-month increments, at which point all clients were required to recertify in order to receive additional assistance.

Enlace Comunitario. Clients at Enlace Comunitario experienced a significantly different process than those entering Catholic Charities. Clients could call or walk in to the office for an immediate danger assessment and program orientation, after which they scheduled an appointment with a case manager. At intake, clients provided demographic and household information, income, food security, utilities, and employment information. All clients requesting assistance with domestic violence issues were considered at imminent risk of homelessness—unlike Catholic Charities, Enlace did not make eligibility decisions and did not provide clients with financial assistance. Case managers at Enlace used information collected at the initial danger evaluation and intake, along with knowledge of the client's personal situation, to provide inhouse services and refer the client to other community services, including HPRP and other housing resources at Catholic Charities.

"But For" and "Sustainability" Rules

Catholic Charities screened HPRP applicants using HUD's 18 risk factors to ensure they would be homeless "but for this assistance." In addition, Catholic Charities tried to ensure clients would be able to sustain housing after graduating from the program using the risk factors and the work requirement. Clients with more than eight risk factors were referred to programs that offered more appropriate assistance, and clients unable to document at least three consecutive months of work experience in the past 18 months were deemed unsustainable and thus ineligible for the program. Almost all of Enlace Comunitario's clients were considered at imminent risk of becoming homeless as a result of their dangerous living situations and immigrant status, as many had few connections to family supports besides their significant other and limited financial resources. Enlace did not require clients to undergo an explicit assessment of sustainability to receive case management and stabilization services.

Prevention Activities

Catholic Charities provided financial assistance and ongoing case management. Case managers negotiated with landlords and conducted life skills classes, and a career specialist reached out to employers to schedule job fairs. Enlace Comunitario provided ongoing case management and counseling services. The city's HPRP prevention program served 418 people (160 households) as of September 30, 2010.

Financial Assistance. Catholic Charities provided ongoing financial assistance based on client need. Its 1-month program made one-time payments of up to 1 month current rent and 1 month rental arrears. All clients received 100 percent of rental payments, but no utility payments or utility arrears—often, case managers attempted to negotiate the utilities as part of the rent. Clients could receive a maximum

of 4 months of arrears and a combined maximum of 12 months of arrears and ongoing assistance (e.g., 4 months of arrears and 8 months ongoing assistance). Catholic Charities also offered a limited number of hotel vouchers. Enlace Comunitario did not provide financial assistance.

Case Management. Only a handful of clients at Catholic Charities received financial assistance alone. Almost all clients received case management, and all clients receiving ongoing assistance were required to meet with a case manager twice per month, apply for 10 jobs per week, apply for a Section 8 voucher, and attend a life skills class. Sometimes, case managers negotiated with landlords to waive fees or lower rent below FMR, and each case manager kept a list of landlords friendly to the program. Case managers worked with clients to develop an individual service plan, set short- and long-term goals, complete a budget, and refer the client to outside services. Case managers also helped clients prepare for job fairs, helping them with resume writing and interview preparation, and arranging referrals to organizations offering free work-appropriate attire. Case managers and the counselor at Enlace Comunitario provided clients with whatever support was necessary, including crisis intervention, safety planning, counseling, support groups, life skills classes, family-strengthening classes, and often referrals to outside programs and services.

Supportive Services. Outside HPRP, Catholic Charities referred clients to financial education programs, mainstream services, local thrift stores, transportation services, legal services, adult education classes, and other service-providing organizations in the city. Catholic Charities also held job development classes, funded through alternative sources, for clients participating in all their programs, which included resume writing, interview skills, mock behavioral interviews, and role playing. Catholic Charities conducted renter's rights and other life skills classes in house as well, which, like the job development classes, were open to clients in all of its programs. Enlace Comunitario provided counseling services in house, and coordinated with local shelters, pro bono attorneys, and the local housing authority to connect clients to housing-related services.

One interesting position within Catholic Charities was the outreach and career specialist, who reached out to and networked with employers to encourage them to hire clients in the HPRP program. The career specialist provided two job fairs throughout the program, networking with 80 local employers to identify jobs that would be good fits for HPRP clients. Grocery stores and home health aid organizations were the majority of employers in attendance. Ultimately, the outreach specialist convinced 13 employers to interview HPRP clients, several whom were hired on the spot. After the successful first job fair, case managers coordinated more one-on-one preparation to ensure clients were hired in the second. Both previous and current HPRP clients were welcome to attend the fairs. HPRP funding covered all costs for both iterations of this event.

DATA AND MONITORING

The city of Albuquerque provided Catholic Charities funding for HMIS services, which they contracted to NMCEH, which monitored data entry and reported to the city and state. Catholic Charities had already been using HMIS because of its existing HUD grants, and NMCEH did not provide training for HPRP HMIS data entry. Enlace Comunitario sent the City its program data and thus received no funding for HMIS-related activities.

In addition to the standard HMIS data elements required by HUD, case managers entered information on specific public benefits received by the client, household employment and education information, and general health information. Case managers entered data into HMIS when a client was screened in to the program and at program exit, but not at reassessment. Catholic Charities also conducted a one-time survey to gauge housing stability for former clients, but were only able to get in touch with a fraction of those who had left the program. Catholic Charities has no plans for further analysis.

PLANS FOR THE FUTURE

The city of Albuquerque plans to provide additional Community Development Block Grant funding to supplement its four health and service centers, which provide one-time rental and utility assistance to clients able to provide an eviction or court notice. HPRP has not influenced the design or structure of this program going forward.

Catholic Charities, with state Tenant-Based Rental Assistance funds (TBRA—$141,910), city Emergency Solutions Grant funds (ESG—$89,325), and potentially FEMA Emergency Food and Shelter Grant funds (EFSG—~$15,000), is continuing HPRP through their new rental assistance program (RAP). RAP will provide different levels and types of assistance outside the city as a result of the requirements attached to these different funding sources. For example, TBRA funds can be used for arrears, utilities, security deposits, case management, and ongoing rental assistance outside of Albuquerque (Sandoval County and unincorporated Bernalillo County), while ESG can only be used for arrears in the city.

To serve clients in Sandoval County, a rural area north of the city with few rental options, Catholic Charities plans to eliminate the requirement that clients have worked 3 months in the past 18. In addition, to target a needier client base, RAP will only accept clients earning 30 percent or less of area median income. Outside Albuquerque, quarterly assessments will be required for clients to continue to receive assistance, and clients will have access to case management. All clients will have access to the services and referrals Catholic Charities provides across its programs, such as its computers, job development, and various life skills classes. The intake is very similar to HPRP, with only minor changes. The target population is also similar, save the elimination of the work requirement. Catholic Charities will begin to ramp up the program as HPRP winds down.

After HPRP, Enlace Comunitario strategically reached out to new partners to better connect their clients to the financial resources necessary to bolster their housing stability. The organization found a private foundation that has thus far contributed about $10,000 in housing-related assistance, allowing Enlace to serve eight people with one-time assistance—rent payment, utilities, and a security deposit. In addition, Enlace has partnered with the Bernalillo Housing Authority to apply for a Department of Justice grant that would provide case managers with technical assistance to help them assess unit quality and develop relationships with more open and lenient landlords. Enlace continues to connect clients to local shelters and transitional housing programs, as they had before HPRP began.

Exhibit E.1: Albuquerque, New Mexico, Prevention Overview, Homelessness Prevention and Rapid Re-housing Program

	Persons		Households	
	#	%	#	%
Total served Year 1[a]	418	100	160	100
Persons in families	356	85	—	—
Adults without children	62	15	—	—
Total served Year 2[a]	342	100	113	100
Persons in families	307	90	—	—
Adults without children	35	10	—	—
HPRP services				
Rental assistance	—	—	213	100
Case management	—	—	179	84
Security/utility deposits	—	—	0	0
Outreach and engagement	—	—	11	5
Utility payments	—	—	0	0
Housing search/placement	—	—	4	2
Legal services	—	—	0	0
Credit repair	—	—	0	0
Motel and hotel vouchers	—	—	0	0
Moving cost assistance	—	—	0	0
Destination[b]				
Total leavers	610	100	—	—
Homeless	6	1	—	—
Institutional setting	3	<1	—	—
Permanent housing with subsidy	8	1	—	—
Permanent housing without subsidy	516	85	—	—
Family or friends	17	3	—	—

Source: New Mexico Coalition to End Homelessness, Annual Performance Report Data, 2009 program start through September 30, 2011.

— not applicable

[a] Total served numbers may not add to 100 percent because the "children only" and "unknown" categories are not included in this table. Numbers may add to greater than 100 percent due to data reporting errors.

[b] Destination numbers may not add to total leavers because the "other," "hotel/motel," "unknown," and "deceased" categories are not included in this table.

"Homeless" includes the following destinations: emergency shelter, TH for homeless persons, staying with friends (temporary tenure), staying with family (temporary tenure), place not meant for human habitation, safe haven, and hotel or motel paid by client.
"Institutional setting" includes foster care, psychiatric facility, substance abuse or detox facility, hospital (non-psychiatric), and jail or prison.
"Permanent housing" with subsidy includes housing owned by client with ongoing subsidy, rental by client with VASH subsidy, rental by client with other ongoing subsidy, and Permanent Supportive Housing for Homeless Persons.
"Permanent housing" without subsidy includes housing owned by client without ongoing subsidy and rental by client with no ongoing subsidy.
"Family or friends" includes living with family, permanent tenure or living with friends, permanent tenure.

ARLINGTON COUNTY, VA, HPRP-FUNDED PREVENTION PROGRAM

Arlington County's homelessness prevention program, funded by HUD's Homelessness Prevention and Rapid Re-housing Program (HPRP), provided short-term assistance, case management, and housing stabilization and search services to 78 households (a mix of families and single adults) through September 2010. Households accessed prevention through a coordinated entry point at one of the county's four subgrantees, staying in the program for an average 104 days (and a median 90 days). Participants were required to exhibit one of HUD's 18 risk factors and be likely to sustain housing after HPRP-funded prevention ended to qualify.

Community Description

An estimated 565 people are homeless in Arlington County, an affluent suburb of Washington, D.C. According to the local point-in-time count, the county identified 223 unsheltered homeless people, 169 people in emergency shelter, and 143 in transitional housing.[64] In 2011, the county counted 111 formerly homeless people living in a permanent supportive housing program.[65] The Arlington County Continuum of Care (CoC) is embedded within the Department of Human Services (DHS), Economic Independence Division, and the Housing Assistance Bureau (HAB). The CoC administered funding for 147 transitional housing beds, 12 rapid re-housing beds, 115 emergency shelter beds, 5 safe haven beds, and 69 permanent supportive housing (PSH) beds.

Arlington County adopted its ten-year plan (TYP) to end homelessness, "A Passageway Home: A Ten-Year Plan to End Homelessness in Arlington County, Virginia," in April 2006. The plan resulted from collaboration among "a range of homeless shelter and service providers, the community, and County staff." To assemble enough political will to meet the plan's goals, Arlington gained significant backing from a wide variety of community organizations. Leadership consortium members included businesses and business associations, citizens and civic leaders, county government, the courts, education representatives, faith groups, foundations, health service providers, law enforcement, nonprofits, veterans, developers, and landlords, among others.[66]

DESIGN AND SETUP OF HPRP PREVENTION

In 2009, Arlington County received $728,367 in federal funds and $363,631 in state funds for HPRP, for a total of $1,091,998. The ten-year planning committee designed the HPRP program. The Arlington County Community Assistance Bureau had an established homelessness prevention program long before 2009. This experience helped the design and implementation of HPRP. County staff noticed that some clients in their program returned for assistance after receiving a one-time "emergency" check from the prevention program. As a result, Arlington focused on providing housing-focused case management services to its HPRP clients in order to prevent recidivism. As of May 31, 2010, 74 percent of the funds spent had been for prevention and 26 percent had been for rapid re-housing.[67]

[64] http://hudhre.info/CoC_Reports/2010_va_600_pops_sub.pdf.
[65] http://arlingtonva10yp.files.wordpress.com/2011/04/annual-point-in-time-report-jan-2011.pdf.
[66] http://www.arlingtonva.us/departments/HumanServices/Xtend/pdf/file64492.pdf.
[67] Arlington County, Virginia Homelessness and Rapid Re-Housing Program (HPRP) June 3, 2010 Report.

The committee also recognized that to serve as many people as possible, it would need to devote as much funding as possible toward financial assistance without compromising case management. As a result, the county funded several positions, including the homeless program coordinator, management specialist, HMIS consultant, and a housing locator, from alternative sources. At the subgrantee level, four case management agencies received funding for services and HMIS entry. Other than funds for financial assistance, the only HPRP money Arlington kept for the grantee was for data management and evaluation. The county used data management and evaluation funds to pay a portion of its HMIS contractor, Bowman Systems, which provided technical assistance and ran training sessions.

IMPLEMENTATION

Arlington County contracted with four subgrantees to provide HPRP services: Northern Virginia Family Services (NVFS), Arlington Street People's Assistance Network (A-SPAN), Doorways for Women and Children (Doorways), and Arlington and Alexandria Coalition for the Homeless (AACH). Every subgrantee served a mix of families and singles. The county's Housing Assistance Bureau processed financial assistance, and the subgrantees were responsible for case management services, client prescreening and intake, and HMIS entry. Subgrantee case managers presented all prescreened client cases with complete applications to the Housing Services Team (which comprised the homeless program coordinator, the management specialist, case manager representatives from each subgrantee organization, representatives from the Community Assistance Bureau, and the housing locator) for ultimate determination of eligibility and service packages. In addition to the subgrantees, the county funded a housing locator position that helped households remain in housing or find new housing.

Outreach

Before implementing HPRP, Arlington County identified three Zip Codes from which they received most of their client requests for emergency prevention assistance. Based on this analysis, the county sent letters to landlords notifying them of the program and suggesting they refer potential clients to the HPRP subgrantees for assistance. Flyers were posted in county offices and nonprofits throughout the county, and property managers and landlords were given additional flyers to hand to clients receiving eviction notices. In addition, staff spoke directly with landlords to inform them of the program. The Housing Assistance Bureau met with departments in DHS to educate all county services agencies about HPRP. Although the flyers remained posted and the county continued to stay in touch with landlords throughout the county, word of mouth was very effective at spreading the message after the initial outreach and marketing.

Point of Entry

Arlington County designed a coordinated intake, with all subgrantees using similar forms. The county had a "no wrong door" policy for HPRP-funded prevention services: a household could phone or walk in to any of the subgrantees to apply for HPRP.

Intake: Eligibility and Assessment

The HPRP subgrantees conducted intake, which included the following steps:

1. *Prescreening*. Typically, subgrantees do a phone screening before seeing a client. The standard initial prescreening included the following questions:
   - Where does the household live? Arlington residents were given preference.
   - Is the head of household a legal citizen? The answer had to be "Yes."
   - What is the household's total monthly income? The answer had to be below 50 percent of area median income (AMI).
   - How much does the household have in assets? The answer had to be less than $2,500, excluding the value of the first car owned.
   - What risk factors exist in the current housing situation? The client had to have at least one high-risk factor to qualify. High-risk factors included the following: eviction within 2 weeks from private dwelling (including family/friends); discharge within 2 weeks from an institutional stay of at least 180 days; residency in housing that had been condemned; sudden or significant loss of income; sleeping in an emergency shelter; sleeping in a place not meant for human habitation; and an institutional stay for up to 180 days with a previous stay in shelter or place not meant for human habitation. Moderate risk factors included the following: sudden and significant increase in utility costs; mental health and substance abuse issues; physical disabilities; severe housing costs (more than 50 percent of income); homeless in last 12 months; young head of household (under 25 with children or pregnant); current or past involvement with child welfare; pending loss of rental housing; extremely low income (30 percent of AMI or below); high overcrowding; past institutional care; recent traumatic life event; credit problem; and a significant amount of medical debt.
     At prescreening, the case manager informed the client of the case management requirements, collection of personal information, and documentation required to put together a complete application.

2. *Screening.* If the client met the prescreening criteria, the case manager scheduled a meeting to complete the full screening process, which involved completing an application. The complete application included income, assets, and housing status verification forms; information on risk factors; a program agreement; a consent form; expense information; a housing barriers form; and an HMIS release form.

3. *Housing services team (HST) eligibility and service package determination.* The case manager who completed the client's application presented the case to the housing services team for final acceptance into HPRP. If a case was deferred, the team requested additional information for the following meeting. In addition to deciding on final eligibility, the team looked at current services received along with client income, savings, and spending habits. The team determined how much the client could afford to contribute toward housing-related expenses and the amount the team believed was necessary, based on the client's records, for the client to resolve the current crisis and return to sustainability. If a case was denied, the case manager notified the client, and

the HPRP coordinator reviewed any requests for appeal. The housing services team referred clients denied assistance to other programs that might better fit their needs. In most cases, the HST cited lack of sustainability as the main reason for denial.

"But For" and "Sustainability" Rules

As required by HUD, Arlington County screened HPRP applicants to make sure that they were at imminent risk of homelessness; in other words, that they would be homeless "but for this assistance." To operationalize this rule, the county looked at the risk factors described above. In addition to the "but for" rule, early guidance from HUD required that sites make sure that the household would be able to sustain assistance after the time limit for HPRP services expired. To meet this rule, the housing services team required almost all HPRP applicants to be employed or have a secure stream of income before it approved an application, with few exceptions. The team looked at benefits income and income from family living in the household as well to determine if the client had enough income to sustain housing in the long term. The client would not be accepted without documentation to prove active receipt of sufficient income to sustain housing. As a result, most households accepted had a reliable source of income, usually Supplemental Security Income or regular employment; the team needed to see sufficient income for the sustainability component for a household.

Prevention Activities

The County provided short-term assistance with ongoing case management. A housing search locator helped stabilize the client or, if needed, provided assistance searching for new housing. The HPRP-funded prevention program served 189 people (74 households) as of September 30, 2010.

Financial Assistance. Arlington County provided short-term assistance—4 months on average. This help was usually in the form of a one-time subsidy, though financial assistance sometimes included ongoing rental assistance, rental arrears, hotel and motel costs, moving costs, utility payments and arrears, and security deposits. The county capped its financial assistance at $1,500 for prevention and $3,000 for re-housing to ensure that clients were actively involved in retaining their housing. As of May 31, 2010, the county had spent the vast majority of prevention funds on rental assistance and a small amount on utility payments, security deposits, and utility deposits.[68]

Case Management. Very few clients receiving assistance received financial assistance alone. The vast majority received case management and some assistance from the housing locator. Case managers at the subgrantee organizations met with clients twice a month, coordinated a service plan, provided monthly budget assistance, and referred clients to any additional services. During the first month, case managers met with clients weekly. Case managers focused on ensuring clients paid rent on time, developed a budget, kept their unit clean, and were seen as good tenants by the landlord.

Supportive Services. One unique element of Arlington County's HPRP funded prevention program was the housing locator, who helped clients stay in their housing, receive relief for fees (and, occasionally, rent), and maintain relationships with landlords. Most clients receiving assistance received some assistance from the housing locator, who provided a range of important services:

[68] Arlington County, Virginia Homelessness and Rapid Re-Housing Program (HPRP) June 3, 2010, report.

- Reached out to Arlington landlords, property management companies, and apartment communities, with an emphasis on face-to-face contacts.
- Recruited and marketed to landlords to participate in HPRP and other Arlington County housing programs.
- Maintained a directory of housing providers, contacts, and vacancies.
- Negotiated with landlords for acceptance of participants who may have substantial housing barriers.
- Attended and participated in housing services team meetings and trainings.
- Maintained consistent and open communication with landlords, case managers, and other HPRP stakeholders, and mediated between landlords and tenants on lease violations.
- Coordinated with case managers and HPRP program participants to view properties, complete leasing applications, coordinate document retrieval, and coordinate payment for fees and rent as required by the landlord.
- Provided housing information to case managers in a timely manner. Ensured that all information pertaining to clients' housing status was provided to all staff.
- Developed and maintained outcome measures using best practices.
- Conducted all habitability and lead-based paint inspections for HPRP assisted units in accordance with federal habitability standards.
- Researched housing topics and collected and organized housing information for case managers and other interested parties.[69]

When a case was presented to the housing services team, the housing locator discussed the client's barriers with the landlord to determine what property management was willing to forgive. The housing locator might also negotiate for rent relief or a stay of eviction to allow the HST to reconvene and decide on the client's case. In addition, the housing locator personally delivered HPRP checks for financial assistance to landlords weekly. This exchange gave the housing locator an opportunity to speak with the landlord, build a relationship, and inquire about currently available units. While some landlords required this regular personal interaction, others called the housing locator when units became available. Up-to-date information on unit availability is extremely valuable in Arlington, where landlords are often able to lease up a vacant apartment in a week. The most difficult placements were clients with a record of felonies, whom landlords often rejected outright, even if the felony occurred in the distant past. Landlords were, however, very willing to work with smaller households with credit issues, as long as the client had not had a previous eviction or bank foreclosure. In general, the landlord overlooked certain barriers for clients with minor issues because of the housing locator and the case management assistance offered by HPRP. This saved clients with barriers valuable time searching for an apartment in a low-vacancy market.

The housing services team referred clients to employment and training services through the Arlington Employment Center, which was funded by ARRA Community Services Block Grant (CSBG) funds to assist HPRP households. In addition, ARRA CSBG funds were set aside for HPRP clients to attend culinary training and a summer youth job training program, and to pay for client employment expenses.

[69] Arlington Street People's Assistance Network, Inc. (A-SPAN) Job Description, April 2011: Housing Locator.

DATA AND MONITORING

The Housing Assistance Bureau (HAB), as both the CoC lead and grantee under HPRP, managed and maintained the HMIS for the county. Before HPRP, three of the four subgrantees were using HMIS for other programs. The county held an initial training with all subgrantees before HPRP began, as HPRP required a slightly different workflow than normal HMIS activity. In addition to the HMIS universal and program data elements, follow-up data were entered 3, 6, and 12 months after the case was closed. The purpose of these assessments was to determine the level of housing stability for HPRP-assisted households. Questions on the assessment included these five: Is the household housed? Is the household in the same housing? If not, what happened? Is the household paying its rent on time? Has the household gone to the Community Assistance Bureau for assistance? All this information was entered into HMIS. Case managers at most subgrantees reported that they were able to contact most of their clients after 3 months; this became more difficult as time went on. The next step for the county is to quantify the different services provided by case managers to understand client-case manager interactions more clearly. Additionally, the county is looking into a relational database that can score a client's risk factors in a "vulnerability index" so less of the burden of the screening process is on the case manager.

PLANS FOR THE FUTURE

With funds from the state of Virginia ($303,000), general funds from the county ($200,000), funds from an Emergency Solutions Grant (ESG) ($27,000), and funds from the local housing fund ($75,000), Arlington County is continuing HPRP under a new name, HPRP 2.0. The funding for case management, however, will decrease by half in the second year and disappear by the third, leaving the county and nonprofits to search for additional options. Advocates are lobbying the county to provide money for case management services connected to the Housing Assistance Bureau's HPRP financial assistance program in order to create a more sustainable and effective homelessness prevention program. Because of the limited funding under the new program, the Ten-Year Planning Committee met in November 2010 to compile a list of priorities for HPRP 2.0, as the committee is unsure how much ESG money the county will be able to access from state grants. In setting the priorities for HPRP 2.0, the committee tried to align its goals with those of the recently passed HEARTH legislation. HPRP 2.0 is focused on shortening the average length of stay for families in shelters, and HAB is currently analyzing local data to set benchmarks based on this goal. Another priority is to ensure that those who have received Section 8, Housing Choice Vouchers, and other vouchers retain their housing subsidy.

Exhibit E.2: Arlington County, Virginia, Prevention Overview, Homelessness Prevention and Rapid Re-housing Program				
	Persons		Households	
	#	%	#	%
Total served Year 1[a]	189	100	78	100
Persons in families	150	79	—	—
Adults without children	39	21	—	—
Total served Year 2[a]	128	100	58	100
Persons in families	91	71	—	—
Adults without children	38	30	—	—
HPRP services				
Rental assistance	—	—	87	69
Case management	—	—	126	100
Security/utility deposits	—	—	26	21
Outreach and engagement	—	—	6	5
Utility payments	—	—	26	21
Housing search/placement	—	—	3	2
Legal services	—	—	0	0
Credit repair	—	—	0	0
Motel and hotel vouchers	—	—	1	<1
Moving cost assistance	—	—	2	1
Destination[b]				
Total leavers	283	100	—	—
Homeless	9	3	—	—
Institutional setting	0	0	—	—
Permanent housing with subsidy	146	52	—	—
Permanent housing without subsidy	122	43	—	—
Family or friends	6	2	—	—

Source: Arlington County Annual Performance Report Data, 2009 program start through September 30, 2011.

— not applicable

[a] Total served numbers may not add to 100 percent because the "children only" and "unknown" categories are not included in this table. Numbers may add to greater than 100 percent due to data reporting errors.

[b] Destination numbers may not add to total leavers because the "other," "hotel/motel," "unknown," and "deceased" categories are not included in this table.

"Homeless" includes the following destinations: emergency shelter, TH for homeless persons, staying with friends (temporary tenure), staying with family (temporary tenure), place not meant for human habitation, safe haven, and hotel or motel paid by client.
"Institutional setting" includes foster care, psychiatric facility, substance abuse or detox facility, hospital (non-psychiatric), and jail or prison.
"Permanent housing" with subsidy includes housing owned by client with ongoing subsidy, rental by client with VASH subsidy, rental by client with other ongoing subsidy, and Permanent Supportive Housing for Homeless Persons.
"Permanent housing" without subsidy includes housing owned by client without ongoing subsidy and rental by client with no ongoing subsidy.
"Family or friends" includes living with family, permanent tenure or living with friends, permanent tenure.

DAYTON/MONTGOMERY COUNTY, OH, HPRP-FUNDED PREVENTION PROGRAM

The Montgomery County Homeless Solutions Policy Board (HSPB) administered the Montgomery County and city of Dayton, Ohio, Homelessness Prevention and Rapid Re-housing Program (HPRP) funding. The HPRP program comprised the combined entitlements for the County of Montgomery and the city of Dayton, as well as an award from the state HPRP entitlement. The program covered all of Montgomery County, Ohio. In the first year of the program, the Homeless Solutions Policy Board served almost 800 households with up to $3,000 of financial assistance per household. Households stayed in the program for an average 48 days (and a median 34 days).

Community Description

Montgomery County is located in southwestern Ohio with an estimated population of 522,457, of which 14.6 percent (47,573) between the ages of 18 and 64 were below the federal poverty level.[70] The Dayton/Kettering/Montgomery County Continuum of Care (CoC) reported 986 individuals experiencing homelessness on the day of the 2011 point-in-time count, including 38 who were unsheltered, 568 in emergency housing, and 380 in transitional housing.[71]

The Dayton/Kettering/Montgomery CoC operates as a committee of the HSPB and covers the entire county, including the cities of Dayton and Kettering.[72] According to the 2011 Housing Inventory Chart, the CoC's 39 programs included 4 emergency shelter programs, 3 programmatic shelter programs, 1 safe haven, 10 transitional housing programs, 1 HPRP Rapid Re-housing program, and 18 permanent supportive housing pilot programs. The CoC had 854 beds of permanent supportive housing available for formerly homeless persons.

The city of Dayton and the local United Way organization adopted the *Homeless Solutions Community 10-Year Plan for Ending Chronic Homelessness and Reducing Overall Homelessness in Dayton and Montgomery County, OH.*[73] One key element of the plan was to develop an early warning system for sustained intervention and prevention of homelessness. A first step of the ten-year plan was to establish the Homeless Solutions Policy Board (HSPB) as a local planning and homeless response entity. HSPB comprised city and county government, community stakeholders, public/private entities (such as hospitals and the University of Dayton), and service providers. HSBP oversees implementation of the ten-year plan, the key principles of which are poverty reduction, prevention, housing, and multisystem response.

DESIGN AND SETUP OF HPRP PREVENTION

The Montgomery County/Dayton HPRP was run as a single program funded through the entitlement awards for Montgomery County ($759,496), the city of Dayton ($2,595,505), and additional state HPRP funds ($648,200), for a total allocation of $4 million. HSPB was tasked with the design and administration of the program. Because of existing rapid re-housing resources, including a CoC rapid

[70] Data retrieved from 2010 American Community Survey 5-year estimates via http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml
[71] http://www.hudhre.info/CoC_Reports/2011_oh_505_pops_sub.pdf.
[72] http://www.mcohio.org/services/fcfc/docs/2011_Homeless_Solutions_Report_FINAL.pdf, page 3.
[73] http://www.mcohio.org/services/fcfc/homeless_solutions.html.

re-housing demonstration project, HSPB committed 70 percent of HPRP funds to prevention. HSPB approached HPRP intending to serve the highest number of households possible while still adhering to HUD's requirements. Four primary staff persons oversaw the program on behalf of HSPB: the community development manager, the HPRP program coordinator, the manager of housing and homeless services, and the specialist for the homeless management information system (HMIS).

Montgomery County employed the full time HPRP program coordinator, the manager of housing and homeless services, and the HMIS specialist, while the City employed the community development manager. The program coordinator position, developed specifically to oversee the single countywide prevention strategy, was funded through the City's and County's HPRP grant. The other three positions existed before HPRP.

HSPB administered the HPRP grant through a coordinated, top-down approach. The HPRP program coordinator, community development manager, and manager of housing and homeless services made HPRP policy decisions collaboratively, then communicated information to subgrantees for implementation; the HMIS specialist managed the data and provided training for the HMIS. In addition, the HPRP program coordinator developed all program regulations, forms, and eligibility criteria to ensure consistent program deployment across multiple entry points in the community, trained staff, monitored programs, coordinated monthly meetings with HPRP program and case managers, and trained staff to facilitate landlord negotiations. HSPB chose to go beyond HUD's program requirement of serving people at 50 percent of area median income (AMI) and below, and to focus its HPRP program on people at or below 30 percent of AMI. As of March 2011, this was further amended to target only those at 15 percent of AMI and below. The program coordinator made final decisions regarding exceptions to eligibility requirements.

IMPLEMENTATION

Eight subgrantees were funded, with six responsible for direct client services and case management, referrals, client prescreening and intake, and HMIS entry. The remaining two were funded for specific roles. The Society of St. Vincent de Paul was chosen to be the third-party payment processor for financial assistance because of its existing administrative and financial structure. Miami Valley Housing Opportunities was chosen to conduct the required housing inspections due to its experience managing units that must comply with housing habitability standards, such as lead-free paint.

Outreach

Before program implementation, HSPB held neighborhood meetings to gather input on potential special targeting opportunities. HSPB also analyzed Zip Codes from HMIS to determine areas with higher need prevalence. Information about HPRP was disseminated in multiple ways: The 2-1-1 human services information hotline was informed of the program and which agencies would be providing services, an informational brochure was developed and distributed through social service agencies and schools, a referral and program orientation process was developed in partnership with the job center, HSPB staff made presentations in high-risk neighborhoods, and HSPB generated a series of newspaper articles. HSPB and subgrantees quickly discovered that ongoing outreach and marketing was unnecessary, as word of the program spread quickly.

Point of Entry

The 2-1-1 system staff disseminated information about the program and contact information for the subgrantees, although they did not provide a formal program referral. Most applicants approached subgrantees directly through phone calls or walk-ins. Subgrantees rarely referred clients to one another, except for logistical reasons (location, transportation difficulties) or conflicts of interest.

Intake: Eligibility and Assessment

1. *Screening.* Subgrantees performed a quick 5- to 10-minute screening consisting of questions on three topics: resources, income, and presence of an eviction notice. However, HSPB was flexible concerning what constitutes an eviction notice. Official legal documents were preferred, but an applicant in a doubled-up household was allowed to show proof of imminent risk by producing a written statement signed by the lease or mortgage holder indicating he or she could no longer reside in the premises. The answers to the screening questions determined whether the applicant qualified for a full application and assessment. All subgrantees used the same screening tool, designed by HSPB. The eligibility criteria in the last phase of the program were:

   - 15 percent of AMI, no other housing options, no other financial resources, and presence of an eviction notice; or
   - 30 percent of AMI, no other housing options, no other financial resources, and at least one of three risk factors:
     - family has been homeless before;
     - household consists of six or more persons; or
     - family has an eviction notice from subsidized housing (Section 8 or public housing)

   While all screened-in applicants had to meet HUD criteria, in rare instances applicants did not fully meet the AMI criteria set forth by HSPB but met additional sustainability criteria and were provided assistance. These rare instances required direct approval from the HSPB grant administrator. Approximately 40 percent of screened callers were determined eligible for the full application and assessment process.

2. *Assessment.* Once deemed eligible via the screening process, applicants met with a case manager to complete a four-part formal application and assessment. The application was used to determine final eligibility for the program and as the basis for a case plan to determine what the client would need to obtain and sustain housing. The four parts of the application included the following:

   Applicant information: Basic demographic information required for HMIS, including information on household members, connections to HPRP-funded agencies, and prior HPRP assistance.

   Housing and income assessment: Information used to determine and verify income, assessment information, assessment of current housing situation, and risk factors to housing stability.

   HPRP assistance determination: Determination of whether the participant will stay in his or her current housing or search for a new unit; need for assistance with housing search, housing

inspection, unit ownership verification, legal services, and mediation services; determination of financial assistance amount, type, and duration, and client's contribution.

Individual housing and services plan (IHSP): Goals and strategies the program participant will employ to move toward housing stability, including residential stability (rebuilding housing history; housing search activities such as completing applications and saving for rent; and permanent housing maintenance skills such as paying rent on time, following lease agreements, and staying in the house for a certain number of months), skills and income (obtaining identification documents, acting on referrals to training and employment opportunities, maintaining employment, obtaining or maintaining income supports, developing household budgets, and working with creditors), other areas impacting housing stability (family reunification activities, mental health treatment consistency as applicable, practicing personal safety techniques, and managing chemical dependency treatments as applicable), and documentation of client-identified obstacles to housing stability, client and family strengths, and the participant's housing goals.

"But For" and Sustainability Rules

HSPB was clear that the "but for" standard set forth by HUD was to be interpreted as the applicant being at imminent risk of homelessness "but for this assistance"; the screening criteria were developed specifically to assess this. In addition, the housing and income assessment required case managers to judge applicants' sustainability and eligibility for the program. The application completed during the assessment was used to determine final eligibility for the program and as the basis for a case plan to determine whether the applicant could sustain housing post-HPRP assistance. Because 80 percent of HPRP funds were used for arrearages, participants had to demonstrate that they could afford to pay rent moving forward. To do so, subgrantees worked with clients to create a budget to determine sustainability. The Homeless Solutions Policy Board established an upper limit for rental assistance of 6 months or $3,000; therefore, subgrantees focused on serving individuals or families that would not require long-term assistance, using the budget to determine this. The program coordinator made final decisions regarding exceptions to this limit.

Prevention Activities

Subgrantees authorized for case management operated the same prevention activities consistently across agencies, including short-term assistance with a small amount of inhouse case management and a large number of case management referrals.

Financial Assistance. Allowable financial assistance activities included rent arrearages, rental assistance, utility arrearages, security and utility deposits and payments, and moving costs. An upper limit of 6 months' rental assistance, with a target of 3 months, was set for arrearages or ongoing assistance. All subgrantees adhered to these limits. Although the program did not originally have any cap on assistance, HSPB chose to establish a basic cap with some flexibility; individual or family assistance was capped at $3,000. The predominate use of funds was for rent arrearages. Utility payments were rare, as non-HPRP funds were available in the community for this purpose.

Case Management. Because of the focus on serving as many people as possible, Dayton's HPRP implementation did not emphasize intensive ongoing case management. After the full assessment, case managers created a plan for clients focused on connecting them with other services. HSPB wanted to provide as much financial assistance to clients as possible, as opposed to funding a large number of staff. As a result, subgrantees referred clients to outside services for the majority of non-housing support services, such as employment, mental health, etc. However, once an applicant was determined eligible for HPRP, it was the subgrantee's responsibility to ensure that the participant was connected to the appropriate resources until participant completion in the program. Case managers followed up with clients receiving ongoing assistance, typically through monthly phone calls, home visits, or in the subrecipient's office. Some case managers also provided services in addition to housing assistance, including credit repair, links to mainstream resources, and negotiation with landlords to reduce rent and/or utility arrearages, although this was not a focus of the HPRP program.

DATA AND MONITORING

The Dayton/Montgomery County HMIS covered the complete area of the combined HPRP grant catchment and was administered by the HSPB. The HMIS system was open between HPRP providers so they could see services provided to clients by other HPRP providers. Only one of the subgrantees was using the HMIS system before HPRP. Screening data were not entered into HMIS, but collected in hard copy and provided to the HSPB grant administrator. HSPB required all subgrantees providing case management and financial assistance services to HPRP program participants to enter the data collected on the application or assessment into HMIS regardless of assistance decision. HSPB generated reports from HMIS in addition to the HPRP quarterly progress report and used HMIS data to look at recidivism into shelter and patterns of homelessness. The local reports were intended to identify which, if any, households became homeless either (1) after receiving HPRP assistance or (2) after being determined not eligible for HPRP assistance. HSPB also looked at primary risk factors and whether households appeared in the local HMIS as previously homeless. HSPB was interested in comparing the various groups to fine tune the targeting of HPRP prevention resources.

HSPB conducted onsite monitoring twice a year and informally at least quarterly. Additionally, HSPB maintained close communication with the subgrantees, meeting monthly to discuss expenditure progress and any issues encountered, and to share lessons learned.

PLANS FOR THE FUTURE

HPRP was the first program that brought area providers together. The level of detail and targeted approach HPRP required changed the community's response to homelessness. Some of the subgrantees that had little or no contact with homelessness are using HPRP as a springboard to continue homeless services. With a better understanding of how prevention can work, and with the onset of a new shelter diversion program, the grantees are integrating more prevention efforts into their system. One subgrantee recently started an emergency shelter diversion program for families. Using existing staff, case managers meet with families before they enter shelter to explain what to expect in the shelter system, and then work with the families to prevent homelessness by finding other housing solutions.

According to the subgrantee, this program has helped some families realize that a shelter stay is not the best housing solution. The program is funded through private donations and the Montgomery County Human Services Tax Levy. The subgrantee is also interested in expanding this program for single males. HSPB issued a request for proposals in January 2012, combining funds from 2012–13 Supportive Services, 2012–13 United Way, the 2011–12 Emergency Solutions Grant, and the 2011 HOME Investment Partnership Program to support implementation of HSPB's ten-year plan, one tenet of which is homelessness prevention.

