

Assessment of Homelessness Prevention & Rapid Rehousing Program in San Jose

Prepared for Community Technology Alliance by Focus Strategies & Kate Bristol Consulting July 2012

About Focus Strategies

Focus Strategies assists communities and organizations to reduce and end homelessness through systems of care analysis, planning, and policy and data analysis. Research and analysis areas of expertise include systems evaluation; HMIS technical assistance and homeless counts; program evaluation, and HEARTH preparation. For questions regarding this report contact Katharine Gale, Principal, at Katharine@FocusStrategies.net or 510-710-9176.

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Executive Summary

The Homelessness Prevention and Rapid Rehousing Program (HPRP), funded under the 2009 American Recovery and Reinvestment Act, provided funding to states and localities across the country. Resources could be used to provide financial assistance and supportive services to stabilize very low-income persons at imminent risk of losing housing (known as prevention), and to quickly provide help obtaining and retaining housing to persons who had become homeless (known as rapid rehousing.) HPRP funds could assist households for between one and 18 months. Certain eligibility requirements were determined by the US Department of Housing and Urban Development but localities had significant flexibility in establishing their program models, including the division of funds between prevention and rehousing activities, the population to target for assistance, and the length and amount of assistance to provide.

The City of San Jose received a little over \$4 million in HPRP and, together with the County of Santa Clara, funded two local provider collaboratives to provide prevention and rapid rehousing services. Since the community already had several funding sources providing one-time or limited assistance of this type, HPRP was focused on households that were expected to need longer-term assistance to stabilize. All providers offering HPRP used a common assessment tool, a modified version of the Self- Sufficiency Matrix (SSM), to screen households for entry. Households scoring within a specified range (51%-70%) on the tool were deemed potentially eligible. Most households enrolled received a period of rental assistance; additional financial assistance that was offered less frequently included security deposits, utility payments, and help with moving costs. Case managers worked with enrolled households to develop individualized housing and service plans focused on achieving housing stability and increasing self-sufficiency, and provided related case management on at least a monthly basis. Legal services partners offered specialty legal assistance if needed.

Results

The San Jose funded HPRP program served and exited at least 388 households by June 30, 2012; the majority of those households were assisted in the first year of the program. Seventy-seven percent (77%) of the households received prevention assistance and 23% rapid rehousing. Households were roughly half families with children and half adult-only households. Most households entered the program with income.

The vast majority of households assisted left the program housed: 83% of prevention households and 75% of homeless households. Thirteen percent of households served have an unknown destination at exit. On average, household incomes increased by just under 15% from program entry to program exit, though the majority of households served (61%) had no income change.

The average time in the program was between seven and eight months for both prevention and rapid rehousing households. This average was different between the two provider collaboratives, however, with one averaging closer to six months and the other closer to nine. Length of time in the program was associated with a slightly higher likelihood of being housed at the end of the program, though very few households had a negative housing outcome no matter how long or short their time in the program. Using the modified Self-Sufficiency assessment tool, most households (85%) experienced an increase in their SSM score between entry and exit with just over half increasing their score by more than 10%. Changes in SSM scores were not found to be statically correlated with improved housing or income outcomes.

Housing stability after exit for those households able to be contacted for follow up was higher than at program entry but not as high as at program exit, measured using the self-reported housing domain of the SSM tool, though the set of households able to be contacted was small (45). However, very few households served in the HPRP program returned for any additional homeless-related service after leaving the program (8%), and only 2.3% were documented as entering a shelter or transitional housing program after leaving the HPRP program.

The average cost to serve a household in this program was \$9,575, of which approximately \$7,244 (75%) was direct financial assistance. Average cost was significantly different between the two provider collaboratives, with one team having costs that were roughly double those of the other. Increased expenditures was not strongly linked with improved outcomes. We cannot assess cost-effectiveness of the program because 1) the majority of households served received prevention services and we do not know that in the absence of assistance these households would have become homeless, and 2) we do not know what costs would have been for this population had they received traditional homeless services on San Jose and not HPRP assistance.

Compared to other communities nationally and in California whose data we could examine, San Jose's program lasted longer (and thus was more expensive per household served) and had slightly inferior reported housing outcomes. San Jose as a high cost community may face special challenges in assisting households to find or retain housing.

Discussion

Many elements of San Jose's HPRP implementation have helped position the community for the implementation of the HEARTH Act which requires communities to focus on performance measurement and system-level coordination. These efforts include the use of a common assessment tool, ongoing collection and periodic review of outcome data, and a collaborative approach to planning and implementation. Learnings from the field about rapid rehousing point to the promise of this approach and potential benefits of shorter-term or more adjustable models. The effectiveness of prevention efforts is far harder to evaluate; prevention efforts should be targeted using local data about the population in need. Further system coordination building on the lesson of HPRP will need to include integrating these strategies with the rest of the homelessness system and the creation of a coordinated entry process and common assessment tool based on solid information about the users of the system.

