Homelessness Prevention and Rapid Rehousing Program: Lessons from Alameda County Implementation
March 2014

Dear Friends,

EveryOne Home is pleased to present *Homeless Prevention and Rapid Rehousing Program: Lessons from Alameda County Implementation*, our evaluation of the rehousing and prevention services implemented between 2009 and 2012 using federal stimulus dollars. The county-wide program, known as *Priority Home Partnership*, assisted over 5,000 people to maintain their permanent housing and nearly 1,785 homeless people to gain permanent housing. This report summarized how the program was developed, including key design decisions; who it helped and the outcomes it achieved; and finally discusses lessons learned with an eye to future systems design work.

Upon release of this report, EveryOne Home would like to thank a number of individuals and organizations:

- The partners who participated in focus groups or interviews as part of the evaluation, provided key insights into the program’s development, strengths and future implications;
- The jurisdictional and non-profit partners who collaborated to an unprecedented degree to design and deliver a national model program, they are listed in appendix C;
- Katharine Gale whose expertise and patience was critical in translating our design ideas and HUD’s evolving guidance into useable program policies and procedures;
- The InHOUSE HMIS team and Kathie Barkow, Aspire Consulting, who built a data base for this program that allowed partners to share information in real time across all programs and provided a rich data set for understanding the benefits and impact of this effort;
- Debbie Raucher who supported the development of Priority Partnership, conducted the evaluation and authored this report;
- And finally to front line staff at 211 and the seven Housing Resource Centers whose compassion, advocacy and skill helped thousands resolve their housing crises during the biggest economic downturn since the great depression. They were at the heart of this program’s success.

As we continue with our local efforts to prevent and end homelessness quickly and cost effectively for people facing a housing crisis, this report offers insights into our ability to plan and implement interventions and collaborations that work.

Best regards,

Elaine deColigny, Executive Director
INTRODUCTION

Policies aimed at eliminating homelessness have undergone a significant transformation in recent years, with a shift away from the use of emergency shelters and transitional housing towards models based on Housing First principles. This shift has included a move by the federal government to direct more resources towards the strategies of homelessness prevention and rapid rehousing. In 2009 communities across the country were presented with a momentous opportunity to test these strategies on a scale never before seen with the influx of $1.5 billion through the Homelessness Prevention and Rapid Rehousing Program (HPRP) funded under the American Recovery and Reinvestment Act (ARRA) of 2009.

In Alameda County, EveryOne Home is the entity tasked with implementing the county’s roadmap to ending homelessness by 2020. The vision of EveryOne Home is to organize a coordinated, efficient regional response to homelessness, making the best use of the county’s resources while building capacity to attract funding from federal, state and philanthropic sources. In 2009 EveryOne Home seized upon the circumstances presented by the infusion of funding through HPRP as an opportunity to remake the county’s response to homelessness in alignment with the principles underlying the goals of the EveryOne Home plan. This report was commissioned by EveryOne Home to describe these efforts and evaluate the impact, challenges and lessons learned from this ambitious endeavor. The information presented in this report was gathered from a review of program data, HPRP-related documentation and interviews with key informants. A complete list of the documents considered and interviews conducted is included in Appendix A.

OVERVIEW OF HPRP

The Homelessness Prevention and Rapid Rehousing Program (HPRP) was a 3-year federal program under which funds were distributed by the U.S. Department of Housing and Urban Development (HUD) by formula to 535 state and local governments across the country with the requirement that funds be expended within three years of award. The HPRP program was intended to provide temporary financial assistance and housing relocation and stabilization services to individuals and families who were homeless or would be homeless but for this assistance. The funds under this program were divided into two distinct categories:

1) Prevention funding for individuals and families who were currently in housing but were at risk of becoming homeless without this assistance and

2) Rapid re-housing funding for individuals and families who were experiencing homelessness (residing in emergency or transitional shelters or on the street) and in need of temporary assistance in order to obtain and retain housing.

The eligible activities under each component were the same: temporary financial assistance, housing stabilization services, data collection and administration. Financial assistance could be used pay for current and/or past rent or utility payments, security and utility deposits, moving costs, storage and temporary hotel vouchers. Eligible housing stabilization services included outreach, case management, housing search and placement, legal services and credit repair. Eligible households could be assisted with a single payment (such as one-time payment of past due rent or a security deposit) or up to 18 months of assistance. Monthly rental assistance could be used to pay all or part of a household’s rent during the subsidy period. All households were required to be assessed at the outset by a case manager and households receiving more than three months of assistance had to be recertified for eligibility every 90 days.
Some basic program requirements were specified in the Act, including that households assisted must have incomes below 50% of the Area Median Income, but HPRP also gave a great deal of flexibility to grantees to develop their local program.

Local Allocation

Alameda County is home to over 1.5 million people living in 14 incorporated cities along with six unincorporated communities and rural areas throughout 813 square miles. The allocation of funding to individual jurisdictions within Alameda County was based on the federal funding formula utilized to distribute Emergency Solutions Grant (ESG) funds. As a result, larger cities and the County received individual allocations of HPRP funds directly from HUD. Smaller jurisdictions not included under the county’s allocation were eligible to apply to the State of California for funds. All four eligible jurisdictions did so and received an allocation.

Figure 1: HPRP Allocations by Jurisdiction

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of Alameda</td>
<td>Direct from HUD</td>
<td>$552,208</td>
</tr>
<tr>
<td>Berkeley</td>
<td>Direct from HUD</td>
<td>$1,332,952</td>
</tr>
<tr>
<td>Oakland</td>
<td>Direct from HUD</td>
<td>$3,458,120</td>
</tr>
<tr>
<td>Hayward</td>
<td>Direct from HUD</td>
<td>$703,342</td>
</tr>
<tr>
<td>Fremont</td>
<td>Direct from HUD</td>
<td>$682,331</td>
</tr>
<tr>
<td>San Leandro</td>
<td>State of California</td>
<td>$1,500,000</td>
</tr>
<tr>
<td>Livermore/Pleasanton</td>
<td>State of California</td>
<td>$900,000</td>
</tr>
<tr>
<td>Union City</td>
<td>State of California</td>
<td>$500,000</td>
</tr>
<tr>
<td>Alameda County (on behalf of Albany,</td>
<td>Direct from HUD</td>
<td>$802,915</td>
</tr>
<tr>
<td>Emeryville, Piedmont, Newark, Dublin and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>unincorporated County)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL FUNDS</strong></td>
<td></td>
<td><strong>$9,628,953</strong></td>
</tr>
</tbody>
</table>

Development of Local Program

In 2008, prior to the creation by HUD of the HPRP program, Everyone Home had commissioned a report analyzing homelessness prevention programs and activities in Alameda County.¹ Key findings from this report included the following:

- Alameda County’s prevention resources were relatively small, not coordinated and did not target people most likely to become homeless.
- Homeless families in Alameda County generally had not had access to and didn’t qualify for homelessness prevention resources.
- Communities in other parts of the country with the strongest prevention efforts were characterized by significant state or local funding, widely-used data systems that tracked results for persons served, coordinated shelter entry that allowed prevention resources to be directly coordinated with the homeless system, outcomes-based contracting practices, and/or central coordination of the entire homeless services system including prevention.

The timing of this report proved fortuitous as HPRP funding was announced shortly after the report’s publication, creating an opportunity for the findings to inform the implementation of HPRP. Because HPRP funds were included in the American Recovery and Reinvestment Act (also known as the stimulus package) HUD set ambitious goals regarding the disbursement and spend down of funds. In order to make the most of this opportunity, EveryOne Home needed to act quickly to avoid the funneling of these funds into the existing fragmented system. EveryOne Home’s challenge was to work across multiple funded jurisdictions spread throughout a large and diverse county to facilitate the creation of a consistent, coordinated and accessible system in a very short time frame.