Exhibit E.3. Montgomery County and City of Dayton, Ohio, Prevention Overview, Homelessness Prevention and Rapid Re-housing Program

	Persons		Households	
	#	%	#	%
Total served Year 1[a]	1,920	100	799	100
Persons in families	1,471	77	—	—
Adults without children	420	22	—	—
Total served Year 2[a]	1,592	100	611	100
Persons in families	1,262	83	—	—
Adults without children	320	22	—	—
HPRP services				
Rental assistance	—	—	1132	88
Case management	—	—	1239	97
Security/utility deposits	—	—	203	16
Outreach and engagement	—	—	1	< 1
Utility payments	—	—	123	10
Housing search/placement	—	—	178	14
Legal services	—	—	1	< 1
Credit repair	—	—	0	0
Motel and hotel vouchers	—	—	0	0
Moving cost assistance	—	—	22	2
Destination[b]				
Total leavers	3,112	100	—	—
Homeless	5	< 1	—	—
Institutional setting	1	< 1	—	—
Permanent housing w/ subsidy	369	12	—	—
Permanent housing without subsidy	2,592	83	—	—
Family or friends	13	< 1	—	—

Source: Homeless Solutions Policy Board, Annual Performance Report Data, 2009 program start through September 30, 2011.

— not applicable

[a] Total served numbers may not add to 100 percent because the "children only" and "unknown" categories are not included in this table. Numbers may add to greater than 100 percent due to data reporting errors.

[b] Destination numbers may not add to total leavers because the "other," "hotel/motel," "unknown," and "deceased" categories are not included in this table.

"Homeless" includes the following destinations: emergency shelter, TH for homeless persons, staying with friends (temporary tenure), staying with family (temporary tenure), place not meant for human habitation, safe haven, and hotel or motel paid by client.

"Institutional setting" includes foster care, psychiatric facility, substance abuse or detox facility, hospital (non-psychiatric), and jail or prison.

"Permanent housing" with subsidy includes housing owned by client with ongoing subsidy, rental by client with VASH subsidy, rental by client with other ongoing subsidy, and Permanent Supportive Housing for Homeless Persons.

"Permanent housing" without subsidy includes housing owned by client without ongoing subsidy and rental by client with no ongoing subsidy.

"Family or friends" includes living with family, permanent tenure or living with friends, permanent tenure.

FALL RIVER, MA, HPRP-FUNDED PREVENTION PROGRAM

The Office of Community Development in the Fall River Community Development Agency (CDA) administered the city's homelessness prevention program, funded by HUD's Homelessness Prevention and Rapid Re-housing Program (HPRP). The program provided rent arrearages, case management, and legal services to approximately 706 households (a mix of families and single adults) through four subgrantees. Households accessed prevention by presentation to any one of three subgrantees and had to show evidence of active legal eviction proceedings and financial capacity to cover current housing costs if arrearages were paid. Households stayed in the program for an average 184 days (and a median 123 days).

Community Description

Located south of Boston, Fall River borders the state of Rhode Island, has a 16.2 percent poverty rate, and an annual unemployment rate of 14 percent. It is a member of the South Coast Regional Network to End Homelessness, one of the 10 regional networks within the state. According to the local point-in-time count, the city identified 11 unsheltered homeless people, 169 people in emergency shelter, and 108 in transitional housing. In 2011, the Fall River continuum of care (CoC) counted 135 formerly homeless people living in a permanent supportive housing program. The Fall River CoC homeless service system was also coordinated within the city's CDA and administered funding for 115 transitional housing beds, 181 emergency shelter beds, and 135 permanent supportive housing beds.

Fall River is currently revising its ten-year plan to end homelessness. The city states that the characteristics of its homeless population are changing: fewer people are primarily chronically homeless, and more are elderly, youth, and those homeless for the first time because of unemployment. Prevention is expected to be a core component of the new ten-year plan.

DESIGN AND SETUP OF HPRP PREVENTION

In 2009, Fall River received $1.3 million in federal funds for its HPRP. Because of its lack of experience with rental assistance, rapid re-housing, or homelessness prevention, the city consulted its major service providers when designing the program; Catholic Social Services had an existing, privately funded prevention program, and South Coast Counties Legal Services had a long history in eviction prevention. The city knew, because of early phone calls received from the public, that there was high need for prevention assistance in the community. As a result, Fall River chose to leave the program design open at the subgrantee level in order to ensure flexibility for stabilizing at-risk people. Although Fall River initially planned to allocate 60 percent of its funds spent for prevention, it ended up spending approximately 90 percent on prevention.

The city wanted to serve as many people as possible, and so it chose not to keep any funds for administration of the program. Three city staff members, however, dedicated 20 to 25 percent of their time over the course of program operation (CDA's director, planning and housing coordinator, and contract compliance officer).

IMPLEMENTATION

Fall River funded four subgrantees to provide HPRP services: Catholic Social Services (CSS), Citizens for Citizens (CFC), South Coast Counties Legal Services (SCCLS), and The Women's Center (TWC). Each

subgrantee served a mix of families and individuals. SCCLS was selected specifically to provide legal services and did not provide any financial assistance; TWC was chosen to serve victims of domestic violence. CSS, CFC, and TWC conducted client intake and assessment and provided direct financial assistance and case management services. Subgrantee case managers decided eligibility and amounts and types of financial assistance received.

Outreach

Before HPRP was implemented, a local newspaper ran a story about the program. Consequently, subgrantees were consistently booked for intake appointments several weeks out. Word of mouth was a primary method of marketing; because subgrantees were well known in the community, potential candidates were often referred as part of normal agency business. SCCLS met with housing court judges and lawyers to educate them on the program and how to connect clients with it, and to ask them to change processes to ensure time for negotiation with landlords.

Point of Entry

Potential participants could access the program via CSS, SCCLS, and TWC. There was no coordinated intake; all the subgrantees used their own forms. However, CSS and CFC shared information on clients accessing the program during prescreening to ensure no duplication of services.

Intake: Eligibility and Assessment

Each subgrantee used its own process and forms for screening potential participants for program eligibility. Because of limited staff, CFC relied on SCCLS to do all the initial screening and provide referrals for individuals or families that were eligible for the program and needed financial assistance. Each subgrantee also had its own assessment process.

- *Prescreening.* Screening typically occurred over the phone but also occurred in person. Screening focused on HUD eligibility requirements (particularly income) and whether the participant had a 14-day notice to quit. Some subgrantees also briefly evaluated the income-to-rent ratio in order to get a sense of sustainability, but income screening more commonly occurred during full assessment. SCCLS screenings were conducted by paralegals through a centralized intake line. Any applicant passing the SCCLS screening that appeared to also need financial assistance received a referral to CFC (or CSS if rapid re-housing, TWC if domestic violence).

  All subgrantees indicated that most people that passed the screening phase were likely to receive some type of services, even if they were not served with HPRP funds. Those applicants that clearly presented with barriers to sustainability or service needs too great to be a good fit for HPRP, that did not fit the income guidelines, or that could not produce a 14-day eviction notice were referred to other programs in the community or served with other funds within the subgrantee.

- *Screening and Assessment.* Once an applicant passed the screening process, an in-person intake appointment was scheduled. These intakes typically included an assessment of income, benefits, expenses, housing history, family characteristics, and other factors. During this intake, the staff

collected all the required documentation from participants (eviction notice, statement of assets, income, etc.). The intake process served two purposes: to assess the household's likely ability to sustain housing on its own and fit with the program, and to identify the necessary components to develop a case plan, including the amount of assistance needed. The case plans focused solely on immediate housing stability issues, including landlord-tenant negotiation, income, benefits, and expenses. The plans also included the development of a detailed budget and identification of financial counseling need, when necessary. If non-housing issues such as mental health or substance abuse presented during the assessment, the subgrantees referred applicants to other programs (either internally or externally, depending on barrier presented). The majority of applicants that made it through intake and assessment were enrolled in the program.

"But For" and Sustainability Rules

When determining if an applicant was eligible for prevention services, subgrantees considered income and current housing situation. A 14-day notice to quit, court date, or 48-hour notice to vacate were all evidence that a participant meets the "but-for" test.

Because the Fall River HPRP primarily provided rental arrears, "good fit" for prevention services hinged on evidence that the applicant would be able to sustain housing on his or her own once the arrears had been settled. Sustainability was evidenced by a rent-to-income ratio and the applicant's financial budget. Additional considerations included housing history, employment, and other factors that could influence long-term sustainability, such as a long-term disability. Applicants that presented with barriers that were likely to require a long-term stability strategy, such as disability, received referrals to other programs within the agency or other organizations, such as treatment or job-training programs. The estimated amount of financial assistance required to achieve sustainability was also a big factor in decision-making. If applicants could not show they could sustain their housing costs after arrearages were paid, they were referred to another program. The only exception to this was participants selected for enrollment at TWC, where the primary factor indicating a poor fit for HPRP was undocumented status (because being undocumented created barriers to accessing benefits, services, and employment). TWC was able to provide prevention assistance to undocumented participants with an alternative program.

The staff at each subgrantee made the final determinations about enrollment. Subgrantee staff members brought difficult cases to a biweekly meeting attended by the case managers at CFC, the housing advocate and supervisor at CSS, and the managing attorney at SCCLS. At these meetings, staff members discussed scenarios and decided collectively how to handle each case.

Prevention Activities

Fall River primarily provided rental arrearages with ongoing case management and legal services. The city's HPRP-funded prevention program served approximately 1,081 people (706 households) as of September 30, 2010.

Financial Assistance. Fall River provided rental and utility arrearage assistance; in rare instances, financial assistance included security deposit and first month's rental assistance. The city capped its

financial assistance to no more than 6 months of arrearages and required clients to manage ongoing rental costs to ensure that clients were actively involved in retaining their housing. Participants were required to prove payment of current-month rent in order to receive arrearage payments.

Case Management. Participants received comprehensive case management services that focused on connection to mainstream resources, income, and budgeting. Not all participants needed ongoing case management services, but most participants had to meet with case managers multiple times before their arrearages were paid in full.

DATA AND MONITORING

The Office of Community Development in the Fall River CDA was very involved in regular monitoring, particularly around reporting and expenditures. Because of concern over the accuracy of the homeless management information system (HMIS) data, the city developed a monthly report for the subgrantees and conducted financial monitoring monthly. All payment requests were reconciled with the monthly reports. This report was also used for monitoring HMIS data entry. Program monitoring included desk audits, review of monthly reports, and site visits.

All four subgrantees participated in HMIS; however, the city did not use HPRP funds to cover HMIS operating costs. The grantee paid HMIS fees through the existing CoC HMIS grant. All the subgrantees used HMIS in addition to at least one other client management software. Both the grantee and the subgrantees reported difficulties in using HMIS, including the amount of additional data required in HMIS raising concerns over attorney-client privilege. TWC was able to use HMIS because it was not solely a domestic violence program but had programs that served a broader population. The agency was already using HMIS for other programs.

Because the city of Fall River had a closed HMIS, CFC developed a Google Excel spreadsheet to share participant demographic and service data with CSS to ensure participants do not receive services at more than one subgrantee. The agencies used an HPRP release of information that specifically authorized them to share data with other service providers as part of the program. The Google environment was secured by access and authentication protocols (user IDs and passwords) and could only be accessed by the case manager at CFC (who also managed it) and the three CSS case managers.

PLANS FOR THE FUTURE

In planning for the implementation of the Emergency Solutions Grant Program, Fall River intends to provide some limited prevention but will be placing a higher priority on rapid re-housing. This is primarily because of HUD's emphasis on rapid re-housing and because Fall River's emergency shelters are currently operating at capacity. The city plans to use ESG to continue prevention in essentially the same manner as HPRP, with less funding. Revision of the ten-year plan in conjunction with the consolidated plan may bring other opportunities for prevention activities.

CSS continues to operate its prevention program but is now providing financial assistance at pre-HPRP levels: up to $200 in private funds. TWC continues to provide prevention assistance to victims of domestic violence through state flex funds and funding through the Department of Justice Office of Violence against Women. SCCLS continues to provide legal services around eviction prevention through other sources of funding as well. CFC is no longer providing any prevention assistance owing to lack of funding.

One of the biggest lasting impacts of HPRP has been a change in the community's attitude toward prevention and rapid re-housing. The program was able to change the culture of the homeless assistance system from shelter-focused to a comprehensive approach that included prevention and rapid re-housing. The program also provided an important opportunity for subgrantees to refine and improve their approach to prevention. One subgrantee reported that HPRP has increased overall participation and engagement in the Continuum of Care and collaboration among the subgrantees in the community.

An additional impact of the program is the change in housing court processes and the increased presence of SCCLS within the court. Because of HPRP, SCCLS is now more familiar with housing court judges, lawyers, and many landlords in the community. This has helped change the culture and process around evictions in the housing court. Other subgrantees built lasting relationships and familiarity with landlords in the community as well. The program also increased the awareness of landlords and property managers around tenant rights and the importance of a lease.

Exhibit E.4: Fall River, Massachusetts, Prevention Overview, Homelessness Prevention and Rapid Re-housing Program

	Persons		Households	
	#	%	#	%
Total served Year 1[a]	1,081	100	706	100
Persons in families	646	60	—	—
Adults without children	435	40	—	—
Total served Year 2[a]	438	100	222	100
Persons in families	288	66	—	—
Adults without children	172	39	—	—
HPRP services				
Rental assistance	—	—	429	61
Case management	—	—	223	52
Security/utility deposits	—	—	21	3
Outreach and engagement	—	—	0	0
Utility payments	—	—	7	1
Housing search/placement	—	—	1	<1
Legal services	—	—	488	69
Credit repair	—	—	1	<1
Motel and hotel vouchers	—	—	2	<1
Moving cost assistance	—	—	2	<1
Destination[b]				
Total leavers	662	100	—	—
Homeless	4	<1	—	—
Institutional setting	3	<1	—	—
Permanent housing with subsidy	161	24	—	—
Permanent housing without subsidy	447	68	—	—
Family or friends	4	<1	—	—

Source: Fall River Community Development Agency Annual Performance Report Data, 2009 program start through September 30, 2011.

— not applicable

[a] Total served numbers may not add to 100 percent because the "children only" and "unknown" categories are not included in this table. Numbers may add to greater than 100 percent due to data reporting error.

[b] Destination numbers may not add to total leavers because the "other," "hotel/motel," "unknown," and "deceased" categories are not included in this table.

"Homeless" includes the following destinations: emergency shelter, TH for homeless persons, staying with friends (temporary tenure), staying with family (temporary tenure), place not meant for human habitation, safe haven, and hotel or motel paid by client.

"Institutional setting" includes foster care, psychiatric facility, substance abuse or detox facility, hospital (non-psychiatric), and jail or prison.

"Permanent housing" with subsidy includes housing owned by client with ongoing subsidy, rental by client with VASH subsidy, rental by client with other ongoing subsidy, and Permanent Supportive Housing for Homeless Persons.

"Permanent housing" without subsidy includes housing owned by client without ongoing subsidy and rental by client with no ongoing subsidy.

"Family or friends" includes living with family, permanent tenure or living with friends, permanent tenure.

INDIANA HPRP-FUNDED PREVENTION PROGRAM

With funding from HUD's Homelessness Prevention and Rapid Re-housing Program (HPRP), the state of Indiana provided financial assistance in rental and utility payments as well as arrearages and case management services to more than 1,600 households through September 2010. Households accessed homelessness prevention services through 16 community agencies across 17 HPRP regions. Program staff at each agency administered HPRP screening through a Web-based screening tool. To determine eligibility for homelessness prevention services, program staff examined an applicant's income, current living location, history of homelessness, and current rent or eviction notice. Length of stay in the program averaged 247 days, with a median 267 days.

Community Description

Indiana has an estimated population of 6.3 million. According to the U.S. Census Bureau, approximately 13 percent of the general population and 11.5 percent of people over the age of 18 are below the federal poverty level.[74] During the most recent point-in-time count, the Indiana Balance of State Continuum of Care (CoC) homeless service system[75] identified 1,948 persons in emergency shelters, 1,542 persons in transitional housing, and 499 unsheltered persons (i.e., living in places not meant for human habitation, such as cars, encampments, or parks). Of these 3,989 people, 45 percent were persons in families and 55 percent were individuals or unaccompanied youth.

The Indiana Balance of State CoC has more than 200 different homeless assistance programs across 16 state regions. Each region has a homeless planning council that includes governmental officials, program administrators, and other stakeholders. In 2009, the Indiana Housing and Community Development Authority (IHCDA) renamed the state's Inter-Agency Council on Homelessness the Indiana Planning Council on the Homeless. This council, comprising members from across the state, creates strategies and initiatives aimed at ending homelessness in Indiana.

Specifically, the Indiana Balance of State CoC has 102 emergency shelter programs, including 28 programs for victims of domestic violence, that result in more than 2,600 beds; 95 transitional housing programs resulting in roughly 1,900 beds; and 49 permanent supportive housing programs resulting in 931 beds. Of these homeless assistance programs, 8 permanent supportive housing programs are currently under development. No emergency shelters or transitional housing programs are under development in the Balance of State.

Indiana does not have a *statewide* ten-year plan to end homelessness. However, most regions have plans highlighting issues that affect the region's population, and most focus on addressing chronic homelessness. Of the subgrantees we interviewed, each had a regional plan for addressing homelessness but in the past had not focused on homelessness *prevention*. IHCDA believes that experiences from HPRP will influence the continuing development and updating of ten-year plans.

Before HPRP funding, Indiana had no homelessness programs. However, in the state of Indiana, township trustees have funding they can use for prevention-like activities. Indiana's approximately 1,100 township trustees are elected officials who serve 4-year terms. Indiana law mandates that trustees

[74] Data on poverty were obtained from the U.S. Census Bureau, American Community Survey (2005–09).
[75] The Indiana Balance of State CoC covers all areas of Indiana except Indianapolis and South Bend.

provide township residents and local businesses with critical services, which may include assisting residents or businesses during a financial or housing emergency. Across townships, trustees do not have a consistent method or process for using their resources to address homelessness prevention or implement antipoverty activities. Most spending of these resources is ad hoc.

DESIGN AND SETUP OF HPRP PREVENTION

IHCDA was the state agency designated as the HPRP grantee for the Indiana Balance of State CoC. Over the 3-year course of HPRP, the agency administered a total of $16,883,827.

The CoC divides Indiana into 16 regions but, since one region covers a large area, IHCDA split it for the purposes of HPRP. This resulted in 17 distinctive HPRP regions.

IHCDA had 16 subgrantees covering the 17 HPRP regions. Two subgrantees acted solely as fiscal agents to IHCDA. These agents passed funds to sub-subgrantees and vendors delivering services in the agents' regions. The remaining 14 subgrantees provided clients with a variety of direct services, including mental health assistance, supportive housing and job search programs, and life skills classes. Before HPRP, approximately 85 to 90 percent of subgrantees provided their regions with homeless services.

Exhibit E.5: Indiana Housing and Community Development Authority, Homelessness Prevention and Rapid Re-housing Program Subgrantees

Region	Agency (Subgrantee)	Award
1	Housing Opportunities Inc.	$877,729.00
1A	Health Visions Midwest	$1,049,522.00
2	Center for the Homeless Inc. and Community Action of Northeast Indiana	$582,000.00
2A	Center for the Homeless Inc.	$507,233.05
3	Community Action of Northeast Indiana Inc.	$1,536,396.00
4	Area IV Agency on Aging and Community Action Programs Inc.	$857,136.00
5	Center Township of Howard County	$674,751.00
6	Bridges Community Services Inc.	$1,488,540.15
7	Housing Authority of the City of Terre Haute	$913,891.00
8	Aspire Indiana Inc.	$582,000.00
8A	United Way of Central Indiana Inc.[a]	$2,309,237.00
9	Dunn Mental Health Center Inc.	$582,000.00
10	Centerstone of Indiana Inc.	$640,229.85
11	Human Services Inc.	$834,320.85
12	Aurora Inc.[b]	$1,472,609.00
13A	Blue River Services Inc.	$793,329.00
13B	Community Mental Health Center Inc.	$704,333.00
	Total	$16,405,256.90

Source: Indiana Housing Community Development Authority. November 2011.

[a] United Way of Central Indiana was a HPRP subgrantee to both the state of Indiana and the city of Indianapolis. The agency fully designated its state HPRP funding to rapid re-housing services and its city money to homelessness prevention services. Therefore, United Way of Central Indiana did not use any state HPRP funding to provide homelessness prevention services.

[b] Aurora Inc. was an HPRP subgrantee to both the state of Indiana and the city of Evansville. The agency fully designated its state HPRP funding to rapid re-housing services and its city money to homelessness prevention services. Therefore, Aurora did not use any state HPRP funding to provide homelessness prevention services.

Each subgrantee acted as the lead HPRP agency within its region, coordinating services and client referrals with other providers in the area. Subgrantees administered HPRP screening and client assessments, as well as financial assistance and case management, and entered client information into the homeless management information system (HMIS). Staff members at each subgrantee usually relied upon their regional homeless planning councils for strategies and direction to address homelessness. For HPRP, however, subgrantees looked to IHCDA for leadership, technical assistance, guidance, and training. IHCDA staff were available for and responsive to subgrantees' questions and requests.

IMPLEMENTATION

Outreach

Subgrantees worked with their homelessness regional planning committees as well as other service providers and mainstream service agencies to disperse information about HPRP services. However, subgrantees did not need to market HPRP aggressively because information about HPRP assistance spread rapidly by word of mouth.

Point of Entry

Service providers and mainstream agencies referred clients who might be eligible to the region's HPRP subgrantee. Clients could only access HPRP services through the designated subgrantee in each region, allowing a one-door point of entry into the program.

Intake: Eligibility and Assessment

IHCDA's subgrantees followed HUD's HPRP eligibility criteria. To be eligible for assistance, a household needed an income below 50 percent of area median income (AMI) and must been at imminent risk of homelessness. Each subgrantee served HPRP-eligible households in its specified region.

To establish eligibility for homelessness prevention services, subgrantees examined a client's income, current living location, history of homelessness, and current rent or eviction notices as defined below.[76]

- Income:
    - Any income at or below 50 percent AMI;
    - No income, but currently employed or lost job less than 6 months ago; or
    - No income, but has been diagnosed with a documentable disability.

- Current living location
    - Staying with family or friends in a room, apartment, or house *or* renting an apartment or house *or* living in an institution *or* temporarily living in a self-pay hotel or motel *or* living in an owned apartment or house;
    - If in an institution, being required to leave in less than 2 weeks with written documentation;
    - Could stay in housing if client could pay some rent to family or friends;

[76] These categories summarize the criteria used to determine eligibility for HPRP prevention assistance in the Indiana Housing Opportunity Planner and Evaluator (I-HOPE) screening tool. State subgrantees used I-HOPE to determine HPRP program eligibility.

    - Have to move from housing unit for reasons such as conflict, foreclosure, or insufficient income;
    - If applicable, must move out in 2 weeks or less;
    - If saying with family or friends, client's name is (or could be) on the lease;
    - If renting, has received a notice to quit or court summons and must move in 2 weeks or less;
    - If overcrowded, persons per room is greater than 1.5; or
    - If staying in hotel or motel, can afford for 2 weeks or less.

- History of homelessness
    - Homeless three times or less in last 3 years; or
    - Homeless five times or less in last 3 years.

- Current rent or eviction notice
    - Current monthly rent was 60 percent or less of current income; or
    - Evicted two times or less in last 5 years.

Subgrantees used the Indiana Housing Opportunity Planner and Evaluator (I-HOPE) to screen for HPRP eligibility. I-HOPE was a Web-based screening tool designed by the Corporation for Supportive Housing in coordination with IHCDA to screen eligibility for homelessness prevention and rapid re-housing programs under HPRP. This tool was based on a decision-tree model. I-HOPE asked clients questions about income, current living location, rent, eviction status, experience with homelessness, and disability status to determine if they would be homeless "but for" HPRP prevention assistance.

IHCDA thought using a common screening tool among subgrantees would be beneficial. The tool eliminated guesswork and subjectivity for case managers. To complete screening, clients needed identification, income verification, and an eviction notice or a utility shut-off notice.

As of fall 2011, 54 percent of clients screened through I-HOPE were eligible for HPRP services. This percentage includes clients screened for homelessness prevention and rapid re-housing services. However, the subgrantees we visited had higher percentages of clients determined eligible by I-HOPE (CMHC approved 79 percent; Blue River Services, 73 percent; and Human Services Inc., 72 percent). Staff confirmed that a high percentage of their clients screened through I-HOPE were eligible; case managers usually prescreened clients for HPRP over the phone, asking about income, employment and current living situation before initiating the I-HOPE screening. Prescreening was conducted because applicants in rural Indiana faced long travel distances and lacked public transportation options.

In addition to HUD's eligibility criteria, I-HOPE screened for employment history. IHCDA determined that clients with a "shaky" employment history would not be good candidates for prevention services and ultimately unable to sustain housing after prevention assistance ended. Across subgrantees we visited, staff would refer clients determined ineligible for HPRP services to other community services and programs.

Assessment

After determining a client was eligible, case managers in all subgrantees completed an HMIS intake form and housing assessment tool with clients. All except one subgrantee used these forms to complete the assessment. Both assessment forms were completed on paper; then data were entered into HMIS.

The housing assessment tool used information gathered in I-HOPE to address additional topics such as the ability to achieve housing and employment, financial stability, the ability to access and locate housing, the ability to maintain housing, and support systems to maintain housing. This tool also included a rent and utility calculation worksheet to determine if the household was paying a reasonable rent based on income, number of dependents, and allowances. Once the client and case manager finalized the housing assessment tool, they completed a housing plan. Subgrantees used the housing assessment tool and housing plan to document the services a client needed and to develop the client's housing goals.

"But For" and Sustainability Rules

Depending on available subgrantee funding, if I-HOPE determined a client was eligible for HPRP assistance, that client was served. After eligibility was determined, the case manager worked with the client to complete the housing assessment tool and housing plan to determine the amount of financial assistance and types of services provided.

Prevention Activities

Under Indiana's HPRP prevention program, clients could receive financial assistance for rental payments, security and utility deposits, rental and utility arrearages, utility payments, moving cost assistance, motel and hotel vouchers, and storage. Housing stabilization services included case management, referral to other community services and mainstream agencies, legal services, credit repair, housing location services, and landlord mediation. Case managers used information from I-HOPE, the housing assessment tool (including the rent and utility calculation worksheet), and the housing plan to determine what services and how much assistance to provide clients.

Financial Assistance. HPRP financial assistance included current rental and utility payments, as well as arrearages. IHCDA allowed subgrantees to provide up to 12 months of financial assistance, with the possibility of two 3-month extensions, not to exceed the 18 months of assistance allowed by HUD. Case managers determined the amount of financial assistance a client received based on the funding available and the rent and utility calculation worksheet. For each extension request beyond 12 months of assistance, subgrantees would submit an extension request form to IHCDA.

During the first year, HPRP clients at Community Mental Health Center Inc. (CMHC) discovered they could receive rental assistance for up to 12 months, as long as they continued to be eligible during reassessment. Staff felt that this enabled clients to "drift along" for the first year on assistance. Then, when clients knew their assistance would end, they started to look for ways to sustain housing independently. Since then, CMHC staff members altered their message to clients, specifying that eligible households were only guaranteed 3 months of rental assistance. At the end of those 3 months, staff would reassess clients for continued eligibility.

Blue River Services Inc. provided clients with rental assistance for an average of 9 months. This agency also capped the amount a client could receive for rental arrearages at 6 months. Alternatively, Human Services Inc. used the housing plan to determine the amount of time a client would need financial assistance.

Across subgrantees, assistance ended for clients at various times, including

- Clients exhausting the maximum amount of funding they could receive based on
    - The amount of funding subgrantees had available or
    - The maximum amount of time clients could receive funding defined by HUD;
- Clients not being eligible for assistance at reassessment, or
- Clients self-determining they no longer needed assistance.

Subgrantees provided financial assistance for utility expenses through HPRP. This included eligible households' current utility payments, arrearages, and deposits. Household allocations of utility assistance were determined on the rent and utility calculation worksheet. Subgrantees did not set a maximum amount for utility assistance that clients could receive.

Subgrantee staff members worked with clients to determine the overall cost of the utilities they needed. Some clients wanted to reside in single-family homes where utility costs such as sanitation or heating oil are expensive. Case managers helped clients determine if utility expenses were bringing them to at imminent risk of homelessness. If so, case managers would try to relocate clients to a more affordable living arrangement.

Case Management. Subgrantees took a case-by-case approach: some clients needed case manager contact daily, weekly, or monthly while others required less. IHCDA encouraged case managers to meet with clients once a month to check on progress and housing stability but acknowledged that this varied across subgrantees. Of the subgrantees that we visited, all provided case management services to their HPRP prevention clients. Human Services Inc. and CMHC required HPRP clients to participate in case management services at least once a month to receive financial assistance.

Case managers worked with clients to determine eligibility for services and benefits outside HPRP. In a few rural locations, subgrantees had difficulty addressing some clients' needs, and responded by creating programs within their agencies. For example, CMHC created a job club for clients to review their resumes with staff and participate in mock interviews.

In addition to in-office case management, some subgrantee staff offered telephone-based case management and home visits. Attending a case management appointment could be difficult for clients because of family responsibilities, travel distance, and the lack of transportation options. Subgrantees offered to continue clients' case management services after financial assistance ended, but many clients were not interested in this opportunity.

DATA AND MONITORING

All but three of Indiana's subgrantees were using HMIS before HPRP. IHCDA did not receive any resistance from subgrantees on collecting or entering clients' data into the HMIS. To help acclimate any new HMIS users to the system and ensure subgrantees understood data collection requirements, IHCDA staff conducted in-person training and webinars.

Subgrantee staff collected the HUD-required HMIS data elements on HPRP clients. Clients were not entered into HMIS until they completed an HMIS intake form and housing assessment, hence clients determined ineligible for HPRP were not entered into HMIS. The I-HOPE screening tool and IHCDA's HMIS system did not interface, so screening information from I-HOPE was not transferred into HMIS.

IHCDA staff generated data quality report cards for each subgrantee to assess collected HMIS elements. This encouraged subgrantees to enter data completely and correctly. Additionally, IHCDA staff examined clients' destinations at exit, change in income from entry to exit, and length of stay, to gauge whether exiting clients had successful outcomes upon program exit.

PLANS FOR THE FUTURE

As funding ended and subgrantees began to close out HPRP activities, Indiana did not plan to continue homelessness assistance. IHCDA instead planned to use additional Emergency Solutions Grant funding under Homeless Emergency Assistance and Rapid Transition to Housing primarily for rapid re-housing, which is more directly correlated with a reduction in homelessness. IHCDA would like to develop a more sophisticated and robust prevention program statewide, but were uncertain of their capability to do so. However, IHCDA would not be able to provide those clients with financial assistance. Across the state, providers returned to referring clients to township trustees for financial assistance.

Exhibit E.6: State of Indiana Prevention Overview, Homelessness Prevention and Rapid Re-housing Program	Persons		Households	
	#	%	#	%
Total served Year 1[a]	3,452	100	1,679	100
Persons in families	2,697	78	—	—
Adults without children	773	22	—	—
HPRP services				
Rental assistance	—	—	1,431	85
Case management	—	—	1,556	93
Security/utility deposits	—	—	775	46
Outreach and engagement	—	—	696	41
Utility payments	—	—	820	49
Housing search/placement	—	—	628	37
Legal services	—	—	34	2
Credit repair	—	—	265	16
Motel and hotel vouchers	—	—	13	1
Moving cost assistance	—	—	43	3
Destination[b]				
Total leavers	1,166	100	—	—
Homeless	123	11	—	—
Intuitional setting	17	1	—	—
Permanent housing with subsidy	95	8	—	—
Permanent housing without subsidy	778	67	—	—
Family or friends	36	3	—	—

Source: Indiana Housing and Community Development Authority Annual Performance Report Data, 2009 program start through September 30, 2011. Year 2 APR data is not included due to unresolved data inconsistencies and possible reporting errors..
— not available

[a] Total served numbers may not add to 100 percent because the "children only" and "unknown" categories are not included in this table. Numbers may add to greater than 100 percent due to data reporting errors.

[b] Destination numbers may not add to total leavers because the "other," "hotel/motel," "unknown," and "deceased" categories are not included in this table.
"Homeless" includes the following destinations: emergency shelter, TH for homeless persons, staying with friends (temporary tenure), staying with family (temporary tenure), place not meant for human habitation, safe haven, and hotel or motel paid by client.
"Institutional setting" includes foster care, psychiatric facility, substance abuse or detox facility, hospital (non-psychiatric), and jail or prison.
"Permanent housing" with subsidy includes housing owned by client with ongoing subsidy, rental by client with VASH subsidy, rental by client with other ongoing subsidy, and Permanent Supportive Housing for Homeless Persons.
"Permanent housing" without subsidy includes housing owned by client without ongoing subsidy and rental by client with no ongoing subsidy.
"Family or friends" includes living with family, permanent tenure or living with friends, permanent tenure.

JEFFERSON COUNTY HPRP-FUNDED PREVENTION PROGRAM

Jefferson County's HPRP-funded prevention program provides financial assistance and case management services to households throughout the county. Households are screened for program eligibility through a centralized telephone hotline operated by Jefferson County staff. If a household is found eligible for assistance, the household is referred to a community organization for an assessment. Jefferson County contracts with six community organizations that are responsible for assessing households' needs, developing case plans, submitting eligibility and financial need documentation to Jefferson County staff, and providing financial assistance and case management services to households. Additionally, Jefferson County worked with the Department of Human Resources to target youth aging out of foster care with a portion of their HPRP homelessness resources. Length of stay in the program averaged 171 days, with a median 163 days.

Community Description

Jefferson County has an estimated population of 662,200 people. According to the U.S. Census Bureau, approximately 15.2 percent of the general population and 13.1 percent of people age 18 through 64 are below the poverty level (2005-2009 ACS). Jefferson County participates in a three-county Continuum of Care. During the 2011 Point in Time (PIT) count, Birmingham/Jefferson, St. Clair, and Shelby Counties Continuum of Care (CoC) identified 348 persons in emergency shelters; 642 persons in transitional housing; 34 persons in safe havens; and 926 unsheltered persons (living in places not meant for human habitation, cars, encampments, or parks). Of these 1,950 homeless persons, 26 percent were persons in families and 74 percent were individuals or unaccompanied youth.

The Birmingham/Jefferson, St. Clair, and Shelby Counties CoC have more than 55 different homeless assistance programs. Service providers are located throughout Jefferson, St. Clair, and Shelby Counties, with the largest concentration of programs in the city of Birmingham. Specifically, this CoC has 12 emergency shelter programs, resulting in 330 beds; 31 transitional housing programs resulting in roughly 900 beds; 2 safe haven programs, resulting in more than 30 beds; and 14 permanent supporting housing programs resulting in approximately 1,336 beds.

In May 2007, the city of Birmingham's Department of Community Development and The Mayor's Commission to Prevent and End Chronic Homelessness developed a ten-year plan to end chronic homelessness in the Birmingham community. This plan focuses on creating and implementing practices and networks to provide housing and supportive service options for chronically homeless individuals.[77] In January 2008, Jefferson County adopted this ten-year plan to prevent and end chronic homelessness in collaboration with the city of Birmingham.

DESIGN AND SETUP OF HPRP PREVENTION

The Jefferson County Office of Community and Economic Development administered the county's HPRP grant to residents living in Jefferson County, except for eight locations within the county that were covered by other awards. For the 3 years of HPRP, Jefferson County had a total of $845,709 to administer.

[77] Executive Summary, Birmingham's Plan to Prevent and End Chronic Homelessness. 2007-2017.

Before HPRP, Jefferson County did not administer any homelessness prevention programs. The county relied on local not-for-profit agencies to provide financial assistance to households in economic crisis. Bridge Ministries, a recipient of ESG, CDBG, and FEMA funding, as well as funding from the city of Birmingham, Jefferson County, and private donors, was (and still is) the go-to agency in the community for households in need of financial assistance. This agency serves households from throughout the Jefferson County community and is known as *the agency that does not turn anyone away*. In addition to Bridge Ministries, the Birmingham Salvation Army provides households with financial assistance when funding is available. These programs did not have any influence on the development of Jefferson County's HPRP program

In September 2009, the Jefferson County Office of Community and Economic Development decided to participate in a three-way HPRP funding collaborative. Jefferson County, the city of Birmingham, and the state of Alabama pooled their HPRP resources and administered the funding through one organization, the Jefferson County Committee for Economic Opportunity (JCCEO).

Even though three municipalities pooled their HPRP funding, there were restrictions on the population that each funding allocation could serve. Jefferson County's HPRP funds could only serve households residing in Jefferson County, but not in the city limits of Birmingham, Bessemer, Hoover, County Line, Sumiton, West Jefferson, Argo, or Helena. The city of Birmingham's HPRP funds could only serve households residing in the city of Birmingham. However, the state of Alabama's HPRP funding could be used for any resident of the state of Alabama, ultimately covering areas that were excluded in Jefferson County's funding. In addition to these funding restrictions, HUD developed a grant guideline that each grantee had to spend down its funding allocation by 60 percent by the end of Year 1. Therefore, JCCEO had to spend down the city, county, and state's HPRP funding allocation by 60 percent by the end of Year 1 in order to comply with HUD guidelines.

During the first 8 months of this funding partnership, JCCEO spent very little of Jefferson County's HPRP funding.[78] In order to comply with HUD's HPRP guidelines, in April 2010, Jefferson County decided to terminate its contract with JCCEO and recapture the HPRP funds. However, JCCEO still operated its HPRP program with the city of Birmingham's and the state of Alabama's HPRP funds.

Within a few weeks of recapturing the county funding, Jefferson County staff assessed their inhouse resources and department staff to determine how they would design and implement an HPRP program. County staff decided that they would create an HPRP program where the county would operate a centralized intake system and then refer eligible households to providers in the area for service delivery.

Also, at that time, county staff explored the idea of targeting youth aging out of foster care with their HPRP homelessness resources. They contacted Alabama's Department of Human Resources (DHR) to research the housing outcomes of youth who aged out of the foster care system in Alabama. DHR explained that many youth exited foster care into homelessness or unstable living situations. After

[78] During the site visit, Jefferson County staff were unsure why JCCEO did not spend down the county funds during Year 1. Staff suspect that JCCEO prioritized spending down the state's funds first before spending Jefferson County's funding.

speaking with DHR, Jefferson County staff decided to target this population with a portion of its HPRP homelessness prevention funds, therefore providing resources that were otherwise not available to this population in their community.

Jefferson County has eight HPRP subgrantees. Six subgrantees (Bridge Ministries, First Light, The Dannon Project, YWCA, Pathways, and Neighborhood Housing Services of Birmingham) provide direct services to households. Originally, AIDS Alabama was a subgrantee with Jefferson County. However, this organization only provides assistance to individuals or families affected by HIV/AIDS and this service specialization was not needed during the course of the county's HPRP program. Additionally, One Roof is the Birmingham/Jefferson, St. Clair, and Shelby Counties CoC's lead agency. This agency provided HMIS support to Jefferson County and its subgrantees during program development and implementation.