Recommendations

- 1. Expand Rapid Rehousing resources and connect them more closely to the homeless system.
- 2. Make efforts to shorten the duration of assistance, while maintaining a focus on housing stability.
- 3. Develop prevention targeting criteria based on information about households entering shelter and transitional housing.
- 4. Simplify assessment tools and ensure assessments over time are given consistently

Further Assessment/Research

- 1. Compare the outcomes of the San Jose HPRP Implementation to the State implementation in Santa Clara County.
- 2. Use existing HMIS data to explore further what SSM elements, if any, have relevance to outcomes.

Introduction

This Assessment reviews the activities undertaken by the City of San Jose Homelessness Prevention and Rapid Rehousing (HPRP) program. The local effort reported upon here was part of nationwide strategy to deliver homelessness prevention and rehousing services on a large scale between late 2009 and mid-2012, in response to the recession.

This assessment covers activities funded by San Jose HPRP during the period October 2009 through June 2012. It provides an overview of the program purposes, its development and implementation, a review of several program results using data collected during the program implementation, and a discussion of findings and conclusions in the context of the developing knowledge of similar programs. It concludes with recommendations for future program efforts and further research potential.

Assessment Methodology

Focus Strategies (FS) was selected under a request for qualifications (RFQ) issued by Community Technology Alliance (CTA) to conduct this assessment. Focus Strategies and its subcontractor Kate Bristol Consulting made up the assessment team. Due to funding restrictions, all of the data collection and analysis for the Assessment had to occur in a very short time period (30 calendar days.) This appreciably limited the methods that could be brought to the task and the level of analysis able to be conducted. The methods used for this assessment include:

- **Document Review:** A review of key documents provided by CTA to the assessment team. These include the initial Request for Proposals issued by the City, the assessment tool used to screen potential clients, policies and procedures used by each lead agency implementing the program, and some reports including selected quarterly performance reports.
- **Key Informant Interviews:** Interviews with key informants from CTA, the two lead service agencies, Sacred Heart and EHC, a former staff of one program partner InnVision, and interview with a representative of the City of San Jose.
- Data Analysis: Analysis of data provided by CTA from the Homeless Management Information System and additional information from HMIS's integrated reporting tool. Three datasets were provided and then merged: HMIS data elements, calculated variables with financial assistance and other data summarized by case, and returns into the homeless system. The latter two datasets were pulled from the HMIS reporting tool rather than directly from the HMIS database. In addition, staff at CTA conducted some specific analyses at our request for comparative purposes. In addition to providing data, CTA provided analysis of data elements and program entry and use information that was used to provide context to the findings in this report.

¹ It should also be noted that the assessment occurred while the program was still in operation, though most funds have been expended and very few clients remained enrolled during the assessment period.

• 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 and comparison where possible.

For more detail on the methodology including a detailed list of the documents provided, key informants interviewed, an analysis of the data provided and a bibliography of sources please see the appendices at the end of this report.

Overview of the HPRP Program

The Homelessness Prevention and Rapid Rehousing Program (HPRP) was a 3-year federal program funded under the American Recovery and Reinvestment Act (ARRA) of 2009, otherwise known as the Stimulus. Congress appropriated \$1.5 billion for the program, which was distributed by the U.S. Department of Housing and Urban Development (HUD) by formula to 535 state and local governments across the country.² The funds had to be expended within three years of award. The designated target population for the program was persons who were homeless, or would be homeless if not for the assistance of the program, and who could be expected to remain stably housed after the end of a period of temporary assistance. At the start of the program most communities interpreted the "sustainability" requirement as primary. After the program was underway HUD issued additional guidance encouraging grantees to focus more effort on those who would be homeless "but for" receipt of the assistance and less on the issue of future sustainability.

HPRP had two components: homelessness prevention and rapid re-housing. Homelessness prevention refers to services and support designed to assist those with a current place to live or stay who are at imminent risk of losing this housing. Rapid rehousing refers to services and supports designed to assist those who have nowhere to live and are on the streets or in a homeless program (meeting HUD's definition of *literally homeless*) to obtain housing. While these components served households in different conditions, 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 for anywhere from a single payment (such as one-time payment of past due rent or a security deposit) to up to 18 months of assistance. 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 and their subgrantees to develop their local program, including choosing how the funds were

² The formula used was the Federal Emergency Shelter Grants formula. Due to the very large amount of funds in the appropriation many more jurisdictions than receive ESG funds on an annual basis were awarded funding. The minimum grant amount for a jurisdiction to receive a direct allocation under the formula was \$500,000.

divided between the eligible activities, whether and how to target services to specific subpopulations, and deciding how much assistance to provide each household.³

Despite significant design flexibility, the program was perceived by many communities as challenging to implement because of a large amount of data collection, paperwork and verification requirements (including housing inspections, income and housing status verifications, and periodic recertifications). HUD also issued some guidance after the program had formally begun and changing requirements also made the program challenging. In addition, as an ARRA-funded program, HPRP was perceived to be under a high-level of scrutiny and strong emphasis was placed on documentation and avoidance of ineligible or fraudulent activities.