EveryOne Home chose to rise to the challenge and seize this unique opportunity. The process began by convening representatives from jurisdictions that had received an allocation of federal funds to discuss how these monies could be used to transform the way that prevention assistance was delivered in Alameda County’s to create a single, coordinated, countywide program. All of the jurisdictional representatives expressed a willingness to explore a collaborative countywide effort and a series of meetings ensued to hone in further on the most effective approach to program delivery.

Everyone Home held a community meeting in March 2009 to solicit ideas from stakeholders for a coordinated program from the broader community and identify key priorities. From these efforts, a framework for a collaborative service-delivery system emerged that included a centralized referral mechanism, coordinated screening and assessment, maximizing leverage of existing resources and a network of Housing Resources Centers providing a similar set of services across the county. Each of these elements is described in greater detail below.

Guiding Principles

To provide an overall framework for the countywide effort, subsequently named the Priority Home Partnership (PHP), a set of seven principles was developed to guide the program design and implementation efforts.

- **Assistance Readily Accessible for Consumers** - Create a coordinated countywide system in order to reduce the burden on households in crisis of seeking/getting needed assistance to the maximum extent possible.

- **Get Right Resources to the Right People at the Right Time** - Use tools and practices such as assessment tools, risk profiles, targeted outreach and screening, etc. to target resources without requiring that the client’s situation has to continue or decline to the next level before being addressed.

- **Flexible and Dynamic** - Incorporate multiple strategies, including outreach, prevention, diversion and re-housing to do what it takes to address the critical need presenting at the moment of contact.

- **Data Driven Design, Evaluation and Redesign** - Collect data and assess impact and outcomes and apply the information to making changes to the system. Use local data to focus resources in areas of greatest need.

- **Integrated and Sustainable** - Building on existing services, relationships and resources, design a system of prevention, shelter diversion and rapid re-housing that integrates services more effectively and can continue after the stimulus funds are spent.
- **Meets the System Outcomes of EveryOne Home** – People retain housing, housing crises are solved more quickly and homeless people obtain permanent housing.

- **Recognize Provider Challenges** - The economic crisis will increase demand as it reduces other resources available to providers. System design and expectations will need to include understanding these challenges.

## Program Design

After the community meeting, the funders group, in collaboration with EveryOne Home, further developed the design for the Priority Home Partnership. The final program design included a variety of components meant to achieve the goals articulated in the guiding principles. Each component is described below.

- **Network of Housing Resource Centers:** PHP consisted of seven Housing Resource Centers (HRCs) that served households from a designated geographic region. The referral mechanism implemented by 211 described below included a system for assigning those requesting services to a specific HRC based on location of residence, employment or other connections. In addition to those HRCs whose target population was designated by geographic determinants, one HRC in Oakland was designated specifically to provide support to Oakland’s transition age youth (TAY). Funded jurisdictions identified a lead provider for each of the HRCs.2

  ![Figure 2: Alameda County Housing Resource Centers](image)

- **Centralized referral through 211:** One of the biggest challenges for clients hoping to access prevention resources was the fragmented nature of the prevention system prior to HPRP. In order to address this and to provide a single point of entry for clients regardless of geographic location or circumstance, Eden Information and Referral (Eden I&R) was contracted to utilize the existing 211 information and referral line as the primary referral point for PHP. In addition to functioning as the main referral point to the regional HRCs, 211 conducted preliminary screening of those seeking assistance and entered information into the HMIS data system.

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2 Originally, an eighth HRC was going to be included that served clients of Alameda County Behavioral Health Care Services, however this did not ultimately become a functioning HRC.
described in more detail below. All HRCs, with the exception of the Oakland TAY HRC, chose to utilize 211 for referrals. Some HRCs also chose to allow a limited number of walk-in clients not referred through 211. In those cases HRC staff completed the eligibility screening. Alameda County HCD held a single contract with Eden I&R and each HPRP-funded jurisdiction contributed a portion of their funds towards this cost.

- **Common Assessment Tool:** When providing prevention resources, determining how to most effectively target funds can be difficult. HPRP funds were intended to assist those households who were most likely to become homeless without the assistance. Conversely, it was important to maximize the effectiveness of funds by targeting households who were most likely to be able to maintain their housing once the assistance available through HPRP was exhausted. EveryOne Home created an assessment tool that HRCs could utilize to target HPRP resources most effectively. The tool asked HPRP applicants a variety of questions related to education and employment history, income potential, financial status, housing history and legal history.

  Based on the responses a score was calculated that determined whether the household was eligible for HPRP assistance. The tool was designed to capture households that scored in the middle of the range—that is, that were assessed to need the assistance in order to prevent or exit homelessness, but were also expected to achieve stability with short-term assistance. HRCs had the power to override the score based on extenuating circumstances, but were required to record the score and the reason for overriding it. The responses to the assessment questions were entered directly into the HMIS data system described in more detail below.

- **Specialized Rapid Rehousing Provider:** A single provider was initially contracted to provide rapid rehousing services throughout the county (with the exception of the Oakland TAY HRC). The role of the rapid rehousing provider in some cases included providing on-going case management services for rapid rehousing clients after housing placement and at other HRCs included only housing location and inspection services. After the first year of the program, the lead provider for the North County HRC opted to begin providing rapid rehousing services in-house rather than continue to subcontract these services out. The Mid-County HRC also began to do some rapid rehousing on their own in cases where only deposit or short-term assistance was needed.

- **Data Collection:** All providers selected to provide services through HPRP were required to track data and report on specific outcome measurements. These outcome measurements were universal across Alameda County and included both HUD required reporting information and local outcome tracking measures. Providers entered client level data into the Countywide “IN- HOUSE” Homeless Management Information System (HMIS) on an ongoing basis for all clients served through the PHP. The HMIS system was modified to specifically collect data relevant to HPRP. The HMIS system also served as the repository for data utilized for the

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**Gertrude was a senior citizen waiting for her recently deceased husband’s social security death benefits to begin. She had evicted from her apartment where she had lived for 16 years because she couldn’t afford rent the week prior to arriving at the HRC and had no place to go. The case manager contacted an affordable senior housing development in Castro Valley and was able to secure an apartment and pay the deposit. In addition, the HRC was able to negotiate with Gertrude’s current landlord to extend her stay beyond the scheduled eviction date until her new apartment was ready. HPRP then subsidized her rent for three more months until the social security benefits kicked in.**
assessment process with the goal being to have the capacity to conduct more robust data analysis on clients served by HPRP than with the HUD required data alone. Alameda County HCD held a single contract for HMIS and each funded jurisdiction contributed a portion of their funds towards this cost.

- **Implementation and Learning Community:** EveryOne Home sponsored a regular meeting of providers and jurisdictional representatives known as the Implementation and Learning Community (ILC). The ILC provided an opportunity for all of the project partners to come together during the course of implementation to share resources, review data and results, refine strategies and problem solve together about issues arising during program implementation. The ILC also set some policy, although the funders also continued to meet periodically to examine policy issues. Another goal of the ILC was to promote consistency in how services were delivered across the county. EveryOne Home recognized that if problems or questions arose related to implementation HRCs would develop their own individual solutions or answers and protocols at HRCs would begin to diverge. The ILC served as forum for developing consistent responses to issues that emerged. Finally, the ILC was a forum to deliver training, in particular about policy clarifications or changes originating from HUD.

- **Linkages to TANF:** Emergency Contingency Funds (ECF) available through the Temporary Assistance to Needy Families program (TANF) program (known as CalWORKs in California) that were available separately through ARRA were directly coordinated through the HRCs. These funds were available for short-term crisis situations expected to last no more than four months and could be used for both TANF recipients and TANF-eligible families. The HRCs were able to leverage these funds to maximize the effectiveness of both sources. These funds were available only through September 2010 and many communities were not positioned to take advantage of this resource due to the condensed timelines. EveryOne Home, however, approached the Alameda County Social Services Agency (SSA) to advocate for the coordination of these funds with PHP. EveryOne Home, by successfully building on its existing relationship with SSA, facilitated the distribution of approximately $1,000,000 in ECF funds through the HRCs.