Exhibit E.7: Jefferson County Subgrantees

Agency/Person	Reimbursement Amount (as of February 21, 2012)
Bridge Ministries	$104,900.40
First Light	$95,478.70
Neighborhood Housing Services of Birmingham	$164,102.53
Pathways	$10,806.17
The Dannon Project	$79,524.17
YWCA	$73,579.41
AIDS Alabama[79]	$0
One Roof	$48,000.00

Subgrantees that provide direct services to clients are responsible for assessing households' needs, developing case plans, submitting eligibility and financial need documentation to Jefferson County staff, and providing financial assistance and case management services to households. Subgrantees are also responsible for providing up-front financial assistance to households and are then reimbursed by the county.

One Roof, the CoC's lead agency, is not responsible for providing direct services to households. This organization provided HMIS training and support for subgrantees' staff and developed the residential mapping system in HMIS. Because Jefferson County's HPRP program excludes eight distinct areas of the county, county intake workers need a way to determine if households are in a residential location that is eligible for the program. During the county's design process, the CoC's HMIS Administrator created a GIS mapping feature in HMIS that allows the county to screen households based on their residential location.

After staff designed the county's HPRP program, they submitted their HPRP budget estimates to HUD, expecting to allocate 42 percent of funding towards homelessness prevention and 58 percent to rapid re-housing. However, during the time in which Jefferson County operated its HPRP program and delivered services, 76 percent of HPRP funding went to homelessness prevention and 24 percent of HPRP funding went to rapid re-housing. The increase in the percentage of funding that went towards homelessness prevention is attributed to the community demand for this type of service.

[79] AIDS Alabama did not serve any clients through Jefferson County's HPRP program.

IMPLEMENTATION

Outreach

After the county recaptured its HPRP funds, staff wanted to move quickly to design and implement the program. Staff at Jefferson County developed fliers and posters to distribute to the Department of Human Resources, utility companies, landlords, health care facilities, and homeless liaisons in the county schools. Additionally, they created a public service announcement explaining the HPRP program, types of assistance that households could receive, and who was eligible for program participation.

Point of Entry

Jefferson County receives requests for HPRP assistance through a Web portal with e-mail option and a telephone hotline.

During the design period, Jefferson County staff worked with the county's IT department to develop a Web portal where households could assess whether or not they were preliminarily eligible for HPRP services. The county wanted to make the Web portal user-friendly by creating easy-to-navigate drop-down boxes and only collecting basic eligibility criteria. The Web portal screens for a household's residential address, homelessness and housing status, possession of an eviction notice and/or utility shut off notice, and income. If a household is determined preliminarily eligible for HPRP services, the household is instructed to enter contact information in the Web portal. Then an automated e-mail, with this contact information, is sent to the county. The county then contacts the household to continue with a more detailed eligibility screening.

If the Web portal screening tool determines that a household is not eligible for HPRP services, a list of other community resources is provided on the website. These resources include community information on public housing authorities, landlords and apartment complexes, service organizations, employment services, legal aid, and health care facilities.

For households that do not have Internet access, the county also operates a telephone hotline specifically for HPRP assistance. This hotline is forwarded to three county intake workers.

Once households are connected to a county intake worker, either by calling the HPRP hotline or by the county intake worker responding to a Web portal e-mail, the intake worker conducts an eligibility screening. Jefferson County intake workers only complete HPRP eligibility screening over the telephone. Households cannot come into the office to be prescreened for program eligibility.

If a county intake worker determines that a household is ineligible for the county's HPRP program because of their housing location[80], the intake worker refers the household to JCCEO's HPRP program. If an intake worker determines that a household is eligible for the county's HPRP program, the intake worker refers the household to a subgrantee for further screening, assessment, and service delivery. Subgrantees' case managers are responsible for contacting the household to schedule an appointment for further screening and assessment.

[80] Jefferson County's HPRP program required households to reside in Jefferson County, but not in the city limits of Birmingham, Bessemer, Hoover, County Line, Sumiton, West Jefferson, Argo, or Helena.

Households complete a further screening and assessment with subgrantees' case managers. Case managers screen all documentation that households provide in addition to what has been entered into HMIS by the county's intake workers. They examine this information to identify the household's economic crisis and if HPRP assistance will allow the household to achieve economic and housing stability. Case managers then upload all documentation into HMIS and complete a household assessment and case plan. The case plan includes housing and employment goals as well as the amount of financial assistance that a household should receive. This process can take up to 2 hours to complete.

If a case manager determines that a household is not eligible or would not benefit from HPRP assistance, the case manager will refer the household to other resources in the community. During our site visit, Jefferson County staff estimated that approximately 90 percent of households referred to case managers were ultimately eligible for HPRP assistance. However, interviewed case managers thought that only 30 to 50 percent of referred households were eligible for HPRP services.

The ultimate decision whether a household is eligible for HPRP assistance falls to county staff known as *certifiers*. After subgrantees' case managers create an assessment and case plan with households, they upload all the information into HMIS. Then case managers pass the case along to county certifiers. Certifiers examine all final documentation, along with looking at the household's housing situation, family resources, and employment history, to decide if a household is eligible for HPRP services. Jefferson County certifiers had a 24- to 48-hour window to provide a decision to case managers on a household's eligibility. However, some households needed additional or clarifying documentation or third party verification for program eligibility. Therefore, some decisions took longer than 48 hours.

After a certifier determines if a household is or is not eligible, the certifier contacts the case manager about the eligibility determination. The case manager then notifies the household and either proceeds with HPRP assistance or looks for alternative resources in the community for the household. During our site visit, case managers explained that the amount of time it took certifiers to make an eligibility decision about a household varied. Some case managers noted that a certifier's decision could take between two and five days, and in emergencies a decision might take a couple of hours. Other case managers stated that a certifier's decision could take up to 30 days. This delay resulted in some households being evicted from their homes.

Youth aging out of foster care uses a different process. DHR provides a Jefferson County case manager with a list of young people who are about to exit the foster care system. This case manager contacts them to inquire if they are interested in the county's HPRP program. If they are interested in program participation, then the case managers conduct an eligibility screening. This eligibility screening includes inquiring about their biological family, income and employment, expenses, and possible housing options. Since September 2010, DHR has provided Jefferson County a list of 10 young people who are about to age out of foster care. During our site visit, five such young people were participating in the county's HPRP program. County staff explained that the remaining five who were not participating in the program either could not be contacted, were not eligible, or had stable living situations upon exit from foster care.

Intake: Eligibility and Assessment

Jefferson County follows HUD's required eligibility criteria for HPRP program participation. However, in order to be eligible for the county's HPRP program, households need to reside in Jefferson County, but not in the city limits of Birmingham, Bessemer, Hoover, County Line, Sumiton, West Jefferson, Argo, or Helena. Households living in these excluded areas need to apply for HPRP assistance through JCCEO. Additionally, households can only be eligible for utility assistance if they have already applied for energy assistance through LIHEAP and did not receive it.

Intake workers collect housing information, type of assistance requested, housing status, household composition, total income, and why the household is in a current economic crisis. They examine this information to determine if a household is preliminarily eligible for HPRP services. If a household is determined to be preliminarily eligible, it is referred to a case manager. If a household is determined to be ineligible for HPRP services, the intake worker will refer the household to other community resources. During our interview, county staff thought that roughly 60 percent of households that complete a preliminary screening with an intake worker are eligible to be referred to subgrantees' case managers.

A case manager examines all documentation that a household provides, as well as identifies the household's economic crisis and if HPRP assistance will allow the household to achieve economic and housing stability. Households are provided a list of documents to bring into the initial appointment with a case manager. This list includes identification for all household members, the lease agreement, the eviction notice, any statement of income, notices of benefits received, and utility disconnection notices. All documents provide information to understand the household's financial situation. Based on the documentation that the household provides and the household's reason for incurring housing and economic instability, a case manager develops the household's assessment and reason for needing HPRP assistance. Then, the case manager determines how much financial assistance should be provided based on the household's rental and utility arrearages, payments due, and employment status. Additionally, the case manager works with the household to develop a case plan that outlines employment and housing goals and other items for the household to work on while receiving financial assistance.

"But For" and "Sustainability" Rules

Understanding whether a household would be homeless "but for this assistance" rests on the household's overall situation and documentation provided. Jefferson County staff did not set any criteria for determining if a household would be homeless without HPRP assistance. Case managers and county certifiers examine the household's finances, employment status, housing situation, and all documentation that the household provides to determine if a household would be homeless but for HPRP assistance. Ultimately, case managers and county certifiers use their own judgment to decide if a household should receive HPRP assistance.

Prevention Activities

Under Jefferson County's HPRP program, households may receive financial assistance for rental payments, security and utility deposits, rental and utility arrearages, utility payments, moving cost assistance, and motel/hotel vouchers. Housing stabilization services include case management, linkage to other community services and mainstream agencies, credit counseling services, and workforce development and training referrals.

Financial Assistance. As noted above, HPRP financial assistance includes current rental and utility payments, as well as arrearages. Jefferson County staff did not develop criteria for the maximum amount of financial assistance that households could receive. Case managers are responsible for working with households to determine how much financial assistance is needed and for how long. Each month case managers need to submit documentation to county certifiers for the amount of financial assistance that a household needs. Case managers determine how much financial assistance a household needs by the amount of rent or utility payments that a household owes and employment status for household members. Households are reassessed for program eligibility every 3 months.

During our site visit, one case manager estimated that most of her households received financial assistance for approximately 6 months. Another case manager explained that most of her households received financial assistance for approximately 12 months. In fact, before the county's funding ending in October 2011, only three of her households had exited the program. Several case managers also noted that they ended assistance for some households because they were not actively searching for employment or working towards self-sufficiency.

Case managers at subgrantees explained that assistance ends for households at various points in time, including:

- Households achieving financial self-sufficiency and no longer needing assistance either through self-determination or reassessment;
- Households not following case plans and case managers ending assistance; or
- Households no longer being able to receive assistance because of the program's end in October 2011.

Case Management. Case managers approach case management on a case-by-case basis. Staff members explained that some clients need case management contact daily, weekly, or monthly while others require fewer contacts. Jefferson County did not develop a case management requirement for households receiving HPRP assistance. However, most households check in with their case managers at least once a month, if not more.

Case managers work with households to develop housing and employment goals to achieve self-sufficiency. Case managers often refer clients to the Jefferson County Workforce Initiative and the Birmingham Career Center. An interviewed case manager noted that she works with households to register for online accounts with the utility companies; therefore households always have access to their account and billing information.

Case management services are not provided after financial assistance ends. However, some case managers remain in contact with households to assist them with service referrals or community resources.

Jefferson County has one case manager who works with youth who aged out of foster care and are receiving HPRP assistance. This case manager focuses on housing stability, education, and employment goals with youth. She often refers the youth to job fairs, workforce development programs, and financial education classes. She finds that many youth do not have any experience developing household budgets and expense estimates, which is a critical skill for housing stability and self-sufficiency.

DATA AND MONITORING

HMIS has provided Jefferson County with the ability to share data among county intake workers, subgrantee staff, and county certifiers. All subgrantees used HMIS before the HPRP program. Intake workers, case managers, and certifiers enter all HUD required data elements into HMIS, in addition to case plans, throughout the process of screening, determining eligibility, and providing financial assistance and case management.

Jefferson County uses the Annual Performance Report (APR) and Quarterly Performance Report (QPR) to gauge outcomes for households. County staff are planning to conduct HPRP assessments with program participating households, landlords, and utility companies.

PLANS FOR THE FUTURE

Jefferson County plans to use ESG funds to continue providing a homelessness prevention program. They intend to continue using the HPRP hotline and Web portal to direct households to homelessness prevention assistance. However, ESG funding that will be dedicated to homelessness prevention efforts is significantly less than HPRP funding. County staff estimate that they will only be able to assist approximately 13 households for 3 months of financial assistance each with ESG funding. They plan on targeting households with children and youth aging out of foster care.

Bridge Ministries plans on continuing to provide financial assistance to households in economic crisis as they did before HPRP.

Exhibit E.8: Jefferson County, Alabama, Prevention Overview, Homelessness Prevention and Rapid Re-housing Program

	Persons		Households	
	#	%	#	%
Total served Year 1[a]	49	100	16	100
Persons in families	42	86	—	—
Adults without children	5	10	—	—
Total served Year 2[a]	307	100	115	100
Persons in families	265	86	—	—
Adults without children	42	14	—	—
HPRP services				
Rental assistance	—	—	91	77
Case management	—	—	109	93
Security/utility deposits	—	—	25	21
Outreach and engagement	—	—	81	69
Utility payments	—	—	71	61
Housing search/ placement	—	—	18	15
Legal services	—	—	13	11
Credit repair	—	—	3	3
Motel and hotel vouchers	—	—	2	2
Moving cost assistance	—	—	1	1
Destination[b]				
Total leavers	210	100	—	—
Homeless	14	6	—	—
Intuitional setting	0	0	—	—
Permanent housing with subsidy	2	1	—	—
Permanent housing without subsidy	189	90	—	—
Family or friends	5	2	—	—

Source: Jefferson County Office of Community and Economic Development Annual Performance Report Data, 2009 program start through September 30, 2011.

— not applicable

[a] Total served numbers may not add to 100 percent because the "children only" and "unknown" categories are not included in this table. Numbers may add to greater than 100 percent due to data reporting errors.

[b] Destination numbers may not add to total leavers because the "other," "hotel/motel," "unknown," and "deceased" categories are not included in this table.

"Homeless" includes the following destinations: emergency shelter, TH for homeless persons, staying with friends (temporary tenure), staying with family (temporary tenure), place not meant for human habitation, safe haven, and hotel or motel paid by client.

"Institutional setting" includes foster care, psychiatric facility, substance abuse or detox facility, hospital (non-psychiatric), and jail or prison.

"Permanent housing" with subsidy includes housing owned by client with ongoing subsidy, rental by client with VASH subsidy, rental by client with other ongoing subsidy, and Permanent Supportive Housing for Homeless Persons.

"Permanent housing" without subsidy includes housing owned by client without ongoing subsidy and rental by client with no ongoing subsidy.

"Family or friends" includes living with family, permanent tenure or living with friends, permanent tenure.

KALAMAZOO, MI, HPRP-FUNDED PREVENTION PROGRAM

Kalamazoo, Michigan's homelessness prevention program, funded by HUD's Homelessness Prevention and Rapid Re-housing Program (HPRP), provided rental arrears, landlord mediation, short- and medium-term assistance, and case management to 409 households. Most were families, with nearly half the total composed of single mothers and their children. In addition to exhibiting the HUD risk factors, clients in Kalamazoo needed to have a summons to court and be no more than 3 months behind on rent.[81] Participants stayed in the program for an average 55 days (and a median 1 day).

Kalamazoo operated its HPRP in conjunction with a pilot project for eviction diversion (ED). ED operated through a network of partners: Gryphon Place 211, which screened potential clients; Kalamazoo's 8th District Court, which hosted landlord-tenant mediation; the local Department of Human Services, which provided the first level of assessment and financial assistance; and Housing Resources, Inc., which provided ongoing case management, financial assistance, data entry, and administration.

Community Description

Kalamazoo, Michigan, a city of 74,262, had an estimated 408 homeless residents in January 2011: 354 in emergency shelters and 54 unsheltered. An additional 414 formerly homeless people were living in transitional housing. The city is part of the Portage/Kalamazoo City and County Continuum of Care (CoC) homeless service system hosted by the Local Initiatives Support Corporation. The CoC offered 6 emergency shelters, 12 transitional housing programs, and 15 permanent supportive housing programs. Its co-chairs were the executive director of Housing Resources, Inc. (HRI) and the associate director of community investment at United Way. Several local foundations provided significant funding for the eviction diversion pilot and other housing and homeless service projects.

DESIGN AND SETUP OF HPRP PREVENTION

The city of Kalamazoo received $758,089 from HUD under HPRP. The Michigan State Housing Development Authority (MSHDA) passed through $392,770 to the CoC, for a total of $1.2 million HPRP funding in Kalamazoo County. Both grantees subgranted all their funds to HRI, which had offered services in Kalamazoo County for 29 years, including coordinating emergency housing resources, local administration of Housing Choice Vouchers, and acting as MSHDA's housing assessment and resource agency for Emergency Solutions Grants. HRI sub-subgranted $15,000 to Gryphon Place 211 to provide screening, coordinated assessment, and scheduling.

Shortly before HPRP was announced, Kalamazoo launched its eviction diversion pilot program. ED's goals included helping tenants avoid eviction and having a judgment recorded on their credit report (because a judgment made it harder to obtain a new lease in the future). The district court, which handled landlord-tenant cases, actively promoted the ED program; it encouraged landlords, their attorneys, and tenants to participate and offered settlement agreements (that would not appear on a credit report) in lieu of judgments. Participation was entirely voluntary for tenants and landlords.

[81] Clients served with pass-through money from the Michigan State Housing Development Authority could earn no more than 40 percent of area median income.

Originally, the ED program was funded by local foundations, and a local area revenue agreement from the Department of Human Services (DHS) was used to pay the salaries of two DHS caseworkers located full time at the courthouse. For financial support to clients, ED used two funding streams: first, state emergency relief (SER) funds through DHS to pay arrears; and second, funds administered by HRI to cover additional shortfalls and ongoing assistance. HPRP funds provided the bulk of this second-tier support. Because HPRP was one-time funding, it did not occasion a redesign of the ED framework. It did, however, vastly increase the resources available for ED, to the point that ED did not have to turn away anyone because of a lack of resources and could provide more ongoing rental assistance.

IMPLEMENTATION

ED paid up to 3 months of arrears using a combination of DHS funds (SER) and those controlled by HRI, including HPRP. A DHS caseworker initially assessed clients. If a client's SER award was large enough to cover all the arrears, he or she exited ED and was not served by HPRP. DHS caseworkers referred everyone applying for ED money to HRI for assessment for additional one-time assistance, ongoing assistance, and housing case management. As a unified communitywide program, ED/HPRP partners collaborated closely to avoid duplicating each other's services and ensure that the process felt seamless to clients. ED closely integrated mainstream services, homeless services, and the courts in new ways; therefore, a challenge in establishing Kalamazoo's program was to have each agency learn the others' processes. DHS and HRI workers, for example, learned about the legal eviction process and the damage a judgment could do to a client's credit report and future housing prospects. Exhibit E.9 summarizes key partners, activities, and funding sources for ED and how they related to HPRP.

Exhibit E.9: Eviction Diversion (ED) Program Components

Agency	Activity	Funding source
Kalamazoo County 8th District Court	Presiding judge promoted program during landlord-tenant docket, offered settlement order instead of default judgment	
	Provided office space, copiers, fax machine for DHS caseworkers placed at the court	In-kind from 8th District Court
Department of Human Services	Two full-time caseworkers were placed at 8th District Court for screenings, assessments, and mediation in ED	Greater Kalamazoo United Way and federal match under the local area revenue agreement (LARA) (50/50 split)
	Made referrals to Housing Resources, Inc., for households needing more intensive financial or other support	
Housing Resources, Inc. (HRI)	Lead agency: promoted program, coordinated partner activities, entered all data into HMIS	HPRP (primary funding), Greater Kalamazoo United Way (administering community foundation grants)
	Provided ongoing rental assistance and case management (subset of clients)	HPRP (primary) and other HRI funding sources
	Hosted community housing hour	HRI operating funds
Gryphon Place 211	Central screening/intake for ED/HPRP	HPRP
Legal Aid of Western Michigan	Heavily involved in the early design of ED and outreach to lawyers and judges	Legal Aid operating funds
	Accepted referrals from ED for landlord-tenant disputes	
Community partners	Partners included landlords, property managers, and attorneys representing landlords	

Outreach

ED partners did a lot of outreach when the program began, especially to landlords and their attorneys. One presiding judge held "bench-bar meetings" monthly with lawyers to explain the ED program. HRI held numerous breakfast meetings for landlords to explain the program and encourage their buy-in. HRI also established formal referral agreements with 15 public and private organizations, including faith-based groups, in Kalamazoo. Referring agencies designated primary and secondary contact people to make referrals to ED/HPRP. These agencies referred their clients directly to Gryphon Place 211 for screening.

Each summons to court filed by a landlord in Kalamazoo's 8th District included a brochure for the ED program. The brochure explained the basic eligibility criteria and listed the obligations of tenant and landlord, including what forms a client needed to bring to an assessment appointment. A half page of this brochure was a form the landlord filled out with information about the unit and consent to participate in ED. All the partners—HRI, the court, DHS, lawyers, and landlords—spent several months discussing the content of the brochure; as a result, all reported being very pleased with the brochure as the main way to draw participants into ED. Once clients applied for ED assistance with a DHS caseworker, they were all referred to fill out an application (assessment) for assistance from HRI.

Point of Entry

The majority of HPRP clients entered through the ED program, beginning with the flyer that arrived with their summons to court. Tenants and landlords filled out the brochure if they were willing to participate. Tenants then called 2-1-1 for eligibility screening and to schedule an assessment with a DHS caseworker. The screening was designed for housing resources generally, with specific questions for ED/HPRP and rapid re-housing eligibility. If a client was eligible for ED, the staff person or volunteer would schedule the caller for an appointment with one of the two DHS caseworkers. If a caller had a housing emergency but was not eligible for those services, she or he would be referred to other housing resources.

Although the program was designed for central intake, clients could enter ED/HPRP directly at the court when they came to their hearings. If tenants entered the program at the court, DHS caseworkers conducted screening on site as part of intake and as a prelude to negotiating a settlement agreement.

Through the end of 2011, ED had referred 60 percent of all clients served under HPRP. The remainder came through housing resources intake (e.g., 2-1-1) or self-referrals through HRI's community housing hour (38 percent); a small number (1 percent) came from the Portage Community Center.

Intake: Eligibility and Assessment

In addition to the HUD guidelines, Kalamazoo clients had to have a summons to court that proved their impending eviction, but they could not be more than 3 months behind on rent. To qualify for HPRP, clients also had to have already applied for SER and have their decision letter. If clients were going to be served with MSHDA's funds, they had to earn no more than 40 percent of area median income.

The screening tool, adapted from the Arizona Self-Sufficiency Matrix, was used for ED/HPPR prevention, HPRP rapid re-housing, and referrals to other housing services. It collected information on household composition; current housing situation; and risk factors, which were divided into priority and secondary

factors.[82] Priority factors relating to prevention included an actual or impending eviction within 2 weeks, lack of support resources in the community to weather the crisis, severe or sudden loss of income, or severe rent burden (spending over 50 percent of income on rent). Some secondary factors relevant to prevention included rental arrears, prior evictions or episodes of homelessness, frequent moves in the past 2 years, employment and unemployment information, and recent domestic violence.

Clients were screened out if they had more than 3 months of arrears or more than three secondary risks on the assessment. Those situations were considered too severe for HPRP and were likely referred to shelters. With more than 3 months of arrears or after a court judgment has been entered, "There's no community money available to salvage that eviction."[83]

Kalamazoo's program had two assessment tiers for its two funding tiers. First, a DHS caseworker assessed for SER and all other DHS services. The SER application focused on a family's income, assets, and need for financial assistance. The SER application and DHS assessment were not HPRP assessments in a strict sense but they were a necessary precondition for a full HPRP assessment at HRI. For second-tier funding, including HPRP, clients filled out HRI's assessment. In addition to the application, clients had to provide proof of their emergency, income, assets, and identification; the SER decision notice; a landlord statement; a copy of the lease; and additional HPRP forms. Case managers' assessments were based on risk factors from HUD, the National Alliance to End Homelessness, and the Arizona Self-Sufficiency Matrix, paying particular attention to risk factors and the client's history.

The amount and structure of the subsidy was decided through an allocations committee composed of HRI staff members. HRI had three subsidy structures for those receiving ongoing assistance under HPRP:

1. The client paid 30 percent of her or his adjusted monthly income
2. The client paid 50 percent of the rent
3. The client paid 1 percent of her or his gross annual income toward rent (this was required for clients served with MSHDA's HPRP funds)

Case managers presented information about the household budget to the allocations committee and advocated on its behalf. There was no set maximum for financial support; rather, support was tailored to a client's presenting needs. The committee chose among the three subsidy structures according to household needs and made an initial recommendation for how long assistance should last. Clients received the same subsidy for each certification period. The subsidy amount could change either when the household's circumstances changed dramatically or at recertification. This allowed HRI the possibility to reduce the subsidy over time.

For HPRP, it was important to HRI to set the expectation that this assistance was not long term. Therefore, HRI made housing plans based on crisis resolution, with a focus on helping the household increase its income. One case manager found the committee structure useful leverage, or "tough love," for motivating clients to make progress on their housing plans: "If I can't tell the committee you've made progress on your goals," the case manager would say, "it could hurt clients' chances for recertification."

[82] Risk factors included Arizona Self-Sufficiency Matrix domains on income; shelter; adult education; legal; family relations—that is, did the household have support resources to resolve the housing emergency; mobility; and safety, defined as recent domestic violence.
[83] Eviction diversion partner.

"But For" and Sustainability Rules

Following guidance from HUD and MSHDA, HRI interpreted the "but for" and sustainability requirements to mean they should serve those "most in need *and* most likely to succeed." They defined most in need (but for) as those with a pending eviction—demonstrated by at least a court summons—and those most likely to succeed (sustainability) as likely to be able to sustain without an HPRP subsidy within 3 months. Case managers determined this through ongoing assessment and case management.

Kalamazoo's program goals were to "go farther upstream" in the eviction process so tenants had better prospects for long-term housing stability. Because of this, whether clients would have become homeless "but for this assistance" is complex. If a household was at the court summons phase, it was within 10 days of eviction—and potential homelessness—if the eviction was not resolved. Clients self-disclosed their answer to the "but for" question during their assessment. ED partners we interviewed expressed differing views about the program's impact on preventing homelessness: one respondent said the program "absolutely, 1,000 percent prevented homelessness." Yet, a staff member who worked directly with clients felt that many individuals would have doubled-up with friends or family had they not received HPRP funding. By preventing the negative credit consequences of an eviction, the program helped clients resolve an immediate crisis as well as ensure long-term stability. These individuals were not, by and large, going to be literally homeless the next day. People in such situations would have been routed through "shelter diversion" services, which HRI considered rapid re-housing.

Prevention Activities

ED provided up to 3 months of arrears for tenants and landlords that chose to participate. HPRP might have covered additional arrearages, ongoing rent assistance for a portion of clients, and case management. Although there was no cap on financial assistance, most clients received assistance only once.

Financial Assistance. Housing assistance could take the form of rent arrears, ongoing rent support, and security deposits. Although utility deposits, arrears, and payments were allowed under Kalamazoo's HPRP, it rarely paid these in practice because other community programs offered them. Arrears might have all been covered by DHS through SER funds, or HRI might have covered the difference between what was owed and what DHS could offer. HRI chose not to cover moving expenses or hotel/motel vouchers because other organizations in the city were able to provide money for those (including DHS and the Salvation Army).

Through the end of 2011, three-quarters of HPRP clients had had back rent paid, and one-quarter had received an ongoing subsidy.[84] More than 8 in 10 of all HPRP clients were out of the program in less than 3 months. Among those receiving ongoing assistance, it was most common to get support for 2 or 3 months, with an average award amount of just under $400 a month.

Case Management. All HPRP clients received case management even if they did not receive financial assistance—as was the case for almost 40 percent of HRI's HPRP clients (though they might have received money from another funding source). Case management could include budgeting, a crisis resolution plan, or supportive counseling. Those receiving financial assistance had to check in with their

[84] This does not include ED clients who, by definition, were receiving help with arrears.

case manager once a month before the rent was paid. They had an in-person meeting to recertify after three months of assistance (though less than 20 percent of clients got assistance longer than three months). Clients in ongoing case management also met monthly with their case manager.

Supportive Services. Having the first level of ED/HPRP assistance administered by DHS gave clients immediate access to this mainstream agency's programs, including food assistance, cash assistance (TANF, Family Independence Program), utility assistance (e.g., Low-Income Home Energy Assistance Program), SSI/disability applications, and DHS case management. DHS caseworkers assessed all ED clients for all of DHS's services at intake. Further, HRI was located on a human services campus it shared with Goodwill Industries of Southwestern Michigan, the Literacy Council, Guardian Inc., Advocacy for Kids, Child Abuse and Neglect Council, adult learning/GED completion, and the Financial Opportunities Center.

DATA AND MONITORING

One challenge of setting up the ED/HPRP program was that the primary partners operated their own—incompatible—data systems: a court database, DHS system, and the CoC's homeless management information system (HMIS) provided by Bowman ServicePoint. HRI was already serving as the HMIS lead for the CoC, therefore it did all the HMIS entry for HPRP. This allowed DHS workers to focus on their area of expertise and ensured consistent data entry. HRI recorded the HUD-required elements; information on length and cost of service; and clients' exit destinations, employment status, and changes in income.

HRI tracked a wide range of outcomes on the ED/HPRP program using its regular monthly monitoring for continuous quality improvement. It was possible, for example, to see if a former HPRP client later entered shelter at a facility outside the city limits but still in the CoC. HRI found that 97 percent of HPRP prevention clients exited to stabilized housing without a subsidy, 1 percent obtained housing with a subsidy, 1 percent entered an institutional setting, and the rest lived with family or friends.

PLANS FOR THE FUTURE

Eviction diversion partners are enthusiastic about the program and how it improved the relationships among housing assistance providers, mainstream services, and the courts. They cite its effects in the community at multiple levels—for tenants, for landlords, for the homeless assistance system, and for integrating public and private agencies. Many staff members we interviewed noted that the ED program has increased attendance at eviction hearings by up to 50 percent because tenants and landlords now have an additional mechanism to negotiate and find resources to help resolve the emergency. Kalamazoo also moved to a central intake process for housing emergencies (except for faith-based organizations). This centralization will continue beyond ED/HPRP.

Just as "eviction diversion was going ahead regardless of HPRP," Kalamazoo plans to continue the program after HPRP ends. Everyone we interviewed on the site visit was committed to this model, particularly to having DHS caseworkers placed at the court. Funding is their biggest concern. HRI has spent all its HPRP prevention funds, and the grant paying the two DHS caseworkers' salaries will expire in September 2012. Partners in ED are actively seeking sustainable funding.

Exhibit E.10: Kalamazoo, Michigan, Prevention Overview, Homelessness Prevention and Rapid Re-housing Program

	Persons		Households	
	#	%	#	%
Total served Year 1[a]	323	100	133	100
Persons in families	247	76	—	—
Adults without children	76	24	—	—
Total served Year 2[a]	346	100	133	100
Persons in families	278	80	—	—
Adults without children	68	20	—	—
HPRP services				
Rental assistance	—	—	112	47
Case management	—	—	237	100
Security/utility deposits	—	—	1	<1
Outreach and engagement	—	—	237	100
Utility payments	—	—	1	<1
Housing search/placement	—	—	59	25
Legal services	—	—	0	0
Credit repair	—	—	0	0
Motel and hotel vouchers	—	—	0	0
Moving cost assistance	—	—	0	0
Destination[b]				
Total leavers	599	100	—	—
Homeless	5	1	—	—
Institutional setting	0	0	—	—
Permanent housing with subsidy	15	3	—	—
Permanent housing without subsidy	570	95	—	—
Family or friends	0	0	—	—

Source: City of Kalamazoo Annual Performance Report and Quarterly Performance Report Data, 2009 program start through September 30, 2011. Data do not include state funding received by HRI.

— not applicable

[a] Total served numbers may not add to 100 percent because the "children only" and "unknown" categories are not included in this table. Numbers may add to greater than 100 percent due to data reporting errors.

[b] Destination numbers may not add to total leavers because the "other," "hotel/motel," "unknown," and "deceased" categories are not included in this table.

"Homeless" includes the following destinations: emergency shelter, TH for homeless persons, staying with friends (temporary tenure), staying with family (temporary tenure), place not meant for human habitation, safe haven, and hotel or motel paid by client.

"Institutional setting" includes foster care, psychiatric facility, substance abuse or detox facility, hospital (non-psychiatric), and jail or prison.

"Permanent housing" with subsidy includes housing owned by client with ongoing subsidy, rental by client with VASH subsidy, rental by client with other ongoing subsidy, and Permanent Supportive Housing for Homeless Persons.

"Permanent housing" without subsidy includes housing owned by client without ongoing subsidy and rental by client with no ongoing subsidy.

"Family or friends" includes living with family, permanent tenure or living with friends, permanent tenure.

LANCASTER COUNTY, PA, HPRP-FUNDED PREVENTION PROGRAM

Lancaster County, Pennsylvania's homelessness prevention program, funded by HUD's Homelessness Prevention and Rapid Re-housing Program (HPRP), provided short- and medium-term assistance, case management, and landlord mediation to 303 households, most of which were families. Households accessed prevention services through a single point of entry at one subgrantee that screened and triaged clients to other subgrantees based on their level of need. Households had to earn no more than 30 percent of area median income (AMI) and have an eviction notice. Participants stayed in the program for an average 284 days (and a median 331 days).

Community Description

As of January 2011, an estimated 481 people were homeless in Lancaster County, a rural county in central Pennsylvania. The point-in-time count identified 7 unsheltered homeless people, 198 people living in emergency shelters, and 276 residents of transitional housing. Lancaster County's Continuum of Care (CoC) homeless service system was hosted by the county Office of Mental Health/Mental Retardation/Early Intervention and was managed through the Lancaster County Coalition to End Homelessness (LCCEH). Made up of volunteers from the community of homeless service providers, LCCEH had a leadership council, committees, and subcommittees for priority issues, including HPRP. The CoC funded 252 emergency shelter beds, 140 transitional housing beds, and 34 permanent supportive housing beds. These facilities had excess capacity as of January 2011, which CoC members credited to the success of HPRP in the community.

Lancaster County adopted its ten-year plan (TYP) to end homelessness in 2008. Service providers, local government officials, business leaders, housing providers, and community members developed the plan collaboratively starting in 2004. At that time, there was no lead agency, which made the ten-year plan "a community process. The advantage is that it gets lot more stakeholder buy-in," according to one participant. Members of all the groups that participated in developing the TYP continued to participate in LCCEH. HPRP was linked to the goals of the TYP, and the program's success led the CoC to focus more of its ongoing efforts toward prevention.

DESIGN AND SETUP OF HPRP PREVENTION

Lancaster County Housing and Redevelopment Authorities (LCHRA) administered HPRP funds awarded to the city of Lancaster ($738,012) and the County of Lancaster ($1,382,274), a total of $2,120,286. When HUD announced HPRP, LCCEH formed an HPRP planning committee of funders and service providers. The county was well positioned for HPRP because its recently approved ten-year plan emphasized a housing-first approach, prevention activities, and developing a common intake system. The purpose of the latter was to ensure uniform access to the program and services across the county, which differed greatly between the city of Lancaster and outlying areas.

At least two prevention programs were already operating in the community, run by two subgrantees that provided HPRP services. Providers used these experiences to adapt national best practices and HUD's HPRP guidance to designing their program; they also used their existing case management models. As a result, the HPRP program integrated some prior experience but was largely a new design. The planning committee designed a program tightly targeted around those at most imminent risk of

homelessness to ensure that the clients they served would literally become homeless "but for this assistance." To be eligible, therefore, prevention clients could earn no more than 30 percent of AMI and must have had a court-ordered eviction with a lockout date within 2 weeks.

At LCHRA, one administrator and the CoC's homeless management information system (HMIS) staff person supported HPRP. One subgrantee provided central intake with four staff members performing telephone screenings. Two subgrantees provided case management and direct services using a reimbursement model. All subgrantees entered data into HMIS, which LCHRA spot-checked for accuracy and completeness. By the end of 2011, Lancaster County had spent 83 percent of its funds for prevention and 17 percent for rapid re-housing.[85]

IMPLEMENTATION

LCHRA subcontracted to three organizations for its HPRP program: United Way Lancaster Information Center (LINC), the community's 211 provider, for central intake; and Community Action Program of Lancaster County (CAP) and Tabor Community Services to provide direct services and case management. United Way prescreened and screened via telephone and entered information about potentially eligible clients into HMIS, sending them to the appropriate agency based on their level of need. CAP accepted referrals for all clients with moderate risk factors or barriers to housing, and Tabor accepted all clients with high risk factors or barriers to housing. Accordingly, CAP and Tabor provided different levels of case management, with Tabor working more intensely with clients on budgeting and a housing stability plan. Both service providers negotiated with clients' landlords to try to reduce the amount of arrears owed or the monthly rent over the life of the lease. Case managers determined the package of financial assistance based on each client's needs and circumstances, so the subgrantees provided just enough assistance to keep clients stably housed but working toward self-sufficiency. If a client needed to move out of unaffordable or unsafe housing, her or his case manager would help find a new unit and inspect it to make sure it met HUD's housing quality standards. Subgrantees billed LCHRA for reimbursement for services provided. LCHRA checked the subgrantees' HMIS entries before approving reimbursement.

Outreach

At the outset of HPRP, LCHRA presented the program to the Lancaster County Coalition to End Homelessness. Staff from CAP and Tabor informed landlords that rented to their client base about the project so they, in turn, could refer tenants. Other clients found out about HPRP because they were already involved in another program at one of the subgrantees. Information about HPRP was on LCHRA's website, but beyond that, the grantee and subgrantees did not feel a need for public outreach and marketing because awareness spread through word of mouth.

Point of Entry

Lancaster County used HPRP to develop a central intake system for prevention services. Every client was screened for eligibility by Lancaster County United Way's LINC program, even if they first approached CAP or Tabor directly for assistance. As part of screening, LINC triaged clients so lower-need clients went to CAP and higher-need clients went to Tabor. In addition to triaging clients, the central intake system established an objective, transparent method of determining who could receive assistance.

[85] Communication from LCHRA, January 19, 2012. Tabor was the sole provider of HPRP rapid re-housing services. In addition, in February 2010, Tabor received a Rapid Re-housing for Families Demonstration grant from HUD.

Intake: Eligibility and Assessment

United Way LINC conducts a prescreening and screening to determine a client's risk factors for homelessness and potential HPRP eligibility.

1. *Prescreening.* There were four core questions for prevention prescreening:
   - Where did you sleep last night? This determined if a caller was suited to prevention or rapid re-housing.
   - Have you received an eviction notice? For prevention, the answer had to be yes.
   - Where will you go if you don't receive this assistance? The answer had to be some variation of an emergency shelter, the street, or "I don't know."
   - What is your gross monthly income? The answer had to be no more than 30 percent AMI.

   An intake specialist reported that she determined most clients were ineligible using only the prescreening questions—usually for being over the income limit or not having a court-ordered eviction.