Despite the challenges associated with the program, HPRP was successfully rolled out across the country in a short period of time and served hundreds of thousands of homeless and very low-income households with housing needs.⁴

San Jose HPRP Implementation Description

Funding

The City of San Jose received an HPRP allocation of \$4,128,763. An additional \$717,484 was allocated to Santa Clara County⁵. The City and County combined their HPRP allocations and issued a joint Request for Proposals for qualified organizations to provide eligible services, including financial assistance, a variety of eligible housing stabilization services, and data collection. The RFP stated that the City would not make numerous small awards to individual organizations and potential applicants were encouraged to collaborate and submit joint proposals in order to provide a comprehensive range of services. The RFP also mentioned that selected providers would be expected to utilize a uniform assessment tool to be determined.

City and County funds were awarded to two provider teams, each with on lead agency and one or more collaborative partners:

- A. EHC LifeBuilders with Next Door Solutions to Domestic Violence and Pro Bono Project Silicon Valley legal services (EHC) was awarded \$2,626,994.
- B. Sacred Heart Community Service with InnVision and the Law Foundation (SH/I) was awarded \$1,088,281.

Both collaboratives proposed to provide both prevention and rapid rehousing services. Sacred Heart also applied to the State of California on behalf of its collaborative for HPRP funds which were used both to

³ HPRP was not a mortgage assistance program and could only help those in foreclosure if they were moving to rental housing. Assistance was also capped at not more than one month's rent per month of assistance.

⁴ HUD has not issued a final report on the HPRP program or provided a more recent count of persons or households served since the Year One report. In the first year, HUD reported the program served more than 300,000 households and 690,000 persons nationwide.

⁵ The City of Sunnyvale also received an allocation of just over \$500,000 which was allocated separately.

serve parts of the Santa Clara County geography that did not receive a direct allocation and San Jose households once the San Jose funds had been exhausted.

The City and County also awarded \$307,500 to Community Technology Alliance (CTA) for data collection and evaluation.

Planning

The City and County planned their HPRP response together, with the City taking a lead in issuing the joint Request for Proposals (RFP) and leading local planning meetings. Initial community planning and input meetings were facilitated by HomeBase, a local consulting firm, prior to the issuing of the RFP and approximately a dozen agencies participated in these initial planning meetings. Much of the discussion at these early meetings was regarding how to create a coordinated response, what type of clients would qualify for assistance and how to track success.

Once the implementation teams were selected, funded partners participated in an ongoing monthly meeting to discuss progress and troubleshoot program issues. A major focus of these meetings was data collection. As the program progressed these meetings were also used to review progress and CTA presented reports on households served and program outcomes. The Sacred Heart/InnVision Collaborative also held regular meetings through the fall of 2011, one for management and one for staff working on the program.

Program Goals

The goal of the HPRP program nationally was to prevent homelessness among those who would otherwise be homeless and to rapidly rehouse people who had lost their housing. The San Jose program had some additional goals including:

- To increase the housing stability and self-sufficiency of those assisted;
- To design and implement a program across the county with one program model, using common tools and procedures;
- To establish outcomes in advance of the program and track progress on these outcomes using local data;
- To leverage other stimulus and other resources dollars and make HPRP funds the funds of last resort;

Because the community had other sources of one-time assistance that can be used for some similar costs to HPRP, including rent arrears, one-time utility payments and security deposits, the community determined that HPRP should be used for those with a need for more than one-time assistance. It was anticipated that many households served with prevention assistance and virtually all rapid rehousing households would require medium term assistance (more than three months) and most were anticipated to require between 6 and 12 months assistance.

The outcome measures established for the project included:

Housing Stability:

- o 85% of assisted households remain stably housed while receiving HPRP assistance.
- 75% of assisted households remain stably housed for at least 6 months after the termination of HPRP assistance.

• Self Sufficiency Matrix scores:

75% of assisted households who complete the program will improve their total Self-Sufficiency Matrix score by a percentage of 10% or more by the time they complete the program.

• Shelter Diversion:

o 75% of assisted households will not enter or re-enter the shelter system within one year of termination of HPRP assistance.