**PHP Participant Information**

The use of HMIS for the program allowed Alameda County to track and report on who was served by the program. The following information is drawn from the HPRP Annual Performance Report submitted to HUD and covers the entire duration of the program.

Figure 3 below shows the total number of individuals served by each program component. Prevention clients made up about 70% of the households served with the remaining 30% of households provided rapid rehousing services. The average size of households served by prevention services were slightly larger than those served by rapid rehousing services and thus the percentage of individuals receiving support for prevention was 75%.

HUD requirements specified that in order to qualify for rapid rehousing services, clients had to meet the HUD definition of literally homeless. In order to be considered literally homeless, the household must have been residing in an emergency shelter or in a place not meant for habitation (including those in institutions who were homeless prior to entering the institution), timing out of transitional housing, or be a victim of domestic violence. In order to qualify for prevention services, the household had to be at imminent risk of losing housing or residing in unstable housing. This category included those who were at risk of losing housing due to non-payment of rent or other
eviction (including those not on a formal lease being evicted by friends or family) and those who were at risk of losing housing due to living in substandard conditions.

HUD further required that households had to demonstrate that they had no appropriate subsequent housing options and they had no other financial resources and support networks to assist with maintaining current housing or obtaining other housing. The number of persons served in the chart below reflects a total of 2964 households served.

**Figure 3: Total Clients Served**

<table>
<thead>
<tr>
<th></th>
<th>Prevention</th>
<th>Rapid Rehousing</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Adults</td>
<td>2833</td>
<td>1100</td>
<td>3887</td>
</tr>
<tr>
<td>Total Children</td>
<td>2229</td>
<td>580</td>
<td>2772</td>
</tr>
<tr>
<td>Total person served</td>
<td>5066</td>
<td>1685</td>
<td>6668</td>
</tr>
</tbody>
</table>

HPRP participants included single adults, couples and families with children. Figures 4 and 5 provide a breakdown of household type for both prevention and rapid rehousing. One significant gap in emergency rental assistance programs that existed prior to HPRP was the scarcity of resources available to non-disabled adults without children. As the charts below demonstrate, there are significant numbers of single adults in need of assistance and since the end of HPRP this population once again has very few resources available to them.

**Figure 4: Household type - Prevention**

**Figure 5: Household type – RRH**

Participants were required by HUD regulations to have incomes below 50% of the Area Median Income (AMI) for the region. At the beginning of the program, some jurisdictions chose to target deeper than the HUD minimum by prioritizing those at 30% AMI or below. In Alameda County in 2010, 50% AMI for a family of four was $45,150 and 50% AMI for a single individual was $31,650. Based on data regarding who was utilizing the funds from the first year of implementation, the program was eventually restricted to those below 30% AMI with a target of serving those below 15% AMI.

The average monthly income for adults who participated in the program was around $14,000 annually, demonstrating that the program successfully targeting those with incomes well below the HUD income limits.

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3 Prevention and rapid rehousing numbers do not equal the total because some individuals accessed both programs. In addition, a small number of participants were missing data. These individuals are reflected in the totals leading to discrepancies in the figures.
In addition to meeting income requirements, households were assessed for various risk factors. Based on research regarding characteristics of families at greatest risk for homelessness, those who were facing imminent eviction from subsidized housing and those who were doubled up and either imminently losing housing or at risk of losing housing were not required to demonstrate any additional risk factors, although the prioritization of those losing subsidized housing was somewhat controversial. Those not in one of these two circumstances who were imminently losing housing needed to report one other risk factor to qualify and those who were unstably housed and at risk of losing housing needed to report two risk factors.  

Figure 6: Monthly income of adults at entry

As described above, seven Housing Resource Centers were established throughout the county. Figure 8 below shows the number of clients served at each of the different geographic locations.

Figure 8: Individuals served by HRC

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4 Risk factors were defined as: Income less than 15% AMI; lost employment or benefits within past 90 days; head of household under 25 with children or pregnant; recent traumatic life event, such as death of a spouse or primary care provider or recent health crisis that prevented the household from meeting its financial responsibilities; medical debt more than $5000; denied housing in past 2 years due to credit; homeless in last 12 months; current or past involvement with child welfare (including involvement with Child Protective Services or adult household member previously in foster care); more than 30 days in prison, treatment facility, hospital; physical disabilities and other chronic health issues, including HIV/AIDS; or mental health and/or substance abuse issues that significantly impact ability to work or live on own.

5 These numbers are non-exclusive. Some individuals may have reported more than one source of income.
Additional demographic data regarding PHP participants is included in Appendix B.

**Services Provided**

As illustrated by Figure 9 below, just short of half (45%) of all participants received assistance for less than 60 days. Only 14% received assistance for greater than one year. The median length of stay for prevention clients was 50 days and the median length of stay for rapid rehousing clients was just 69 days. A small number of participants had particularly lengthy stays and thus the average stays were higher at 78 days for prevention and 140 days for rapid rehousing.

![Figure 9: Length of Stay](image)

<table>
<thead>
<tr>
<th>Length of Stay</th>
<th>Total</th>
<th>%</th>
<th>Prevention</th>
<th>%</th>
<th>Rapid Rehousing</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 30 days</td>
<td>2068</td>
<td>31%</td>
<td>1737</td>
<td>34%</td>
<td>356</td>
<td>21%</td>
</tr>
<tr>
<td>31 to 60 days</td>
<td>1517</td>
<td>23%</td>
<td>1126</td>
<td>22%</td>
<td>399</td>
<td>24%</td>
</tr>
<tr>
<td>91 to 180 days</td>
<td>2176</td>
<td>33%</td>
<td>1727</td>
<td>34%</td>
<td>475</td>
<td>28%</td>
</tr>
<tr>
<td>181 to 365 days</td>
<td>526</td>
<td>8%</td>
<td>321</td>
<td>6%</td>
<td>222</td>
<td>13%</td>
</tr>
<tr>
<td>1-2 years</td>
<td>381</td>
<td>6%</td>
<td>155</td>
<td>3%</td>
<td>233</td>
<td>14%</td>
</tr>
</tbody>
</table>

Qualifying households were eligible for a variety of different supports. This included direct financial assistance (assistance with rent, utilities, security deposits and moving costs). In addition, clients were eligible for services designed to assist them to find and maintain housing including case management, outreach and engagement, eligibility assessment, housing search and placement, legal services, and credit repair. Case management was a requirement by HUD and so any household that received financial assistance should also have also received case management at least monthly during the entire duration of the participation in the program. Figure 10 below provides a breakdown of the types of service delivered for both prevention and rapid rehousing clients.