2. *Screening.* If the client met the prescreening criteria, the intake worker opened the full screening tool in HMIS to collect specific information about the household and risk factors for homelessness. The screener asked about household composition, housing history, recent traumatic life event that created the risk of homelessness, income and benefits, and risk factors. Risk factors, based on data from the National Alliance to End Homelessness and local expertise, were the core of the eligibility determination. Sample risk factors are listed in Exhibit E.11.

Exhibit E.11: Sample Risk Factors From HPRP Screening

Risk factor	Risk score
Cash income and AMI eligibility	
30 percent of AMI	6
15 percent of AMI	8
Current living status	
Has experienced two or more moves in the past year	2
Head of household is under age 24 and was in foster care at some point	2
Child 2 years old or younger	2
Institutional care (prison, treatment facility, hospital) within the past year	1
Single parent with at least two children	1
Severe housing burden (50 percent or more of income toward rent)	1

   Clients had to be otherwise eligible (e.g., a court-ordered eviction) and answer screening questions to generate a risk score of at least 8 points. Those with scores of 8 to 10 were sent to CAP for assessment; those with scores of 11 to 15 were referred to Tabor. The intake worker sent the provider a request through HMIS to schedule an assessment to confirm eligibility and create a package of assistance. Around 15 percent of callers were deemed potentially eligible and sent to one of the service providers for a full assessment.

3. *Assessment.* Case managers at both service providers use the same assessment tool, which built off the screening tool but covered more topics and in greater depth. Like central screening, the purpose of a unified assessment tool was to create an objective way to determine who will be served. The first step in a client's assessment was to confirm eligibility, which the client did by bringing

documentation to his or her first appointment with a case manager. Especially important was that the client brought in proof of a court-ordered eviction with a lock-out date. As of October 2011, the areas of assessment included the following:

- Current housing information
- All income, assets, and public benefits
- Monthly budget
- The client's strengths and barriers to housing
- A case management and housing plan that defined client goals and responsibilities
- Proof of safe and rent-reasonable housing
- Details of the financial assistance package

The purpose of the assessment was to document the client's evidence that he or she would be homeless "but for" HPRP assistance, to help case managers determine the appropriate level of financial assistance, and to define the client's housing plan to sustain the household's living situation after assistance ends. The assessment tool outlined six stages of engagement with HPRP clients. First, clients verified they were eligible. After clients were accepted into HPRP, the case manager negotiated with landlords to get them to determine the lowest amount of arrears they will accept from a tenant. Next, case managers determined if the rent on the current unit was reasonable and, if possible, if the landlord would lower the rent for the life of the lease. Fourth, case managers counseled clients about their budgets, looking to identify expenses to cut and utility assistance programs they might enter. At first, budget counseling focused on concrete steps a client could take in the upcoming 4 weeks. In an ongoing housing stability plan, clients might work on lowering their debts and increasing their incomes. Lastly, the case manager used all the information she had gathered to propose a package of assistance.

"But For" and Sustainability Rules

Lancaster County took pains to identify those most literally at risk "but for" HPRP assistance. In practice, this meant that clients could not be at more than 30 percent of AMI, with preference given to those at 15 percent of AMI. Households had to have a court order and demonstrate that they had no alternative resources or access to another place to stay. Case managers would not assist people under HPRP if they had family or friends with whom they could double-up. In this small, close-knit community, case managers could know their clients personally and might have helped them negotiate this kind of arrangement. Because of a lack of affordable housing in Lancaster, the program was less strict about its definition of sustainability. Housing units had to meet a fair market rent standard, but the HPRP program had no cap on what percentage of his or her income a client spent on housing. "Somehow people make it work," reported one case manager.

Prevention Activities

Lancaster County provided financial assistance, case management, and supportive services for up to 6 months. A strong element of Lancaster County's approach was the close relationships subgrantees had with landlords. Case managers served 846 people (303 households) as of September 30, 2010.

Financial Assistance. Subgrantees provided financial assistance for up to 6 months or a maximum of $5,000, whichever came first. Assistance was determined case-by-case based on the household's budget. Because of its tight targeting around the "but for" criteria, the program could afford to support its smaller number of clients at a higher level. The amount or duration of assistance could be increased for a household with high barriers to housing through a review process. Months of arrears counted toward the total amount of eligibility—for example, a person who had 2 months of arrears paid would be eligible for 4 months of ongoing assistance. In practice, most clients resolved their situations with arrear payments alone, and extensions were rare. For "most people, 'something happened.' When we sort that 'something' out, they're okay and can get settled." For a small share of clients (5 percent) whose units were over fair market rent, unsafe, or unaffordable, HPRP paid for security or utility deposits or a short-term hotel/motel stay until a new unit was found.

Case Management. All those who received financial assistance participated in case management, as did the small number of clients who did not receive financial support. There were two case management models, based on client needs, provided by the two service-providing subgrantees. Those with moderate barriers checked in with a case manager at CAP once a month, before rent was paid. Those with higher needs worked with a Tabor case manager weekly in the beginning, and once a month as the housing crisis subsided. About 20 percent of Tabor's clients received case management but no financial assistance. Tabor's case management focused on a plan to help clients stabilize, which might have included credit and budget counseling, and workshops.

Supportive Services. LCHRA's subgrantees, Tabor in particular, had a network of landlords that tended to rent to their client base. As part of determining the package of financial assistance for each client, case managers negotiated with the landlord. This sometimes produced a lower settlement amount for arrears or even reduced rent for the rest of the lease. Both Tabor and CAP operated a range of other programs that HPRP clients could access. At CAP, this included utility assistance and nutritional support programs. Tabor's programs included budgeting, financial literacy, and job-readiness workshops.

DATA AND MONITORING

All subgrantees entered data into HMIS, though only for eligible clients (ineligibles' information was purged from the database). Before HPRP, Tabor was using HMIS for other programs, but the other subgrantees were not.[86] Agencies trained their new staff on using HMIS; after that, there were few challenges. The grantee used HMIS checks to identify topics on which to offer more training, such as how to use the assessment tool more effectively. Information from the screening, such as risk factors, was recorded in HMIS along with the HUD-required elements. Tabor added fields to record the amount of money paid to a landlord, when a client became stably housed, and other exit information. Overall, case managers and the grantee were pleased with having HPRP information in the CoC's HMIS because it helped coordinate services. They considered this a step forward in achieving the CoC's single point of access.

[86] CAP was using HMIS for its domestic violence services, but those were provided by different staff members.

PLANS FOR THE FUTURE

Owing to the success of HPRP prevention activities, LCCEH has made prevention the CoC's first goal on its revised ten-year plan. LCCEH plans to allocate as much funding to prevention as allowable from its future funding sources. Funding was more limited when HPRP ended, but LCCEH used the HPRP experience to establish goals, coordination systems, and prevention approaches that it will integrate in all its activities. As noted, the community placed a high priority on prevention in its HPRP grant, intending to use the program to move forward on its TYP goals. The unified HPRP program helped providers create stronger, more positive working relationships with each other. By working cooperatively on the HPRP team, subgrantees came to strongly embrace the merits of a central point of intake. The grantee established a central point of intake for HPRP as a prelude to a single point of entry for all homeless services, to begin operating in 2012.

Exhibit E.12: Lancaster County and City of Lancaster, Pennsylvania, Prevention Overview, Homelessness Prevention and Rapid Re-housing Program

	Persons		Households	
	#	%	#	%
Total served Year 1[a]	846	100	303	100
Persons in families	702	83	—	—
Adults without children	142	17	—	—
Total served Year 2[a]	1,235	100	428	100
Persons in families	1,010	82	—	—
Adults without children	220	18	—	—
HPRP services				
Rental assistance	—	—	467	100
Case management	—	—	467	100
Security/utility deposits	—	—	18	4
Outreach and engagement	—	—	0	0
Utility payments	—	—	2	0
Housing search/placement	—	—	0	0
Legal services	—	—	0	0
Credit repair	—	—	0	0
Motel and hotel vouchers	—	—	0	0
Moving cost assistance	—	—	0	0
Destination[b]				
Total leavers	1,087	100	—	—
Homeless	9	1	—	—
Institutional setting	6	<1	—	—
Permanent housing with subsidy	4	<1	—	—
Permanent housing without subsidy	688	63	—	—
Family or friends	11	1	—	—

Source: Lancaster County Housing and Redevelopment Authorities Annual Performance Report Data, 2009 program start through September 30, 2011.

— not applicable

[a] Total served numbers may not add to 100 percent because the "children only" and "unknown" categories are not included in this table. Numbers may add to greater than 100 percent due to data reporting errors.

[b] Destination numbers may not add to total leavers because the "other," "hotel/motel," "unknown," and "deceased" categories are not included in this table.

"Homeless" includes the following destinations: emergency shelter, TH for homeless persons, staying with friends (temporary tenure), staying with family (temporary tenure), place not meant for human habitation, safe haven, and hotel or motel paid by client.
"Institutional setting" includes foster care, psychiatric facility, substance abuse or detox facility, hospital (non-psychiatric), and jail or prison.
"Permanent housing" with subsidy includes housing owned by client with ongoing subsidy, rental by client with VASH subsidy, rental by client with other ongoing subsidy, and Permanent Supportive Housing for Homeless Persons.
"Permanent housing" without subsidy includes housing owned by client without ongoing subsidy and rental by client with no ongoing subsidy.
"Family or friends" includes living with family, permanent tenure or living with friends, permanent tenure.

MAINE HPRP-FUNDED PREVENTION PROGRAM

The state of Maine's homelessness prevention program, funded by HUD's Homelessness Prevention and Rapid Re-housing Program (HPRP), had two different components. The larger of these was its homelessness diversion and prevention program (HDPP), which was designed to provide primarily case management, resources, and referrals to all clients meeting standard HUD eligibility for HPRP; some limited financial assistance was also available. In addition, the state's homeless advocacy project (HAP) program provided legal counsel for unrepresented clients facing eviction in six high-volume district courts in the state; lawyers from this subgrantee also provided legal advice to all staff implementing HDPP. In total, Maine's program served 5,005 people in 2,229 households through September 30, 2010. Participants stayed in the program for an average 37 days (and a median 28 days).[87]

Community Description

In 2010, point-in-time (PIT) counts identified 854 people in emergency shelter, 1,497 people in transitional housing, and 28 unsheltered people, for a total of 2,379 homeless people.[88] The number of unsheltered persons in the state was particularly low because the PIT took place in January, when the weather made it unsafe for people to be outdoors. At the time of HPRP, Maine had three Continuums of Care (CoC) homeless service systems: Greater Penobscot CoC, which served Penobscot County; the city of Portland CoC; and the Balance of State CoC, which served the rest of the state.[89] Two HPRP grantees—city of Portland and MaineHousing—also headed up the city of Portland and Balance of State CoCs. In addition, MaineHousing coordinated the homeless management information system (HMIS) for the entire state. The three CoCs together managed a housing inventory of around 2,400 beds. The Balance of State CoC accounted for the greatest proportion of transitional housing (278 of the 541) and permanent supportive housing (650 of the 1,116) beds. In terms of emergency shelter, the populous city of Portland had roughly as many beds (approximately 240) as the much larger Balance of State CoC; Greater Penobscot CoC managed about half that number of shelter beds (120).

In 2005, the governor of Maine convened a diverse group of stakeholders to form the Statewide Homeless Council. As its inaugural task, this council came together to draft Maine's ten-year plan. The plan, published in March 2009, identified five groups of people experiencing homelessness in order to design goals and strategies to address their unique needs. These groups included chronically homeless single adults, circumstantially homeless single adults, homeless families, victims of domestic violence, and unaccompanied youth. Helping to connect these populations to mainstream programs and services figured prominently among the strategies for all subgroups, as did case management, legal services, and financial assistance—all key components of the state's HPRP prevention program.

[87] Length of stay numbers are approximate and were calculated using a weighted average

[87] Maine's CoC system has since been reorganized into just two CoCs. The area covered by the Greater Penobscot CoC is now part of the Balance of State CoC.

[87] Portland is the largest city in Cumberland County, and the largest in the state.

[88] http://www.hudhre.info/CoC_Reports/2010_me_pops_sub.pdf.

[89] Maine's CoC system has since been reorganized into just two CoCs. The area covered by the Greater Penobscot CoC is now part of the Balance of State CoC.

DESIGN AND SETUP OF HPRP PREVENTION

The state of Maine had three direct HPRP grantees that together planned and implemented a coordinated statewide prevention program. MaineHousing, an independent state agency that brings together public and private funding for housing and homeless-related services in the state, received $6.6 million; Cumberland County[90] received $606,000, and the city of Portland received $876,000. MaineHousing and the city of Portland chose to allocate the lion's share of their HPRP resources (70 and 75 percent, respectively) to rapid re-housing for their Engagement and Stabilization Program (ESP), which focused on providing long-term financial assistance to individuals with mental health issues and a history of chronic homelessness. In Portland, the percentage of households receiving prevention ended up being even lower than projected since most families that qualified for HDPP had already lost housing by the time they came to the shelter implementing the program. In contrast, Cumberland County anticipated using about two-thirds of its HPRP money for prevention since the jurisdiction did not have any shelters within its boundaries outside of Portland; the county ended up with more of an 80-20 prevention/rapid-re-housing split.

The grantees saw HPRP as an opportunity to scale-up homelessness prevention models already in place in the state. Cumberland County already ran a prevention program with Community Development Block Grant (CDBG) funds that successfully diverted many at-risk residents from seeking shelter in Portland by providing short-term bridge assistance and extensive alternative resources and referrals. MaineHousing funded an eviction prevention program from 2007 to 2009 in six district courts statewide using flexible HOME monies. And, the city of Portland used some of its Emergency Solutions Grant (ESG) funds to finance a partial staff position at one of its men's shelter to help divert singles at imminent risk by providing intensive short-term support, resources, and referrals.

Before they actually received HPRP, all three grantees, along with other community stakeholders such as Maine Equal Justice, came together to draft the assessments that all subgrantees would be using and to determine how these fields would translate into HMIS to track HPRP activities and outcomes. This process lasted 3 months and produced all the standard documents case managers were required to process for each client they saw.

IMPLEMENTATION

Throughout the state, 10 organizations implemented HDPP across all 16 Maine counties. This included six community action agencies and four emergency shelters, selected for their capacity to implement HPRP and their geographic coverage of the state. All HDPP subgrantees had to perform all screening and assessment in compliance with HUD and state guidelines, as well as provide HPRP case management and financial assistance to clients. Maine Housing also funded one organization, Pine Tree Legal, to provide legal representation to clients in eviction courts and consultations to HDPP case managers.

Outreach

The grantees expected their subgrantees to actively reach out to the potential clients. For example, the city of Portland partnered with the Portland Landlord Association to educate them about HPRP and outreach to residents at risk of eviction. Pine Tree Legal also visited the six courts where it provided services to connect with potential clients.

[90] Portland is the largest city in Cumberland County, and the largest in the state.

Point of Entry

The state had a "no wrong door" policy, meaning that a household could phone or walk in to any HDPP subgrantee agency and apply. Clients found out about HDPP through several mechanisms including Maine's 211 system, local General Assistance offices (especially in areas without shelters available), shelters, medical providers, DHHS, Casey Family Services, and county district courts where Pine Tree provided services. Outside of Portland most first contacts were done by phone.

Intake: Eligibility and Assessment

HDPP. Potential HDPP clients passed through a series of different steps.

1. *Prescreening.* Whether a client's first interaction with an HDPP subgrantee was in person or over the phone, the first step in the process consisted of a prescreening for eligibility (i.e., income and housing status), which included a substantial push for potential clients to exhaust all other resources before applying for HDPP. Subgrantees assisted clients in identifying housing options and offered on-the-spot job counseling, asset mapping, help identifying income supports appropriate for their needs (i.e., Supplemental Security Income, Disability Insurance, TANF, General Assistance), and referrals to churches, mental health services, and other local resources. This process varied in formality and intensity substantially across subgrantees; as a result, the share of clients going on to the next stage in the process ranged from 20 to 50 percent.

2. *Screening.* If the client passed the prescreening for HDPP, he or she scheduled a time to bring back full documentation and complete a formal screening. All HDPP subgrantees used the same basic HPRP intake form, which recorded information about demographics, income eligibility, housing status, and the case manager's determination of how imminent the risk of homelessness is: less than 7 days, 7 to 14 days, 15 to 30 days, or more than a month. Clients had to provide documentation that they would lose housing within 14 days, including eviction notices or letters from family members. Clients also had to document their income for the past 30 days. At this stage, Cumberland County's subgrantee required all potential clients to also fill out a housing options resource availability form, where they had to show that they had no appropriate housing options available (subsidized housing, family or friends, etc.) and that they had sought out and not been able to receive assistance from any other source, including General Assistance, churches, and friends or family.

3. *Full assessment*. If the client successfully passed through the screening stage, he or she completed a standardized "full initial assessment" tool, which gathered detailed information in six key domains to assist with ultimate eligibility determinations and decisions about the service package. This information included the following:

    - Security deposit: move-in date, amount needed
    - Rental assistance: screening for eviction, foreclosure, and natural disaster; monthly rent and number of months in arrears; housing subsidy receipt and application; arrears owed to housing agency; amount needed
    - Utility deposit: amount by type of utility, total needed

- Utility assistance: amount and number of months in arrears by type of utility, total needed
- Moving cost assistance: type of assistance (moving truck rental, moving company, short-term storage), duration, amount needed
- Motel and hotel voucher: date of scheduled move-in, compliance with rent reasonableness and habitability, availability of housing with family or shelter in the interim, other agencies contacted for assistance

HDPP case managers also sat down with clients to fill out a housing assessment and stability plan to detail the specific steps needed to secure housing, address income/benefits issues that threaten housing stability, and access mainstream services. In Cumberland County, clients drafted this plan unassisted.

4. *Eligibility and service package determination.* Within HUD guidelines, individual case managers and their supervisors had significant discretion to make eligibility determinations based on the information gathered in the prescreening, screening, and full assessment stages. There were no strict eligibility formulas or requirements for particular kinds of documentation. The same parties also made service package determinations. However, these decisions were constrained by the grantees' decisions to emphasize case management, resource, and referrals, and to minimize financial assistance. While the limits on the length of assistance did not preclude clients returning for recertification, case managers generally only considered those who fell into crisis again through no fault of their own (i.e., laid off from work after stabilization). Clients had to prove that they were making an effort to prevent their own homelessness.

Legal Services. Pine Tree Legal staff provided legal representation for all interested clients in its original six district courts throughout the state as well as some other courts in nearby areas. All these clients met basic income eligibility and the "but for" criteria automatically because of their presence in eviction court. Because HAP clients primarily received legal services only, they did not have to provide proof of sustainability or fit to be eligible. Pine Tree Legal sometimes referred clients who could benefit from HDPP to the nearest subgrantee, where they would have to go through the standard intake, screening, and assessment processes to qualify for additional assistance.

"But For" and Sustainability Rules (HDPP)

Maine heavily emphasized that clients had to exhaust all other potential resources available to them before qualifying for HPRP in order to satisfy the "but for" eligibility criteria. The steps clients had to go through and the kinds of documentation they had to provide to sufficiently demonstrate "but for" status, however, varied widely. HDPP clients also had to be able to prove they would be stably housed when their financial assistance ended to meet sustainability criteria for eligibility. Most of the time, this involved providing evidence of income sources that would begin in the immediate future. Because Maine grantees decided to limit financial assistance as much as possible to one-time or other very short-term payments, many higher-need clients were not eligible because they were not a good fit for the program.

Prevention Activities

Maine provided short-term financial assistance with intensive short-term case management for eligible prevention clients. The HPRP-funded prevention program served 5,005 people (2,229 households) in total.

Financial Assistance. MaineHousing and the city of Portland had no cap on the total *amount* of assistance a household could receive, but they limited the duration of rental assistance to 3 months and of arrearages to HUD's standard limit of 6 months. Clients who received rental assistance were also required to pay 30 percent of their own income toward rent every month. In contrast, Cumberland County chose to limit its financial assistance to a one-time payment of up to $500 per household. While Cumberland County granted financial assistance to approximately 95 percent of eligible households, only a little more than half of eligible households statewide obtained financial assistance. Because of efforts to minimize per-case cost, most assistance across the state was one-time payments, despite the flexibility to provide longer-lasting subsidy in all but Cumberland County. Maine subgrantees also offered security deposits, hotel and motel vouchers, and utility deposits.

Case Management. The great majority (nearly 95 percent) of eligible clients received both case management and financial assistance. Case management generally lasted no longer than the subgrantee's limit on financial assistance; most clients received case management for about a month or month and a half, involving between three and six individual meetings. Case management generally consisted of several key components. First, case managers helped clients put together budgets and educated them about utilities (i.e., picking an apartment where they were included). Second, all HDPP case managers helped clients connect to the supportive services and financial resources identified as appropriate during intake and assessment. Third, case managers actively negotiated with landlords and utilities. Fourth, if clients needed to find new housing, the case manager assisted with that search and did the required housing inspection.

Legal Services. Pine Tree Legal provided legal representation for HAP in its original six district courts throughout the state as well as some other courts in nearby areas. As of September 2011, 615 households received some amount of this assistance, and 476 received full legal representation. Pine Tree Legal staff also offered consultations to HPRP caseworkers around benefit eligibility, tenants' rights, and other topics. In these cases, there was no attorney-client relationship, only general legal advice.

DATA AND MONITORING

MaineHousing manages and maintains the statewide HMIS for all homeless programs, including HPRP. All HDPP subgrantees entered data directly into HMIS, but five of the nine MaineHousing HDPP subgrantees and Cumberland County's subgrantee had never used HMIS before. Thus, MaineHousing's Homeless Recovery Funds program officer and the HMIS team provided extensive ongoing technical assistance; the HMIS team also led a daylong HMIS training at startup where staff walked all HPRP case managers through data entry and reporting.

Maine's HMIS captured only a small fraction of ineligible households because so much screening took place over the phone, particularly in Cumberland County and rural areas throughout the state. The city of Portland and York County captured a higher percentage of screened-out households in their data

because they conducted most of their screenings in person. In addition, Pine Tree Legal did not enter its legal services client information directly into HMIS in order to safeguard client-attorney privilege; the organization reported all data with unique household IDs to MaineHousing in another format and produced its quarterly and annual performance data outside of HMIS.

In addition to HUD's required data elements, subgrantees entered data from their standardized forms—intake, full assessment, and housing assessment and stability plan—into HMIS. MaineHousing designed HMIS for HPRP to allow data-sharing capability statewide so individuals could be tracked across jurisdictions. For example, a case manager in Portland could find the record of a client in HMIS and easily see that this person had sought and received assistance in western Maine earlier in the year. Because of this same capability, MaineHousing could also identify which HPRP clients showed up later in shelters. After the closeout of HPRP, the agency published a report that examined recidivism using HMIS data and analyzed HPRP client scores on six domains on the Arizona Self-Sufficiency Matrix at the time of entry and exit. Among other things, the report revealed higher scores among clients at exit as well as higher scores for those clients who had more contact with their case managers. Recidivism 4 months after the close of HPRP cases stood at 3 percent.

PLANS FOR THE FUTURE

MaineHousing has decided to use ESG dollars to continue homelessness prevention efforts in two key ways. First, it is funding legal services similar to those supported by HPRP in the six district courts where the program operated during HPRP. Second, MaineHousing's "Stable Lives: Linking Health, Housing, and Supportive Services" pilot program will continue the linkage aspects of the HDPP program for people who meet the new HEARTH Act definition of homeless in the three counties with the highest volume of homeless people and at least one federally qualified health center.

The city of Portland will continue its prevention efforts as a subgrantee to Preble Street Shelter for its recently awarded U.S. Department of Veterans Affairs' Supportive Service for Veterans Families program. The funding, totaling $850,000 over 2 years with an option for a third, will employ the HDPP model.

Cumberland County plans to use CDBG to fund mostly the case management component.

Exhibit E.13: The State of Maine, Cumberland County, and the City of Portland Prevention Overview, Homelessness Prevention and Rapid Re-housing Program

	Persons		Households	
	#	%	#	%
Total served Year 1[a]	5,005	100	2,229	100
Persons in families	3,481	70	—	—
Adults without children	1,444	29	—	—
Total served Year 2[a]	3,766	100	1,456	100
Persons in families	2,883	77	—	—
Adults without children	744	20	—	—
HPRP services				
Rental assistance	—	—	896	27
Case management	—	—	1,834	56
Security/utility deposits	—	—	636	19
Outreach and engagement	—	—	1,100	34
Utility payments	—	—	84	3
Housing search/placement	—	—	361	11
Legal services	—	—	668	20
Credit repair	—	—	0	0
Motel and hotel vouchers	—	—	2	<1
Moving cost assistance	—	—	43	1
Destination[b]				
Total leavers	6,706	100	—	—
Homeless	112	2	—	—
Institutional setting	8	<1	—	—
Permanent housing w/ subsidy	979	15	—	—
Permanent housing without subsidy	3,310	49	—	—
Family or friends	170	3	—	—

Source: State of Maine homelessness diversion and prevention program and homeless advocacy project Annual Performance Report Data, 2009 program start through September 30, 2011.

— not applicable

[a] Total served numbers may not add to 100 percent because the "children only" and "unknown" categories are not included in this table. Numbers may add to greater than 100 percent due to data reporting errors.

[b] Destination numbers may not add to total leavers because the "other," "hotel/motel," "unknown," and "deceased" categories are not included in this table.

"Homeless" includes the following destinations: emergency shelter, TH for homeless persons, staying with friends (temporary tenure), staying with family (temporary tenure), place not meant for human habitation, safe haven, and hotel or motel paid by client.
"Institutional setting" includes foster care, psychiatric facility, substance abuse or detox facility, hospital (non-psychiatric), and jail or prison.
"Permanent housing" with subsidy includes housing owned by client with ongoing subsidy, rental by client with VASH subsidy, rental by client with other ongoing subsidy, and Permanent Supportive Housing for Homeless Persons.
"Permanent housing" without subsidy includes housing owned by client without ongoing subsidy and rental by client with no ongoing subsidy.
"Family or friends" includes living with family, permanent tenure or living with friends, permanent tenure.

MASSACHUSETTS HPRP-FUNDED PREVENTION PROGRAM

The Commonwealth of Massachusetts grant from HUD's Homelessness Prevention and Rapid Re-housing Program (HPRP), administered by the state Department of Housing and Community Development (DHCD), has provided 1,764 persons (950 families) with rental arrearages or ongoing rental assistance and case management. Households can access services through one of 20 subgrantees funded by DHCD to provide homelessness prevention or shelter diversion. Average length of stay in program was 173 days, with a median 181 days.

Community Description

The Commonwealth of Massachusetts had a population of 6,253,462 as of 2010; of this, approximately 10.5 percent of people (658,391) had incomes below the federal poverty level.[91] Based on the 2011 point-in-time counts for all areas of Massachusetts, 11,589 individuals were in emergency shelter, 4,372 were in transitional housing, and 703 were unsheltered, totaling 16,664 individuals. Of these, 1,268 identified as veterans, and 68 were unaccompanied youth under the age of 18.[92] HUD's 2011 Housing Inventory Chart reported the state as having 25,787 year-round beds across 20 continuums of care (CoC) homeless service systems. This included 12,545 family beds and 13,242 individual beds. Of these, 14,567 were emergency, safe haven, and transitional housing beds; 1,059 were HPRP-rapid re-housing beds; and 10,161 were permanent supportive housing beds.[93]

In 2007, Massachusetts reinstated the Interagency Council on Housing and Homelessness (ICHH) through executive order, as part of a new statewide housing-first approach to ending homelessness. ICHH established 10 Regional Networks to End Homelessness. The administration and legislature appropriated $8.25 million for this initiative, which ICHH was able to combine with $1.3 million of private funding. These resources have allowed every community across the state to become part of a collaborative effort to end homelessness by assisting families to find housing as opposed to shelter.

DESIGN AND SETUP OF HPRP PREVENTION

The Commonwealth of Massachusetts received an allocation of $18,443,744 for HPRP, administered through DCHD. Within the Department, DCHD designated the Bureau of Rental Assistance to administer its HPRP program because of the focus on housing. Twenty Massachusetts entitlement communities also received HPRP allocations, totaling $44,558,792 of HPRP funds across the state. Policy-level discussion and regional public meetings around the allocation of state and local entitlement funds occurred prior to the development of an Request for Responses (RFR) for the DHCD award. Ultimately, local entitlements administered HPRP separately from the state and the program designs differed dramatically from grantee to grantee

Before receiving HPRP funds, DHCD had developed a "four-door architecture" to serve families through the state-funded Emergency Assistance (EA) program. This approach used regional field offices as the access point for services. The architecture included homelessness, homeless diversion, emergency shelter, rapid re-housing, and stabilization. There was not a comparable systematic approach for addressing individual homelessness.

[91] Data on poverty were obtained from the U.S. Census Bureau, American Community Survey (2006–10).
[92] http://www.hudhre.info/CoC_Reports/2011_ma_pops_sub.pdf.
[93] http://www.ct.gov/ecd/lib/ecd/esgwebmaterials/2011_ct_505_bed_inventory.pdf.

Of state HPRP funds, DHCD decided to focus on families and on rapid re-housing, designating 70 percent of the award to families and 70 percent to rapid re-housing. DHCD's reasoning was that this targeting would allow the state to target its resources toward families with fewer options for preventing homelessness and given the state's entitlement communities emphasis on prevention. DCHD built upon the four-door architecture and designed HPRP with five separate "components," each specific in target population. These components included eviction prevention for families in subsidized housing, eviction prevention for individuals, shelter diversion for EA-eligible families, rapid re-housing for families in the EA system, and rapid re-housing for individuals.

DHCD's Bureau of Rental Assistance maintained two full-time-equivalent contract managers for HPRP. Two additional staff members worked on HPRP nearly full-time to start the program, and one worked part-time in the second year. In addition, the program received support from existing DHCD staff, including management, accounting, and IT staff.

IMPLEMENTATION

DHCD ultimately selected 20 subgrantee organizations across the state. They in turn funded six subgrantees to provide family prevention, nine to provide individual prevention, and eight to provide family diversion. Many subgrantees received funding for multiple components.

The subgrantees were a mix of nonprofit providers, community action agencies, housing authorities, and local governments. The subgrantees did not have specific roles or functions beyond the particular geographic area and program component for which they received funding. Several subgrantees contracted with other providers in their communities to serve specific roles and functions.

Outreach

There was no formal statewide outreach plan. Subgrantees found that word of mouth was the best marketing strategy. The Springfield Housing Authority (SHA), one subgrantee interviewed for this case study, provided outreach and training on the availability of HPRP to current residents in the early phases of the program. They struggled to change perception of the SHA from being "the landlord" to being a resource for residents. SHA also provided individualized outreach to each of their property managers to inform them about the program and its objectives.

Point of Entry

The point of entry and the referral structure varied across subgrantees based on resources and relationships in each community. The point of entry also varied by program component. Many subgrantees were already providing individuals receiving prevention with housing education or homeless services and therefore already had access to the target population. For most individual prevention programs, the point of entry to HPRP was through the subgrantee directly. For family prevention, the local housing authority was the primary point of entry because a family had to be residing in subsidized housing. For shelter diversion, the local Emergency Assistance office was often the first point of entry, since applicants had to be determined EA eligible to receive family diversion funds. The EA office then referred to specific subgrantees for additional screening and assessment.

Intake: Eligibility and Assessment

DHCD allowed subgrantees to develop on their own screening and assessment forms.

1. *Screening.* Applicants were screened for eligibility based on a brief phone assessment examining their current housing situation, income, and current employment or employment opportunities. The grantee established the minimal eligibility requirements, but some subgrantees established additional requirements.

   To be eligible for individual prevention, applicants must have been facing an eviction or imminent loss of housing resulting from a significant reduction in income or an increase in necessary expenses that prevented payment of current housing costs. Individuals must also demonstrate that they have either secured adequate income or reduced expenses so a one-time disbursement will be sufficient to prevent homelessness. Those qualifying for HPRP funding had to be income eligible (up to 50 percent of area median income) and have a 14-day eviction notice.

   To be eligible for family prevention, families had to be currently residing in subsidized housing (through public housing, Housing Choice vouchers, or other HUD subsidies), be income eligible (up to 50 percent of area median income), and have a 14-day eviction notice.

   Eligibility for shelter diversion was based on the state's EA criteria, which established imminent risk of becoming homeless. DCHD is responsible for determining EA eligibility, based on Massachusetts legislative language, which included presence of a dependent child under age 21, U.S. citizenship or eligible noncitizen status, gross monthly income within EA guidelines, assets less than $2,500, and being either literally homeless or at imminent risk of homelessness. If an applicant was doubled-up with another household or in substandard housing, a Department of Children and Families staff member visited the residence to verify risk of homelessness.

2. *Assessment.* Once applicants passed the screening phase, subgrantees conducted a detailed assessment to determine fit for the program and develop the participant's case plan. The focus of the assessment phase was on sustainability because eligibility was determined during screening. Subgrantees estimated in interviews that approximately 95 percent of applicants who made it to the assessment phase received funding. The goal of the assessment was to understand the barriers keeping the individual or family from maintaining stable housing. Case managers used the information gathered during the assessment to determine the housing case plan, amount of financial assistance, and necessary referrals. The state asked each subgrantee to define the methodology for determining the amount and length of assistance in their contract. This methodology varied dramatically between subgrantees.

"But For" and Sustainability Rules

DHCD, through HPRP, focused on helping people at imminent risk of homelessness, but the department also wanted to ensure it were assisting those who could sustain housing after HPRP ended. The focus and decision making about sustainability was different for each component, primarily due to differences in assistance offered. Individual and family prevention mainly provided arrears, so participants had to demonstrate more immediate potential for sustainability. Shelter diversion, in contrast, provided up to 12 months of rental assistance.

In individual prevention, the "but for" rules focused on basic eligibility and availability of other housing options—the applicant would be homeless "but for" HPRP assistance. Sustainability focused on assessing whether the applicant's crisis resulted from a recent drop in income or increase in expenses and whether the individual would have adequate income to cover expenses in the future. Subgrantees also assessed whether the amount of HPRP assistance available was sufficient to address the applicant's crisis and whether other barriers may have interfered with ability to sustain housing.

In family prevention, "but for" focused on whether the family had received eviction notices for nonpayment, whereas sustainability focused on whether the financial assistance available was sufficient to remedy their crisis.

The "but for" in shelter diversion was based on a family's eligibility for EA. The focus on financial sustainability was less of an issue with shelter diversion because assistance was long-term, but subgrantees assessed nonfinancial barriers to housing that could have necessitated referring a family to more supportive housing options.

Prevention Activities

Subgrantees determined the extent and type of financial assistance provided to each household. Typical assistance and services varied by program component. Participants served with diversion typically moved into new housing units and received ongoing rental assistance, whereas participants served with prevention typically remained in their existing housing and received only arrears. Participants in the shelter diversion program typically received more case management than the prevention participants, as they typically had greater barriers to housing and were receiving ongoing financial assistance.

Financial Assistance. Most participants received some type of rental assistance, either in rental arrears (for prevention) or current rental payments (for diversion). DHCD asked subgrantees to determine an overall cap per person.

Individual prevention was typically rental arrears. A few individuals received moving costs or first and last month's rent. Interviewed subgrantees reported that typical financial assistance for individual prevention was approximately $1,000 in rental arrearages. The family prevention subgrantee interviewed provided approximately $350 in rental arrearages per family.

Families enrolled in shelter diversion most commonly received long-term rental assistance. Subgrantees typically provided ongoing rental assistance on a 12-month cycle, because a 12-month lease was expected by most Massachusetts landlords. Interviewed subgrantees indicated that many families in shelter diversion still could not afford their rent when HPRP assistance was discontinued and were subsequently enrolled in other state-funded rental assistance programs.

Utility assistance varied across subgrantee agencies. Although few subgrantees reported providing utility arrearages with HPRP funds, they could provide financial assistance for utilities through other resources and through negotiating with utility companies to forgive a portion of tenants' arrearages and to set up payment plan.

Case Management. Massachusetts's program included a strong case management component. DHCD and subgrantees were acutely aware that difficulty maintaining housing was rarely an isolated issue. Subgrantees worked with each participant to identify barriers to housing and create a case plan to address these barriers. Subgrantees collaborated with various service providers in their community in order to maximize the effectiveness of participant referrals.

The family diversion population typically received more case management than the prevention population, as families often required more extensive case management. However, participants receiving prevention also received ongoing case management, financial education, and referrals to other services. One individual prevention subgrantee estimated that they worked with participants between two weeks and two months, depending upon need. Most subgrantees pursued monthly meetings with their participants. Some subgrantees relied heavily on monthly phone calls, after the initial in-person meeting, as they did not want to require participants to travel to their office. Others met with participants regularly in person.

DATA AND MONITORING

DHCD allowed subgrantees a good deal of freedom in developing HPPR programs targeted to their individual communities. This worked well for subgrantees able to implement and manage the administratively burdensome program. DHCD set a goal of four monitoring visits per year per subgrantee; visits included two formal reviews consisting of full file reviews and homeless management information system (HMIS) monitoring, and two informal discussions about program progress and barriers to implementation. Subgrantees were required to oversee their subcontracted agencies.

All subgrantees entered standard HUD and DCHD data elements into HMIS. Both the grantee and the subgrantees interviewed reported difficulties with HMIS and data input. This was largely because DHCD changed HMIS software in the middle of HPRP and because more than eight different HMIS systems were used across the Commonwealth. This created a challenge for subgrantees, as it required data reentry, and subgrantees had to gain familiarity with a new system or export data from their HMIS to DHCD. Because of the significant HMIS challenges, the grantee was not able to use HMIS data for program management or monitoring beyond submitting the required HUD reports. DHCD is currently expanding use of HMIS to all its homeless and housing programs.

PLANS FOR THE FUTURE

Although HPRP was seen as temporary way to address service gaps within in a larger, comprehensive homeless service system, designing and implementing the program allowed DCHD staff (and subgrantees) to learn valuable lessons about defining services and target populations for prevention and shelter diversion. These lessons have proved invaluable in the design of subsequent prevention and diversion programming. DHCD has prioritized expanding homelessness prevention as part of its housing and homelessness system redesign. Several programs, current and planned, addressing homelessness prevention in Massachusetts:

- HomeBASE serves families at risk of losing their housing to prevent their entering a homeless emergency shelter. HomeBASE can help pay rent or other housing costs for up to 3 years with participants required to pay 35 percent of income for rent and utilities. The program also has flexible funds of up to $4,000 per household that can be used for a variety of prevention

activities, including rent and utility arrearages, childcare, moving costs, and incentives to family or to provide housing for participants. To be eligible for HomeBASE, participants must meet EA eligibility. Approximately 400 households served under HPRP received continued rental subsidies through HomeBASE after their HPRP assistance ended.