The original intention of the program was that half of the households served would require prevention and half rapid rehousing. However it was reported that early demand for the program was largely for prevention assistance and far more households were assisted with prevention than originally anticipated.

Although a county-wide approach was taken, no centralized intake was established for the program and most clients heard about it through their existing relationships with the partner agencies, through referrals, or from outreach information/flyers at other agencies. Some clients reportedly heard about it from news sources or on-line.

Eligibility and Assessment

The planning meetings and the City/County RFP included a commitment to use a common assessment tool for eligibility for the program. The planning group selected to use a modified version of a tool that has been made available in the homeless field and through many HMIS software systems, including the Santa Clara County HMIS, call the "Self-Sufficiency Matrix" (SSM). The SSM tool allows case managers to score applicants or participants on a scale of 1 to 5 in 18 different domains of social and economic well-being. Through the planning process it was decided that the SSM should be used both as an assessment tool for selecting clients for services, and as a tracking tool for progress or change made by the program

For program eligibility purposes, an initial screening was conducted using eight of the 18 domains of the SSM: Income, Employment, Housing, Child Care, Legal, Life Skills, Safety and Credit History. (We will call this screen the SSM-8.) Households without children were scored on only seven domains, excluding child care, so as to not bias the scores toward or away from family households. Households had to meet two criteria:

- 1) A score of 1 in the housing domain reflecting homelessness or imminent risk of homelessness
- 2) A total score on the 8 domains (or 7 for households without children) between 51 and 70% of the total possible score.

For households with two or more adults, the SSM-8 screen was given to each adult and the scores were averaged to determine the combined household score and determine eligibility.

While all households that received assistance were screened in this way, not all households that sought assistance and might have been eligible for HPRP were screened using this tool. As both provider teams provided other assistance similar to that offered under HPRP, preliminary questions were asked at initial contact about household situation and income which were used to determine whether another funding source might be more suited to their situation and households referred for a different program were not screened using the SSM-8. HPRP was considered for people who were not eligible for any of the other sources. It was also reported that some households were determined prior to the HPRP screen to be unlikely to be stable in the long-term (primarily for lack of income) and were not offered the screening.

With a few exceptions of households that were permitted to enroll despite having low or high scores, the SSM-8 scores for those who scored outside of the eligible range and did not receive services were not kept; thus, no information is available about how many persons might have been eligible but were not given a screening, nor about how many households were screened out.

While the SSM-8 set of domains was established from the beginning, guidance and training on how to administer it was provided after the program had begun. After approximately six months of operation a more fully calibrated SSM tool that calculated the percent score on the SSM-domains was created and training was offered to reduce subjectivity in the assessment process. A copy of Self-Sufficiency Matrix Scoring Tool can be found in Appendix D.

Once the household passed the screen, a full intake was done on the household. Other than the SSM-8 and the HUD-defined eligibility criteria for being below 50% of Area Median Income and in need of the assistance to avoid homelessness, no additional targeting or criteria were established for the program.

Program Implementation: Structure and Services

While the use of the assessment tool was common to both collaboratives, and general requirements for eligibility documentation and ongoing case management were also shared, the specific implementation including staffing level and approach to providing financial assistance were somewhat different between the two funded teams.

SH/I: Sacred Heart Community Service (SHCS) was the lead agency of a collaborative with InnVision and the Law Foundation. Sacred Heart is a long standing provider of prevention services and serves as the Community Action Agency for Santa Clara County. SHCS and InnVision divided the caseload for the City between them. The Law Foundation was a specialist for eviction prevention but did not have a separate case load. SHCS directly paid all financial assistance for all clients (including for partners' clients). Partners employed their own service staff and SHCS paid them via contracts for their staffing costs. Each of the two large agencies (SHCS and InnVision) had dedicated staff who worked on the program, including a program manager, case managers and some specialty/support staff.

In the planning stage there was the idea that some of the work for the program would be divided by function. InnVision had a specialized staff person for housing search/location and SHCS has a money management specialist that could serve all clients in the HPRP program with that need. In practice, however, it appears few clients were referred to these specialists by the partners. InnVision's staff mostly

did housing search for InnVision clients, and SHCS mostly provided assistance budgeting with SHCS clients. Legal services were offered on a referral basis.

EHC: EHC was the lead agency for a team that also included Next Door Solutions, a domestic violence (DV) provider, and Pro Bono Project Silicon Valley, a legal services organization. EHC is a large provider of homeless services including shelter, transitional housing, prevention services and other programs. Next Door's Solutions staff person for HPRP was co-located with EHC at their HPRP location.⁶

EHC provided financial assistance for all clients and the case management for clients who were not DV survivors. Pro Bono provided referral based legal services as needed, though it primarily provided technical assistance and support to EHC case managers with clients facing evictions.