**Figure 10: Prevention households by activity:**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Prevention households</th>
<th>RRH households</th>
</tr>
</thead>
</table>

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6 The data included in this table is for each individual’s most recent episode receiving HPRP assistance rather than an accumulation of all episodes when there were multiple entries. A small number of individuals (141) had two separate episodes of assistance and 2 clients had three episodes, however given that this is only 2 percent of the total number of participants this would not significantly alter the data regarding length of stay.
Financial Assistance

<table>
<thead>
<tr>
<th>Financial Assistance</th>
<th>Number</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Rental assistance</td>
<td>1285</td>
<td>484</td>
</tr>
<tr>
<td>Security/utility deposit</td>
<td>464</td>
<td>556</td>
</tr>
<tr>
<td>Utility payments</td>
<td>215</td>
<td>50</td>
</tr>
<tr>
<td>Moving cost assistance</td>
<td>20</td>
<td>21</td>
</tr>
<tr>
<td>Motel/Hotel Vouchers</td>
<td>8</td>
<td>34</td>
</tr>
</tbody>
</table>

Housing Relocation & Stabilization Services

<table>
<thead>
<tr>
<th>Housing Relocation &amp; Stabilization Services</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Management</td>
<td>2031</td>
<td>928</td>
</tr>
<tr>
<td>Outreach &amp; Engagement</td>
<td>1691</td>
<td>875</td>
</tr>
<tr>
<td>Housing Search/Placement</td>
<td>953</td>
<td>574</td>
</tr>
<tr>
<td>Legal Services</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Credit Repair</td>
<td>0</td>
<td>2</td>
</tr>
</tbody>
</table>

PHP Program Outcomes

Income Status

As Figures 11 and 12 below demonstrate, most adult participants in the program maintained their income from program entry to exit but did not experience an increase in income. The greatest increase in income was among those who entered with zero income. These adults increased their monthly income by an average of $169.13. Adults with incomes above $1751 per month were the only group that experienced an average loss of monthly income at program exit. The overall average change in monthly income for all adult program participants was an increase of $52.99.

This data matches the perception of interviewees, which is that most households were not able to increase their income significantly during the course of their participation in the program. Respondents attributed this to clients being on fixed income sources such as SSI, a lack of available jobs, short lengths of stay in the program and inadequate resources for the level of case management support that would be required for participants to substantially increase their income. Case Managers expressed that the funding available for support services was limited and the tendency was to provide rental subsidies for relatively short periods of time. This made it difficult to assist households to increase their income, as that often requires the removal of significant barriers and/or attainment of new skills.

Figure 11: Income change at exit - all adults

<table>
<thead>
<tr>
<th>Income Status</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less Income at Exit</td>
<td>216</td>
<td>5.5%</td>
</tr>
<tr>
<td>Same Income at Exit</td>
<td>3274</td>
<td>84.2%</td>
</tr>
</tbody>
</table>
Figure 12: Income change at exit by income at entry

<table>
<thead>
<tr>
<th>Income at entry</th>
<th>Total</th>
<th>Less income</th>
<th>Same income</th>
<th>More income</th>
<th>% less income</th>
<th>% same income</th>
<th>% more income</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>561</td>
<td>NA</td>
<td>484</td>
<td>62</td>
<td>0%</td>
<td>86%</td>
<td>11%</td>
</tr>
<tr>
<td>$1-$500</td>
<td>404</td>
<td>16</td>
<td>338</td>
<td>46</td>
<td>4%</td>
<td>84%</td>
<td>11%</td>
</tr>
<tr>
<td>$501-$1000</td>
<td>1098</td>
<td>44</td>
<td>948</td>
<td>104</td>
<td>4%</td>
<td>86%</td>
<td>9%</td>
</tr>
<tr>
<td>$1001-$1500</td>
<td>648</td>
<td>36</td>
<td>555</td>
<td>56</td>
<td>6%</td>
<td>86%</td>
<td>9%</td>
</tr>
<tr>
<td>$1501-$2000</td>
<td>560</td>
<td>54</td>
<td>463</td>
<td>42</td>
<td>10%</td>
<td>83%</td>
<td>8%</td>
</tr>
<tr>
<td>$2001+</td>
<td>591</td>
<td>66</td>
<td>486</td>
<td>38</td>
<td>11%</td>
<td>82%</td>
<td>6%</td>
</tr>
</tbody>
</table>

Housing Status Upon Exit

As Figure 13 below demonstrates, the program was extremely successful at stabilizing households’ immediate housing crisis. Eighty percent of homeless individuals who received rapid rehousing assistance were in stable housing at the time of program exit. Of those who received prevention assistance, 84% were stably housed and less than one percent had become homeless.

Interviewees cited the presence of stable family connections and the ability for the provider to meet participants “where they were at” initially and gradually help the client to develop more realistic expectations as the factors that most often led to successful exits. For example, a household might initially be stabilized in their current housing situation, even if it was financially unsustainable over the long term, giving the Case Manager the time to work with the household to move them towards an understanding of the need to identify less expensive housing when they had been resistant to such a move initially. Interviewees also cited having employment income or experiencing an increase in income as factors that led to successful exits although the data showed that the vast majority of participants did not experience an increase in income during their stay in the program and yet exited with stable housing.

In addition, case managers reported that learning budgeting skills and how to make adjustments to spending such as eliminating cable TV, switching to less expensive phone service and accessing CalFRESH or free food resources helped participants to stabilize their housing. In some cases, HRCs were able to negotiate with landlords in order to create payment plans for back rent or reduce rental costs, which allowed residents to remain in their units. Finally, the resourcefulness and resilience of clients themselves was seen as contributing to many families’ success.
Housing status at entry

<table>
<thead>
<tr>
<th>Literally homeless</th>
<th>Literally homeless</th>
<th>Imminently losing housing</th>
<th>Unstably housed and at risk</th>
<th>Stably housed</th>
<th>Don’t know/refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>Literally homeless</td>
<td>221</td>
<td>12</td>
<td>50</td>
<td>1313</td>
<td>41</td>
</tr>
<tr>
<td></td>
<td>14%</td>
<td>0.7%</td>
<td>3.1%</td>
<td>80%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Unstably Housed or at risk</td>
<td>17</td>
<td>361</td>
<td>378</td>
<td>4203</td>
<td>46</td>
</tr>
<tr>
<td></td>
<td>0.34%</td>
<td>7.2%</td>
<td>7.6%</td>
<td>84%</td>
<td>0.92%</td>
</tr>
<tr>
<td>Total all clients</td>
<td>238</td>
<td>373</td>
<td>428</td>
<td>5516</td>
<td>87</td>
</tr>
<tr>
<td></td>
<td>3.58%</td>
<td>5.62%</td>
<td>6.44%</td>
<td>83.05%</td>
<td>1.31%</td>
</tr>
</tbody>
</table>

Destinations

Ninety-six percent of prevention clients and 88% rapid rehousing clients were residing in permanent housing at the time of exit. The vast majority of those who left the program were living in rental housing at the time they exited the program. Prevention clients were more likely to reside in unsubsidized rental housing (68%) than rapid rehousing clients (53%). Conversely, rapid rehousing clients were more likely to complete the program in subsidized rental housing (33%) as compared to prevention clients (26%). A very small number of clients overall (1.5%) exited the program to either the streets or emergency shelter.