- Massachusetts launched a redesigned version of Residential Assistance for Families in Transition (RAFT) in FY 2013, funding it at $8.76 million for RAFT.
- DHCD's 2012 RFR for Emergency Solutions Grant funding designated $1,704,652 for homelessness prevention services geared toward at-risk families.[94] Massachusetts will fund a single organization or a collaboration of organizations within a CoC's jurisdiction. In response to requests from providers, DHCD agreed to also allow CoCs to use up to 20 percent of the requested funds to serve eligible individuals.
- DHCD also set aside up to $210,000 for eligible tenancy preservation programs to expand the program to families at risk of becoming homeless, beyond the current target population of individuals with disabilities living in subsidized housing. Participants may receive up to $4,000 in a 24-month period, provided the household or housing unit receives no publicly funded rental assistance and the household is not moving to housing expected to have publicly funded rental assistance. Expenses can include rent or utility assistance, security deposit, first and last month's rent, mediation programs or legal services to resolve landlord/tenant disputes, and housing stabilization services.

[94] Commonwealth of Massachusetts RFR for the Emergency Solutions Grant Program, April 9, 2012. http://www.mass.gov/hed/docs/dhcd/hs/esg/esg-request-for-response.pdf

Exhibit E.14: Commonwealth of Massachusetts Prevention Overview, Homelessness Prevention and Rapid Re-housing Program

	Persons		Households	
	#	%	#	%
Total served Year 1[a]	1,764	100	950	100
Persons in families	1,210	69	—	—
Adults without children	552	31	—	—
Total served Year 2[a]	3,066	100	2,100	100
Persons in families	1,601	52	—	—
Adults without children	1,269	41	—	—
HPRP services				
Rental assistance	—	—	1,059	50
Case management	—	—	1,952	93
Security/utility deposits	—	—	172	8
Outreach and engagement	—	—	274	13
Utility payments	—	—	102	5
Housing search/placement	—	—	283	13
Legal services	—	—	112	10
Credit repair	—	—	110	5
Motel and hotel vouchers	—	—	2	<1
Moving cost assistance	—	—	6	<1
Destination[b]				
Total leavers	3,406	100	—	—
Homeless	60	2	—	—
Institutional setting	2	<1	—	—
Permanent housing with subsidy	1,604	47	—	—
Permanent housing without subsidy	1,164	34	—	—
Family or friends	284	8	—	—

Source: Massachusetts Department of Housing and Community Development, Annual Performance Report Data, 2009 program start through September 30, 2011.

— not applicable

[a] Total served numbers may not add to 100 percent because the "children only" and "unknown" categories are not included in this table. Numbers may add to greater than 100 percent due to data reporting errors.

[b] Destination numbers may not add to total leavers because the "other," "hotel/motel," "unknown," and "deceased" categories are not included in this table.

"Homeless" includes the following destinations: emergency shelter, TH for homeless persons, staying with friends (temporary tenure), staying with family (temporary tenure), place not meant for human habitation, safe haven, and hotel or motel paid by client.

"Institutional setting" includes foster care, psychiatric facility, substance abuse or detox facility, hospital (non-psychiatric), and jail or prison.

"Permanent housing" with subsidy includes housing owned by client with ongoing subsidy, rental by client with VASH subsidy, rental by client with other ongoing subsidy, and Permanent Supportive Housing for Homeless Persons.

"Permanent housing" without subsidy includes housing owned by client without ongoing subsidy and rental by client with no ongoing subsidy.

"Family or friends" includes living with family, permanent tenure or living with friends, permanent tenure.

MIAMI-DADE COUNTY, FL, HPRP-FUNDED PREVENTION PROGRAM

In Miami-Dade County, HUD's Homelessness Prevention and Rapid Re-housing program (HPRP) funded the County of Miami-Dade (through the Miami-Dade County Homeless Trust)[95] and the Cities of Miami, Miami Gardens, North Miami, and Hialeah. These five grantees collaborated to implement a countywide homelessness prevention program. The state of Florida also took part in the collaboration, passing through a portion of its HPRP funds. Citrus Health Network (Citrus) was the sole subgrantee and lead of the HPRP program. The program was administered through a network of various public and private partners, referred to as the Housing Assistance Network of Dade (HAND), which represented a range of services. Across the program's grantee, subgrantee, and partner providers, most of the money went toward financial assistance, with some for legal assistance. As of August 2012, the program served 2,974 households. Length of stay in the program averaged 189 days, with a median 168 days.[96]

Community Description

The 2011 point-in-time count identified 3,817 sheltered and unsheltered people across Miami-Dade County. Most (79 percent, or 3,028) were unsheltered, while the remaining (21 percent, or 789) were sheltered. Of the total sheltered, 385 were families. About 13 percent (513) were chronically homeless and 10 percent (393) were veterans.[97]

The five grantees fell under one Continuum of Care (CoC) homeless service system, led by the Miami-Dade County Homeless Trust (the Trust). The Trust was charged with siting, constructing, and operating the county's two homeless assistance centers that served as intake centers. The Trust was also responsible for administering the McKinney-Vento homeless assistance funds, administering the local food and beverage tax that was created to fund homeless programs, and maintaining the county's homeless management information system (HMIS).[98] In July 1993, the county's governing body, the Board of County Commissioners, adopted its CoC plan, the Miami-Dade County Community Homeless Plan. The plan outlined a comprehensive strategy for the delivery and coordination of housing and services for homeless people throughout the county, including all its municipalities and five entitlement jurisdictions. That same year the county adopted its ten-year plan outlining goals and strategies to end homelessness. The county plan was updated in 2008.[99]

DESIGN AND SETUP OF HPRP PREVENTION

Before HPRP, the county, a few cities, and a few of the HAND partner providers implemented prevention programs. Some programs were supported with FEMA, HOME, or CDBG funds and others with private discretionary funds. The county, in particular, used tax revenue generated from its local food and

[95] In 1993, the County of Miami-Dade, through its board of county commissioners, created the Miami-Dade County Homeless Trust to administer the county's homelessness programs.
[96] Length of stay numbers are approximate and were calculated using a weighted average over multiple programs.
[97] From "HUD Homelessness Resource Exchange," http://www.hudhre.info/index.cfm?do=viewResource&resourceID=4568.
[98] The Trust partnered with the Community Partnership for Homeless (CPH), a local nonprofit, to administer these services.
[99] "Miami-Dade County Community Homeless Plan: Ten-Year Plan to End Homelessness in Miami-Dade County," endorsed by the Homeless Trust and CPH boards, updated December 2008.

beverage tax, which generated nearly $14 million each year. Originally, these funds were envisioned to support a small-scale homelessness prevention program for households at risk of eviction. In 2005, the Trust awarded funds to Camillus House to implement a prevention program.[100]

The Camillus program began with a homeless helpline clients could call for prevention and other services. To be eligible, clients were required to have a 3-day eviction notice, proof of income, and proof they could pay their rent the following month. The program did not have an income threshold, though staff found from later research that most of its clients were similar to HPRP prevention clients in having incomes below 50 percent of area median income. The program was intended to provide the 1 month of assistance most Camillus clients needed. Camillus House continued to operate the program simultaneous with the HPRP prevention program and was able to creatively leverage funds and resources with the two programs.

Across the five grantees, Citrus was awarded about $13.5 million to administer and deliver prevention services. Half was provided by the Trust, while the remaining came from the four city agencies and the state.[101] Among the six sources of HPRP funds, the split between prevention and rapid re-housing varied. In Miami-Dade County, the split was 43/57 prevention vs. rapid re-housing; in the city of Miami, the split was 73/27 prevention vs. rapid re-housing; and in the city of North Miami the split was 94/6 prevention vs. rapid re-housing. In the city of Miami Gardens, where there was not much of a street homeless population and no homeless shelter throughout the city, the grantee shifted from a 60/40 prevention/rapid re-housing split, to nearly 100 percent prevention.[102] In the city of Hialeah and the state of Florida, 100 percent of HPRP funds went towards prevention. Funding also came from creative leveraging across the various partners. For example, the program leveraged funds from the county's food and beverage tax, city emergency shelter grants, CDBG and HOME funding, and discretionary funds from United Way, Bank of America, and Miami Coalition for the Homeless.

IMPLEMENTATION

Among the 29 HAND partner providers, five saw the largest volumes of HPRP prevention clients: Camillus House, Legal Services of Greater Miami, Harvest Fire International, South Florida Urban Ministries (SFUM), and the county Community Action and Human Services Department (CAHSD).[103] The remaining partners only made referrals for prevention services, or were rapid re-housing providers, or were supportive service providers. Citrus also partnered with Our Kids, the nonprofit leading Florida's child welfare system, and CAHSD's Domestic Violence Division to target youth aging out of foster care and domestic violence victims. Citrus placed a full-time employee at each office to assess prospective clients for prevention assistance and services.

[100] Together, staff from the county and Camillus House visited Hennepin County, Minnesota, to learn how that county was implementing its prevention program.
[101] The city of Miami provided $3,392,918 million; the City of Miami Gardens provided $567,612, the city of North Miami provided $507,641; the city of Hialeah provided $313,000; and the state of Florida provided $1,426,290.
[102] The city of Miami Gardens assisted one household with rapid re-housing.
[103] Formerly Community Action Agency.

Outreach

Prospective clients learned about HPRP services through a number of avenues: the central homeless hotline (211), 311, media, flyers (in English, Spanish, and Creole) disseminated throughout the county, outreach teams, provider networks, landlords (knowledgeable about the program), and word of mouth.

Point of Entry

Miami-Dade County had a coordinated point-of-entry system. Clients could access HPRP services from several entry points. Clients could call the central helpline, which in turn triaged them to their designated provider partner, or they could present themselves at any of the partner providers' offices.

Intake: Eligibility and Assessment

Though the application and package were standardized across HPRP partner providers, prescreening varied. For example, case managers at some partners prescreened clients strictly for HPRP prevention services, while others screened for a range of services and assistance that included HPRP prevention. Each provider developed its own prescreening tool used over the phone or at initial visit. The prescreening allowed case managers to sort out which services clients needed and were eligible for.

If case managers determined a client might be eligible for HPRP prevention, they provided the client with information about eligibility guidelines, the terms of assistance, and documents required. No matter where clients entered the program, they completed the same application forms and were required to provide the same verification documents.[104] The HPRP application included a self-assessment section and a landlord section completed by the current (or future) landlord.

Case managers assisted each client with the forms via walk-in or appointment, ensuring the application was complete and correct. Case managers then verified the landlord's ownership of the property by checking the folio code with the county property appraiser, then sending the application to Citrus electronically, by fax, or in person. Citrus staff verified receipt by e-mail. The case manager also completed a recommended case plan with the applicant that shows the level of assistance needed.

The application was then forwarded to one of Citrus's service eligibility coordinators (SECs), groups of five staff members who determined applicants' eligibility and package of assistance. The SEC strategy ensured standardization and allowed for easier quality control. Citrus SECs contacted partner case managers directly about any application pieces that were outstanding or incorrect, the status of the application (whether approved or denied), and the package of assistance (if approved). Once Citrus SECs determined the status of an application, they notified staff at the partner site (who then notified their clients) as well as contracted home inspectors and rent surveyors.

Contractors typically completed a property inspection and survey within 24 to 48 hours. Once properties were verified, Citrus SECs provided the case manager an approval letter, which was in turn provided to the applicant and the landlord for review and signature. Citrus accounting staff then cut a check for the

[104] There was one exception: city agency partners were not allowed to serve clients who could not provide verification for each household member, while nongovernmental partners required verification only for the employed household member.

determined amount of assistance—whether for rental, utilities, moving and storage, a hotel or motel, or any combination—and sent it directly to each vendor. The city of Miami was the only grantee to issue its own financial assistance directly to vendors.

If a client was denied assistance, the client had the option to appeal its application. If an application was denied, a written denial was provided advising them that they could request an appeal. In some cases, they were able to correct an error or missing documentation and have the case reviewed again. However, if they wanted to request an appeal, they advised the case manager who contacted HAND staff. A face-to-face meeting was scheduled with the applicant, case manager, SEC, program administrator, and Citrus director of housing. The entire process usually took 1 to 2 weeks. In very rare circumstances, when an additional level of appeal was requested, the funder was contacted to meet the client.

Citrus required case managers at partner sites to conduct a 3-month reassessment to ensure that each client was stably housed and provide any needed assistance or referrals. Clients could be provided additional assistance if they demonstrated need. Extremely low income households typically received 6 months of assistance. Case managers across all partner providers found that most clients were stably housed and did not need additional assistance.[105]

"But For" and Sustainability Rules

The test that clients would be homeless "but for" HPRP assistance was largely shaped by the type of eviction notice the clients had and whether they were members of a special target population (i.e., youth aging out of foster care, domestic violence victims, people leaving institutions or transitional housing, and households facing foreclosure). Applicants were also asked if they had any other resources. The sustainability test was somewhat formalized. All case managers had to complete a household budget with the applicant to determine whether the household would be able to afford future rent payments. One provider required case managers to enroll clients in financial literacy training as proof of sustainability. In other cases, sustainability was largely upon case managers' discretion. A household was deemed eligible if it fell below the income threshold, was at imminent risk of losing housing (demonstrated through an eviction notice),[106] and could avoid homelessness with prevention assistance.[107]

Prevention Activities

Under the prevention program, clients could receive financial assistance for security deposits, rental arrearages, rental payments, utility arrearages, utility deposits, utility payments, moving costs, storage costs, and hotel or motel costs. Clients also had access to a range of other services provided through the various grantee partners, Citrus, and partner providers.

Financial Assistance. Citrus provided a declining subsidy for financial assistance. Clients received 3 months of rental assistance unless they met high-risk factors: extremely low income, disability, or unemployment.

[105] For domestic violence clients, Coordinated Victim Assistance Center (CVAC) case managers, referred to as advocates, also administered their own reassessments for other CVAC services.
[106] A 3-day notice was sufficient at the beginning of the program.
[107] Citrus SECs met weekly to discuss pending cases and cases in the pipeline longer than 10 days. Some were special cases that needed final resolutions.

Those considered high risk could receive up to 6 months of assistance. Those disabled with pending enrollment in a subsidized housing program or homeless and unemployed but enrolled in a job or employment program could receive up to 12 months.

For high-risk clients, Citrus paid 100 percent of rent for the first 2 months. Afterward, the amount of assistance gradually decreased with the expectation that tenants' income, and therefore their share of the rent, would increase. Rent payments decreased from 100 percent of assistance, to 75 percent, to 50 percent, and eventually to 25 percent. Clients receiving the 12 months of assistance were provided a flat rent and were required to contribute 25 percent of their rent each month. There were exceptions to assistance levels for certain circumstances, largely reliant upon case managers' recommendations. There was no set maximum households could receive over the life of the program. These rules applied equally to arrearages and ongoing rental assistance.

Financial assistance also served as a bridge subsidy. For example, if clients had a pending application for benefits from Social Security or the Housing Opportunities for Persons with AIDS program, Citrus would grant HPRP assistance until the other assistance came in.

Supportive Services. Case managers referred clients to other supportive services such as for legal aid, domestic violence counseling, employment programs, utility and security deposit and payment assistance, food pantries, clothing giveaways, credit counseling, and financial coaching. If clients were eligible for rapid re-housing or other programs, staff referred them to the appropriate partner provider. Citrus devised and distributed referral manuals, which listed all services and programs throughout the HAND network, to all case managers at the partner providers.

Legal Services. Legal Services of Greater Miami provided legal help either through legal representation or the Renters Education and Advocacy Legal (REAL) hotline. The REAL hotline was staffed by law clerks who provided immediate legal advice and information to clients who had a court-filed eviction, a 3-day notice, or issues with their landlord. Legal representation was provided to those with special cases.

Other Services. South Florida Urban Ministries provided credit counseling and financial coaching to HPRP clients in its catchment area and to clients referred from other partner providers.[108] South Florida Urban Ministries required, as a condition of eligibility, that all HPRP clients complete the financial coaching component or develop a financial plan (most families agreed to the financial plan). The Community Action and Human Services Department provided employment services and other financial assistance for rental and utility deposits, water bill payments, and food and clothing vouchers through its United Way, FEMA, HOME, and CDBG resources.

Reimbursement Process. Citrus developed a reimbursement process to increase efficiency and control costs from the five HPRP funding streams. Instead of setting up fixed subcontracts with each of its subgrantees, it reimbursed subgrantees based on volume. Essentially, case managers at subgrantees billed Citrus for the number of approved applications they put together.[109] Citrus determined, based on

[108] These services were not funded by HPRP dollars; they were leveraged from other funding from United Way and Bank of America.
[109] Sites were not reimbursed for denied applications. This was to encourage case managers to thoroughly screen and assess clients for prevention assistance.

provider input, that the average time to complete initial assessments was 3 hours and the average time to complete a 3-month reassessment was an hour and a half. Citrus sent the estimations to HUD, which then approved the fixed price amount of $50 an hour.[110]

Partner providers submitted monthly invoices that indicated how many approved applications they had completed. For example, a provider completing 10 approved applications would bill Citrus for 45 hours (10 applications x 4.5 hours = 45 hours). Citrus double-checked each invoice to make sure it matched Citrus' database, then reimbursed providers for their services.[111] This process allowed for a wide set of partners at low costs and for maximizing financial assistance while incentivizing consistency.

DATA AND MONITORING

The county's HMIS database, managed by the Trust, was a closed system (confidential between clients and caseworks) but was open to homeless outreach providers. Citrus HMIS staff were responsible for entering all data for HPRP prevention clients and running all HUD-required reports.[112] Citrus felt taking the lead was more efficient for two reasons. First, it avoided having to get licenses and administer trainings for the partners, which would have taken a long time and been costly. Second, it allowed for less chance of errors and duplication.

Citrus only entered clients eligible for HPRP into HMIS,[113] including all the information contained in the application as well as the package of assistance. Data fields included demographic information, assessment status, program funds spent on clients, case management expenses, legal expenses, status of rent reasonableness survey, and status of housing inspection. Case managers could flag records for prevention or rapid re-housing, for the client's referring funder (geo-referenced), and whether the client was unemployed or disabled. If a client was reassessed and approved for additional assistance, Citrus also entered the reassessment and additional financial assistance information.

Citrus also created an internal tracking database containing both eligible and ineligible applicants, based on partner feedback. This database helped manage and improve the program's internal processes (i.e., contacting partners when applications were received, if something was missing, or whether the application was approved or denied). Data included all applications' process and tracking status, dates payments were issued, amounts paid, status of housing inspection, status of rent reasonableness survey, and whether each case was entered into HMIS. Cases taking more than 10 days to process were flagged for resolution.

Citrus staff used the internal database to generate lists of landlords cooperative with HAND. Lists could be mapped by area, so providers could refer clients looking for new housing to a list of convenient properties. Unfortunately, the unique IDs created for this database could not be linked to HMIS, where only eligible applicants' information was entered.

[110] The market price for case management services, according to Medicaid and similar rates in the area, was $50 an hour.
[111] CAHSD does not invoice Citrus for its case management services; instead, Citrus is reimbursed only for housing assistance to CAHSD clients.
[112] Camillus House was licensed to enter data into HMIS, but only for clients supported through the Trust's funds for Camillus House's prevention program.
[113] Domestic violence clients, referred through CVAC, were entered into HMIS for rapid re-housing rather than prevention.

To reduce fraud and improve inefficiencies, Citrus staff incorporated Lean Six Sigma performance improvement methods, keeping an ongoing scorecard to track processing time for individual cases, staff performance, and the performance of the overall HPRP system.[114] This allowed Citrus to identify major system changes that were needed, as well as simple changes to streamline processing.

PLANS FOR THE FUTURE

Citrus plans to keep HAND alive with as similar a program as possible. The major difference will be scale. Miami-Dade County has already awarded a portion of its emergency shelter grant and local food and beverage tax revenue to Citrus for HPRP-type activities. Citrus is hoping for emergency shelter grants from the city of Hialeah as well as the city of Miami.[115] Our Kids provided Citrus $250,000, the amount it was able to save by using HPRP prevention instead of usual services. Citrus is also using a Department of Veterans Affairs' Supportive Services for Veteran Families grant for future prevention services. Citrus has applied to FEMA, but awards have yet to be determined.

[114] Six Sigma is a business management strategy originally developed by Motorola.
[115] Miami Gardens does not get emergency shelter grant funds.

Exhibit E.15: The County of Miami-Dade, the City of Miami, the City of North Miami, the City of Miami Gardens, and the City of Hialeah Prevention Overview, Homelessness Prevention and Rapid Re-housing Program

	Persons		Households	
	#	%	#	%
Total served[a]	8,045	100	2,974	100
Persons in families	6,602	82	—	—
Adults without children	1,555	19	—	—
HPRP services				
Rental assistance	—	—	2,709	91
Case management	—	—	2,902	98
Security/utility deposits	—	—	1,672	56
Outreach and engagement	—	—	1,937	65
Utility payments	—	—	719	24
Housing search/placement	—	—	0	0
Legal services	—	—	112	4
Credit repair	—	—	0	0
Motel and hotel vouchers	—	—	45	2
Moving cost assistance	—	—	77	3
Destination[b]				
Total leavers	7,990	100	—	—
Homeless	18	<1	—	—
Institutional setting	75	1	—	—
Permanent housing w/ subsidy	107	1	—	—
Permanent housing without subsidy	7,762	97	—	—
Family or friends	85	1	—	—

Source: Citrus Health Network, Inc. Annual Performance Report Data, 2009 program start through August 8, 2012.

— not applicable

[a] Total served numbers may not add to 100 percent because the "children only" and "unknown" categories are not included in this table. Numbers may add to greater than 100 percent due to data reporting errors. Data received could not be separated into Year 1 and Year 2 totals.

[b] Destination numbers may not add to total leavers because the "other," "hotel/motel," "unknown," and "deceased" categories are not included in this table.

"Homeless" includes the following destinations: emergency shelter, TH for homeless persons, place not meant for human habitation, safe haven, and hotel or motel paid by client.

"Institutional setting" includes foster care, psychiatric facility, substance abuse or detox facility, hospital (non-psychiatric), and jail or prison.

"Permanent housing" with subsidy includes housing owned by client with ongoing subsidy, rental by client with VASH subsidy, rental by client with other ongoing subsidy, and Permanent Supportive Housing for Homeless Persons.

"Permanent housing" without subsidy includes housing owned by client without ongoing subsidy and rental by client with no ongoing subsidy.

"Family or friends" includes living with family, permanent tenure or living with friends, permanent tenure, staying with friends (temporary tenure), staying with family (temporary tenure).

Note: The destination definitions for this table are from special tabulations from the Citrus Health Network. The categories "staying with friends (temporary tenure)" and "staying with family (temporary tenure)" are included in "Family or friends" and not "Homeless," and the item "Hotel or motel paid by client" is not included in the "Homeless" definition as they are in the other case study tables.

NORTH CAROLINA HPRP-FUNDED PREVENTION PROGRAM

The state of North Carolina's homelessness prevention program, funded by HUD's Homelessness Prevention and Rapid Re-housing Program (HPRP), provided housing-focused case management. The state concentrated on helping more than 1,450 households toward long-term housing stability by addressing underlying barriers in conjunction with offering medium- to long-term rental assistance. Strongly focused on housing self-sustainability rather than simple crisis intervention, the program offered households prevention through coordinated, geographically strategic entry points that maximized coverage of rural areas while tailoring to the unique needs of the local communities. Households stayed in the program for an average 189 days (and a median 126 days).

Community Description

Based on the 2010 statewide point-in-time counts, North Carolina had 4,979 people in emergency shelter, 4,194 in transitional housing, and 3,018 unsheltered. There were also 3,328 permanent supportive housing beds at the time of the count. North Carolina had 12 continuums of care (CoCs) homeless service systems, including the Balance of State CoC, which covered 79 counties. Within the nine continuums that received state HPRP prevention funds were 3,889 emergency beds, 2,954 transitional housing beds, and 2,122 permanent supportive housing beds. These CoCs covered 97 of the 100 counties in the state. Currently, there is no active statewide ten-year plan to end homelessness, though several communities have their own plans.

DESIGN AND SETUP OF HPRP PREVENTION

In 2009, the North Carolina Office of Economic Recovery and Investment (OERI), a state agency established to coordinate and monitor handling of federal stimulus funds, received $22.5 million for HPRP (approximately 72 percent of the total allocation to North Carolina). The state entitlement covered 92 of the state's 100 counties; the remaining counties received local HPRP entitlement funds. Four of the nine CoCs receiving state HPRP funds also received local HPRP entitlements.

OERI created a workgroup to develop program structure and identify the characteristics desirable in subgrantees to deliver services. In addition to staff from the Department of Health and Human Services (DHHS) and the NC Housing Finance Agency (HFA), the workgroup included members of the North Carolina Coalition to End Homelessness (NCCEH)—an organization comprising individuals, local homeless coalitions, and providers serving people at risk of or experiencing homelessness.[116]

Prospective HPRP applicants were required to submit a HPRP implementation plan that identified community needs, a lead agency, partner agencies, and outreach/referral strategies. A letter of support from the local CoC or regional committee and a plan for local and mainstream provider coordination was also required. Applications from non-entitlement areas received priority for funding.

OERI participated in memoranda of understanding with DHHS to implement the policy aspects of HPRP (because of its prior experience administering homeless programs) and with HFA to manage financial reimbursements and monitoring (for its ability to quickly process payments). HPRP funded 1.25 state-level full-time-equivalent positions to oversee the development, implementation, and management of HPRP.

[116] http://www.ncceh.org/members/

Initially, North Carolina targeted 60 percent of the funds to rapid re-housing and 40 percent to prevention. However, distribution changed to 75 percent of funds supporting prevention activities due to community needs. Before HPRP, the only prevention programs that existed were informal, uncoordinated, one-time assistance efforts operated by local Department of Social Service (DSS) offices, community action agencies, and faith-based institutions.

IMPLEMENTATION

Of the $22.5 million allocation, North Carolina awarded $660,000 to the homeless management information system (HMIS), Carolina Homeless Information Network (CHIN),[117] and $470,000 to the NC Housing Search[118] (an online housing locator). North Carolina awarded the remaining $18 million competitively to 20 agencies as well as three direct allocations to Housing Support Team Initiative[119] service providers, a case management housing-first approach funded by the Mental Health Trust Fund. Together, subgrantees covered 56 of the 92 counties in the state's entitlement area, with service areas ranging from 1 to 15 counties each managed by one lead agency.

Outreach

Subgrantees worked with other community agencies to establish partnerships for screening and referral, including with landlords, to raise awareness about the program. North Carolina established a preference for serving renters at 30 percent of area median income (AMI) in urban areas and 50 percent of AMI in rural areas, based on priorities in the consolidated plan. Many subgrantees specifically looked for clients who had high housing stability barriers.

Point of Entry

The point of entry and referral structure varied based on subgrantee role in the community. Local DSS offices and homeless and housing service providers were often the referral source.

Intake: Eligibility and Assessment

DHHS and HFA provided clear guidance for screenings to assess housing status and income eligibility (including assets), along with specific forms for use and "but for" criteria (that is, the participant would be homeless but for HPRP assistance). Screening was a four-step process with a decision for eligibility and fit at the end of each step.

1. *Prescreening.* Subgrantees conducted a simple prescreening for likelihood of eligibility to determine whether a full assessment was necessary. The prescreening looked at location and length of stay at current housing, family size, the candidate's current housing status, a cursory explanation of "but for," along with identifying income level and sources of income. Successful prescreened candidates were referred directly to a subgrantee. A large proportion of applicants did not pass the prescreening stage.

[117] http://www.nchomeless.org/index2.html
[118] http://www.nchousingsearch.com/index.html.
[119] http://www.ncceh.org/HST/.

2. *Screening.* Screening was conducted only by HPRP subgrantees. A DHHS-provided screening tool evaluated applicants' housing status, financial eligibility, and supports. The screening included specific documentation and verification procedures developed by DHHS.
    - **Housing status:** To qualify, a candidate had to be imminently homeless (losing housing within 7 days) or precariously housed. Precarious housing was evidenced by two circumstances: a candidate was currently housed but was being evicted, or a candidate was asked to leave housing or needed to leave for other reasons (such as health or safety concerns, unaffordable rent, or institutional discharge) and lacked the resources and support networks needed to maintain housing. Subgrantees also assessed housing unit compliance with fit premises standards, frequently verified by case manager home visits.
    - **Financial eligibility:** In addition to households at or below 50 percent of AMI based on HUD requirements, subgrantees could not serve households with HPRP if they had more than $2,000 of assets. Subgrantees went through four key steps to the financial eligibility process (application, verification, calculation, and certification) using DHHS forms and checklists to ensure they were eligible financially and documentation was adequate.
    - **Supports:** Households that exhibited relationships with family or friends able and willing to offer sufficient assistance were determined ineligible and referred to other services, if applicable.

    A specific form for conducting the household support system and risk assessment collected information on general household characteristics, housing, support system networks, foster care involvement, financial stability, criminal justice history, work experience, and health status. Prevention-specific questions included information about the landlord, utility information, unit repair needs, and stability of current housing. The assessment also included case managers' impressions of household discord, housing stability, and access to adequate supports. Approximately two-thirds of applicants were found eligible at the end of this step.

3. *Assessment.* If determined eligible, clients underwent a housing-barriers assessment that began their case management and housing stability action plan. Developed by NCCEH to rate a candidate's level of housing barriers (from 1 to 5), the assessment looked at barriers to retaining housing and included criminal history, rental and credit history, finances, physical and mental health, household skills, and previous episodes of homelessness. Candidates with severe housing barriers received referrals to programs more appropriate for their needs.

"But For" and Sustainability Rules

The major test for "but for" was whether the candidate had other options for housing without the help of HPRP. Case managers looked at five key components: family/friend supports; community supports (churches, schools, etc.); housing supports potentially available (financial assistance with rent, a place to stay); other supports potentially available (childcare, food); and assistance needed to access supports (facilitated conversation with family or friends).

Enrollment was determined based on the four-step process. Subgrantees determined whether a candidate was ineligible in any one of the first three steps: housing status, financial eligibility, and access

to supports. The fourth step, housing-barrier assessment, determined candidate "fit" and whether to enroll someone. Case managers considered housing history, employment history, education, connection to resources, debt, housing-to-income ratio, employment prospects, transportation capacity, criminal activity, and childcare capacity. Candidate motivation was also a component; case managers asked participants if stable housing was their goal and evaluated services and homelessness history. If applicants resisted developing action steps to retain housing or increase stability, they were not enrolled in the program.

Prevention Activities

The focus of North Carolina's HPRP effort was to help individuals and families achieve long-term housing stability. The flexibility of the program allowed for creative solutions with customized types and amounts of assistance to address each participant's unique challenges.

Financial Assistance. Almost all participants received some rental assistance, depending on the participant's needs. However, subgrantees were encouraged not to set limits or guidelines on the length or amount of assistance above the HUD requirements. In addition to rental assistance, most financial assistance provided was utility assistance or security deposits. Utilities were a challenge in several communities; utility bills were higher than rent, requiring participants to relocate into more affordable housing. Participants' rent contribution requirements were flexible.

Any landlord paid more than 2 months of rent assistance was required to sign a housing assistance payment agreement. This clarified the expectations and responsibilities required by participation in HPRP. Subgrantees updated this agreement monthly.

Case Management. All subgrantees were required to provide case management specifically focused on housing stability. The housing stabilization action plan (HSAP) documented *what the participant would do* to get and keep housing as well as *what the case manager or program would do to assist the participant* in getting and keeping housing, including a description of the amount and types of financial assistance to be provided. Common goals included paying arrears or debt, applying for income supports or other mainstream benefits, providing portions of rent, reporting progress, and increasing income. The plan included referrals for other services or mainstream benefits. HSAP goals focused only on issues that threatened housing stability and were required for participants receiving more than one month's rental assistance. Because the focus was on long-term stability, subgrantees addressed barriers to housing stability; DHHS reiterated this philosophy during trainings and monthly conference calls.

Housing Search. If a participant's best option was to move to a new unit or community, case managers helped him or her determine rent reasonableness and locate appropriate potential units through the program's Web-based housing search tool, North Carolina Housing Search.[120] This application allowed people to locate housing that best fit their individual or family needs. The site also linked to other housing resources and provided helpful tools for renters such as an affordability calculator, rental checklist, and renter rights and responsibilities information.

[120] http://www.nchousingsearch.com/About.html.

DATA AND MONITORING

The Carolina Homeless Information Network (CHIN) was the state's primary HMIS, covering all but Charlotte. CHIN was an open system, allowing HPRP service providers to share data. Subgrantee HMIS data were regularly reviewed by multiple agencies: HFA ensured HMIS data were complete before issuing a payment, CHIN reviewed data quality and worked with subgrantees to correct any issues, and DHHS staff members reconciled subgrantee reports and regularly reviewed data. Agencies used HMIS data to ensure subgrantees were not serving only a specific population or serving participants with very low or very high housing barriers. They also examined housing stability at program exit to identify and address any concerns quickly and proactively. Several subgrantees used HMIS reports for monitoring case managers and reporting program progress to leadership and community partners. Based on the data available at the time of this case study, the subgrantees exited 91 percent of participants into permanent housing.

DHHS staff members provided subgrantees with a high level of support and monitoring by holding periodic program trainings in addition to monthly conference calls. Staff also updated and published frequently asked questions to keep subgrantees appraised of HUD requirements. Each subgrantee received at least one onsite monitoring visit a year; DHHS visited all subgrantees within the first 6 to 7 months of the program and focused on program design, documentation, and service provision. In addition, DHHS staff members conducted desk audits; to promote accurate documentation, each HPRP case manager was required to submit to DHHS monitors de-identified case files for their first five enrollments and first three rejections. Case managers were also required to submit a case file for review if requesting permission to terminate assistance.

PLANS FOR THE FUTURE

Owing to lack of funding, there are no plans to continue state homelessness prevention programming now that HPRP has ended, although up to 20 percent of the new Emergency Solutions Grants Program funds may be spent on prevention activities. However, the program has raised awareness about the population of individuals and families at risk of homelessness and about homelessness prevention as an effective strategy to address this population's needs. This is especially true in communities that previously thought they did not have a problem with homelessness. For many communities, especially those that previously lacked a formal homeless service system, HPRP created lasting partnerships among agencies. Several communities altered their ten-year plans to focus more on prevention. One of the interviewed subgrantees mentioned that experience gained with HPRP would change how the organization administered TANF prevention funds. Rather than providing shallow, one-time rental assistance, the subgrantee will shift the focus to housing stability and housing case management.

Exhibit E.16: The State of North Carolina Prevention Overview, Homelessness Prevention, and Rapid Re-housing Program

	Persons		Households	
	#	%	#	%
Total served Year 1[a]	3,582	100	1,452	100
Persons in families	2,714	76	—	—
Adults without children	868	24	—	—
Total served Year 2[a]	4,271	100	1,688	100
Persons in families	3,384	79	—	—
Adults without children	868	20	—	—
HPRP services				
Rental assistance	—	—	1,865	79
Case management	—	—	1,755	74
Security/utility deposits	—	—	1,109	47
Outreach and engagement	—	—	2,084	88
Utility payments	—	—	1,289	55
Housing search/placement	—	—	498	21
Legal services	—	—	43	2
Credit repair	—	—	36	2
Motel and hotel vouchers	—	—	47	2
Moving cost assistance	—	—	191	8
Destination[b]				
Total leavers	4,472	100	—	—
Homeless	75	2	—	—
Institutional setting	29	1	—	—
Permanent housing with subsidy	1,158	26	—	—
Permanent housing without subsidy	2,822	63	—	—
Family or friends	208	5	—	—

Source: Carolina Homeless Information Network, Annual Performance Report Data, 2009 program start through September 30, 2011.

— not applicable

[a] Total served numbers may not add to 100 percent because the "children only" and "unknown" categories are not included in this table. Numbers may add to greater than 100 percent due to data reporting errors.

[b] Destination numbers may not add to total leavers because the "other," "hotel/motel," "unknown," and "deceased" categories are not included in this table.

"Homeless" includes the following destinations: emergency shelter, TH for homeless persons, staying with friends (temporary tenure), staying with family (temporary tenure), place not meant for human habitation, safe haven, and hotel or motel paid by client.

"Institutional setting" includes foster care, psychiatric facility, substance abuse or detox facility, hospital (non-psychiatric), and jail or prison.

"Permanent housing" with subsidy includes housing owned by client with ongoing subsidy, rental by client with VASH subsidy, rental by client with other ongoing subsidy, and Permanent Supportive Housing for Homeless Persons.

"Permanent housing" without subsidy includes housing owned by client without ongoing subsidy and rental by client with no ongoing subsidy.

"Family or friends" includes living with family, permanent tenure or living with friends, permanent tenure.

PASCO COUNTY, FL, HPRP-FUNDED PREVENTION PROGRAM

The Pasco County, Florida, homelessness prevention program, funded by HUD's Homelessness Prevention and Rapid Re-housing Program (HPRP), provided households with rental and utility assistance based on their need and from what agency they received assistance. Pasco County contracted with six subgrantees to provide rental arrears, rental assistance, utility assistance and utility arrears, and case management. Length of stay in the program averaged 35 days, with a median 1 day.

Community Description

Pasco County is located within the Tampa metropolitan statistical area and has a population of almost 450,000. Roughly 12 percent of the general population and 10 percent of the population over age 18 had incomes below the federal poverty level.[121] The county is large at approximately 745 square miles, and is geographically varied. Its coastal region is urban and suburban; travelling east, the region becomes more rural.

The 2010 point-in-time (PIT) count found 4,442 people homeless—living in emergency shelters, transitional housing units, hotels or motels, or places not meant for human habitation. Only 339 of those were living in sheltered locations (270 in emergency shelter and 73 in transitional housing). The Pasco County Continuum of Care (CoC) homeless service system lacks capacity given the size of the county's homeless population. Most of those unsheltered were living in encampments in the woods. Almost 3,000 of the unsheltered PIT population were families.

In 2010, HUD's CoC grant awarded Pasco County $223,735. The CoC has 394 shelter beds including beds for victims of domestic violence, beds funded by the Housing Opportunities for Persons with AIDS program, and beds for veterans. Pasco County has 82 year-round family beds and 79 year-round individual beds, with an additional 60 seasonal beds. The transitional housing stock is also small with no family units and 60 units for individuals (10 for women with substance-use issues and 25 for veterans). There are 138 permanent supportive housing units for families and 34 units for individuals.

DESIGN AND SETUP OF HPRP PREVENTION

The Pasco County Community Development Division (PCCD) was the HPRP grantee and program administrator, managing a total 3-year allocation of $1,055,241. Pasco County began serving clients with prevention assistance in October 2009, developing the HPRP program staffing structure with PCCD and a few local direct-service providers: Baycare Behavioral Health, the Pasco County Human Services Department (PCHS), Coalition for the Homeless of Pasco County/Metropolitan Ministries, Youth and Family Alternatives (YFA), the Housing Authority of Pasco County (PCHA), and the Salvation Army. PCCD selected these providers to be involved in the program design, ultimately choosing them as the six HPRP subgrantees.