Financial Assistance and Client Services

Financial assistance included a range of eligible expenses; however both teams provided primarily short or medium term rental assistance and some security deposits. Very little funding was used by either team for motels, moving, storage or utility payments.

The HPRP program allowed significant flexibility in structuring subsidies, and the policies used by the two teams were different in this regard. Sacred Heart's guidance required participant households to pay the higher of 40% of the household's monthly income or 20% of their rent, and it never paid 100% of a household's rent. They also did not phase the assistance --that is, they did not decrease the proportion of subsidy the program paid over time. While expected to make a fixed contribution, households could request a "deviation" if they had an extraordinary expense such as a car repair that temporarily reduced their ability to pay rent. For prevention clients, short term (3 months or less) or medium term was decided on a case-by-case basis. For rapid rehousing clients everyone was assumed to require medium term, with an initial expectation of 12-15 months.

EHC based subsidy amounts on client's budgets and paid between 50 and 100% of the rent in rental assistance. Most households had 60-70% of their rent paid at first and this amount was reduced over time, by an amount determined at each three-month recertification. The amount of subsidy was individualized and reportedly somewhat subjective. EHC reported that prevention clients typically did not seek as long a period of assistance as rehousing clients.

Both teams observed that households appeared more motivated if they did not know that they could receive up to 18 months of assistance. Over time, the SH/I team shortened its model to provide a more limited amount of assistance.

Each team also provided supportive services, primarily case management intended to help households meet the terms of their housing stability plans. Case management was generally intensive during the front end/application process as the paperwork for the program was extensive and sometimes required multiple

⁶ Due to the very limited information on domestic violence in the HMIS system for confidentiality reasons and the fact that Next Door did not enter data separately for its caseload we are unable to make any specific conclusions about the services or outcomes for survivors of domestic violence who participated in the program.

meetings with the client household. During the period of assistance, both teams required participants to meet with a case manager at least monthly. Under SH/I there was no maximum amount of case management and clients with greater needs could be seen weekly and even daily if needed. EHC had a monthly visit including budgeting check in, and would meet with households up to twice a month. Some households reportedly could have benefited from more frequent check-ins but EHC reported that staffing was not sufficient to do so. Case management focused on identifying steps participants needed to take to be able to afford rent after HPRP was over, ranging from finding a better job to budget management.

For rapid rehousing, both teams assisted clients to locate housing, negotiate with landlords and move in to housing. Despite the relatively high cost of housing in San Jose, neither team reported difficulties performing this function (although we note that rapid rehousing activities were a small percent of the caseload under the City of San Jose funding.)

Data Collection Program Requirements

HPRP was a very data-intensive program, and the first HUD-funded homeless program to require quarterly reporting. The City and County contracted with Community Technology Alliance (CTA) to manage the data collection in the Homeless Management Information System (HMIS). CTA already operated the Santa Clara county-wide HMIS system for existing homeless and many community programs. Because of different funding sources, agencies and jurisdictions, the entire Santa Clara HPRP implementation required CTA to set up 22 different "programs" within HMIS. All programs used the same forms and procedures established by the City and CTA.

In both of the San Jose-funded provider teams, case managers were primarily responsible for data entry on a daily or nearly daily basis. Data quality was monitored by CTA and regular efforts were made to clean and improve data quality. Agencies reported spending a great deal of time cleaning data and preparing required reports.

While a great deal of time was spent collecting and entering data, the agencies reported that for their internal purposes, including tracking spending and utilization and making projections of spending it was necessary to create their own spreadsheets and reports. CTA did produce reports for the community which showed general progress as well as provided reports on the Self Sufficiency matrix on a monthly basis, and CTA produced the community's Quarterly and Annual Performance Reports for HUD.

Households Served and Program Results

Data from the Homeless Management Information System was used to analyze the outcomes of the program. In order to conduct these analyses, three data sets provided by CTA had to be combined and "cleaned". Cleaning included collapsing family members into households and the removal of some individuals with incomplete or inconsistent data that could not be used (including three children not associated with any parent). The number of records removed was small (less than 3% of the potential households in the data set) and is not considered to have affected the analysis. At the time of this analysis thee program was not quite completed. Twenty-four records were excluded from the data set because

they had no exit date and were assumed to remain open at the time of this report. More detail on the process of data cleaning and analyses can be found in Appendix B.

The analyses are primarily at the household rather than the individual level. That is, rather than counting a family of four as four separate individuals who were served or housed, we have chosen to look at them as a household that was assisted. Since housing is provided to households, assessing program performance at the household level is most meaningful. Single individuals are considered a household of one.