Figure 14: Exit destinations

<table>
<thead>
<tr>
<th>Ownership</th>
<th>&lt; 90-day stay</th>
<th>%</th>
<th>&gt; 90-day stay</th>
<th>%</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>19</td>
<td>0.5%</td>
<td>15</td>
<td>1.2%</td>
<td>34</td>
<td>0.7%</td>
</tr>
<tr>
<td>Rental - no subsidy</td>
<td>2474</td>
<td>66%</td>
<td>982</td>
<td>76%</td>
<td>3456</td>
<td>68%</td>
</tr>
<tr>
<td>Rental - with subsidy</td>
<td>1109</td>
<td>29%</td>
<td>202</td>
<td>16%</td>
<td>1311</td>
<td>26%</td>
</tr>
<tr>
<td>Family/friends - perm</td>
<td>27</td>
<td>0.7%</td>
<td>21</td>
<td>1.6%</td>
<td>48</td>
<td>0.9%</td>
</tr>
<tr>
<td>Streets or shelter</td>
<td>10</td>
<td>0.3%</td>
<td>8</td>
<td>0.6%</td>
<td>18</td>
<td>0.4%</td>
</tr>
<tr>
<td>Transitional housing</td>
<td>4</td>
<td>0.1%</td>
<td>9</td>
<td>0.7%</td>
<td>13</td>
<td>0.3%</td>
</tr>
<tr>
<td>Family/friends - perm</td>
<td>75</td>
<td>2.0%</td>
<td>38</td>
<td>2.9%</td>
<td>113</td>
<td>2%</td>
</tr>
<tr>
<td>Don't know</td>
<td>42</td>
<td>1.1%</td>
<td>20</td>
<td>1.5%</td>
<td>62</td>
<td>1.2%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ownership</th>
<th>&lt; 90-day stay</th>
<th>%</th>
<th>&gt; 90-day stay</th>
<th>%</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>0.1%</td>
<td>3</td>
<td>0.4%</td>
<td>4</td>
<td>0%</td>
</tr>
<tr>
<td>Rental - no subsidy</td>
<td>425</td>
<td>42%</td>
<td>460</td>
<td>68%</td>
<td>885</td>
<td>53%</td>
</tr>
<tr>
<td>Rental - with subsidy</td>
<td>456</td>
<td>46%</td>
<td>104</td>
<td>15%</td>
<td>560</td>
<td>33%</td>
</tr>
<tr>
<td>Family/friends - perm</td>
<td>13</td>
<td>1.3%</td>
<td>16</td>
<td>2.4%</td>
<td>29</td>
<td>2%</td>
</tr>
<tr>
<td>Streets or shelter</td>
<td>50</td>
<td>5.0%</td>
<td>32</td>
<td>4.7%</td>
<td>82</td>
<td>5%</td>
</tr>
<tr>
<td>Transitional housing</td>
<td>7</td>
<td>0.7%</td>
<td>18</td>
<td>2.7%</td>
<td>25</td>
<td>1%</td>
</tr>
<tr>
<td>Family/friends - perm</td>
<td>24</td>
<td>2.4%</td>
<td>11</td>
<td>1.6%</td>
<td>35</td>
<td>2%</td>
</tr>
<tr>
<td>Don't know</td>
<td>26</td>
<td>2.6%</td>
<td>34</td>
<td>5.0%</td>
<td>60</td>
<td>4%</td>
</tr>
</tbody>
</table>

Housing Outcomes and Duration of Assistance

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Data in this chart is presented based on a distinction between stays of greater or less than 90 days rather than average lengths of stay because this is how the information is tracked for reporting to HUD.
The length of participation in the program was relatively short for most households. Of those households receiving prevention services that exited to permanent housing, 75% did so within 90 days. Of those who exited specifically to rental housing without a subsidy, 72% exited within 90 days. In contrast, rapid rehousing clients who exited to permanent housing were more likely to require longer periods of assistance with 61% staying in the program for less than 90 days. Of those who exited to rental housing without a subsidy, only 48% stayed in the program less than 90 days.

For prevention clients, those in the program under ninety days were slightly more likely to exit to permanent housing (96.5%) than those in the program for more than ninety days (94.2%). The same was true for those receiving rapid rehousing support -- those in the program under ninety days, were slightly more likely to exit to permanent housing (89.3%) than those in the program for more than ninety days (86%). It appears that longer stays in the program result in a very small decline in successful exits, however without further analysis it is not possible to conclude whether these differences are statistically significant or whether there is a causal relationship.

Cost Analysis

Figure 15 below provides the average cost per household for each of the allowable financial assistance categories. This information includes only the direct financial assistance costs and does not include the costs of program services such as case management and housing location or administrative costs. It should be noted in particular in the case of rapid rehousing costs that the averages might be slightly misleading. This is because a fairly high percentage of rapid rehousing clients received long-term subsidies such as VASH, Section 8 or Oakland PATH Re-Housing Initiative (OPRI) vouchers and therefore did not require significant rental subsidies in order to stabilize in housing. This may skew the average costs for all participants downward.

<table>
<thead>
<tr>
<th>Type of Assistance</th>
<th>Prevention average</th>
<th>RR average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rental assistance</td>
<td>$2,118.36</td>
<td>$2,621.42</td>
</tr>
<tr>
<td>Security/utility deposit</td>
<td>$1,087.35</td>
<td>$1,133.76</td>
</tr>
<tr>
<td>Utility payments</td>
<td>$293.55</td>
<td>$223.62</td>
</tr>
<tr>
<td>Moving cost assistance</td>
<td>$502.10</td>
<td>$235.43</td>
</tr>
<tr>
<td>Motel/Hotel Vouchers</td>
<td>$607.00</td>
<td>$464.18</td>
</tr>
</tbody>
</table>

All HRCs were successful in spending 100% or very close to 100% of their funds. Though each HRC and jurisdiction budgeted somewhat differently, across the board about 54% of the total funds available were spent on direct financial assistance. The remaining funds were spent on services expenditures, administrative costs (including any administrative costs held by the jurisdiction) and shared costs for HMIS, 211 and EveryOne Home. Based on an assumption of 100% spend down, the average cost per client, reflecting all costs was about $3500 per household. This does not include any TANF funds utilized or other external sources.

Program Successes and Challenges
The implementation of a countywide, collaborative program for HPRP was in many ways an experiment in a new way of doing business and as such there were various challenges that arose. The discussion of these challenges below is meant to inform future strategies to prevent and eliminate homelessness in order to continue to refine the countywide approach to eradicating homelessness. Following the discussion of the challenges, areas with somewhat mixed results are reviewed. Finally, the many ways in which the program was a success in fulfilling its mission are discussed.

Challenges

• **Insufficient resources.** Although HPRP brought significant new funding for homelessness prevention and rapid rehousing to Alameda County, fundamentally the demand still far outstripped the supply, which was at the root of most of the problems that occurred with implementation. Ultimately, the resource had to be rationed through the opening and closing of HRC availability resulting in a degree of arbitrariness to access. It was the hope that the new centralized referral mechanism along with the assessment tool would eliminate the factor of “luck” from who got help, but the level of need for these resources made it such that it was not possible to ultimately achieve this. Some interviewees expressed that those who were most likely to receive services were not those most in need but rather those who were most proficient at checking with 211 daily regarding whether or not there were open slots at the HRCs. This was particularly pronounced in areas of the county with larger populations of low-income residents such as Oakland.

• **Program demand at start up.** Both because of the large number of households in need of some form of housing assistance and the public attention that had been given to the program nationally as part of the stimulus package, demand at the onset was enormous. The volume of calls to 211 when the program first began was not anticipated and the systems were not equipped to handle the onslaught. Once the initial rush was over the systems became functional, but all agreed that in retrospect the first few months of implementation were very challenging and chaotic.

• **Federal and state requirements.** There were a number of aspects regarding how the program was designed and rolled out by HUD that created challenges at the local level. The decision to use the ESG funding formula led to the distribution of funds to multiple jurisdictions within the county, leading to extensive administrative challenges. In addition, HUD changed the focus of the program mid-stream, urging more emphasis on serving those with the greatest need rather than the highest likelihood of self-sufficiency, which created a lot of confusion and frustration, particularly among agency line staff. The documentation requirements were also viewed to be excessive by many, and both agency and jurisdiction staff complained of spending an inordinate amount of time on paperwork. For those HRCs that received funding through the State, the administrative burden was even more troublesome as the State imposed its own requirements beyond those in federal regulations.

• **Integration with other prevention resources.** Prior to HPRP, the primary sources of funding for homelessness prevention were the Season of Sharing program and funds available through the Federal Emergency Management Agency. The City of Berkeley also operated a separate City-funded prevention fund. These funds were not formally integrated into the HRCs in order to maximize leverage and have a true one-stop shop for prevention resources. In some cases, HRC providers also had access to other sources of prevention funds due to pre-existing relationships and were able to coordinate the use of these resources with HPRP funds, but this
was not universal and was not formalized. As such, following the closure of the HRCs, the mechanisms for access to prevention funding reverted back to a fragmented and uncoordinated system. This was cited by some interviewees as the biggest disappointment of the program.

