

Memorandum

To: Regional Steering Committee on Housing and Homelessness

From: HomeBase

Date: April 16, 2010

Re: Bay Area HPRP Program Implementation and Operations Through March 2010

Introduction

Since the Homelessness Prevention and Rapid Re-Housing Program (HPRP) funding was announced in the spring of 2009, the Regional Steering Committee has dedicated a portion of each quarterly meeting to discussing how the program has rolled out in the Greater Bay Area. This memo picks up where the January 15, 2010 meeting left off, focusing on program launch and operation in the first phase of program operations (through March 2010). We have gathered information from nine Counties (Alameda, Contra Costa, Marin, Monterey, Napa, Sacramento, San Francisco, San Mateo, and Santa Clara) in the attached matrix to illustrate some of the distinctions and commonalities among HPRP programs throughout the region.

Key Challenges/Opportunities Presented by HPRP

As discussed at the January 15, 2010 meeting, HPRP implementation has presented a number of new opportunities, along with some new challenges, as listed below.

- **Prove that prevention works and that our jurisdictions do it well.** Although the Stimulus Bill provided a maximum of three year's worth of support to funded HPRP programs, the HEARTH legislation passed in the spring of 2009 includes a mechanism for ongoing support for prevention and re-housing activities as part of each community's Continuum of Care. In the limited time that we have to implement HPRP programs, we must also demonstrate their effectiveness, and build support for the programs among community partners, funders, and government agencies. A key piece of this is developing and reporting on meaningful outcome measures and devising clear ways to convey that message to decision-makers.
- **Build the necessary infrastructure so that each community has a prevention system that can sustain additional investment.** Despite the mandate of the Stimulus Bill to spend HPRP funding quickly and the clear demand for assistance that supports rapid spending, it is also crucial to ensure that each community is laying the groundwork for a prevention system that can exist beyond the terms of the Stimulus. Collaboration between providers funded by different HPRP streams; partnerships with local government agencies; meaningful linkages with other components of the Continuum of Care and other prevention programs (like the TANF Emergency Contingency Fund) are all critical components of the infrastructure that will be able to absorb ongoing investment.

- **Manage the day-to-day complexities of getting HPRP programs up and running.** Aside from planning for future sustainability and expansion, most jurisdictions are still putting the various moving parts together, including managing demand for HPRP assistance, streamlining referrals, fine-tuning screening and assessment, adhering to HUD habitability and lead-based paint requirements, HMIS reporting, etc. As we enter the second quarter of service provision, these issues and challenges are of central concern in most communities.

As each community ramps up its respective HPRP program(s), we hope that the Regional Steering Committee can provide useful information to share among jurisdictions, convene providers from throughout the region to highlight common challenges and successes, and keep providers focused on all three of these overarching opportunities as we build and expand upon our regional prevention systems.

HPRP Matrix: A Second Look at the Quarterly Data

The attached matrix includes information gathered from 9 Northern California counties: Alameda, Contra Costa, Marin, Monterey, Napa, Sacramento, San Francisco, San Mateo, and Santa Clara. The matrix should be understood as the second iteration of a living document that is likely to expand and change as time goes on. As with last quarter, much of the information had to be gathered while each jurisdiction was preparing the corresponding Quarterly Performance Reports so, in some cases, the numbers are estimates and/or subject to change. In other cases, communities are still trouble-shooting the production of reports from HMIS, so data was pending. We expect to fill in blanks as we go along in order to provide information that is most useful to providers and agencies directly involved in HPRP implementation, add communities and/or additional data categories, and provide any other updates or additions as requested.

When the RSC examined the data from the previous quarter (October 1, 2009 – December 31, 2009), a number of trends were revealed. Many of the jurisdictions had structured their HPRP programs differently, and virtually all were facing demand even greater than they anticipated. The types of assistance varied across jurisdictions, both in terms of length of time for which assistance was needed, as well as the amounts and types of assistance requested. There was significant demand for assistance among both individuals and larger households across the jurisdictions and, in many cases, the breakdown of household type was more of an indication of how the funds were being targeted. In general, most jurisdictions were focused intently on program implementation and ironing out any problems that presented themselves at the outset.

For the most recent quarter, a few new issues arose from the information provided by the HPRP providers and grantees:

- **New HUD guidance has presented implementation challenges.** Information that has been released by HUD in recent months (after HPRP start-up) has been helpful for clarification purposes, but has required some jurisdictions to modify intake and screening to ensure compliance with eligibility. San Francisco County has noted that, in order to ensure compliance with HUD eligibility information, they have had to tighten their enrollment process. As a result, the number of eligible households has decreased.

- **Demand for HPRP assistance remains high, but the type of assistance varies considerably across jurisdictions.** As in the prior quarter, there is no single type of assistance that is “typical” among the Counties surveyed. Some Counties, like Marin and San Francisco, are primarily providing one-time assistance. Other Counties, like Santa Clara, report that many of the households assisted are receiving multiple months’ worth of assistance. Most of the Counties report conducting some form of outreach, but much of it serves an informational purpose.
- **It is still somewhat early to understand program outcomes.** Although all of the programs are tracking Housing Stability as required by HUD, others have incorporated other outcomes, such as employment and income (Monterey), self-sufficiency indicators (Santa Clara), shelter diversion (Sacramento and Santa Clara), and others. As many clients are still enrolled – or very recently graduated – it is still early to assess long-term housing stability or other key indicators of program success.
- **Spend-down is an issue for a number of communities.** HPRP regulations require that, by the end of Year 2, 60% of grant funds have been expended and that 100% of funds are expended by the end of Year 3. In the prior quarter, it was difficult to assess how funds were being expended, as most jurisdictions were just beginning their reporting process. In the current quarter, however, spend-down remains a challenge. There are a number of contributing factors. As in the first quarter, subgrantee invoices lag behind, such that QPRs may not include all of the expenses incurred to date. Further, at least two jurisdictions report prioritizing other sources of funds (such as TANF Emergency Contingency Funds) for expenditure, as those funds have shorter spend-down timelines. Other State-funded communities have cited problems with obtaining HCD approval for program expenditures, which have led to significant delays in program reimbursement.

Additional Topics for Discussion

- How do we prove prevention works and ensure that communities have sufficient infrastructure, while we iron out the operational issues?
- Are our assessment tools working?
- Are there HMIS issues to address with respect to DV and legal services providers?
- How are we tracking, reporting, and analyzing outcomes?
- How will we incorporate HPRP into our Continuums of Care?
- Other Topics?

Questions for Discussion

- Are there “lessons learned thus far” that could be helpful for providers throughout the region?
- What other data would you like to see included in this matrix?

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