Once PCCD determined the subgrantees, the organizations decided to provide rental assistance and arrears, utility assistance and utility arrears, and case management. For other services (credit assistance, legal assistance, moving costs, and hotel or motel stays), they would refer clients to other community organizations. This group also divided services among themselves based on each provider's strengths

[121] Data on poverty were obtained from the U.S. Census Bureau, American Community Survey (2005–09).

and capacities. PCCD administered the grant, verified and fulfilled reimbursement requests, monitored grant activity monthly, and worked with the Coalition to End Homelessness administering its homeless management information system (HMIS). Subgrantees could speak directly with the HPRP lead contact about any issues.

Exhibit E.17: Pasco County Grantee and Subgrantees

Organization	Services Provided	Grant/Subgrant Amount
Grantee		
Pasco County Community Development Division		$1,055,241
Subgrantees		
Baycare Behavioral Health	Financial assistance and case management	$100,000
Pasco County Human Services	Financial assistance and case management	$464,387
Coalition for the Homeless of Pasco County/Metropolitan Ministries	HMIS	$25,000
Youth and Family Alternatives	Financial assistance and case management	$100,000
Housing Authority of Pasco County	Rental assistance beyond 3 months	$300,000
Salvation Army	Utility assistance	$50,000

Since 2007, Pasco County prevention assistance came from the county using 30 percent of its Emergency Solutions Grant (ESG) to fund rental assistance and utility payments, initially to victims of domestic violence. The program was subsequently expanded to include other families and individuals. Pasco County did not evaluate the program formally but did "monitor" it. Staff used this experience to inform the HPRP design, specifically the appropriate time and dollar limits to assistance.

PCHS had been operating a prevention assistance program since 1987 using both local ESG and State Housing Initiative Partnership (SHIP) dollars.[122] PCHS assisted with past-due rent, move-in expenses, and hotel or motel vouchers. The department's best practices and procedures for prevention assistance were applied to HPRP.

PCCD did not specifically allocate HPRP funds to prevention or rapid re-housing. Instead, it distributed funds to subgrantees in a lump sum; each subgrantee was permitted to apply 25 percent to case management. Other than that restriction, each subgrantee could use the funds based on organizational need. PCCD initially aimed to distribute, across the subgrantees, 70 percent of funds toward prevention and 30 percent toward rapid re-housing. However, most subgrantees are closer to 90 percent prevention and 10 percent rapid re-housing.

IMPLEMENTATION

Outreach

PCCD partnered with the Pasco County school system for the Students in Transition program, which helped identify children in families that were homeless or at risk of homelessness. To be linked to HPRP, families had to self-identify at the start of the school year or upon enrollment that they were homeless or living temporarily with another household.

[122] SHIP is a state program that funds local governments to create partnerships that preserve or build affordable housing for moderate-, low-, and very-low-income households.

Point of Entry

Pasco County had five resource centers through which clients could access HPRP along with other services. These resource centers were housed in faith-based organizations (including HPRP subgrantees Coalition for the Homeless of Pasco County/Metropolitan Ministries and the Salvation Army) that provide food, clothing, and other basic necessities. In 2009, in anticipation of HPRP, PCCD enlisted five of these organizations to help coordinate requests and provide households with information on services they could use.

While the resource centers were meant to function as multisite coordinated entry mechanisms, only a portion of subgrantees' referrals came from a resource center. A county 211 call center operated by the United Way also referred callers to subgrantee programs.

Intake: Eligibility and Assessment

Pasco County's communitywide HPRP eligibility criteria were not different from those outlined by HUD. To be eligible, a household must have had an income below 50 percent of the area median income and must have been at imminent risk of homelessness. To receive utility assistance, a household must have had a shut-off notice.

Subgrantees' specialization did lead to some inadvertent targeting. For example, Baycare Behavioral Health provides prevention assistance to those with substance use or mental health issues; three-fourths of their HPRP households fit this profile. PCHS, known for serving both families and individuals, served approximately 60 percent families and 40 percent individuals. Staff saw many clients who were also served by veteran services, but the targeting is not deliberate.

Screening was not standardized across the HPRP subgrantees. However, all did some form of eligibility screening prior to the assessment, with the exception of Coalition for the Homeless, which only managed the HMIS. Assessments and meetings with social workers, however, that confirmed and reconfirmed the household's financial situation and need, contributing in part to the eligibility determination.

PCHS, PCHA, and the Salvation Army all used the same initial screening tool developed by PCHS, but not necessarily with the same results. PCHS clients were initially processed by phone to determine income, eligibility, and risk factors. Staff asked client for the following information:

- Source of income
- Client name, Social Security Number, and spouse's name
- Service requested and amount
- Utility company
- Past-due date
- Size of household (number of adults and children)
- Monthly rent
- Last day of employment
- Gross monthly income

- Spouse's last day of employment
- Spouse's gross monthly income
- Department of Children and Families (DCF) sanctions in the last 6 months
- Cash assistance from DCF in the last 6 months
- Date of last DCF check
- Food stamp receipt

After determining eligibility, subgrantees used an assessment tool to collect additional information. The assessment process was not standardized, but most tools collect similar information. During the initial assessment and application meeting, depending on type of assistance sought, clients were required to bring proof of identity, proof or verification of income, proof or verification of change in income if necessary, proof of rental amount, electric or utility bill in the name of someone in the household, lease, and a shut-off notice, an eviction notice, or a notice from the landlord.

When HPRP was first implemented, the prevention program assisted all households needing utility or rent arrearages. But after the first month, the agencies would consider clients imminently homeless only if they had an eviction or shut-off notice. Clients who had an eviction or shut-off notice and made it through the screening would generally receive some services, if they followed through with the required documentation and met with a social worker.

After each appointment, subgrantees enter the information into HMIS and fill out a HPRP program checklist indicating the services provided to each household, information collected to verify need, support services provided (case management and budgeting assistance), and how often a reassessment will be completed. Most subgrantees do a reassessment for households receiving prevention. PCHS does a reassessment every 3 months. YFA does reassessments each month because the rental assistance is provided on a month-to-month basis. Any time a family seeks additional assistance it is reassessed and its needs re-identified. Baycare also conducts reassessments monthly using a pared-down version of the assessment tool.

"But For" and "Sustainability" Rules

Assessment information collected by the subgrantees was not scored to determine whether a client would become homeless "but for" HPRP assistance; if a client qualified based on the screening and followed through with the assessment (and, for PCHS, the meetings with the social worker), that client received some services. Some subgrantees required households have some source of income to receive rental assistance. Most subgrantees used the financial information collected during screening, assessment, and meetings with the social worker determine the amount of financial assistance received by each family and the amount of rent a family was responsible for. Subgrantees did this to varying degrees; some provided the maximum assistance they could. Others estimated the minimum amount required to prevent homelessness for a particular household.

Prevention Activities

Under Pasco County's HPRP prevention program, households with an eviction notice could receive (1) rental assistance and arrears, (2) utility assistance and arrears (with 3-day shut-off notice at YFA and 2 weeks' notice at PCHS and Baycare), and (3) case management. Security deposits and utility arrears were offered by some subgrantees but not others.

Financial Assistance. Pasco County's prevention program provided families and individuals with rental assistance varying based on need and from what agency clients received assistance. Maximum assistance from any program was $800 per month, with a lifetime maximum of $8,000. PCHS and YFA provided 1 to 3 months of rental assistance. If rent was higher than the cap, the household paid the difference. If the rent was lower, both PCHS and YFA paid the full rent. Baycare generally served a harder-to-house population and provided between 1 and 6 months of rental assistance. If the caseworker determined at the end of the approved length of assistance the household could not sustain the housing, the case was transferred to PCHA. For clients coming from PCHS or YFA, PCHA provided an additional 1 to 3 months of HPRP assistance (for a total of 4 to 6 months). For clients coming from Baycare, PCHA provided an additional 1 to 6 months' assistance (for a total of 7 to 12 months). The original service provider continued to work with the household while PCHA provided the second interval of financial assistance.

Rental assistance could be a flat amount but more often was a declining subsidy over the course of assistance. No subgrantee identified a clear structure to how assistance was apportioned. However, clients were generally expected to increase their share of the rent over the course of the assistance, based on increased income.

All subgrantees provided utility assistance through HPRP. The Salvation Army was the only subgrantee to focus solely on utility payments. Most cases originating from the resource centers, 211, or PCCD that required only utility assistance were sent directly to Salvation Army.

In the first month of operation, HPRP assisted all households needing utility arrearages. On November 1, 2009, PCCD stopped paying utilities arrearages unless clients had a 3-day shut off notice; other clients were required to pay their own utility deposits. PCCD and the subgrantees worked with the three county utility companies to defer shutting off clients' utilities.

DATA AND MONITORING

PCCD monitored grant activities based on reimbursement requests. All reimbursement requests required a household name, a list of services provided, and the cost of those services. PCCD then checked the request against HMIS records, mostly to ensure each household received the minimum of 1 hour of case management. Pasco County CoC had been using a regional HMIS service (Pathways) and used this system for HPRP as well. Each subgrantee was to enter data into HMIS within 48 hours of a client meeting. PCCD frequently monitored HMIS to ensure subgrantees were keeping up on data entry.

PCCD collected information for HUD's annual and quarterly performance reviews, along with some exit data to see if the program prevented clients from returning to other homeless programs, but did not

work with the data much more than what HUD required. PCCD seemed genuinely interested in collecting and analyzing these data if funds were available to do so, and seemed eager to evaluate Pasco County's prevention program. PCHS conducted its own informal evaluation of the clients served through HPRP. A follow-up survey was developed and was administered 6, 9, or 12 months from exit to determine the client's status. In survey of 368 clients served (19 percent), 34 percent lived at the same address, 25 percent increased their income, 25 percent were "still ok" and maintaining the household expenses, 28 percent needed additional help, 8 percent required referrals to the state's employment office, and 14 percent needed assistance with budgeting.

PLANS FOR THE FUTURE

Pasco County Community Development and Human Services divisions will continue to provide prevention assistance through ESG funds and in coordination with Students in Transition. With the HPRP funds depleted, the other subgrantees will not likely continue prevention activities absent some other source of dedicated funding.

Exhibit E.18: Pasco County, Florida, Prevention Overview, Homelessness Prevention and Rapid Re-housing Program

	Persons		Households	
	#	%	#	%
Total served Year 1[a]	659	100	525	100
Persons in families	630	96	—	—
Adults without children	29	4	—	—
HPRP services				
Rental assistance	—	—	266	51
Case management	—	—	288	55
Security/utility deposits	—	—	107	20
Outreach and engagement	—	—	0	0
Utility payments	—	—	146	28
Housing search/placement	—	—	0	0
Legal services	—	—	0	0
Credit repair	—	—	0	0
Motel and hotel vouchers	—	—	0	0
Moving cost assistance	—	—	2	<1
Destination[b]				
Total leavers	638	100	—	—
Homeless	12	2	—	—
Institutional setting	1	<1	—	—
Permanent housing with subsidy	2	<1	—	—
Permanent housing without subsidy	606	95	—	—
Family or friends	7	1	—	—

Source: Pasco County Community Development Division Annual Performance Report and Quarterly Performance Report Data, 2009 program start through September 30, 2010. Year 2 APR data is not included due to unresolved data inconsistencies and possible reporting errors.

— not applicable

[a] Total served numbers may not add to 100 percent because the "children only" and "unknown" categories are not included in this table. Numbers may add to greater than 100 percent due to data reporting errors.

[b] Destination numbers may not add to total leavers because the "other," "hotel/motel," "unknown," and "deceased" categories are not included in this table.

"Homeless" includes the following destinations: emergency shelter, TH for homeless persons, staying with friends (temporary tenure), staying with family (temporary tenure), place not meant for human habitation, safe haven, and hotel or motel paid by client.

"Institutional setting" includes foster care, psychiatric facility, substance abuse or detox facility, hospital (non-psychiatric), and jail or prison.

"Permanent housing" with subsidy includes housing owned by client with ongoing subsidy, rental by client with VASH subsidy, rental by client with other ongoing subsidy, and Permanent Supportive Housing for Homeless Persons.

"Permanent housing" without subsidy includes housing owned by client without ongoing subsidy and rental by client with no ongoing subsidy.

"Family or friends" includes living with family, permanent tenure or living with friends, permanent tenure.

PHILADELPHIA, PA, HPRP-FUNDED PREVENTION PROGRAM

The city of Philadelphia's homelessness prevention program, funded by HUD's Homelessness Prevention and Rapid Re-housing Program (HPRP), provided mostly short-term rental assistance, but also security and utility deposits, utility payments, and housing search services, to 1,985 households through September 2010.[123] Households accessed prevention assistance and services through a coordinated point of entry system. Clients could apply at one of the five HPRP subgrantees that served their ZIP Code or one of the city's two intake sites. Households stayed in the program for an average 47 days (and a median 21 days).

Community Description

During the 2011 point-in-time (PIT) count, the city counted and 506 unsheltered homeless people, 3,450 people in emergency housing, and 3,323 people in transitional housing, including 1,971 in regular transitional housing and 1,352 being served through rapid re-housing (HPRP and other resources), for a total of 10,602 homeless people. In addition, 4,021 formerly homeless people were permanently housed in the homeless system, in permanent supportive housing.[124]

Philadelphia initially adopted "Philadelphia's 10 Year Plan to End Homelessness: Creating Homes, Strengthening Communities and Improving Systems" in fall 2005 and recalibrated it in 2008 under a new mayor. The new administration's focus has been to address homelessness for families and singles and to establish goals that aligned with the mayor's homeless plan. In early 2009, the city moved from planning to implementation. Since launching the recalibrated plan, Philadelphia has made strides toward accomplishing each goal. In addition, the city forged a new partnership with the Philadelphia Housing Authority.

DESIGN AND SETUP OF HPRP PREVENTION

Philadelphia had been doing homelessness prevention for many years before HPRP through its Housing Trust Fund (HTF), which uses local general-fund dollars. Under this program, clients could obtain help with one-time mortgage arrears as well as rent and utility assistance. The only criterion by which clients were assessed was that they had to have an arrearage. Once HPRP sources were awarded, HTF shifted its approach to providing only mortgage assistance. A portion of HPRP funds, however, was allocated to case management for each household assisted under the HTF program during HPRP's 3-year duration.

In 2009, the city of Philadelphia received $21,486,240 ($7.162 million annually for 3 years) in federal funds for HPRP.[125] The Office of Supportive Housing (OSH) is the agency responsible for administering the program. It is also responsible for coordinating its Continuum of Care (CoC), implementing its ten-year plan, and administering emergency, transitional, and supportive housing; housing inspection; two sites for centralized intake services; and emergency food distribution services. HPRP funds were initially split 60/40 between prevention and rapid re-housing. OSH shifted the allocation to 50/50 for Year 2 owing to greater demand than anticipated for rapid re-housing, and remained flexible about the allocation for the program's third year.

[123] Two households were assisted with motel and hotel vouchers and one was assisted with legal services.
[124] Several agencies offering emergency housing, transitional housing, and permanent supportive housing did not participate in the PIT count, but all rapid re-housing and safe haven programs participated.
[125] OSH also administered HPRP funds from two state grants, one a formula distribution to Pennsylvania counties and one distributed through competition. This case study does not cover these subgrants, either because they are used for rapid re-housing and not prevention or because they target very specific subpopulations and are handled differently from the city's own formula grant.

OSH created an HPRP division that oversaw both prevention and rapid re-housing activities. To design the HPRP program, OSH staff formed four committees: a prevention committee, a rapid re-housing committee, a diversion committee, and an internal committee. Each committee included OSH staff and various public and private homeless services stakeholders and partners, including those involved in the ten-year plan. The committees each met weekly for 4 to 6 weeks for approximately 2- to 3-hour sessions, to review HPRP guidelines and develop recommendations for program design and implementation strategy. They discussed how to staff the program, how to manage the budgeting procedures, the maximum active caseload per case manager, and what to include in the requests for proposal (RFPs) issued to recruit agencies for service provision.

To staff the program, the director of OSH's transitional housing unit was selected to direct the HPRP division, and several staff were borrowed from other units within OSH. OSH staff talked with various departments such as contracts, accounting, homeless management information system (HMIS), and IT to streamline and solidify its processes. They met regularly with the HMIS staff, IT, and the software developer to talk through programming and creating modules. They worked with contracts to create unitary contracts (i.e., all the money was in one contract, rather than with each provider separately). This gave OSH the ability to move money easily between one provider and another, as well as between prevention and rapid re-housing within and across providers, without having to modify separate contracts every time.

OSH issued its RFP in June 2009, convened the committee to debrief on subgrantee selection, and launched the program 4 months later in October 2009.

IMPLEMENTATION

OSH selected five subgrantees to provide HPRP services: Congreso de Latinos Unidos (Congreso), Diversified Community Services, Utility Emergency Services Fund (UESF), Catholic Social Services, and Intercultural Family Services.[126] OSH chose these organizations because each met several criteria identified by the planning committees: they were well known to their respective communities, they provided a continuum of services beyond HPRP, and they had prior experience working with very-low-income people or homelessness prevention. Almost equally important, they had the staff capacity to respond to what was assumed would be (and was) very high demand.

All the subgrantees worked on prevention and served specific geographic areas. Congreso, Catholic Charities, and UESF serve a given set of ZIP Codes; Intercultural Family Services, Diversified Community Services, and Catholic Charities serve another set of ZIP Codes. OSH took this approach with the hope of creating equal catchment areas while still allowing for consumer choice. Some subgrantees also received CoC resources and FEMA/EFSG money. All five subgrantees administered identical HPRP programs using the same tools and assessment criteria.

[126] OSH originally selected the Women's Community Revitalization Project as the fifth subgrantee, but after Year 1 the organization pulled out for various reasons, including the demand on staff to support the massive volume of clients in a timely manner. Intercultural Family Services replaced the Women's Community Revitalization Project.

Outreach

Prospective HPRP clients learned about HPRP services through a number of avenues: flyers disseminated throughout the city to targeted audiences, talks at meetings of community groups and congregations, trainings, calls to 311 for housing emergencies, and a website, http://www.OneNeighborhood.org.[127]

Point of Entry

Philadelphia had a coordinated rather than a single point of entry; therefore, prospective clients could present themselves at either the OSH intake centers or one of the HPRP providers to apply and be assessed for HPRP services and assistance.

Intake: Eligibility and Assessment

Screening was standardized across the HPRP subgrantees. Screening and assessment were computerized, with intake workers connecting directly to HMIS and entering all data through HMIS screens—that is, mostly no paper. OSH intake workers (if the household went through OSH intake) or subgrantee staff did the intake/assessment and entered the data as they went. The HMIS was especially designed for HPRP to be one system to create, receive, process, manage, and close out all of its clients.

Screening began with a reception interview to determine whether the household was likely to be eligible for HPRP prevention. Intake workers asked the following questions:

1. Do you owe back rent? Answer had to be yes if applicants were still in their own housing.
2. Do you have other housing options? Answer had to be no.
3. Are temporary accommodations available? Answer had to be no.
4. Can you return to a previous address or rent a new place? Answer had to be yes, if the assistance were granted.
5. Would assistance prevent you from becoming homeless? Answer had to be yes.
6. How would you describe your relationship with your family? Answer had to be that the household could not expect any help from family; this may be because all possible help had already been exhausted.
7. Are you able to increase your income? Eligibility was not conditioned on this answer.

Assessment was also standardized across HPRP subgrantees. The assessment process began once a caseworker established HPRP eligibility from the reception interview. Caseworkers scheduled eligible households for an in-person self-sufficiency assessment and a budget and financial summary. The gathered information was entered into HMIS, which generated an appropriate package of HPRP assistance as well as indicated which of a range of other benefits and services the household might be eligible for (e.g., food stamps, energy assistance).

The HPRP assessment focused on the household's budget and financial situation in anticipation of determining the gap HPRP assistance might need to fill. It also addressed other help that might be needed for the household to reach a post-HPRP state of self-sufficiency, or at least have enough income

[127] OSH's OneNeighborhood website was designed as a platform for various stakeholders to discuss, share, develop, tackle, and implement solutions to address homelessness.

to pay for housing. HMIS assembled the information from its budget screen, financial calculator, and self-sufficiency assessment and used it to score the household and determine the length and amount of assistance to offer. The idea behind using the sophisticated HMIS to generate recommendations for assistance was to prevent counselors from making any unfair or fraudulent determinations or decisions made by a counselor.

The subgrantee case manager presented the recommended package of assistance, or POA, to the household, which, if it accepted the package, had to assemble needed documentation[128] and complete all items on enrollment and documentation checklists. Occasionally at this point the household would ask for something different or additional, and a negotiation would ensue before the final package of assistance was settled. Once all information was complete, the subgrantee submitted the entire package to the HPRP prevention supervisor for final approval, after which an HPRP case in HMIS was officially opened and a case file generated that contained all the HMIS screens and documentation forms required by either HUD or OSH.

The subgrantee then provided the recommended financial assistance (paid directly to a landlord, utility company, or other creditor) and referred the household to other programs relevant to the additional needs identified in the assessment. If HMIS identified a client need for which relevant additional services or benefits were available, it provided links to other organizations to facilitate client referrals to agencies offering those services. The case was then closed out in HMIS. This was the pathway followed by most HPRP prevention clients, who received one lump-sum payment on their behalf and little or no ongoing case management. A minority of households got rental assistance for a longer time and also worked with a case manager on an extended case plan, as described below.

"But For" and Sustainability Rules

Caseworkers used the seven questions in the reception interview to determine if households would be homeless "but for" this assistance and if they could sustain housing after HPRP assistance expired. A household was deemed eligible if it was at imminent risk of losing housing *and* had no family supports *and* prevention assistance would keep the client from becoming homeless—or, to be completely precise, assistance would prevent the household from losing the housing it currently had.

Prevention Activities

Clients could receive financial assistance for security deposits, rental arrearages, rental payments, utility arrearages, utility deposits, utility payments, and moving costs. It could also receive housing stabilization services, which include housing-related counseling, legal services, credit repair, referrals to other social services, and relocation. Households were expected to contribute some of their own resources to supplement their packages of assistance.

Financial Assistance. A very large majority of households receiving HPRP prevention assistance received one-time payments, which may have covered arrears, moving costs, or first month's rent and security deposit, plus referrals to other benefits and services if needed. The city set $2,500 as the maximum

[128] Required documentation included proof of income, photo identification, birth certificate, Social Security card, proof of notice to quit (in Year 1) or court-ordered eviction (in Year 2), copy of the household's lease, or some form of proof if staying with family or friends.

amount most households could be allocated over the life of the program. More assistance and longer assistance could be provided if needed, however, and providers were encouraged to ask if they felt it was justified. Supervisors looked at these requests case by case. Clients had to have proper documentation of unexpected life circumstances (e.g., job layoff, work hours reduced, or illness causing them to get behind in rent). For ongoing assistance, clients were required to recertify every 90 days, including monthly meetings with social workers, which could be done on the phone.

Utility Payments. Clients could receive assistance with utility arrearages, deposits, or payments. In Year 2, any HPRP household that needed help with utilities became a UESF client. Because UESF administered various utility assistance programs in addition to HPRP, it was usually able to tap into these programs, namely the Utility Grant Program, the TANF Housing Stabilization Program, the Disability Housing Stabilization program, or emergency shelter. This assistance could pay for utility arrearages, deposits,

and negotiations to lower overall utility bills, saving HPRP funds for rental assistance. If a household needed help *only* with utility payments, UESF could usually divert the case entirely from HPRP and still meet its needs through the other programs in its portfolio.

Another option, depending on the household's situation, was getting the household into a utilities payment agreement with the utility company, which offered lower overall rates and a budget plan for low-income households. UESF caseworkers talked with clients to see if getting into a payment agreement would assure clients could pay their rent. Utility companies also offered arrangements to forgive a portion of arrears if a household paid an agreed-upon amount consistently for a specific period; UESF negotiated for these arrangements as well. If a client received utility assistance from a different provider, he or she was also able to receive financial assistance from its other programs. However, if a client received rental assistance, he or she could not receive additional monies through HPRP.

Supportive Services. All the HPRP providers assessed household needs and linked people to whatever benefits and services they needed and for which they were eligible. Often, HPRP subgrantee clients did not know about other assistance they qualified for, such as the Low Income Home Energy Assistance Program, food stamps, entitlements, and UESF programs. Clients were referred to these external programs but also to programs internal to a specific HPRP provider, such as parenting classes, financial counseling, or housing counseling. UESF also administered a number of workshops internally, including budget counseling, understanding housing options, and weatherization.

DATA AND MONITORING

All information collected from the initial screening to the full assessment and closeout was entered into HMIS. HMIS for HPRP was completely open across subgrantees, to prevent fraud such as clients attempting to receive assistance from more than one organization or agency. City as well as subgrantee staff could see the HPRP information. All information collected in HMIS was also set up to feed HPRP's annual and quarterly performance reports directly. Staff were also able to pull up all the checks and services approved on a particular household's behalf. HMIS also tracked when services were completed and the cleared or bounced status of checks. HMIS also monitored household receipt of assistance across all HPRP providers to ensure that clients did not receive more than the HUD-mandated amounts or months of assistance.

The city set up two separate HMIS systems, one specifically for the CoC (which had been around for at least two decades) and the other for HPRP. Data from the two systems were combined at least twice a year, with hope that the city will soon be able to integrate data daily from the two systems. Combining the data allowed HPRP management staff to look across all clients to see all services each received within the homeless assistance system (e.g., shelter, permanent supportive housing, or transitional housing).

PLANS FOR THE FUTURE

OSH planned to continue prevention activities through its Housing Trust Fund once HPRP funds were fully expended. The scale at which the post-HPRP program would operate is contingent upon funding, but it is expected to be much smaller than HPRP. The program will go back to providing both rental and mortgage assistance.

Exhibit E.19: Philadelphia, Pennsylvania, Prevention Overview, Homelessness Prevention and Rapid Re-housing Program

	Persons		Households	
	#	%	#	%
Total served Year 1[a]	4,697	100	1,985	100
Persons in families	3,436	73	—	—
Adults without children	1,261	27	—	—
Total served Year 2[a]	4,461	100	1,672	100
Persons in families	3,540	79	—	—
Adults without children	921	21	—	—
HPRP services				
Rental assistance	—	—	1,963	41
Case management	—	—	4,743	100
Security/utility deposits	—	—	927	20
Outreach and engagement	—	—	4,853	102
Utility payments	—	—	339	71
Housing search/placement	—	—	595	13
Legal services	—	—	0	0
Credit repair	—	—	0	0
Motel and hotel vouchers	—	—	1	<1
Moving cost assistance	—	—	76	2
Destination[b]				
Total leavers	8,595	100	—	—
Homeless	7	<1	—	—
Institutional setting	2	<1	—	—
Permanent housing with subsidy	898	10	—	—
Permanent housing without subsidy	7,297	85	—	—
Family or friends	3	<1	—	—

Source: City of Philadelphia, Annual Performance Report Data, 2009 program start through September 30, 2011.

— not applicable

[a] Total served numbers may not add to 100 percent because the "children only" and "unknown" categories are not included in this table. Numbers may add to greater than 100 percent due to data reporting errors.

[b] Destination numbers may not add to total leavers because the "other," "hotel/motel," "unknown," and "deceased" categories are not included in this table.

"Homeless" includes the following destinations: emergency shelter, TH for homeless persons, staying with friends (temporary tenure), staying with family (temporary tenure), place not meant for human habitation, safe haven, and hotel or motel paid by client.

"Institutional setting" includes foster care, psychiatric facility, substance abuse or detox facility, hospital (non-psychiatric), and jail or prison.

"Permanent housing" with subsidy includes housing owned by client with ongoing subsidy, rental by client with VASH subsidy, rental by client with other ongoing subsidy, and Permanent Supportive Housing for Homeless Persons.

"Permanent housing" without subsidy includes housing owned by client without ongoing subsidy and rental by client with no ongoing subsidy.

"Family or friends" includes living with family, permanent tenure or living with friends, permanent tenure.

PIMA COUNTY/CITY OF TUCSON, AZ, HPRP-FUNDED PREVENTION PROGRAM

Pima County and the city of Tucson partnered to design and operate one program with funding from HUD's Homelessness Prevention and Rapid Re-housing Program (HPRP). Under the program, called Project Action, five subgrantees provided direct services to both city and county residents. Households accessed homelessness prevention services through referrals from community agencies, a Web portal, or a telephone hotline. If households were determined eligible for services after program screening, they could receive financial assistance and housing stabilization services. Length of stay in the program averaged 159 days, with a median 135 days.[129]

Community Description

Pima County has an estimated population of 990,213 and is approximately 9,000 square miles. According to the U.S. Census Bureau, approximately 15.7 percent of the general population and 15.1 percent of people age 18 through 64 are below the federal poverty level.[130] During the 2011 point-in-time count, the Tucson/ Pima County Continuum of Care (CoC) homeless service system identified 726 persons in emergency shelters, 1,161 persons in transitional housing, 15 persons in safe haven beds, and 724 unsheltered persons (i.e., living in places not meant for human habitation, such as cars, encampments, or parks). Of these 2,626 homeless persons, 32 percent were persons in families and 68 percent were individuals or unaccompanied youth.

The Tucson/Pima County CoC has almost 100 different homeless assistance programs. Service providers are located both in the city of Tucson and the rural areas of Pima County. Specifically, this CoC has 21 emergency shelter programs, resulting in more than 600 beds; 50 transitional housing programs, resulting in roughly 1,300 beds; and 25 permanent supportive housing programs resulting in approximately 1,050 beds.

In the spring of 2006, the Tucson Planning Council for the Homeless, along with the city of Tucson, Pima County, and the Arizona Department of Housing developed a plan to end homelessness. The plan focuses on recommendations to stakeholders on topics such as homelessness prevention, employment, housing, supportive services, private sector engagement, transportation, collaboration and coordination, data gathering, education, and pilot projects. As noted in the plan's Guiding Principles section, city and county officials want to develop new housing models building on their existing network of emergency shelters and transition housing programs. They prefer, however, to expand homelessness prevention services because of their efficiency and cost effectiveness.[131]

DESIGN AND SETUP OF HPRP PREVENTION

Tucson's Housing and Community Development Department and Pima County's Department of Community Development and Neighborhood Conservation partnered to design and operate one HPRP program covering both areas. These governmental agencies decided a joint HPRP program would use the community's resources most efficiently and effectively. Over 3 years, Tucson administered a total of $2,534,340 and Pima County a total of $1,063,430 in HPRP funds.

[129] Length of stay numbers are approximate, calculated using a weighted average over multiple programs.
[130] Data on poverty were obtained from the U.S. Census Bureau, American Community Survey (2005–09).
[131] Patricia DeVito, *Plan to End Homelessness*: *Pima County, Arizona*, Spring 2006: p. 4.

Before HPRP, Pima County relied on community action agencies to provide financial assistance to households struggling with economic hardships. Twelve community action agencies served county households, regardless of their residential location, household composition, or type of financial assistance needed. The agencies received a monthly allocation from the county to provide residents with emergency financial assistance. Households could use this assistance toward rent or utilities but could only receive it once a year.

This financial assistance was first come, first served. A household needing financial assistance had to call each community action agency to inquire whether funding was available. Agencies with no funding available would tell households to call another community action agency. In 2009, Tucson's Human Services Planning Committee decided to use their community development block grant (CDBG) funding to provide economically struggling households with emergency financial assistance and the city's General Fund money for case management, education, job training, and youth services. These programs did not have any influence on development of Tucson/Pima County HPRP.

In April 2009—after the HPRP grants were announced, but before they were awarded—the city and county held two hearings to provide the public information about HPRP and get input. In summer 2009, the city and county formed a design group of 12 stakeholders with expertise about local populations and services for low-income and homeless people. The group met three times, presented HPRP design ideas to a larger set of community stakeholders, and subsequently incorporated their feedback into the final plans.

At that time, many Arizona residents were facing financial hardships and housing foreclosures. Some members of the design team and the public thought HPRP funding should be used to prevent foreclosure. HUD regulations, however, prohibited HPRP funding from being used for foreclosure assistance. Other design team members thought HPRP funding should provide financial assistance and services to residents who were on the brink of homelessness but unaware of services that could help. The design team recognized that the community already had housing programs and supportive services for the chronically homeless population and households needing transitional or permanent supportive housing. Instead, the team focused their HPRP efforts on assisting households in the process of being evicted from rental housing who would be homeless "but for" this financial assistance.

Ultimately, the design team proposed that 75 percent of HPRP funding target homelessness services and 25 percent target rapid re-housing services. The city and county felt concerned that households that had never accessed housing services might be wary of being labeled homeless after applying for financial assistance. Therefore, the team named their HPRP initiative Project Action to avoid the connotation.

Tucson and Pima County have nine subgrantees under their combined HPRP program. Five (Southern Arizona AIDS Foundation, CODAC Behavioral Health, Primavera Foundation, Money Management International, and Southern Arizona Legal Aid) provide clients with direct services to form the HPRP partnership. Non-Profit Industries, Inc. developed the Web portal subgrantees used to screen HPRP applicants. Bowman Systems and Symmetric Solutions provided the HMIS system, user licenses, and technical assistance. Additionally, Tucson/Pima County contracted with a local two-person evaluation team to examine HPRP implementation and impacts.

Exhibit E.20: City of Tucson/Pima County Homelessness Prevention and Rapid Re-housing Program Subgrantees

Agency/Person	Award Amount With City of Tucson	Award Amount With Pima County	Total Award
Southern Arizona AIDS Foundation	$2,090,117	$856,833	$2,946,950
Primavera Foundation	$172,891	$26,650	$199,541
CODAC Behavioral Health	$68,828	$103,935	$172,763
Southern Arizona Legal Aid	$20,280	$8,750	$29,030
Money Management International	$8,500	$3,500	$12,000
Non-Profit Industries	$25,900	$10,950	$36,850
Symmetric Solutions	$53,375	$20,300	$73,675
Bowman Systems	$9,574	$3,697	$13,271
City of Tucson (phones and housing inspections)[a]	$19,569	$2,315	$21,884
Evaluation Team (Leslie Carlson and Joanne Basta)	$1,947	$26,500	$28,447
Total	$2,470,981	$1,063,430	$3,534,411

Source: The city of Tucson's Housing and Community Development Department and Pima County's Department of Community Development and Neighborhood Conservation, 2012.
[a] Staff from the city of Tucson conducted all housing inspections for Project Action.

Southern Arizona AIDS Foundation (SAAF), CODAC, and Primavera provided HPRP clients with financial assistance and support services. Staff roles fell into three categories: intake specialists, resource specialists, and contract specialists:

- Intake specialists responded to requests and inquiries regarding HPRP assistance. They answered calls and e-mails about services and conducted an over-the-phone eligibility screening with applicants. Applicants passing the intake specialists' eligibility screening were referred to a resource specialist.
- Resource specialists conducted intake and client assessment and delivered case management services. They also ensured that applicants provided all necessary documentation for eligibility.
- Contract specialists reviewed all necessary client documentation, including their lease agreements and eviction notices, and conducted rent reasonableness evaluations for all units they provided with financial assistance. Contract specialists administered all financial assistance to HPRP households' landlords and utility companies. SAAF was the only organization that employed contract specialists because the organization was able to deliver financial assistance quickly, sometimes in the same day.

Money Management International (MMI) conducted a financial education class for all households accepted to HPRP. Two MMI educators led the class twice a month.

Southern Arizona Legal Aid reviewed all lease agreements and eviction notices to ensure landlords followed proper protocol and had not overcharged their tenants in eviction, rental, or service fees.

IMPLEMENTATION

Outreach

Tucson and Pima County made a concerted effort to reach out to local organizations and agencies to inform them about Project Action. Staff delivered presentations to school liaisons, domestic violence shelters, community action agencies, rural service networks, the HUD CoC, and other community groups highlighting the eligibility guidelines and services offered. Additionally, Project Action dedicated one resource specialist to work with Pima County's rural community agencies by traveling to those areas and providing information about HPRP services. Through these efforts, awareness of Project Action quickly circulated.

Point of Entry

Throughout the grant period, Project Action received requests for assistance through two channels: (1) a Web portal with an e-mail option and a toll-free telephone number, and (2) referrals from community agencies.

During the design period, the city and county worked with Non-Profit Industries to developing the Web portal, where households could assess their preliminary eligibility for HPRP services. The Web portal screened for a household's residential address, homelessness and housing status, possession of an eviction notice or utility shut-off notice, length of time as a resident of Pima County, and total gross income. Households without Internet access could answer the same questions through the toll-free telephone number.

A household determined preliminarily eligible for HPRP services was instructed to either leave a message with Project Action's toll-free telephone number or send an e-mail with contact information. An intake specialist would then contact the household and continue with a more detailed eligibility assessment.

The website also listed community resources, including food assistance, public benefits, employment and training opportunities, health care services, and legal aid. If the screening determined a household was not eligible for HPRP, that household could refer to this list for assistance.

Project Action accepted referrals from a limited set of community organizations, specifically Southern Arizona Legal Aid, the Primavera Foundation, and agencies in the rural areas of Pima County. Additionally, during Year two, one resource specialist was placed at Legal Aid once a week to screen their clients for eligibility and provide information about Project Action.

Project Action dedicated one resource specialist from CODAC to serve households in the rural areas of Pima County. This "circuit rider" worked with food banks, medical agencies, school liaisons, parent organizations, and rural agency committees to get client referrals for Project Action. If a rural agency referred a household to this resource specialist, she conducted an eligibility screening over the telephone. If the household was eligible, she would travels to the household to complete a full assessment and intake and to review eligibility documentation.

Intake: Eligibility and Assessment

Tucson/Pima County screened for additional criteria beyond HUD's HPRP eligibility criteria. To be eligible for Project Action HPRP assistance, applicants needed

- To have resided in Pima County for at least 3 months,
- To have less than $3,000 in the household's bank account,
- To have an eviction notice and a written lease agreement, and
- To have had a sudden or significant loss of income.

During the recession, many residents had moved from larger cities in the Southwest (Los Angeles, Las Vegas, Phoenix, etc.) to Pima County because of loss of housing or employment. Because of this, city and county staff wanted to restrict HPRP assistance to residents who have lived in Pima County for at least 3 months.

Additionally, Project Action staff wanted to ensure that HPRP assistance would to reach households that recently experienced a sudden or significant loss of income, believing short-term financial assistance would help them achieve self-sufficiency and housing stability. They did not want to assist households experiencing ongoing, long-term financial instability.