After cleaning and excluding currently open cases, 388 households were served and had exited the program as of June 30, 2012. This represents 382 unduplicated households, as the data set includes six household that were served on more than one occasion.

Division of Prevention and Rapid Rehousing

While funding in the RFP was anticipated to be divided 50/50 between prevention and rapid rehousing cases, more than three-quarters (77%) of the households served with City funds were recorded as "imminently losing their housing".⁸

Figure 1: Housing Status at Entry

Housing Status at Entry	Number of Households	Percent
Imminently losing their housing (Prevention)	300	77.3%
Literally Homeless (Rapid Rehousing)	88	22.7%
Total	388	100.0%

Between the two teams, EHC had a slightly higher rate of rapid rehousing and SH/I of prevention provided:

⁷ While this small number of records is unlikely to change the reported results dramatically, it is possible that average lengths of stay and amounts of assistance would be affected by the addition of these cases.

⁸ We note that the dataset provided also includes where the client spent the previous night. Only 40 clients classified as head of household reported having spent the night in a place such as the street or homeless shelter which would have categorized them as "literally homeless" and thus rapid rehousing eligible. Twenty-five of the heads of household categorized as "literally homeless" reported that they had spent the previous night with family and friends. If these responses were used in lieu of housing status, the percent of households receiving rapid rehousing assistance would only be 16%. We have no way to determine which response is likely to be more accurate and so are using the one that was used for purposes of reporting to HUD.

Figure 2: Prevention and Rapid Rehousing by Team

	SH	H/I	EI	НС
	Number	Number Percent		Percent
Prevention	154	87.0%	146	69.2%
Rapid Rehousing	23	13.0%	65	30.8%
Total	177	100.0%	211	100.0%

Individuals and Households Served

The San Jose HPRP program served many types of households, including single individuals, households with two or more adults but no children, and households with one or more adults and children. The data set includes a total of 934 individual people who were served in the 388 households. Just under half of the households, 191 households (49%) served in the program were households with children.

Figure 3: Household Types

	Number of Households	Percent
Adult Individual	149	38%
Minor Only*	1	0.3%
Multiple Adult Only	47	12%
Multiple Adults with Children	106	27%
Single Adult with Children	85	22%
Total	388	100%

^{*} We believe this household may be incorrectly identified due to an error on the head of household's date of birth

While accounting for just half of the households served, persons in families account for 73% of the people served. Average family size for these households was 3.7 including children and adults.

When looking at prevention and rapid rehousing, families made up just over half of the households served in prevention (52%), but only 41% of those served in rapid rehousing.

Figure 4: Households by Component Types

	Prevention		Rapid Rehousing		Total	
	Number	Percent	Number	Percent	Number	Percent
HH with children	155	52%	36	41%	191	49%
HH without children	145	48%	51	58%	196	51%
Total Households	300	100%	88	100%	388	100%

Characteristics of Households Served

We looked at a few data points of interest in describing the population served in the program, which could also be used in comparing the population served to those served by other homeless programs.⁹

Figure 5: Characteristics of Households Served

	PV	RR	All HH
Total HH	300	88	388
Average age, HoH	42.4	39.6	41.8
Average HH size	2.6	2.1	2.5
% of HH with a veteran	6%	11%	7%
% of HH with a disabled adult	19%	36%	23%

Income

The average income at entry for all households was \$1,526. Three quarters of households served reported at least one adult having an income at the start of the program. This number was slightly lower for rapid rehousing households (70%) than for Prevention households (77%).

Figure 6: Presence of Income at Entry

	Number	Percent
HH did <u>not</u> have income at entry	93	24%
HH did have income at entry	295	76%
Total	388	100%

Removing the households that had no income from the calculation increases the average entering income for those who had income to \$1,994.

Average incomes were found to be different for different household types. Households with more than one adult had higher average incomes, and single-adult headed families had higher average incomes than single adults.

⁹ We intended to compare the characteristics of people served in the HPRP program with those in shelter and transitional housing. Unfortunately, the datasets provided to us were not compatible for this purpose. We recommend that CTA or the City compare these and other characteristics of the population served in this program to the sheltered population in the future. See our recommendations at the end of this report.

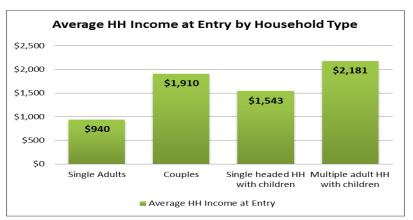


Figure 7: Average HH Income at Entry by Household Type

Note: These figures include households that reported no income or zero income at entry.