- **Administrative burden on providers.** In addition to the administrative requirements imposed by HUD and the State, providers who operated HRCs typically held multiple contracts and these contracts were minimally coordinated between jurisdictions. Particularly burdensome were the procedures for invoicing as each jurisdiction not only required different documentation for invoices, but jurisdictions also had different policies related to how providers accounted for certain expenses such as staff time and mileage reimbursements. This made it extremely difficult for providers with multiple contracts to create policies that were consistent across the program.

In addition line staff expressed frustration with the amount of paperwork required by the program. The combination of the sheer number of documents required in order to deliver services and the extensive amount of data entry required into HMIS created a significant administrative burden for providers. Adding to the frustration was the fact that the allowance for administrative costs to providers was extremely low.

- **Flow of communication.** Some providers expressed frustration about the frequent rule changes within the program and how those changes were communicated. Line staff in particular felt that the reasons behind the changes were not always adequately communicated to them, making them seem at times arbitrary or unnecessary. The frequent changes to protocols left some staff feeling on edge and reduced morale.

- **Spend down processes.** In hindsight, some interviewees expressed that the timing of spending down funds could have been better managed, although all agreed that at the onset of the program the various factors that ultimately influenced decisions around spend down would have been impossible to predict. Providers were faced with trying to manage the flow of clients in order to maximize the length of time the resources would be available and workload considerations with strict spend-down deadlines. Determining how many clients to serve at any one time was very difficult, and was made more challenging by the fact that the duration of assistance that any individual household would be provided was unknown at entry. What resulted was a severe restriction at the beginning of the program, with many clients unable to access funds when HRCs were closed to new referrals. There was then a frantic rush at the end to ensure that all funds were exhausted before program completion, which was cited as very stressful and problematic by jurisdictional staff, HRC representatives and 211 staff alike.

It had been the hope initially that as the program wound down in its third year, HUD would make additional resources available through expanded ESG grants and thus there was a reason to stretch the funds over the entire three years in order to maintain the infrastructure of the HRCs. The reality did not match these expectations as ESG funding for HPRP activities has either remained stagnant or declined in subsequent years from pre-HPRP levels.

**Areas with Mixed Results**
• **Long-term outcomes.** There was no comprehensive analysis conducted of outcomes after exit for participants who transitioned from the program into stable housing. An attempt was made by EveryOne Home to follow up with recipients between 10 and 16 months subsequent to exit but most recipients were not reached. Of approximately 800 households who were outreached to, 116 or about 15% successfully completed the follow up assessment. Of those that were not reached about 45% did not answer, 31% were disconnected numbers and 24% were wrong numbers. In addition, about 250 households did not have phone numbers and therefore attempts to contact them could not be made.

Of the households that were reached, 73% reported that their housing stability was the same or had improved since exit while 27% reported less stable housing circumstances. Sixty-three percent reported being current on their rent. About 18% of those surveyed appear to have moved since they exited the program.

Catholic Charities, a provider with the Oakland HRCs, was able to conduct somewhat more in depth outreach by contacting not just participants, but also their landlords and found that about 81% of those receiving prevention assistance were still stably housed at 3 months after exit with about 30% of those in stable housing reporting that they were struggling to maintain housing. Twelve percent were not reached or refused to provide information, 6% reported being unstably housed and only 1% were homeless.

The data from follow up surveys indicate that long-term outcomes show promise – only 1 in 5 reached had moved and returns to homelessness were very low, however many of the staff interviewed for this report expressed pessimism in particular as to whether prevention clients would maintain housing over the long-term as a result of the assistance provided. Adequate resources were not available at the time of program culmination to conduct a more comprehensive search for recipients in order to determine whether they were still stably housed subsequent to exit from HPRP. This lack of information makes it difficult to draw conclusions about the effectiveness of the program regarding long-term housing stability.

• **Use of HMIS.** The use of HMIS for data collection was required by HUD and Alameda County was successful in meeting this requirement. The process for funding the necessary upgrades to HMIS in order to meet both federal requirements and local priorities was collaborative and resulted in a system that was able to provide coordinated tracking of client information from initial intake and referral by 211 through exit from the program. A great deal of data was collected that is now available for future research.

The primary complaints about the system were the negative impact on provider-client relations and lack of usefulness to providers. The amount of upfront information required upon intake was significant and from some individuals’ viewpoint, excessively intrusive. Front line staff for the HRCs gave examples of clients who were coming to the HRC only for help with a rental deposit feeling put off by questions about their criminal history, HIV status and children’s disability status.

Some providers also expressed that a significant amount of time was spent managing data accuracy, especially when more than one provider was working with a client and updating HMIS information. Providers also were unable to pull data customized to their own needs from the HMIS system, limiting its utility to their programs.

• **Assessment tool.** Providers who utilized the assessment tool found it helpful as an instrument to collect relevant information from clients. There was general consensus that the tool collected
the information necessary to aid the case manager to create the most effective case plan for the
client to maintain or obtain housing. They did not however believe that the numerical score was
valuable either in determining whether an applicant was a good fit for the program or how long
they would require assistance. One provider cited how teaching a family how to properly budget
could have a dramatic impact on their ability to sustain housing however this type of
consideration was not factored into the assessment tool. Another felt that excluding those who
scored too low was in conflict with a Housing First philosophy.

Providers all exercised their discretion to override scores on both ends of the scoring spectrum.
The reasons for overrides were generally that a low-scoring household exhibited either
extenuating circumstances not captured by the tool, such as a pending job offer, or
demonstrating a high level of motivation for finding employment. Those who scored too high
were sometimes experiencing detrimental circumstances in their lives not captured by the tool
and were deemed to meet the criteria for assistance despite their score. Whether or not the
assessment tool was an effective mechanism for screening requires additional research in order
to draw any conclusions.

- **Monitoring process.** There was some amount of coordination between jurisdictions to
  conduct monitoring of grantees. Some site visits were conducted jointly by multiple jurisdictions
  and in some cases smaller jurisdictions relied on monitoring results from larger jurisdictions.
  Jurisdictional representatives very much appreciated the collaboration that did occur. They in
  particular derived benefit from the opportunity to share ideas with other jurisdictions and ask
  questions of each other. Those providers who were jointly monitored however, did not find
  that joint monitoring alleviated any of the administrative or time burden related to
  monitoring, as the joint visits were significantly longer than typical single jurisdiction visits.

- **Fund targeting.** There was a difference of opinion expressed by interviewees regarding the
  split between prevention and rapid rehousing services. Some felt that the program as a whole
  should have dedicated a higher percentage of funds to rapid rehousing in order to serve those
  who were of greatest need – those who were literally homeless. In addition, targeting for
  prevention funds is notoriously challenging, as there is no way to definitively predict who will
  become homeless without the assistance. Others however felt the mix between prevention and
  rapid rehousing was appropriate given the nature of their community’s homeless and at-risk
  populations. They argued that the minimal level of service and short term nature of the program
  lent itself more towards helping those who appeared to have a greater likelihood of sustaining
  housing once the housing subsidy terminated, i.e. those with greater incomes and less risk
  factors.

- **Provider Collaboration.** In many jurisdictions, multiple providers were required to coordinate
  as different roles were split between different agencies. For the most part, providers expressed
  satisfaction with how collaboration occurred however there were areas where conflict did arise.
  One disagreement that did emerge was around the degree of acceptable flexibility regarding both
  unit inspection standards and the rent burden for clients placed in particular into market rate
  housing. Some argued for more leniency around inspection criteria and rent burden as a way to
  place significant numbers of extremely low-income clients, including those receiving SSI/SSDI
  benefits who would likely otherwise remain homeless, into permanent housing. Those
  advocating for this approach felt it to be an innovative and creative way to house an extremely
difficult to house population.
Other providers however felt that clients with very high rent burdens (over 50% of income) would be unable to sustain housing over the long term. Another concern expressed was whether the use of a different inspection standard from other subsidy programs would create confusion among landlords or disadvantage other subsidy program participants.