Project Action described a sudden or significant loss of income as

- Unforeseen financial set back or life change,
- Loss of job or reduced hours,
- Medical issues,
- Medical bills causing inability to pay other bills,
- Car repairs,
- Financial aid disruption,
- Divorce or breakup of relationship,
- Death in family, or
- Loss of roommate or other living arrangements.[132]

In summary, households could first access the Web portal or call the toll-free number for initial eligibility screening. If households met initial eligibility parameters, a Project Action representative would contact them. Then an intake specialist would complete a more detailed screening, examining a household's needs, housing situation, and income resources. If a household met Project Action's program qualifications, the intake specialist would schedule a meeting with a resource specialist.

During the first 4 months of program implementation (December 2009 to March 2010), Project Action did not have intake specialists. Households would e-mail Project Action or leave a message at the toll-free telephone number, and a resource specialist would follow up. Therefore, resource specialists were managing all applicant eligibility screenings, intakes, and case management. Due to the community's

[132] List provided by Project Action.

demand for HPRP services, applicants waited between 4 and 6 weeks. Project Action staff, along with the city and county, decided that they needed an additional layer of staffing primarily responsible for contacting the applicants and conducting eligibility screenings. When intake specialists were added, applicant wait time decreased exponentially to between 2 and 4 days.

Intake collected information such as household composition; income, benefit, and employment information; housing status; and possession of an eviction notice or utility shut-off notice. Resource specialists reviewed all household documentation and uploaded it to HMIS. Finally, resource specialists informed households of program guidelines and expectations, such as participation in monthly case management and keeping a record of completed employment applications.

The final review of a household's documentation was conducted by the contract specialists. Contract specialists completed rent reasonableness evaluations for all housing units and worked with Southern Arizona Legal Aid to evaluate lease agreements and eviction notices. Lawyers specifically examined these documents for unjustified charges on the eviction notice, falsified lease information, or mistakes. Approximately 75 percent of all reviewed leases and eviction notices needed clarification or further investigation.

Once all documentation was finalized, contract specialists approved the household for program participation and processed financial assistance.

"But For" and Sustainability Rules

If households met all eligibility requirements and were referred to an appointment with a resource specialist, they would likely receive HPRP assistance. Approximately 90 percent of referred households received assistance. Resource specialists used their own judgment whether a household would be homeless "but for" HPRP assistance, relying on the household's documentation. However, resource specialists often consulted each other during weekly meetings to review cases and documentation. Project Action staff stated that their decision making process went through many stages and had several checks in place.

Prevention Activities

Households could receive financial assistance for rental payments, security and utility deposits, rental and utility arrearages, utility payments, moving cost assistance, motel or hotel vouchers, and storage. Housing stabilization services included case management, referrals to other community services and mainstream agencies, legal services, and employment referrals.

Financial Assistance. Project Action capped financial assistance based on a household's number of members. Individuals were allowed up to $4,000. Households with two to three members were allowed up to $6,000 and households with four or more members, up to $10,000. This set amount included current rental and utility payments, as well as arrearages. Financial assistance could last up to 12 months. For households needing financial assistance beyond 12 months, the resource specialist would ask his or her supervisor to approve an extension not exceeding the 18 months allowed by HUD. Households were reassessed for program eligibility every 3 months.

One resource specialist estimated that households received financial assistance (and accompanying case management services) for approximately 6 months and that most households received the maximum amount of financial assistance for which they qualified.[133] Until August 2011, households exiting the program without receiving their maximum allocated amount of financial assistance were allowed to reenroll to receive the remaining balance. Given the demand for HPRP services, after August 2011, program staff ultimately decided clients could not use the program a second time at the cost of crowding out first-time applicants.[134]

During the first 4 months of program implementation, Project Action allowed all households a maximum of $8,000 over 12 months. However in March 2010, staff determined if they continued with this financial assistance model, all funding would be quickly spent. Therefore, they developed an alternative approach based on the number members in the household. Project Action staff explained that assistance ends for clients at various points in time, including:

- Clients exhausting their maximum amount of funding or time,
- Clients not being eligible for assistance at reassessment, or
- Clients self-determining that they no longer needed assistance.

Case Management. Resource specialists took a case-by-case approach: some clients needed case management contact daily, weekly, or monthly while others required less.

Project Action required households to meet with resource specialists at least once a month to check in on their housing stability and employment search, though most checked in more often. One resource specialist stated that she had contact with her clients an average of three times a month. Case management services were usually not provided after financial assistance ended. This is mostly due to the large caseload (roughly 30 to 40 clients) resource specialists maintain.

Resource specialists worked with households to determine eligibility for services and benefits accessible from outside HPRP. They often referred clients to Pima County's One Stop, which provides career development services and training for youth and adults.

Additionally, households were required to attend a 2-hour financial education class with MMI within 1 month of receiving assistance. This class explores topics such as

- Money and credit.
- Financial goals.
- Wants versus needs.
- Insurance.
- Budgeting and income.
- Debt.
- Savings.
- Credit, credit reports, and credit scores.

[133]Notes for the Project Action community stakeholder meeting February 8, 2012, indicate that median length of time in the program was 122 days (approximately 4 months) and that the mode was 91 days. However, this included 69 Veterans Affairs Supportive Housing (VASH) clients who only received move-in deposit assistance and thus were only served for 1 or 2 months. So the median for non-VASH households was greater than 4 months.

[134] Notes for the Project Action community stakeholder meeting February 8, 2012, indicated that as of August 2011, 15 households returned to Project Action for a second round of assistance.

Interviewed resource specialists noted that their clients reacted positively to this class and were interested in taking more financial education classes.

DATA AND MONITORING

HMIS allowed Project Action to share data between subgrantees, the city and county, and the evaluation team. Most Project Action staff said HMIS was a great tool for communication between subgrantees and allowed them to serve households quicker.

Tucson/Pima County hired an evaluation team to regularly examine client-level data and conduct several studies exploring components of their HPRP implementation.

In addition to reporting on quarterly HMIS data for households receiving HPRP services, the evaluation team is conducting three studies.[135]

1. Client Survey

   - This survey is intended for program participants who have received financial assistance and case management services for at least 3 months.
   - Survey questions focus on client satisfaction and clients' perceptions of increased knowledge and increased stability.

2. Case Management Study

   - Evaluation questions include
     - What case management services did Project Action provide clients?
     - How did these services function as an intervention to help clients strengthen their self-sufficiency and housing stability?
   - Data sources include
     - HMIS case notes,
     - A focus group with resource specialists, and
     - Client survey data.

3. Follow-up study of clients who have exited the program

   - Evaluation questions include
     - What is the housing status of Project Action clients 6 months after program exit?[136]
   - Preliminary findings include
     - 10.8 percent of respondents were living in temporary situations (mostly living temporarily with friends and family), and
     - 89.2 percent were living in relatively permanent situations.

[135] All information regarding Tucson/Pima County's evaluation efforts was provided by the grantees and the local evaluation team.
[136] The evaluation team contacted 102 out of 166 households, a 61.4 percent response rate.

PLANS FOR THE FUTURE

Tucson and Pima County did not plan to continue Project Action after HPRP funding ended June 2012. They do not believe that the Emergency Solutions Grant they expect to receive will be large enough to continue operating a program like Project Action. Pima County will most likely return to using the community action agencies for homelessness prevention.

Exhibit E.21: Pima County and the City of Tucson, Arizona, Project Action Prevention Overview, Homelessness Prevention and Rapid Re-housing Program

	Persons		Households	
	#	%	#	%
Total served Year 1[a]	447	100	168	100
Persons in families	362	81	—	—
Adults without children	85	19	—	—
Total served Year 2[a]	899	100	318	100
Persons in families	756	84	—	—
Adults without children	142	16	—	—
HPRP services				
Rental assistance	—	—	376	92
Case management	—	—	374	92
Security/utility deposits	—	—	142	35
Outreach and engagement	—	—	284	70
Utility payments	—	—	276	68
Housing search/placement	—	—	55	14
Legal services	—	—	151	37
Credit repair	—	—	232	57
Motel and hotel vouchers	—	—	5	1
Moving cost assistance	—	—	50	12
Destination[b]				
Total leavers	1,071	100	—	—
Homeless	2	<1	—	—
Institutional setting	1	<1	—	—
Permanent housing with subsidy	67	6	—	—
Permanent housing without subsidy	937	87	—	—
Family or friends	36	3	—	—

Source: Project Action Annual Performance Report Data, 2009 program start through September 30, 2011.

— not applicable

[a] Total served numbers may not add to 100 percent because the "children only" and "unknown" categories are not included in this table. Numbers may add to greater than 100 percent due to data reporting errors.

[b] Destination numbers may not add to total leavers because the "other," "hotel/motel," "unknown," and "deceased" categories are not included in this table.

"Homeless" includes the following destinations: emergency shelter, TH for homeless persons, staying with friends (temporary tenure), staying with family (temporary tenure), place not meant for human habitation, safe haven, and hotel or motel paid by client.

"Institutional setting" includes foster care, psychiatric facility, substance abuse or detox facility, hospital (non-psychiatric), and jail or prison.

"Permanent housing" with subsidy includes housing owned by client with ongoing subsidy, rental by client with VASH subsidy, rental by client with other ongoing subsidy, and Permanent Supportive Housing for Homeless Persons.

"Permanent housing" without subsidy includes housing owned by client without ongoing subsidy and rental by client with no ongoing subsidy.

"Family or friends" includes living with family, permanent tenure or living with friends, permanent tenure.

RHODE ISLAND HPRP-FUNDED PREVENTION PROGRAM

Rhode Island's statewide prevention program, funded by HUD's Homelessness Prevention and Rapid Re-housing Program (HPRP), was administered by a partnership of the four entitlements in the state. In Rhode Island, HPRP provided short- to medium-term financial assistance to 806 persons (362 households) as of September 30, 2010. Participants stayed in the program an average 122 days and a median 100 days.

The amount of assistance to participants was based on their individual needs, and case management services were focused on housing stabilization. The program made legal services available to participants who could benefit from it. The program largely emphasized moving participants into safer and more affordable housing to increase long-term sustainability.

Community Description

Within the state of Rhode Island, the 2010 homeless point-in-time count showed 761 people in emergency shelter, 445 in transitional housing, and 76 unsheltered, totaling 1,282.[137] The annual unduplicated count from the homeless management information system (HMIS) showed 4,398 people accessed the shelter system in 2010.[138]

The Consolidated Homeless Fund (CHF) Partnership (comprised of the state of Rhode Island, city of Pawtucket, city of Providence, and city of Woonsocket) along with the Rhode Island Housing Resources Commission (HRC)[139] coordinates all homeless efforts within Rhode Island, including program design and funding application and coordination processes. The CHF Partnership and HRC work closely with local county and city governments and service providers to coordinate homeless sheltering, planning, and service delivery. Rhode Island Housing (the state's mortgage and finance agency) oversees the application for the Rhode Island statewide Continuum of Care (CoC) on behalf of the HRC/CHF Partnership. The CoC covers the entire geographic area of the state, which consists of five counties. According to the 2010 housing inventory, the state's sheltering stock included 771 emergency beds, 17 safe-haven beds, 427 transitional housing beds, and 1,321 permanent supportive housing beds.

The Rhode Island Housing Resources Commission is also responsible for developing and adopting the state's homelessness plan and for overseeing its implementation. In March 2012, HRC finalized and adopted *Opening Doors Rhode Island*, a revised plan to end homelessness that is more targeted and aggressive than the prior ten-year plan and aligns more closely with the "Opening Doors" federal strategic plan.[140] On April 5, 2012, the Rhode Island Interagency Council on Homelessness approved the new $130 million plan; state funding for the plan remains uncertain. Rhode Island's revised plan builds on the success of the HPRP prevention component.

DESIGN AND SETUP OF HPRP PREVENTION

Rhode Island received HPRP funds through four grantees: the Rhode Island Office of Housing and Community Development ($3,282,670), and the cities of Pawtucket ($845, 934), Providence ($2,303,402), and Woonsocket ($545,802). The four grantees chose to form the Rhode Island HPRP-Partnership (the

[137] http://www.hudhre.info/CoC_Reports/2010_ri_pops_sub.pdf.
[138] http://www.rihomeless.org/AboutHomelessness/HomelessnessStatistics/tabid/248/Default.aspx.
[139] http://www.hrc.ri.gov/index.php.
[140] http://www.epaperflip.com/aglaia/viewer.aspx?docid=1dc1e97f82884912a8932a3502c37c02.

Partnership) to create and implement a single statewide program, with a total of $6,977,808. The Partnership allocated approximately 63 percent of the funds to prevention activities, 30 percent to rapid re-housing, 2 percent to homeless management information system (HMIS) activities, and 5 percent to administrative support. The four grantees each contributed administrative funds for a full-time HPRP coordinator for the statewide HPRP program, employed by the Office of Housing and Community Development, Office of Homelessness. The HPRP coordinator was responsible for developing and providing HPRP-related training and technical assistance; monitoring grantees and subgrantees; and assisting with required documentation and reporting. The HPRP coordinator also facilitated monthly workshops and training opportunities to support understanding of HUD policies and procedures.

The Partnership chose not to target any specific populations and to allow all program activities and eligible populations, in order to address the full range of needs and to learn applicants' needs to better inform decision making in the future. The program was designed with monitoring in mind, and documentation standards were prescriptive. Subgrantees set their own goals and determined any program specific entry criteria beyond HUD eligibility.

IMPLEMENTATION

The Partnership funded 20 subgrantees. Of these, eight conducted prevention only and seven conducted both prevention and rapid re-housing. The Partnership selected two subgrantees to perform specific roles in the HPRP implementation. Rhode Island Legal Services (RILS) was chosen to provide HPRP clients facing eviction with legal assistance. The Rhode Island Coalition for the Homeless (RICH), which managed the state's HMIS, received funds for HPRP activities.

With the exception of RILS and RICH, subgrantees conducted screening and assessment, developed individualized housing stability action plans with clients, provided direct financial assistance, and provided ongoing case management. The subgrantees were responsible for determining assistance depth and time frames, referring to other resources, assuring client continued eligibility, and entering HPRP data into HMIS.

Outreach

Applicants primarily used the agency's existing outreach and marketing strategies to conduct outreach for HPRP. This included presence in the community, mailers, and flyers sent along with notices from the Low-Income Home Energy Assistance Program and Temporary Assistance for Needy Families. The list of HPRP service providers, along with their geographic area and contact information, was accessible on the HRC website. The biggest outreach and marketing tool was word of mouth. Providers found they were quickly operating their programs at maximum capacity with minimal outreach.

Point of Entry

There was no single point of entry or referral for Rhode Island's HPRP program. Clients were screened and assessed by the subgrantee in their area and referred to partner agencies for additional services if necessary. Prospective applicants were often identified through subgrantees' normal course of business (e.g., a client presenting for fuel assistance may mention rental assistance; these clients were automatically sent to HPRP for screening and assessment). RILS and the statewide 211 system also referred potential participants to the subgrantee providing services in the relevant geographic area.

Intake: Eligibility and Assessment

All HPRP subgrantees used standard initial screening, assessment, and recertification forms.

1. *Prescreening.* Applicants typically presented via telephone calls or walk-ins and were prescreened for eligibility based on a quick 5 to 10-minute form that evaluated resources, income, and housing status. Applicants found potentially eligible were scheduled for or referred to a subgrantee for screening and assessment.

2. *Screening and assessment.* During screening and assessment, case managers obtained necessary documentation and gathered indepth information on the participant's situation and background to verify eligibility. In addition, case managers obtained information to inform the housing stabilization plan, develop the participant's budget, and determine the extent and type of financial assistance needed. The form completed at assessment examined seven components, including housing information, an income assessment, an imminent risk of homelessness assessment, and other considerations. The information obtained during the assessment determined whether to enroll an applicant in HPRP. Once the applicant completed the assessment and all documentation was collected and verified, case managers made a final determination whether the applicant was a good fit for the program.

3. *Service package determination.* Case managers used information collected during the assessment to determine the participant's housing stabilization plan, including the level of assistance provided. The amount and type of financial assistance was based on the budget, housing stabilization plan, and assessment of current housing situation.

"But For" and Sustainability Rules

During screening, applicants had to demonstrate a lack of financial resources or housing options and show that they had attempted to use other community resources to alleviate their imminent risk of homelessness (General Assistance, etc.). Applicants had to show they would be evicted within 1 to 14 days and were unable to articulate any alternative housing options (i.e., would end up on the street or entering emergency shelter).

The prescreening form also asked specific questions to determine the applicant would be homeless "but for" HPRP assistance:

- Can the household move in with family or friends?
- Does the household have other housing options available?
- Does the household have adequate financial resources to avoid becoming homeless?
- Can the household consolidate or look for a roommate?
- Has the household pursued all other housing options and resources?
- How long before the household becomes *literally* homeless (not couch surfing)?
- What will the household do if found ineligible for HPRP assistance?

The prescreening form asked specific questions to assess the applicant's potential for sustainability. These questions aimed at understanding long-term income and housing prospects, as well as some housing history. In addition to the prescreening questions, the assessment and housing stability planning looked at these indicators of sustainability more thoroughly by asking more indepth questions about the applicant's situation and background. In determining sustainability, case managers looked for evidence that the applicant would not need long-term or intensive financial or service supports. Some criteria indicating a potential need for long-term support included minimal income or potential for income, barriers to employment, the presence of severe substance abuse or mental illness within the household, and a longstanding history of housing issues. Applicants with long-term support needs were typically referred to more appropriate programs. However, a few subgrantees chose to serve participants with higher barriers to housing and typically used case management to connect them to long-term supports.

Prevention Activities

Although the grantee permitted subgrantees to provide any types of financial assistance and services allowable under HUD regulations, the services provided most often were rental assistance, security or utility deposits, case management, legal services, and credit repair. In addition, subgrantees were required to provide financial literacy services to participants.

Financial Assistance. Once enrolled in the program, participants worked with a case manager to complete a housing stabilization plan and to determine the types and amounts of financial assistance. This process typically included developing a thorough budget and assessing the suitability of the current housing situation.

Subgrantees assessed the suitability of the current housing situation by evaluating whether the current unit was affordable and sustainable given the participant's income, and if the housing met lead and habitability standards. All units had to have a lead certificate of conformance, a lead-safe certificate, a lead-free certificate, or a deed illustrating construction on or after January 1, 1978, and had to meet habitability standards or HUD housing quality standards.

In general, the grantee and subgrantee stressed that moving a participant into safer, more affordable housing was often the best option. Subgrantees viewed moving as a better use of HPRP funds when participants owed a large amount of arrears or landlord relations were strained. Approximately 60 to 80 percent of participants receiving prevention moved into new units. If moving, participants could receive security or utility deposits and ongoing rental assistance.

On average, participants received approximately 3 to 4 months of rental assistance. Some of the subgrantees chose to provide a graduated subsidy to all participants, and others chose to provide a graduated subsidy case by case based on participant need. Participants typically received rental and utility assistance month to month to ensure continued engagement in case management. Case managers held clients to tasks/housing stabilization plan, client would be required to complete GED course, show savings, show payment of an outstanding bill, etc. The focus of the assistance was on achieving a reasonable likelihood of sustainability rather than providing services and assistance for a set period.

Case Management. Each participant worked with his or her case manager to complete a housing stabilization plan. The plan focused on housing, but during its development, other issues were also considered. This is often when case managers referred clients to other resources. What was included in the plan and its resultant services depended entirely on the participant's household needs. The focus was on achieving a reasonable likelihood of sustainability rather than providing services and assistance for a set period. Case managers expected participants to show ongoing progress toward their goals.

Supportive Services. All participants were required to participate in financial literacy support and training. The content and format of the financial education was determined by each subgrantee. Participants also completed a monthly budget to support sustainability and financial goals. Some subgrantees also required households to maintain a spending diary and perform other financial activities, such as opening a checking account, to show progress toward financial sustainability.

Approximately 18 percent of the prevention participants also enlisted Rhode Island Legal Services, a statewide provider specializing in low-income and homeless people's needs. These services include review of legal documents for errors, negotiations with landlords, tenant and landlord rights training and advocacy, and legal representation at housing court. RILS educated the other subgrantees about tenant and landlord rights, the eviction process, the services that they provide, and other legal issues.

DATA AND MONITORING

The HPRP coordinator conducted multiple monitoring visits to subgrantees on behalf of the Partnership over the course of the program and had direct access to HMIS data to monitor clients. The HPRP coordinator also implemented a training program that consists of mandatory monthly meetings for HPRP staff and case managers.

Subgrantees entered all HUD-required HPRP HMIS data elements. In addition, they used HMIS to complete a self-sufficiency matrix upon clients' entry to the program and again at exit. The Rhode Island HMIS was an open system (i.e., it shared limited data) and covered the entire state. Eight of the subgrantees were new to HMIS (primarily the community action agencies). The grantees used HMIS data regularly for research and analysis and, therefore, all HMIS participants were aware of the importance of complete, accurate, and timely data. HMIS was able to respond quickly and inform program monitoring, future program design, and a deeper understanding of the Rhode Island homeless population. Rhode Island is analyzing HPRP data in the design of the Emergency Solutions Grant Program.

PLANS FOR THE FUTURE

Prevention activities will continue in Rhode Island through the Emergency Solutions Grant, and the HPRP coordinator will remain on staff to coordinate the new program. The grantee integrated lessons learned into the design of the ESG program. In particular, case management will be provided statewide, "but for" criteria will be more restrictive (e.g., direct diversion from shelter, on shelter waiting list, or existing court eviction), and grantees will focus on serving fewer people with more support.

Case managers will be required conduct frequent home visits to help identify couch surfers so they can more meaningfully engage (and understand the true extent of) that population. Rhode Island is also looking to implement a centralized waitlist for housing and screening forms into HMIS, to ease data collection and speed data entry.

Exhibit E.22: State of Rhode Island, City of Pawtucket, City of Providence, and City of Woonsocket Prevention Overview, Homelessness Prevention and Rapid Re-housing Program

	Persons		Households	
	#	%	#	%
Total served Year 1[a]	2,177	100	852	100
Persons in families	1,682	77	—	—
Adults without children	400	18	—	—
Total served Year 2[a]	2,035	100	766	100
Persons in families	1,680	83	—	—
Adults without children	316	16	—	—
HPRP services				
Rental assistance	—	—	752	59
Case management	—	—	1,120	88
Security/utility deposits	—	—	451	35
Outreach and engagement	—	—	3	<1
Utility payments	—	—	126	10
Housing search/placement	—	—	64	5
Legal services	—	—	211	17
Credit repair	—	—	584	46
Motel and hotel vouchers	—	—	2	<1
Moving cost assistance	—	—	19	
Destination[b]				
Total leavers	2,953	100	—	—
Homeless	34	1	—	—
Institutional setting	5	<1	—	—
Permanent housing with subsidy	275	9	—	—
Permanent housing without subsidy	2,406	81	—	—
Family or friends	10	<1	—	—

Source: Rhode Island Office of Housing and Community Development Annual Performance Report Data, 2009 program start through September 30, 2011.

a Total served numbers may not add to 100 percent because the "children only" and "unknown" categories are not included in this table. Numbers may add to greater than 100 percent due to data reporting errors.

b Destination numbers may not add to total leavers because the "other," "hotel/motel," "unknown," and "deceased" categories are not included in this table.

"Homeless" includes the following destinations: emergency shelter, TH for homeless persons, staying with friends (temporary tenure), staying with family (temporary tenure), place not meant for human habitation, safe haven, and hotel or motel paid by client.

"Institutional setting" includes foster care, psychiatric facility, substance abuse or detox facility, hospital (non-psychiatric), and jail or prison.

"Permanent housing" with subsidy includes housing owned by client with ongoing subsidy, rental by client with VASH subsidy, rental by client with other ongoing subsidy, and Permanent Supportive Housing for Homeless Persons.

"Permanent housing" without subsidy includes housing owned by client without ongoing subsidy and rental by client with no ongoing subsidy.

"Family or friends" includes living with family, permanent tenure or living with friends, permanent tenure.

SANTA CLARA COUNTY/SAN JOSE, CA HPRP-FUNDED PREVENTION PROGRAM

Santa Clara County and the city of San Jose's prevention program (SCC), funded by HUD's Homelessness Prevention and Rapid Re-housing Program (HPRP), served 291 families and single-adult households through September 2010. SCC provided these households with rental assistance, case management, legal assistance, and housing location assistance from a housing specialist located in one of the subgrantee organizations. Households entered the system through coordinated entry points at any of seven subgrantees or sub-subgrantees throughout the county. In addition to meeting HUD eligibility criteria, HPRP households had to obtain a score between 51 and 70 points on a self-sufficiency matrix (SSM) and demonstrate a qualifying hardship to be accepted into the program. Households stayed in the program an average of 272 days (and a median 282 days).[141]

Community Description

During the 2011 point-in-time count, the Santa Clara County continuum of care (CoC), which includes the city of San Jose, identified 5,169 unsheltered homeless people, 962 people in emergency shelters (ES), and 936 in transitional housing programs (TH), for a total homeless population of 7,067 people.[142] The Santa Clara County Collaborative on Housing and Homeless Issues (the Collaborative), the CoC lead agency and convening body, is composed of residential program providers in the homeless assistance community, antipoverty agencies, government and private sector partners, and other funders. The collaborative reported 2,493 formerly homeless persons living in permanent supportive housing, 661 ES beds, 1,172 TH beds, and 109 rapid re-housing beds (through HPRP) in its 2011 HUD submission.

In addition to residential services specifically for homeless people, Santa Clara County has for years had the Emergency Assistance Network (EAN), organized through the United Way of Silicon Valley, with seven member agencies. Agencies in this network use local public and philanthropic[143] dollars as well as federal Emergency Food and Shelter Grant funds to provide one-time rent, mortgage, and utility assistance to needy households. Four EAN members also provide one or more types of homeless residential services. Finally, several EAN members run drop-in resource and assistance centers serving both homeless and housed people, where, among other things, people can get help linking to public benefits and emergency financial assistance. The city of San Jose provides funding through the city's Housing Trust Fund for the Housing Services Partnership, which provides one-time financial assistance to people experiencing a crisis. The United Way and several small foundations or funds supply similar resources to EAN agencies to offer similar services throughout the county, restricted by agency to certain ZIP Codes.

The Collaborative developed Santa Clara County's ten-year plan (TYP) to end homelessness in May 2005 and published it under the title *Keys to Housing: A 10-Year Plan to End Chronic Homelessness in Santa Clara County.* As the title implies, the TYP's focus was, and still is, ending *chronic* homelessness, and interviewees agreed that it did not contribute to the HPRP design.

[141] Length of stay numbers are approximate and were calculated using a weighted average over multiple programs.
[142] http://www.hudhre.info/CoC_Reports/2011_ca_500_pops_sub.pdf.
[143] Philanthropic resources came from the San Francisco Chronicle's Season of Sharing program and from the Housing Industry Foundation.

DESIGN AND SETUP OF HPRP PREVENTION

Once the HPRP allocations had been announced, in spring 2009, the city and county grantees jointly established a planning process to which they invited any Collaborative members who wished to participate. After several meetings, the planning group decided to use the HPRP opportunity to develop a coordinated countywide approach to homelessness and rapid re-housing. The coordinated approach made sense given the limited administrative funds available within HPRP. The planning group also decided to evaluate its HPRP efforts. To this end, it set performance goals for HPRP as a whole and decided to limit assistance to the first 2 years of HPRP's 3-year grant period to allow time to follow program participants and assess housing outcomes for 12 months after program enrollment. City and county HPRP agencies also decided to issue a joint RFP to solicit community agency participation and required organizations to act either as individual agencies or as networks that could offer clients a full complement of coordinated services.

Although the county grantee agency had no previous experience with prevention, the city grantee, Emergency Housing Consortium (EHC), and the EAN agencies, including Sacred Heart, had experience with one-time rental assistance programs throughout the county. A number of the screening requirements from these programs influenced the design of HPRP forms and processes, including the Sacred Heart requirement that a client's hardship be out of his or her control.

In an effort to be rigorous in their screening of clients appropriate for the program (i.e., to ensure that they screened out both those that did not need assistance and those that needed more assistance than the program could provide), and to rigorously measure clients' progress, the planning group decided that clients would be scored on a SSM using 8 of the 18 domains for eligibility. This helped create a standardized, measurable process and standard eligibility criteria across organizations.

Through HPRP, the city, county, and state (through Sacred Heart) funded a report writer and trainer for the homeless management information system (HMIS), several full-time case managers, a domestic violence case manager, part-time lawyers, a small amount of administrative funding for program managers, and a housing specialist, across all the subgrantees and sub-subgrantees. The city and county kept half of its administrative allocation for oversight and accounting. The city and county contracted with the Community Technology Alliance (CTA), which had already been providing HMIS services to several organizations across the Bay Area, to provide HMIS services as well as an evaluation for HPRP.

IMPLEMENTATION

Santa Clara County received $717,500 in HPRP funding, the city of San Jose received $4.1 million, and Sacred Heart Community Services received $1.6 million from the state of California Department of Housing and Community Development's state HPRP allocation.

The city-county RFP resulted in funds being awarded to Sacred Heart, EHC, and CTA. As a subgrantee, Sacred Heart in turn subgranted its HPRP funds to five EAN member organizations for comprehensive HPRP services: InnVision (San Jose and Palo Alto), West Valley Community Services, St. Joseph's Family Center, and Community Services Agency of Mountain View and Los Altos. Sacred Heart's HPRP network also included one legal services agency, the Law Foundation of Silicon Valley, which received

a sub-subgrant to help clients with legal issues creating a risk of homelessness. CTA also received funds from both the city and county. Finally, the city of San Jose also established a subgrant with EHC for HPRP services, and EHC in turn had two subgrantees, one legal services agency (the Pro Bono Project), and a domestic violence agency (Next Door Solutions).

All HPRP agencies served a mix of single adults and families. EHC and the EAN agencies served more prevention clients than rapid re-housing; however, the EAN agencies prioritized rapid re-housing and shelter diversion clients through InnVision. Sacred Heart and EHC processed financial assistance for their own clients and those of sub-subgrantees; with the exception of the legal services agencies, all sub-subgrantees were responsible for case management services. Any potential clients approaching the Law Foundation were referred to EAN network agencies for intake, while those initially contacting the Pro Bono Project and Next Door Solutions were referred to EHC for HPRP intake. Case managers at screening organizations required administrative approval (i.e., verification of a complete application that met program requirements) by a program manager or director to screen a client in to the program; the manager or director did not make direct screening decisions. Sacred Heart funded a housing specialist at InnVision, serving all the EAN agencies, who aided rapid re-housing and shelter diversion clients having difficulty locating an affordable unit. EHC also had a staff member helping clients locate housing.

The SCC HPRP program went through a number of phases, including two during which it stopped taking new clients while it reorganized. Major changes included tightening procedures for eligibility and documentation and, toward the end, concentrating more resources on shelter diversion and rapid re-housing of households already homeless, which came to be perceived as more targeted and more appropriate uses of the HPRP funds.

Outreach

When the city and county finalized HPRP program guidelines in September 2009, subgrantee organizations began a concerted campaign to distribute flyers at various organizations throughout Santa Clara County, including libraries, schools, and antipoverty and homeless-serving agencies. In addition, all participating agencies posted information on their websites. At Sacred Heart, prospective clients for any of Sacred Heart's myriad services were screened for all of them, including HPRP. After this initial marketing phase, clients' main source of information about the program was word of mouth or online queries.

Point of Entry

The city and county designed a coordinated intake system, with all intake-performing subgrantees and sub-subgrantees using a universal prescreening and screening tool and process. All EAN agencies served specific ZIP Codes and referred clients living in ZIP Codes outside their territory to the appropriate partner organization for screening. The ZIP Codes, originally specified under the EAN's existing one-time financial assistance program, did not cover certain areas in San Jose served by EAN members that chose not to participate in HPRP. To cover these areas, both Sacred Heart and EHC screened potential clients in these ZIP Codes and referred clients to each other when client load became heavy. EHC also had a set of ZIP Codes within the city that were not within the areas covered by EAN. Prospective clients inquiring through the 211 help hotline were referred to the relevant HPRP provider based on their ZIP Code of residence, following an initial quick screener to determine their likely appropriateness.

InnVision accepted referrals from case managers based on a referral process established throughout the local CoC shelter/service provider network for rapid re-housing and shelter diversion clients. The city of Sunnyvale, one of several independent cities within the county, received its own HPRP grant directly from HUD and elected not to participate in the city of San Jose/county of Santa Clara partnership. Potential HPRP clients living in Sunnyvale or planning to live in Sunnyvale were referred directly to Sunnyvale HPRP providers.

Intake: Eligibility and Assessment

The HPRP intake process included the following steps:

1. *Prescreening.* First, clients were prescreened for non-HPRP assistance. Clients had to exhaust all additional resources (e.g., help from family and friends, other federal assistance) before qualifying for HPRP. If clients did not qualify for other assistance, they were prescreened for HPRP and provided the following information to program staff, along with supporting written documentation:
   - Number of adults and children in the household.
   - ZIP Code of current residence.
   - Verification of current monthly income and income sources; anticipated income and income source if a job or benefits eligibility was pending.
   - Description of the emergency that made the client unable to cover his or her expenses. The emergency must have been a hardship over which the client had no control (i.e., a lost job, not an expensive cable bill). If the emergency was an eviction, documentation had to include a notice to quit or a court order.

     Program staff helped clients fill out a housing budget worksheet and determine the type of assistance they were seeking. Clients very close to qualifying on these dimensions were referred to a case manager for further scrutiny.
2. *Screening.* Clients meeting the prescreening requirements scheduled an appointment with a case manager and provided basic household and demographic information and identification, proof of housing status (a 3-day notice, eviction notice, or other third-party documentation; a homeless certification; a third-party letter; or self-verification of housing status), proof of income and assets, information concerning other support networks (assistance received from other programs, family, and friends), documentation of a hardship, a budget worksheet, and information for the SSM. The SSM consisted of eight equally weighted domains, scored from 1 (worst) to 5 (best), producing a computer-generated score as a percentage of the total points possible. The eight domains were income, employment, housing, childcare, legal, life skills, safety, and credit history. If the client was able to provide complete documentation, the case manager decided whether the situation was a hardship. If it was and the client received a self-sufficiency score of 51 to 70 percent, he or she was considered eligible for HPRP assistance and enrolled in the program. With their state HPRP funds, case managers at the EAN agencies could admit clients who scored below 51 percent yet met the other program criteria, if the case manager believed the client was a good fit.

3. *Service package determination.* Individual case managers and supervisors decided services based on information collected during intake. At the EAN agencies, to conserve resources and ensure self-sufficiency for short-term clients experiencing a specific crisis, the client's share of rent could not fall below a certain amount, based on the greater of 20 percent of the client's monthly rent or 40 percent of the client's gross household income. Longer-term clients at these agencies were provided a customized subsidy structure based on the individual client's situation. EHC case managers met with the program manager to structure a customized subsidy for each client.

   Shelter diversion clients at EAN agencies were first required to find housing. If they could not locate housing within the first 30 to 60 days with assistance from the housing specialist, they were terminated from the program. Every case manager set goals and made referrals for assistance or supports that might improve the client's full matrix score, which was filled out within the first month then periodically thereafter. SSM completion fed into one of SCC's HPRP goals, to improve self-sufficiency scores by 10 percent or more between enrollment and program exit for at least 75 percent of clients. In addition to the eight core elements used to determine eligibility, the matrix included food, children's education, adult education, health care, family relations, mobility, community involvement, parenting skills, mental health, and substance abuse.

"But For" and Sustainability Rules

Subgrantees and sub-subgrantees screened clients to ensure they would be homeless "but for this assistance," using a combination of the hardship requirement and the SSM. The client's hardship had to be out of his or her control, and the client had to show significant difficulty in order to score below 70 percent on the matrix. Clients also had to provide some proof of housing status, as specified above.

Sustainability was also determined by the SSM, in that clients with significant hardships or barriers would not score above the 51 percent threshold required to qualify for the program. InnVision shelter diversion clients were by definition those currently on the shelter waiting list and living with family or friends. They were considered prevention clients who would be homeless but for HPRP assistance.

Prevention Activities

All agencies provided short- to medium-term rental assistance and ongoing case management. The EAN agencies funded a housing specialist to help rapid re-housing and shelter diversion clients find affordable housing. Both EHC and Sacred Heart funded legal service organizations with their HPRP funds, and EHC funded a domestic violence agency. The HPRP-funded prevention program served 719 people (291 households), as of September 30, 2010.

Financial Assistance. EAN agencies provided a maximum of 6 months rental assistance, while EHC did not cap rental assistance. Both agencies provided clients between 3 and 6 months of assistance, on average, which consisted of ongoing rental assistance and arrearages, and some security deposits and utility assistance. Sacred Heart provided a savings program (SP) to reward clients with 3 months additional rental assistance should they meet their case management goals after 6 months. To be eligible for the SP, the client had to have an HPRP subsidy less than or equal to 20 percent of the

household monthly rent as well as a valid savings account. The SP increased the client's rent subsidy by $350 or up to full rent, whichever was smaller. Clients were required to deposit a matching amount into their savings accounts and document this deposit monthly. Clients also documented, monthly, that none of the money had been withdrawn until program graduation.

Case Management. All clients, except shelter diversion clients who failed to find housing, received a combination of case management and financial assistance. Case managers met with clients monthly and sometimes semimonthly. Many case managers contacted clients weekly over the phone to gauge progress and provide assistance. Case managers worked with clients to identify concrete goals with target dates for achievement and to complete updated budgets monthly.

Supportive Services. Distinctive elements of the SCC program included two legal services agencies, a domestic violence provider, and the housing specialist position. The housing specialist, located in InnVision, mostly completed inspections and held workshops, though the specialist also spoke with landlords and made routine phone calls to determine housing availability. Shelter diversion clients were required to search for housing for two weeks, and if unsuccessful, had to attend a housing workshop. Clients requiring additional assistance could request help from the housing specialist, who could extend the 30-day window to 60 days if necessary. The Law Foundation, funded by Sacred Heart, provided eviction prevention assistance, mediation, and other legal advice to clients across the county. The Pro Bono Project, funded by EHC, provided client counsel and tenant rights information to both clients and case managers, and only occasionally worked directly on behalf of clients to prevent an eviction. Next Door Solutions provided case management services to victims of domestic violence who were screened into the HPRP program by EHC.

HPRP clients also had access to a number of services funded through non-HPRP sources at participating agencies, such as a city- and county-funded employment services program supported by American Recovery and Reinvestment Act (ARRA) Community Development Block Grant (CDBG) funds, one-stop centers funded by the Department of Labor, and an in-house employment specialist at EHC and InnVision funded by ARRA CDBG. Sacred Heart offered job resources, adult education, food and clothing, financial education classes, and an asset-building program, among other services. InnVision offered onsite childcare and a Social Security benefits advocate.