Timeframe of activity

The majority of those served under the San Jose-funded HPRP program entered the program in the first quarter. EHC had a second bump of new entries in 2010 while SH/I had only limited new entries after the first quarter.

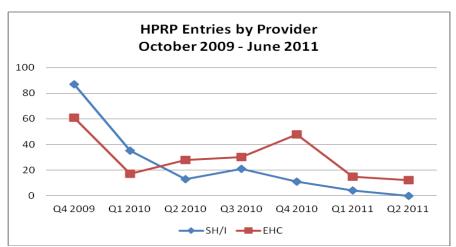


Figure 8: HPRP Entries by Team

Program Results

Exits to Permanent Housing

The primary purpose of the program is to assist households that have no housing to gain permanent housing and to prevent households with housing from losing it. Thus the first outcome that we look at is the rate of exits with a "destination" of permanent housing. Permanent housing includes a house or apartment with or without a subsidy, as well as living with family or friends on a permanent basis. Homeless/temporary includes exits to streets, shelters, other homeless programs, institutions or staying

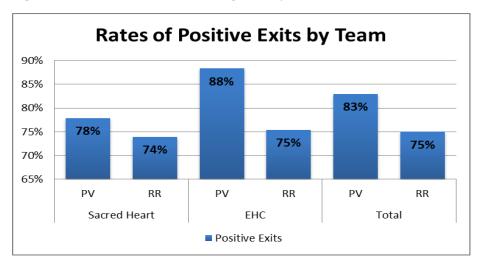
with family and friends on a temporary basis. The first figure below shows all exits by service type and provider team; the second shows the percentage of permanent housing exits.

Figure 9: Exit Types by Team and Component

	Sacred Heart		ЕНС		Total	
	PV	RR	PV	RR	PV	RR
Permanent Housing Exits	120	17	129	49	249	66
Homeless/Temporary Exits	4	2	8	8	12	10
Don't Know	30	4	9	8	39	12
All Exits	154	23	146	65	300	88

We note that that majority of exits that were not "positive" were "unknown. 13.1% of all exits were unknown, while only 5.6% were recorded as a destination we categorized as "negative."

Figure 10: Rates of Permanent Housing Exits by Team



Changes in Household Income

At the start of the program, 77% of households had one or more adults with any income. This number increased to 83% by exit. 17% of households were still recorded at exit as having no adult with an income.

Average income between entry and exit for the program increased by \$226, or 14.8%. This change was notably very different for prevention and rapid rehousing households; rapid rehousing households only saw a very small average increase in income.

Figure 11: Average Change in Household Income by Component

	Prevention	Rapid Re-Housing	All HH
Average Change in HH Income	\$283.73	\$30.38	\$226.27

It is important to note that while average income increased, the majority of households served in the program (61%) had no change in income. A little more than one quarter gained income between entry and exit and just over 10% lost income.

Figure 12: Change in Household Income - Program Entry to Exit

	Change in HH income			
	Number	Percent		
Gained Income	108	28%		
Lost Income	43	11%		
No Change	237	61%		
Total	388	100%		

Because most households show no change in income, it appears that the average gain across the program is because the households that did gain income are both a larger number than the households that lost income and because they gained more average income than the households that lost income lost.

Figure 13: Change in Household Income by Program Component

	Lost Income		No Change		Gained Income	
	Number	Percent	Number	Percent	Number	Percent
Prevention	31	72%	182	77%	87	81%
Rapid Re-Housing	12	28%	55	23%	21	19%
All HH	43	100%	237	100%	108	100%
Average Change in HH Income	(\$86)	1.66)	\$0.	00	\$1,15	55.96

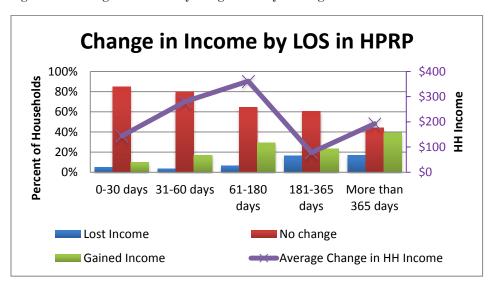
Losses and gains in income had little impact on rates of positive housing outcomes. In this table a positive outcome is any permanent housing destination, a negative outcome is any non-permanent destination, including shelter, streets, or family and friends on a temporary basis.

Figure 14: Change in Income by Housing Outcome

	Change in Income							
Housing	Lost Income		No Cl	nange	Gained Income		All Outcomes	
Outcome	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Permanent Housing	40	93%	184	78%	91	84%	315	81%
Negative	1	2%	16	7%	5	5%	22	6%
Unknown	2	5%	37	16%	12	11%	51	13%
Total	43	100%	237	100%	108	100%	388	100%

Changes in income appear to be associated with length of stay in the program in a somewhat interesting way. In the first six months the increase in total amount of income goes up, while as households stay longer, average income still increased but to a lesser degree. As more time elapses, the percentage of households with any income change goes up, whether that change is a loss or a gain, while the percentage of those with no change goes down.