Program Successes

- **Changing Lives.** Both the data and feedback from interview respondents support the case that PHP provided badly needed assistance to large numbers of households. Providers across the county agreed that their day-to-day experience validated the tremendous value of the program for recipients. Countless anecdotes along with high levels of housing stability upon exit demonstrate that the program truly changed lives and brought badly needed stability to thousands of families across Alameda County.

Despite the lack of long term outcome data discussed above, providers were unanimous in their belief that even the short-term stabilization was of great benefit for clients. Even if stable housing was not maintained for years after exit there was benefit to providing even several additional months of stability to families. Further, those who were able to enter housing with long-term subsidies who would not have been likely to manage move-in costs on their own were perceived as greatly benefitting from the program. Finally, participants often learned new skills such as budgeting or job search skills or were linked with other resources about which they had previously been unaware that would serve them over the long term even if they ultimately did not remain in the housing in which they were residing at the time of exit.

- **Unprecedented Collaboration.** All interview respondents agreed that level of collaboration and coordination between both multiple jurisdictions and providers was unique and would not have occurred without the work of EveryOne Home. That myriad stakeholders were willing to come to the table together, create a coordinated program in a very short time period and then successfully implement an extremely complicated and robust collaborative network was a great feat, the likes of which had not occurred in Alameda County previously. Most interviewees further expressed that although the HRC network was largely dismantled after the close of HPRP, many of the relationships that were created between agencies have persisted and strengthened their work overall.

- **HRC Network and Consistent Countywide Protocols.** All interview respondents lauded the system of regional HRCs that was used to implement HPRP. The consistency and centralization of resources that this facilitated was highly successful. In addition, rather than each jurisdiction recreating the wheel for each component of the program, EveryOne Home was able to provide a standardized set of protocols and tools for each HRC to utilize. This took the form of a resource binder that included common screening, intake and assessment tools, verification forms, inspection requirements and other protocols that were shared across the county. In this way HRCs could rely on EveryOne Home for updates to procedures as dictated by changes to HUD requirements and easily find all the necessary resources in one centralized location.
• **Maximizing Resources.** Alameda County did an exceptional job accessing all funding that was available through HPRP. All federally funded jurisdictions participated in the partnership and all four medium-sized cities eligible for funding through the State of California application were successful in obtaining these funds to add to the pool of resources. As such, the entire geographic region had access to these vital funds.

HRCs were also able to successfully leverage long-term subsidy sources such as VASH, OPRI and Section 8 vouchers. The City of Oakland in particular built their HPRP program to interface with these resources. This was beneficial in a number of ways. Holders of long term vouchers who were unable to locate housing on their own or who did not have up front deposit costs were able to access housing. In addition, the HPRP funds were not needed for ongoing rental costs, freeing up these funds for other households. Finally, the use of HPRP monies with long-term subsidies allowed programs to target those with lower incomes and increased the likelihood that recipients of HPRP funds would be able to maintain housing over the long term.

Another form of leverage was utilized by the North County HRC, which was able to collaborate with the Multi-Agency Service Center (MASC) funded by the City of Berkeley. MASC operates a rapid rehousing clinic that identifies units, takes clients on group tours of available units and compiles necessary paperwork. This collaboration allowed the HRC to move homeless clients into housing more quickly than they otherwise would have been able to.

• **Leverage of TANF Funds.** All interviewees agreed that EveryOne Home’s efforts to coordinate the use of HPRP funding with approximately $1 million of additional ARRA funding that was made available through TANF was a great success. In many cases, TANF funding could be used for expenses that were ineligible under HPRP such as furniture for new households. This enabled case managers to maximize each household’s likelihood of long term stability by setting them up for success.

• **211 as Centralized Intake.** While there was some trepidation at the beginning to using 211 in the untested role of gatekeeper, eligibility screener and referral mechanism into PHP, this proved ultimately to be a great success. Both the HRC providers who utilized 211 and Eden Information and Referral staff who provided the 211 service were very satisfied with the outcome. Providers cited the value of having a third party to conduct screening and also manage client flow for the HRCs as key benefits. 211 staff felt that their role provided greater equitability in program access and also provided clients with an outside resource to help resolve the occasional conflict that arose with an HRC provider. In addition, 211’s multiple language capacity made the program more accessible to non-English speaking individuals. The 211 line was available 24 hours a day which also made the program more accessible to those who worked during the day and could only call outside of regular business hours. Finally, 211 staff were often able to connect callers to other resources beyond HPRP where appropriate and available.

While there were the usual to-be-expected occasional bumps in the road as the referral process was developed, over time 211 and HRC staff were able to perfect their respective protocols into a well functioning system. At times the information provided to 211 would be found to be inaccurate upon a client’s arrival but all interviewees agreed that this was due to clients providing misinformation rather than a communication breakdown between 211 and the HRC.

• **Success identifying housing units.** Rapid rehousing providers along with HRC leads were very successful in finding units on the private market for clients. Some factors that were cited as
contributors to this success were existing positive relationships between providers and landlords, the availability of services for participants and the public attention given to HPRP. Challenges included the short-term duration of the subsidy and the fact that no more than three months of subsidy could be promised at any point in time, which made landlords more hesitant to participate, in particular if they wanted clients to sign a year-long lease.

- **Implementation and Learning Community.** Both jurisdictions and providers expressed that the ILC was useful to them. Jurisdiction staff found the opportunity to share experiences and hear from those of other jurisdictions to be particularly valuable. Also valuable was the opportunity to receive updates about program changes from HUD or other essential information for program implementation. They also expressed that having the opportunity to collectively problem solve around common concerns such as how to either expand or narrow targeting was extremely helpful. In addition to the ILC, a peer case manager group met for about a year separate from the ILC and included both presentations from other systems/providers on access to other services as well as case problem solving.

Feedback from some interviewees included the perspective that more peer learning opportunities at ILC meetings themselves would have been valuable. The structure was perceived by some as challenging at times because of the large number of attendees and utilizing smaller break out groups could have been effective. In addition, the diversity of stakeholders at meeting made it difficult to make generalizations about issues or come to mutually agreed upon conclusions. Despite these limitations however, all found it to be beneficial.

**Recommendations**

There are a number of implications for ongoing efforts in Alameda County to prevent and eradicate homelessness that can be derived from the information presented in this report. The conclusions outlined below focus on how the key elements of this report can be used to inform future policy and practice decisions within the community.

- The prevention and rapid rehousing model is an effective tool for many households that should continue to be part of the array of supports available within Alameda County’s homeless system. The experience of Alameda County with this model is further borne out by national research demonstrating declines in rates of homelessness as a result of the use of rapid rehousing.\(^8\)

- Having a central organization such as EveryOne Home that was able to work in coordinated way with all jurisdictions within the county was extremely helpful in ensuring a basic level of consistency across the county. EveryOne Home should continue to pursue this agenda and play a similar role when opportunities arise for new initiatives in the future.

- Having a countywide approach that includes the centralization of specific aspects of an overall system can be enormously beneficial. Since the ARRA funding has been exhausted, jurisdictions and agencies have begun to fall back into fragmented approaches to homelessness prevention,

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losing many of the benefits created during HPRP implementation. Strategies for reversing this trend should be explored.

- Using Eden Information and Referral’s 211 line for centralized eligibility assessment and referral is an effective mechanism that should be explored for use within the homeless service system, in particular in light of new requirements under the HEARTH act that require communities to develop systems for centralized or coordinated assessment.

