

## Memorandum

To: Regional Steering Committee on Housing and Homelessness

From: HomeBase

Date: January 15, 2010

Re: Bay Area HPRP Program Implementation: A Look at the First Quarter

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### Introduction

In 2009, 52 jurisdictions in the Greater Bay Area were allocated and/or awarded nearly \$76.5 million in Homelessness Prevention and Rapid Re-Housing Program (HPRP) funding from the U.S. Department of Housing and Urban Development (and/or the California Department of Housing and Community Development) to assist households experiencing, or at risk of, homelessness. As one piece in the larger Stimulus Bill, HPRP funding presents a critical opportunity for communities to address the impact of the economic crisis and to develop prevention systems to fill a gap in their systems of care.

Few of the jurisdictions receiving these funds had existing prevention programs at comparable scales. Most are now in the process of launching new programs or adapting and bringing to scale existing programs to meet new terms and potentially serve new clientele. At the same time, many jurisdictions are looking ahead and contemplating strategies for supporting HPRP beyond the terms of the Stimulus bill. In this sense, HPRP has created a set of challenges/opportunities for providers throughout the region. This memo examines more closely some of the challenges and opportunities presented by HPRP implementation and, in the attached matrix, highlights some of the initial and preliminary information we have gathered thus far on HPRP programs in the region.

### Key Challenges/Opportunities Presented by HPRP

- **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: An Initial Look at the Regional 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 first version of a living document that is likely to expand and change as time goes on. Much of the information had to be gathered before the submission of the first Quarterly Performance Reports to HUD 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.

The matrix yields a few interesting themes:

- Although developed independently, **most jurisdictions have structured their HPRP systems in similar ways**, with a team of subgrantees/partners serving specific areas or populations under the coordination of a local government lead entity. Alameda County is structured differently, with referrals coming in through 2-1-1 calls and being referred out geographically (with the exception of some targeted populations).
- **Demand for HPRP services is very high throughout the Bay Area.** Some communities, like Marin and Sacramento, report that adhering strictly to their eligibility guidelines has limited the number of households to be served, but all report that they have seen intense demand for assistance and some communities, like San Francisco and Alameda, may need to cap and/or space out new intakes to manage the demand. A few communities conducted initial outreach, but ongoing outreach does not appear to be needed in any of the communities. Some, like San Francisco and Contra Costa, are providing information to help interested households self-screen.

- **There is not one common type of assistance needed.** In Santa Clara, most of the households served thus far demonstrate the need for 3 months or more assistance. In San Francisco, there have been a higher number of requests for one-time assistance than initially expected and, in Marin County, virtually all of the assistance is for one-time interventions. In a number of communities, including Napa and Monterey, it is too early to tell how much assistance most households will need and/or the term for which such assistance will be provided. In Contra Costa County, it is too early to tell, but the community's expectations are that households receiving prevention assistance will likely be served for fewer than 3 months whereas homeless households receiving Rapid Re-Housing services are expected to need at least 4 months of assistance.
- **The household type most frequently served reflects each community's needs, as well as the services offered and the targeted populations.** Although not all communities are tracking how many of the households served are families versus individuals, those that do are not showing consistent patterns. Sixty-five percent (65%) of households assisted in Marin County were families, compared to 30% in San Francisco. This may reflect in part the need in the community but other factors influence this breakdown. For instance, a high number of individuals have received legal assistance in San Francisco, but that does not mean that individuals are necessarily receiving more assistance. Relatedly, Sacramento initially targeted their services to the sheltered homeless population so, in the first quarter, there was a higher percentage of individuals receiving assistance than there may be as the program rolls out. It is expected that this percentage will even out in future quarters.
- **Different communities are tracking different outcomes.** Some communities are focused entirely on Housing Status (as required by HUD), whereas others have incorporated other outcomes to track, such as employment and income in Monterey, self-sufficiency indicators and shelter diversion in Santa Clara, and time required to find housing and percentage returning to the homeless service system in Sacramento. Alameda County intends to gather information for all households, including those that did not receive assistance, in order to evaluate program performance.
- **HMIS implementation remains a challenge.** In many jurisdictions, the inclusion of partners who have not previously collected HMIS data has required additional effort in order to establish systems for data collection. In addition, some providers report a challenge with keeping up with data entry in the face of high client demand. Some communities, like Napa and Sacramento, are still in the HMIS implementation process, not yet generating reports from HMIS, but expect this process to smooth out over the course of the next few months.
- **Most communities anticipate spending their HPRP funds down in 2 years or less.** In the face of existing demand and limited funds, most communities have structured their HPRP funding to last for 2 years, including Contra Costa, Marin, Monterey, Napa, and Sacramento. None of the communities anticipated difficulties spending down the funds within the HUD-mandated time limit and Santa Clara expects to expend at least one of its three pots of money within Year 1.

### **Future Topics for Discussion**

- Screening and Assessment: How are Tools Working at the 6-Month Mark?
- Managing Demand and Prioritizing Services
- HMIS Implementation and Reporting: Data Analysis
- Tracking and Reporting Outcomes
- Meeting HUD Requirements: Lead-Based Paint and Habitability, Verifications, Affidavits, etc.
- Incorporating HPRP into the Continuum of Care: Building and Sustaining Referral Networks
- Spend-down and Transition to ESG: What Happens After Year 2?
- 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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