DATA AND MONITORING

CTA managed and maintained the HMIS for all HPRP client-focused activity as well as for other homeless programs in the jurisdiction. EHC, InnVision, and Sacred Heart were all using HMIS for other programs before HPRP began. All direct service-providing agencies in the city and county HPRP system entered prescreening information, screening forms, and self-sufficiency scores on each attribute into HMIS during each stage of the screening and assessment, including at reassessment and when determining housing status after program exit. CTA checked HMIS and recorded whether or not clients entered shelter within 12 months of program exit. At EAN agencies, all clients receiving services for all programs were entered into HMIS. EHC's two subgrantees did not enter information into HMIS directly. Next Door Solutions provided paperwork that EHC program staff entered into HMIS, and the Pro Bono Project provided workshop attendance records and clinic sign-in sheets. Due to client-attorney confidentiality,

neither Pro Bono nor EHC entered private client consultation notes into HMIS. Although the HMIS was not open to providers outside HPRP, all providers in the city and county program shared an open HPRP HMIS database to prevent duplication.

CTA tracked outcomes via the self-sufficiency matrix (namely, overall self-sufficiency), 3- and 6-month case manager follow-up calls (housing stability), and HMIS 12 months after program exit (recidivism to shelter). CTA has produced several reports based on its high-quality systemwide HMIS data, including a report on which demographic characteristics best predict homelessness. They have looked at improvement across dimensions of the matrix programwide. CTA has also provided researchers at Santa Clara University with data and may collaborate with Stanford in the near future.

CTA provided HPRP agencies with data at monthly meetings to help the city and county understand the program scope and implications for spend-down timing, and to allow them to adjust program guidelines accordingly. The data also allowed case managers to explain to clients why their subsidy was ending and helped program managers determine whether the program was meeting its stated evaluation goals. Based on all 18 dimensions of the matrix, the four goals were as follows:

1. 85 percent of households currently receiving assistance remain stably housed,
2. 75 percent of households completing the program improve their matrix scores by 10 percent,
3. 75 percent of households do not enter the shelter system within 1 year of completing the program, and
4. 75 percent of households remain stably housed for at least 6 months after program completion.

PLANS FOR THE FUTURE

The small one-time prevention programs that existed before HPRP still exist, except the city's Housing Services Partnership, which has shrunk and changed its focus and now is limited to providing currently homeless clients with security deposits to help them get back into housing. Among the Santa Clara County jurisdictions, the city of San Jose will be the only one receiving ESG funding. The city has designed a two-pronged approach to homelessness using these funds. One is a citywide outreach program, while the other is a program targeted toward families and youth. Neither of the two programs was written with the idea of continuing with an HPRP-like program.

Exhibit E.23: Santa Clara County and the City of San Jose, California, Prevention Overview, Homelessness Prevention and Rapid Re-housing Program

	Persons		Households	
	#	%	#	%
Total served Year 1[a]	719	100	291	100
Persons in families	533	74	—	—
Adults without children	184	26	—	—
Total served Year 2[a]	592	100	213	100
Persons in families	491	83	—	—
Adults without children	101	17	—	—
HPRP services				
Rental assistance	—	—	351	88
Case management	—	—	376	94
Security/utility deposits	—	—	59	15
Outreach and engagement	—	—	36	9
Utility payments	—	—	106	26
Housing search/placement	—	—	7	2
Legal services	—	—	20	5
Credit repair	—	—	20	5
Motel and hotel vouchers	—	—	0	0
Moving cost assistance	—	—	3	1
Destination[b]				
Total leavers	977	100	—	—
Homeless	1	<1	—	—
Institutional setting	1	<1	—	—
Permanent housing with subsidy	55	6	—	—
Permanent housing without subsidy	794	81	—	—
Family or friends	29	3	—	—

Source: Annual Performance Report Data, 2009 program start through September 30, 2011. Data do not include state funding received by Sacred Heart.

— not applicable

[a] Total served numbers may not add to 100 percent because the "children only" and "unknown" categories are not included in this table. Numbers may add to greater than 100 percent due to data reporting errors.

[b] Destination numbers may not add to total leavers because the "other," "hotel/motel," "unknown," and "deceased" categories are not included in this table.

"Homeless" includes the following destinations: emergency shelter, TH for homeless persons, staying with friends (temporary tenure), staying with family (temporary tenure), place not meant for human habitation, safe haven, and hotel or motel paid by client.
"Institutional setting" includes foster care, psychiatric facility, substance abuse or detox facility, hospital (non-psychiatric), and jail or prison.
"Permanent housing" with subsidy includes housing owned by client with ongoing subsidy, rental by client with VASH subsidy, rental by client with other ongoing subsidy, and Permanent Supportive Housing for Homeless Persons.
"Permanent housing" without subsidy includes housing owned by client without ongoing subsidy and rental by client with no ongoing subsidy.
"Family or friends" includes living with family, permanent tenure or living with friends, permanent tenure.

Appendix F: List of Expert Panel Participants

Sector	Participant	Organization/ Agency
Researchers	Larry Buron*	Abt Associates
	Dennis Culhane***	University of Pennsylvania
	Mary Cunningham*	Urban Institute
	Dan O'Flaherty	Columbia University
	Jill Khadduri	Abt Associates
	Gretchen Locke*	Abt Associates
	Jim Riccio	MDRC
	Howard Rolston*	Abt Associates
	Mary Beth Shinn***	Vanderbilt University
	Brooke Spellman	Abt Associates
Technical Assistance Providers	Michelle Hayes*	Cloudburst Consulting Group
	Jamie Taylor	Cloudburst Consulting Group
	Lindsey Stillman*	Cloudburst Consulting Group
Practitioners / Grantees, or Policy Advocates	Barbara Broman	Department of Health and Human Services
	Kristy Greenwalt	U.S. Interagency Council on Homelessness
	Elaine de Coligny	Alameda County, CA
	Nan Roman	National Alliance to End Homelessness
	Kelsey McCoy	Department of Health and Human Services
	Sharon McDonald	National Alliance to End Homelessness
	Katrina Pratt-Roebuck	City of Philadelphia, PA
	Sara Zuiderveen	City of New York, NY
HUD staff	Karen DeBlasio	Department of Housing and Urban Development
	Anne Fletcher	Department of Housing and Urban Development
	Ann Oliva	Department of Housing and Urban Development
	Erika Poethig	Department of Housing and Urban Development
	Elizabeth Rudd**	Department of Housing and Urban Development
	Mark Shroder	Department of Housing and Urban Development

* denotes Homelessness Prevention Study team member

** denotes HUD Grant technical representative

*** denotes Homelessness Prevention Study technical advisor

Appendix G: Using Self-Sufficiency Matrices: Cautionary Tales

Introduction

Federal and local commitments to end homelessness have stimulated interest in improving the efficiency and effectiveness of whole continuums of care (CoCs) and of the individual programs that make up homeless assistance networks. Tools to measure progress such as point-in-time counts and program use statistics from Homeless Management Information Systems (HMIS) have been relatively crude, giving overall numbers but little feedback on which programs work best for which people or the best uses of scarce program dollars. The obvious exception is permanent supportive housing; an extensive literature documents the effectiveness of permanent supportive housing in ending the homelessness of disabled people, many of whom have long histories of homelessness. However, no such documentation exists for the performance of other key components of such systems—emergency shelters, transitional housing, rapid re-housing, or homelessness prevention.

Thus it is not surprising that many communities have considered or are already using self-sufficiency matrices (SSMs) to generate more precise feedback on program and system performance. A self-sufficiency matrix is a tool that allows a program or community to assess a household's status on a number of domains that may pose a barrier to stable housing and other aspects of self-sufficiency. SSMs attract attention because they appear to offer a way to document the impact of homeless assistance programs on dimensions of household functioning that many programs seek to improve, but which simple measures such as re-entry into shelter miss entirely. Further, in theory, using an SSM with clients from many programs and communities appears to allow comparison of outcomes across programs and across communities. If this were true, using an SSM and having its findings available nationally for cross-program and cross-community comparison would be a tremendous improvement on the current state of knowledge about outcomes and impacts in the homeless assistance arena. For these reasons HUD proposed including a self-sufficiency matrix as part of its draft HMIS data standards in 2010. Comments on the 2010 draft standards pointed out a sufficient array of issues with SSMs that HUD backed off from recommending their use, but some communities have decided to proceed on their own, often with local modifications. For example, Michigan's statewide HMIS/evaluation system has, for a number of years, required programs to administer an SSM at entry and exit, and the state of Minnesota began requiring all homelessness programs offering long-term assistance to use this matrix starting July 1, 2011.

Issues With SSMs

This appendix describes some of the issues observed in the use of SSMs by homelessness prevention and/or rapid re-housing programs.[144] Its purpose is to alert programs and CoCs thinking about adopting an SSM to the things they need to consider and decide before committing to one or more of its uses. It does not offer detailed numerical analysis because none of the evaluations focused specifically on the use of SSMs or gathered data to assess their effects on client selection, services offered, or uses made of

[144] This appendix draws on the authors' knowledge of how homelessness prevention/rapid re-housing programs used self-sufficiency matrices accumulated through several different evaluations.

the data locally. Such research should be done in the future. But since research team members have by now seen many variations in SSM use, sharing their observations and concerns seems appropriate for this report. The rest of this appendix covers the following practical considerations:

- The beginning: The Arizona Statewide Program Evaluation Project (SPEP) and the Arizona Self-Sufficiency Matrix (ASSM) developed for it—what was tested and for what purposes was it validated?
- Changes to the ASSM as a scale; scoring and the meaning of self-sufficiency.
- Changes in the ways SSMs are used.

The Arizona Self-Sufficiency Matrix (ASSM)

In the mid-2000s, the state of Arizona developed a self-sufficiency matrix for its SPEP. The project's goal was improving overall system performance, which in turn meant identifying the programs that helped clients achieve the best outcomes, shifting resources to those programs, and creating incentives to move less-successful programs toward adopting the approaches used by the better programs. The ASSM began with 13 domains, and later expanded to 15. Five-point scales are used to measure a household's status on each domain at program entry and again at program exit, with a score of 1 indicating the least self-sufficiency and a score of 5 indicating the most self-sufficiency. The ASSM was not used to select people for a program or otherwise make eligibility decisions. It was used as the basis for case planning and discussion between client and caseworker, followed by the offer of appropriate services to address identified client needs and priorities. It was also used to track client progress from program entry to program exit and sum the changes across clients as a way to create a *program score,* which could be used to compare performance across programs, controlling for levels of household barriers among a program's client group.

What is the meaning of "tested and validated" with regard to the ASSM? Arizona's SPEP was interested in the matrix's ability to measure the areas in which a client needed help to become self-sufficient, in anticipation of developing an assistance plan that offered the client the right supports for the right domains and measuring improvements on those domains by the time the client left the program. It grouped its domains into those pertaining to financial/economic issues and other self-sufficiency domains and, for each program in the evaluation, created a score on each set of domains, as well as an overall summary score reflecting all domains.[145] What the SPEP tested and validated was the approach to using the ASSM that worked best to move clients along toward a better ASSM score at program exit than at program entry. That approach was joint completion of the SSM through give and take between client and caseworker; this strategy worked better than either self-administration by clients or solo completion by caseworkers, because it was more likely to accurately reflect a client's true situation, which then allowed the caseworker to assemble the most appropriate array of supports for the client and for the client, in turn, to make the most progress.

In Arizona, the ASSM comes with detailed instructions for administration and use, and extensive training of caseworkers and analysts to assure reliability.[146] There are many ways to use an SSM, as will be seen

[145] The SPEP did not assess progress on each domain separately, and therefore did not validate this approach to using domain scores.
[146] Robert Gellman, Charlene Flaherty, and Dennis Culhane, 2006. Using HMIS in Research and Evaluation. Presentation at the 2006 National HMIS Conference, available at http://www.HMIS.info.

below. It is important to recognize that the SPEP only tested and validated one of these uses. It is therefore inappropriate for programs or communities using an SSM in other ways to claim that such uses are justified based on testing and validation by the SPEP. Each community using an SSM should conduct its own assessment of its most useful functions.

Changes to the ASSM as a Scale

Experiences during field visits and interviews with dozens of communities for evaluations of homelessness prevention and/or rapid re-housing programs indicate that different homeless programs and homeless assistance networks use self-sufficiency matrices for several purposes and score them in a variety of ways. Despite these deviations, many claim their SSMs and uses are based on the ASSM and have been tested and validated. Choices regarding use and scoring of these matrices have many implications, not all of which are carefully evaluated by communities before they proceed to use them, or even after. The phrase "appears to offer" in this appendix's introduction expresses skepticism about the promise of SSMs unless communities and evaluators attend to many caveats and include detailed descriptions of exactly what they use their SSM for and how they administer, score, and analyze it.

Number and Nature of Domains Included

If findings from SSMs are to be interpreted correctly, the first thing one needs to know about a particular community's SSM is which domains are included. The original ASSM had 13 domains; Arizona itself added two in later years and others have added more, so recently used versions have 17 to 19 domains. The original 13 are income, employment, housing, food/nutrition, childcare, safety, parenting skills, children's education, adult education, legal,[147] health care, life skills, and mental health. Additional domains used in some communities include substance abuse, credit, family relations, transportation/mobility, community involvement, disability/disabling condition(s), child welfare involvement, and English language skills/literacy. Some uses have also combined domains that are separate on others (e.g. health/disability) or split a single domain into two (e.g. housing into rental history and homeless/housing status). Different programs and communities establish their own SSMs, which they often refer to as modified ASSMs, sometimes using 18 to 19 domains and sometimes using fewer. Also, some communities use more domains for some purposes and fewer for other purposes, such as using 4 to 8 domains for intake decisions and the full array for assessment and monitoring client progress.

SSM Scoring and What Should Be Considered "Self-Sufficient" [148]

The second thing one needs to know about a particular use of an SSM to interpret its results correctly is how a program or community scores it. Some communities have modified the meaning of scale scores

[147] In the original ASSM, the legal issues of concern were outstanding tickets or warrants, criminal history, and compliance with probation or parole; no mention is made of eviction or leases, which might or might not have been considered as part of housing. Yet for homelessness prevention and rapid re-housing programs the usual legal issue is eviction, which was the focus of the legal aid comprising the largest number of specialty subgrants in HPRP. For domestic violence and other programs dealing with homeless families, legal issues could involve divorce, custody, child support or other aspects of family law; for permanent supportive housing programs they could be negotiating a disregard of certain less serious criminal history to becoming eligible for public housing or a housing subsidy; and for veterans homelessness programs they could be changing discharge status or disability rating. To use the legal domain for these programs, the verbal descriptions of each numerical score would have to be changed from the original.

[148] This discussion assumes that communities offer all SSM users appropriate initial and ongoing training and supervision for all program staff administering the SSM, including new staff (especially important given the level of staff turnover in many homelessness prevention and homeless assistance programs). Appropriate training and supervision is often but not always the case; without it, SSM scores for the same household done by different caseworkers will not reliably be the same, and will not provide a program or community with valid feedback on client or program performance.

from the Arizona original. Some have replaced five-point scales with seven-point or other scales. Some have changed the direction considered more self-sufficient, making 1 indicate the most rather than the least self-sufficient. Some have changed the wording associated with particular scale scores.

It also happens that the highest score on many domains represents a level of achievement that seems to this research team well beyond self-sufficiency, which is itself a slippery concept.[149] For instance, a 4 on the food domain is "can meet basic food needs without assistance" while a 5 is "can choose to purchase any food the household desires." Why isn't a household that fits the 4 description considered self-sufficient, and enough said? How many households that almost anyone would consider self-sufficient can buy anything they want, as much as they want, whenever they want? Not many. Likewise, on childcare, a 4 is "can afford childcare without assistance" while a 5 is "able to select quality childcare of choice"; on health care a 4 is "all members can get medical care when needed, but may strain budget" while a 5 is "all members are covered by affordable adequate health insurance." Not only are the 5s in these cases significantly beyond most meanings of self-sufficiency, the substantive difference between a 4 to a 5 is very large—much larger than the difference between a 3 and a 4 in most instances.

The psychometrics of scale construction require equal-appearing intervals if one wants to be able to add up and average scores—that is, the substantive and subjective (to the scorer or person being scored) difference in meaning between a 1 and a 2 should be roughly the same as the difference in meaning between a 2 and a 3 or a 4 and a 5. Some scales on the ASSM do not meet this criterion. Further, some communities adapting the ASSM to their own use have changed the wording that describes the meaning of a 1, a 2, and so on (as well as adding new domains). This is another departure from appropriate use of scales. A scale said to be tested and validated—or reliable and valid in scale-construction-speak—must be used in the exact form that was tested in the application that claims reliability and validity. Wording changes are especially treacherous, as even small, seemingly minor, word changes frequently produce different results.

When examined closely, it seems that for at least some domains on the ASSM and many other SSMs, the circumstances that merit a 4 would be considered self-sufficient, meaning the household is taking care of itself, while a 5 represents something beyond this level. The level represented by "5" has some degree of flexibility, breathing room, choice, permanence, quality and so on that would be nice to have but is not essential and that eludes large numbers of low- and moderate-income households that anyone would consider self-sufficient. In all likelihood, only an upper-middle class household would score 5s on all domains of the ASSM. One needs to ask whether this is the standard to which we want to hold families and single adults who seek help to prevent a loss of housing. Further, and at least as much to the point, are programs offering the types of assistance that could be expected to help households reach the level of a 5 on many SSM domains? If programs are not offering a relevant level of assistance, it is not fair to either client households or the program itself to set the highest score beyond their reach, or, at the least, beyond any reasonable expectation that the program intervention could bring about the outcome.

[149] Note that many middle- and upper-middle class families afford quality childcare because they get a tax break through the childcare tax credit, and they afford health insurance because they get it at work (although many cannot afford the family option). Are they self-sufficient?

Changes in the Ways that SSMs Are Used

Communities currently using an SSM have turned it to a number of purposes well outside of the SPEP's model statewide evaluation. There is nothing inherently wrong with doing this, but few if any alternate uses have been tested in ways that make known their psychometric properties or their usefulness as

performance measures. Purposes observed in one or more communities offering homelessness prevention and/or rapid re-housing include three relatively common ones and a fourth purpose seen less often (although it was a primary one for the SPEP):

1. Intake/enrollment—deciding which households a program will serve.
    - In systems with centralized intake, information gathered using an SSM could contribute to deciding which of several program options to offer a particular household (i.e. using it for triage); monitoring and evaluation would be desirable to assess whether SSM-based decisions really generate the best client-program matches and whether adjustments are needed.
2. Assessment/assignment to interventions—once households enter programs, working with clients to decide what services and supports a particular household needs, and sometimes in which order to offer them.
3. Measuring accomplishments:
    - Client progress—at the household level, tracking improvements on the various SSM domains and recording achievement of household goals.
    - Program effectiveness—at the program or community level, assessing program performance.
4. Prompting system change—improving system efficiency and effectiveness.

Intake/Enrollment

One of the biggest deviations from Arizona's tested and validated use of an SSM is using it to establish household eligibility for particular programs. In making changes, communities seem not to have considered the effects of two vital decisions on results and how they should be interpreted. These are the number of domains to use and the way to create a score that will be used to determine eligibility for different programs. This section addresses the first decision while the issue of scoring an SSM is reserved for the section below on measuring performance.

Consider the issue of how many domains to use. Among the 19 domains that at least some communities have used, any given program is likely to address only a few. Further, the shorter the intervention, the fewer domains it will be able to affect given its resources, skills, and mission. When one uses 18 or 19 domains to determine eligibility, one is saying that a household's level of community involvement (e.g., participating in the PTA) is as important for determining eligibility as its level of housing stability or income prospects. For a homelessness prevention/rapid re-housing program this is clearly untrue.

What are the options for including or dropping domains? Taking the narrowest view, if the SSM is going to be used only for a single relatively tightly focused program or program type, dropping domains might be a good option. But the narrowest view might not be the best for a community in the long run. Other options include:

- A community will want to keep all domains if all programs in a community are using the SSM to assess eligibility, as they will be relevant to some programs but not others within the local system.
- All domains will also be needed if the system has a centralized intake structure that uses SSM information to triage households and steer them toward the most appropriate program resources.
- Keeping all domains and using them for all clients also gives a community the chance to see whether there are some domains for which the system is unable to mobilize resources. Learning which domains face such shortages might inspire future planning to establish relevant linkages to expand the homeless assistance network's access to appropriate resources.

Alternatives would be (1) *within* program type, use only the relevant domains to compare program performance or (2) weight the domains differently to determine eligibility for programs with different scopes. Using the weighting alternative, for a homelessness prevention or rapid re-housing program one might want to give four times as much value to a score on housing, credit, employment, and income than to community involvement, parenting skills, or transportation, even if the latter are important to a household in the long run.

Yet many homelessness prevention/rapid re-housing programs visited for the evaluations in which members of this research team have been involved used the full set of domains to determine program eligibility and none of them who used scale scores based on the full set to determine eligibility seem ever to have thought of weighting some domains more than others for this purpose. Other communities, recognizing the greater relevance of some domains to program purpose, did limit themselves to four or five domains to make the intake decision—those most relevant to a household's ability to get and keep housing. They collected information on all domains and used it to assess and track client progress, but not to determine eligibility.

Another issue on which communities vary when using an SSM to make intake/enrollment decisions is where to set the boundaries for an SSM score the leads to assigning a household to a particular program. In the case of homelessness prevention/rapid re-housing programs, the target population is households with "moderate barriers." Thought of in terms of an SSM score, that means that a community or program must establish a score or range of scores that translate into "moderate barriers" and screen out household that have too many barriers (e.g. those that might need permanent supportive housing) or too few barriers (e.g. those that might only need 1 month's back rent to stabilize them in housing). Among HPRP communities visited for the present study, for instance, Santa Clara County set the SSM score range between 50 and 71 percent. Communities differed dramatically in their decisions about the scores they deemed appropriate for homelessness prevention supports, and also in their flexibility or rigidity in sticking strictly with the SSM score versus being able to consider other factors in making eligibility decisions. Anyone hoping to generalize across programs or compare the results on one program to those of another would need first to be assured that the program served people with the same level of barriers and that an SSM score means the same thing in all programs in the analysis.

Assessing Needs and Making Service Offers

The ASSM was designed for this function: to assess a household's status on its various domains preparatory to working with the household to prioritize what to work on immediately and secondarily, determining what resources to offer the household, and developing a case plan. Periodic reassessments using the ASSM were also used to track client progress, and a final assessment as a household prepared to leave the program was done and compared to ASSM findings at program entry to reveal client achievement. The SPEP then summed and averaged scores across clients within a program to reveal program performance. Homelessness prevention and rapid re-housing programs that use an SSM use it for at least the first two of these purposes—assessing need/developing a case plan and tracking client progress. Other than the need for initial and ongoing training to assure consistency of use across caseworkers, which is essential as noted earlier, this use of an SSM is fairly straightforward and free of caveats.

Measuring Accomplishments and Promoting System Improvements

This was the ultimate purpose for which Arizona's SPEP developed the ASSM; used as Arizona uses it, the approach has been tested and validated. However, as with other aspects of SSM use, communities have taken different approaches to scoring SSMs and comparing program entry and program exit scores to measure program and community accomplishments. Further, different approaches will likely lead to different conclusions. Therefore it is important for a program or community to think carefully about its measurement decisions and equally important for it to detail its procedures so outside consumers of its results will be able to tell if they are looking at apples or oranges.

Communities add up the scores a household receives on all domains and divide by the number of domains to produce an average SSM score for each client. By repeating this procedure when households leave the program (and sometimes in between), one gets before-and-after scores that one can compare to each other to measure client achievement—did this particular household improve while in the program. One can also measure program performance to determine if program clients in general improve while in the program.

As with everything else pertaining to the use of SSMs, the meaning of "compare SSM scores from entry to those at exit" differs for different programs and communities. One can do the calculations in a number of ways, all of which are identical arithmetically:

- Getting to an average entry and average exit score:[150]
  - Option 1—Sum across households before calculating change: Sum all household entry scores across domains, divide by the number of domains and then by the number of households (or vice versa) to get an average program entry score across all domains. Do the same for all exit scores. Subtract average entry score from average exit score to get average change.

[150] A third option is not recommended but has been used. This is to translate a 1-point movement from entry to exit into percentages that give the whole scale 100 percent and assign 25 percent to each 1-point change, either positive or negative. Note that the proportion allocated to each 1-point increment is 25 percent, not 20 percent, because even though a 5-point scale is involved, there are only 4 1-point increments (it is not possible to have an average scale score of less than 1 or more than 5, so the increments are 1 to 2, 2 to 3, 3 to 4, and 4 to 5).

    - Option 2—Calculate per-household change before determining average across all households: Calculate the difference for each household on each domain between program entry and program exit score, sum across domains and divide by the total number of domains to get average per-person change score. Sum change scores across households and divide by the number of households to get the average.
- Getting to average percentage change:
    - Option 1: Divide per-program average exit score by per-program average entry score, both from Option 1.
    - Option 2: Divide per-program average change score by per-program average entry score, both from Option 2.
- Forgetting the averages and just calculating changes on each domain separately. This actually produces much more useful information, as it shows the domains on which the program was able to make a difference.

All ways of calculating the change are equally straightforward, but once one has the average score, average change, or percentage change, what should one make of it? Here are some questions to ponder—there are no right answers, but there might be some preferences:

- Should a movement from 1 to 2 be considered the same as, or perhaps more important than, a movement from 4 to 5? Arithmetically they will produce the same percentage improvement, but from household, program, and policy viewpoints, a move from 1 to 2 might be considered more important than a move from 4 to 5. Do you want to give a program equal credit for moving a household from a 4 to a 5 as for moving a household from a 1 to a 2, especially if the 1s are in the domains that are the program's primary focus and the 4s are not?
- Should domains on which a household scores 4 at entry be included in the calculations at all? Programs are less likely to work on these domains than on domains that present greater barriers to housing stability. Further, improvement cannot be registered but negative movement can be, as the scale limits measured improvement to 1 point but the household could drop 4 points, whereas a household scoring a 1 at entry can move up 4 points but cannot move down at all. It might be better to analyze changes separately for households at each scale level at program entry, to see where the movement occurs.
- Suppose there are two programs, one of which has an average entry score of 3 while the other has an average entry score of 1.5. Should both of these programs get the same credit for moving their clients an average of 1 scale point from entry to exit?
- Finally, suppose a community has set itself a performance goal of moving at least 80 percent of its clients 10 percentage points on its SSM between entry and exit. Calculating change using all domains in its SSM (say, 18), it finds that only 70 percent moved that much, so the goal is declared "not met." But, if the calculation had been based only on the eight domains used to determine eligibility, 80 percent would have changed at least 10 percent on their SSM score, and if the calculation had been on the four domains that the program was designed for and most consistently addressed, 85 percent would have changed at least 10 percent. In both the latter cases the goal would have been met or exceeded. What's the right thing to do (which of course should be decided before the fact, not after having seen the results)?

Summary Table

Issue	Concerns About SSM Use for: Intake/Enrollment	Service Delivery Decisions	Performance Measurement/Cross-Program Or Cross-Site Evaluation
How many domains are used	1. The more domains, the less likely that a particular program will address them all 2. The more domains, the more likely a particular household will receive a low score on enough domains to generate a summary score too low for eligibility, even though the domains are not relevant to what the program offers	1. The more domains, the less likely that a particular program will address them all, have the resources relevant to address them all, or be able to affect them all	1. SSM scores based on SSMs with different sets of domains should not be compared 2. Domain-by-domain analysis is likely the most appropriate (and most revealing) approach, using only the domains for which a program has actually offered assistance
How domains are scored	1. Be careful about the rules established for adding up scores on individual domains to create a scale score. Weight the most important domains. Also, establish a range of eligible scores	1. Consider dividing the full range of scale scores into groups that indicate different levels of need, and apply to triage decisions/assignments to different programs (rather than just rejection by a particular program if the score is outside its range)	2. SSM domains need to be scored similarly to make cross-program or cross-community comparisons valid 3. Different scoring methods lead to different conclusions about program impact
What score is acceptable	1. Communities differ in what score or score range they associate with low, moderate, and high-barrier households, and therefore which households they will accept in different programs 2. If a community includes all domains in its SSM score, it should weight the most important domains more heavily to give them the most influence on intake decisions 3. Using all domains coupled with a cutoff score that can't be met if a household scores a 1 or 2 on even a couple of domains is a recipe for creaming, and failing to serve high-barrier households	1. If a program sets its score to take only low-barrier households it may not need to offer much; conversely if it takes moderate and high barrier households it will have to offer more, longer, or both to achieve the same level of household outcomes	
How scores are added up and compared to each other		1. Use domain-by-domain scores as well as summary scores to assess progress at the individual client level 2. Use both domain-by-domain and summary scores to assess performance at the program level and compare program performance across programs	3. Evaluators need to be sure that programs they hope to compare served similar clients (i.e. don't compare a program selecting the hardest households to one that creamed) 4. Don't include domains in a summary score for a particular program that the program did not/cannot

			address (but do use data from all domains to assess system capacity to address barriers in all domains) 2. If you insist on including all domains, weight the domains the program does address much more heavily than the ones it doesn't 3. Take into account the fact that a top score at entry on a particular domain means that the household can only get worse or stay the same, whereas a bottom score means the household can only improve or stay the same.

Definition of Terms

- **Area Median Income (AMI)** is calculated by the U.S. Census for metropolitan areas and varies considerably from area to area. It is adjusted for family size, and updated regularly. Many HUD programs use AMI to set income limits for eligibility. The maximum income a household may have to be eligible for HPRP is 50 percent of the local AMI.

- **Annual Performance Report (APR)** is a report that all HUD homeless programs must submit at the end of their grant year. It describes households and persons served, services delivered, and program funding spent. For everyone who exited the program during the reporting year, the APR also reports changes between program entry and exit on income, benefits, and destination. For HPRP, a new variable, **housing status**, was collected at program entry and exit.

- **"But for"** is shorthand for HUD's suggestion that a good way to determine whether a household meets its second eligibility criterion (see below, "imminently at risk of losing housing") is to ask whether the household would "be homeless but for this assistance."

- **Continuums of Care (CoC)** are local planning bodies responsible for coordinating the full range of homelessness services in a geographic area, which may cover a city, county, group of cities and counties, metropolitan area, or even an entire state.

- **Direct service provider** was a respondent to the HPS survey who worked directly with HPRP clients to deliver financial assistance and housing relocation and stabilization services. Direct service providers could be grantees, subgrantees, or sub-subgrantees. Most were nonprofit human service organizations, but some were government agencies or faith-based organizations.

- **Eligibility criteria for HPRP homelessness prevention services that HUD required** included (1) household income at or below 50 percent of AMI, and (2) the household was imminently at risk of losing housing AND had not identified any appropriate subsequent housing options AND lacked the financial resources and support networks needed to obtain immediate housing or remain in its existing housing.

- **Emergency Food and Shelter Grants (EFSG)** are part of the Federal Emergency Management Agency (FEMA) and administered by a national board of FEMA, the United Way, and six additional nonprofit agencies. EFSG funds are distributed to communities across the U.S. on the basis of their poverty and unemployment rates. EFSG began in 1983 and was the first federal program to offer resources for homelessness prevention. It funds soup kitchens and food pantries, emergency shelters, and short-term eviction prevention (usually 1 month) through community agencies.

- **Emergency Shelter Grants (ESG)** were authorized under the Stewart B. McKinney Act of 1987; the HEARTH Act of 2009 replaced them with Emergency Solutions Grants. Communities could always allocate some ESG resources to homelessness; Emergency Solutions Grants allow a higher proportion to be used for prevention.

- **Grantee/HPRP grantee** was the government entity receiving HPRP funds from HUD, which could be a city, county, state, or territory. Also used to indicate the government agency that was assigned the responsibility of administering HPRP. "Grantee," as used in this report, is always specific to the government entity or agency that initially received or administered HPRP funds.

- **Homeless Management Information System (HMIS)** is a software application designed to record and store client-level information on the characteristics and service needs of homeless persons. HMIS enables unduplicated counts of people using homeless assistance services over time and is the basis of the information on annual prevalence reported to Congress in Annual Homeless Assessment Reports. A special HMIS module was created for HPRP.

- **Homelessness Prevention and Rapid Re-housing Program (HPRP)** was authorized by the American Recovery and Reinvestment Act of 2009 and is administered by HUD's Special Needs Assistance Programs office. It was designed to prevent housing loss and subsequent homelessness among people facing a housing crisis and also to restore people to housing who were experiencing homelessness and would likely benefit from short- or medium-term assistance.

    - **HPRP Financial Assistance (FA)** could be used to cover rent or utility payments, rent or utility deposits, moving costs, or hotel/motel vouchers. All payments were made directly to a landlord, utility company, or other vendor; none went directly to HPRP households.

    - **HPRP Housing Relocation and Stabilization Services (HRSS)** included referrals to other community resources, outreach and engagement, housing search and placement, landlord/tenant mediation, legal services, and credit repair, all usually performed within the general rubric of needs assessment and case management.

    - **HPRP program/HPRP community**, as used in this report, refers to the whole range of HPRP activities in a community. These may involve the resources of only one grantee, or may integrate the resources of more than one grantee, as when a city and county, or a city, county, and state, pool their resources and design a jointly administered program to serve a particular geographic area.

- **Homelessness Prevention Study (HPS)** is the research effort funded by HUD and carried out by the Urban Institute and its partners, Abt Associates Inc. and the Cloudburst Group, to learn how communities created their HPRP programs and how those programs operated in practice. This report is the final product of the HPS, and includes findings on all of its research questions and topics.

- **HPS survey** was the part of the HPS that used a Web survey to learn from HPRP grantees and subgrantees about how their local HPRP programs were designed and operated. Results from the HPS survey appearing throughout this report are weighted to be statistically valid and representative of the 99 percent of all HPRP communities throughout the nation that used at least part of their HPRP grants for homelessness prevention. No HPS survey results are given in raw numbers of respondents.

- **Housing status** is a new field added to HMIS for the purpose of HPRP reporting. It specifically reflects the type of housing a client had when enrolling in HPRP and, for those who have left the program, the type of housing the client had at program exit. Information on housing status was reported in each HPRP program's APRs, and can be used to indicate whether client housing status improved from entry to exit. The following definitions come from the HMIS data standards:
    - ***Literally homeless***—living in (1) places not designated for or ordinarily used as a regular sleeping accommodation for human beings; (2) emergency shelter facility or hotel/motel paid for with funds other than the person's own funds, congregate shelters, and transitional housing for the homeless; (3) a hospital or institution (for a stay of 180 days or less) if the person was sleeping in an emergency shelter or place unfit for human habitation prior to the hospital/institutional stay; or (4) fleeing a domestic violence situation.
    - ***Imminently at risk of losing housing***—currently housed but at imminent risk of losing housing and without subsequent options or resources/support networks needed to remain in current housing or obtain other temporary or permanent housing
    - ***Unstably housed***—currently housed but experiencing housing instability, with one or more other temporary housing options but lacking the resources or support networks to retain or obtain permanent housing.
    - ***Stably housed***—not at risk of losing housing and not meeting the criteria for any of the above definitions.
- **Mainstream service agencies** are government agencies offering benefits and services for people in need. These include Temporary Assistance to Needy Families (TANF), state- or county-administered General Assistance (GA), food stamps (now officially the Supplemental Nutrition Assistance Program, or SNAP), Medicaid, Supplemental Security Income (SSI), One-Stop Career Centers and other employment development services, VA and other veterans service organizations, and agencies responsible for mental health care, substance abuse treatment, primary health care, corrections, and other large government programs. These agencies serve low-income clients, focusing on their needs for income, food, health, jobs, and so on. While some of their clients may be literally homeless or at risk of losing housing, resolving client housing issues is not the main focus of their work.
- **Subgrantee/HPRP subgrantee** was an agency that received funds from an HPRP grantee to provide services and supports to HPRP clients and/or the grantee itself. Most subgrantees delivered direct client services and supports; some provided specialized services such as legal aid. Some grantees also used subgrants to acquire fiscal agents (to administer, distribute, and monitor funds and expenditures), administer HMIS for HPRP, and conduct evaluations of HPRP activities and effects.
- **Sub-subgrantee** was an agency subordinate to an HPRP subgrantee. Where they existed, sub-subgrantees provided the same array of services as did subgrantees.

- **Sustainability** is the ability of a household to maintain itself in housing once HPRP assistance ends. HUD suggested, but did not require, that HPRP programs consider sustainability in addition to "but for" in selecting HPRP households, as the program was intended to serve short-term needs.

- **Ten-Year Plans to End Homelessness (TYPs)** are plans drafted by communities and organizations nationwide aimed at decreasing and eventually eliminating homelessness. Since about 2005, more than 400 communities have developed and/or implemented TYPs. Current plans include a wide range of strategies, including permanent housing, systems prevention, outreach, emergency prevention, and rapid re-housing.

Study Definition of Data Terms

- **HPS Survey, All** were respondents to the HPS survey and included both HPRP grantee and subgrantees. HPRP grantees are government entities that received HPRP funds from HUD. Entities could be a city, county, state, or territory. HPRP subgrantees are agencies that received funds from an HPRP grantee to provide services and supports to HPRP clients and/or the grantee itself.

- **HPS Survey, Direct Service Providers** were respondents to the HPS survey who worked directly with HPRP clients to deliver financial assistance and housing relocation and stabilization services. Direct service providers could be grantees, subgrantees, or sub-subgrantees. Most were nonprofit human service organizations, but some were government agencies or faith-based organizations.

- **HPS Survey, Grantees** were respondent to the HPS survey and are government entities that received HPRP funds from HUD. Entities could be a city, county, state, or territory.

- **HPS Survey, Subgrantees** were respondents to the HPS survey and are agencies that received funds from an HPRP grantee to provide services and supports to HPRP clients and/or the grantee itself.

- **APR 2009** refers to data from HUD Annual Performance Reports, dating from program start to September 30, 2010. Because HUD disseminated program guidance in late June 2009 and gave communities until October 1, 2009 to have their programs in place, some programs started earlier than others.

- **APR 2010** refers to data from HUD Annual Performance Reports, dating from program start (anywhere from July to October, 2009) to September 31, 2011 reported as grant to date, or total unduplicated statistics over this timespan.

- **APR 2009-10 Combined** refers to aggregated data from two HUD Annual Performance Reports, dating from program start (anywhere from July to October, 2009) to September 30, 2010, and October 1, 2010 to September 31, 2011, reported for each respective year alone. Because some statistics were not reported in the 2010 APR as grant to date, these statistics must be aggregated from the two APRs and may not be unduplicated over this time period.

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U.S. Department of Housing and Urban Development
Office of Policy Development and Research
Washington, DC 20410-6000

August 2015