- Formalized forums for information sharing and problem solving such as the Information and Learning Community created during this program serve a valuable purpose and similar structures should be considered as new initiatives are undertaken moving forward. Different modalities could be explored were a similar structure to be created in the future such as greater use of breakout groups to address issues that are specific to one type of stakeholder (e.g. provider agencies, jurisdictional representatives, geographic regions).

- There is a need to reduce the administrative and paperwork burden in order to make these programs effective. Excessive administrative requirements have a negative impact not only on provider agencies but also on clients themselves.

- The assessment tool used within the HPRP program has value as a practice tool, but the scoring mechanism was not felt to be relevant and alternative mechanisms for identifying those who would be most well-served by a prevention and/or rapid rehousing program should continue to be explored.

- While resources for all sub-populations are lacking, there is a particular need for homelessness prevention support for single, non-disabled adults as the largest source of prevention funding currently available, Season of Sharing, does not serve this population.

**Opportunities for Future Research**

- **Long-term outcomes.** As discussed above, to date there has not been any comprehensive analysis as to the long-term housing stability of those who received HPRP assistance. While it is unlikely that households could realistically be contacted given the amount of time that has passed since the completion of the program, it may be possible to conduct a data search to determine if recipients subsequently show up in the HMIS system as homeless as a mechanism for determining the degree to which homelessness was prevented by the program. It may be particularly valuable to compare outcomes across regions to evaluate the efficacy of the distinctive approaches taken by different providers.

- **Effective targeting.** The task of finding effective methods to target homelessness prevention resources is a crucial one and yet at the same time very difficult. Some limited analysis was conducted by EveryOne Home to determine whether or not the program was targeting those most likely to end up homeless without assistance by comparing the place of residence of HPRP recipients to those who entered shelters. Additional analysis could be conducted to further compare both types of housing along with other identified risk factors to determine if the program was successful in targeting the intended population.

In addition, an in-depth analysis of the degree to which the assessment tool truly served as an accurate predictor of whether a household was an appropriate candidate for assistance could be very valuable in helping both Alameda County and others more effectively make use of
prevention resources. Additional analysis of the assessment tool could include a review of whether any particular factors (e.g., employment history, income, housing history, etc.) were a predictor of a household’s likelihood to increase income and/or exit to stable housing.

- **Impact of length of stay.** This report provides only a very limited description of how length of stay in the program correlates to outcomes. More in-depth analysis could be conducted to determine causal factors for observed correlations.

- **Comparison across HRCs.** Further data analysis could be conducted to examine regional differences across the county including splits between prevention and rapid rehousing funding and characteristics of participants such as income at entry, employment status, and length of stay.

- **Comparison to other similar jurisdictions.** Many communities have produced an analysis of their HPRP outcomes. Program outcomes for Alameda County could be compared to similar jurisdictions across the country to determine the areas in which the county excelled relative to others and where further improvement could have been achieved.
Appendix A - Methodology Overview

All research was conducted between May 2013 and September 2013. As the focus of this report was primarily qualitative rather than quantitative the bulk of the research consisted of interviews with various individuals involved with HPRP implementation and a review of background documentation. A narrow data review was also conducted in order to provide descriptive data regarding program participants and some limited analysis of program outcomes.

Document Review: A review of key documents was conducted. These included a variety of documents found in the PHP Implementation Resource Book, the assessment tool used to screen potential clients and findings from a survey and retreat conducted during year 2 of the program.

Key Informant Interviews: Interviews with nineteen key informants were conducted. Some interviews were conducted individually and others were conducted in small groups. Interviewees included representatives from five jurisdictions, five provider agencies, Eden I&R and EveryOne Home. Those interviewed from the provider agencies included four individuals who provided direct case management services to clients and five individuals serving in a supervisory or administrative role over the program.

Data Analysis: The final Annual Performance Report (APR) submitted to HUD, which relied on data from HMIS was utilized to provide descriptive program data. In addition data on household type was generated separately from HMIS, de-duplicated. Unless otherwise indicated, the percentages presented do not include records for which data was missing when the missing data was less than one percent of the total number of records.

Review of other programs and literature: A brief review of published or available information on HPRP implementation and evaluations of similar programs was conducted to provide context for this report.

Documents reviewed
- Alameda County HUD HPRP Annual Performance Report – 10/01/2009-10/01/2012
- Alameda County Outcomes report - 10/01/2009-9/30/2012
- Alameda County Priority Home Partnership Implementation Resource Book v.2
- Priority Home Partnership - Year Two Retreat Survey and Summary
- HUD HPRP Eligibility Determination and Documentation Guidance
- Jurisdictional Consolidated Plan Amendments for Berkeley, Oakland and Alameda County
- Notes from EveryOne Home jurisdictional meetings, March 27, 2009 & July 2, 2009
- Notes from EveryOne Home community meeting, May 11, 2009
- Assessment of Homelessness Prevention & Rapid Rehousing Program in San Jose, Focus Strategies and Kate Bristol Consulting, July 2012.
- PHP Follow Up Survey Results as of 2/2/12

Key Informant Interviews
- Sharan Aminy, Eden I&R
- Alicia Andrade, Fremont Family Resource Center
- Erika Bernheimer, City of Oakland
- Elaine de Coligny, EveryOne Home
- Jeni Finch, Abode Services
• Sage Foster, Abode Services
• Katharine Gale, EveryOne Home Consultant
• Delia Ledezma, Catholic Charities
• Ana Lilia De Leon Gonzalez, Fremont Family Resource Center
• Cecilia Mendoza, Building Futures for Women and Children
• Juliette Morser, Eden I&R
• Jean Prasher, City of Livermore
• Christy Saxton, First Place for Youth
• Suzanne Shenfil, City of Fremont
• Leah Talley, City of Berkeley
• Sabrina Thomas, Building Futures for Women and Children
• Jennifer Vasquez, City of Berkeley
• Vivian Wan, Abode Services
• Riley Wilkerson, Alameda County Housing and Community Development
Appendix B – Demographic Overview

Veteran status: Just under 6% of adult participants reporting being a Veteran.

Disability status: 41% of all adult participants reported having a disability.

Chronically homeless: Just over 5% of adults served met the HUD definition for chronic homelessness.

The charts below provide additional detail regarding client demographics including gender, age, race and ethnicity.

**Figure 16: Gender of Adult Recipients**

- Male: 35%
- Female: 65%

**Figure 17: Ethnicity of Recipients**

- Black: 61%
- White: 21%
- Multiple races: 9%
- Amer Ind: 4%
- Pac Islander: 2%
- Asian: 3%
- Amer Ind & Pac Islander: 4%
- Non-Hispanic / Latino: 79%
- Hispanic / Latino: 21%

**Figure 18: Age of Recipients**

- 25-54: 39%
- 18-24: 12%
- 13-17: 11%
- 5-12: 18%
- Under 5: 13%
- 62+: 2%
- 55-61: 5%

**Figure 19: Race of Recipients**

- Non-Hispanic / Latino: 79%
- Hispanic / Latino: 21%
Priority Home Partners

Non-Profit/Community Partners:

ABODE Services               ECHO Housing
Berkeley Food and Housing Project Eden I&R
Building Futures w/ Women & Children EveryOne Home
Catholic Charities of the East Bay First Place for Youth
Covenant House               Fremont Family Resource Center
Davis Street Family Resource Center Horizons Family Counseling
East Oakland Community Project Lifelong Medical Care

Local Government Funders/Partners:

Alameda County Social Services Agency
Behavioral Health Care Services
Housing and Community Development Department

The Cities of

Alameda                      Albany                      Berkeley
Dublin                       Emeryville                  Hayward
Fremont                      Livermore                   Newark
Oakland                      Piedmont                    Pleasanton
San Leandro                  Union City