Figure 15: Change in Income by Length of Stay in Program



Lengths of Stay in the Program

Length of Stay refers to the time from program entry/enrollment to program exit/disenrollment. It includes the time from when an intake is done to when financial assistance is first provided (if it is provided) and the time during which the household receives financial assistance and/or supportive services until they are exited from the program.

The average length of stay in the program was very similar for prevention households and rapid rehousing households: 220 days for prevention and 230 days for rapid rehousing, both equal to about 7 ½ months.

The median length of stay was somewhat shorter, 180 days for prevention and 181 for rapid rehousing, or six months.

Average lengths of stay were different between the two teams. The SH/I team had an average length of stay of 173 days, just under 6 months. EHC had an average length of stay of 262 days, or just less than 9 months. Length of stay is closely associated with cost, as is shown in Figures 21-23 below, generally because households that remain in the program longer are continuing to receive assistance

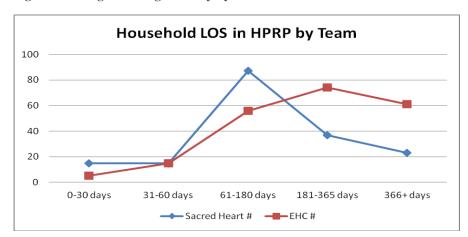


Figure 16: Length of Program Stay by Provider Team

While the average length of stay was similar for all three groups, more households with a positive outcome were included among those with the longest stays in the program, while larger number of household with negative or unknown outcomes had shorter program stays.

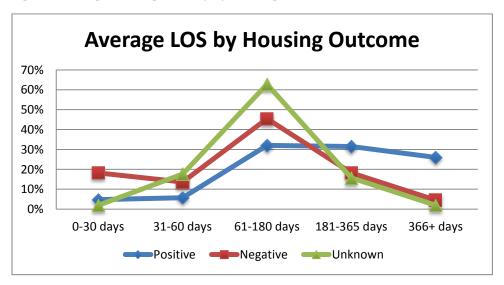


Figure 17: Length of Program Stay by Housing Outcome

Lengths of stay appeared to be slightly longer on average for households scoring lower on the SSM at entry, (though as discussed below, entry score was not statistically correlated with differences in outcomes).

Figure 18: Length of Program Stay by Score Category

	HH Computed Score at Entry							
	50% and Below	51-60%	61-70%	71% and Above	All HH			
Average LOS	265	225	221	170	223			

We also looked at length of time from program entry to first financial assistance. On average, 14 days elapsed between intake and first payment for prevention households and 28 days for rapid rehousing households. The average time to payment between the two teams was similar for rapid rehousing, but different for prevention. EHC entry to payment time appeared to be approximately 10 days shorter on average than the SH/I team.

Figure 19: Days from Entry to First Payment

	Prevention		Rapid Re-Housing			All Cases			
	SH/I	EHC	Total	SH/I	EHC	Total	SH/I	EHC	Total
Average days entry to first payment*	19.30	8.80	13.68	26.19	29.22	28.48	20.12	14.29	16.73
Total HHs	118	136	254	16	50	66	134	186	320

^{*} Only includes those cases that received financial assistance

Program Costs

The vast majority of financial assistance funds were provided for rental assistance. This may have been for rental arrears or for ongoing subsidies or for both. Given the small number of short term cases (5 percent with program stays of less than or equal to 30 days) we assume that most rent assistance was assistance with current rent.

Figure 20: Types of Financial Assistance Provided

	Rent		Utility		Security Deposit		Moving		All Types	
	#	%	#	%	#	%	#	%	#	%
Total HHs	313	81%	94	24%	77	20%	110	28%	320	82%
Average	\$7,0	003	\$32	20	\$1,.	151	\$8	342	\$7,.	244

Note: Percents are of all household in dataset, although not all households received financial assistance. Averages are of all amounts, excluding zero values

Because rent assistance was typically a payment made for each month that a household was enrolled in the program, financial assistance costs are tightly tied to lengths of stay in the program. Just as length of stay differed by implementation team, financial assistance amounts also differed. EHC tended to provide higher total levels of financial assistance than Sacred Heart. For those receiving financial assistance, the average assistance amount for EHC households was \$9,566 and for Sacred Heart was \$4,022. When households receiving no financial assistance are included, the EHC average drops to \$8,433 and for Sacred Heart to \$3,045.

Total HH Financial Assistance by Team

Total HH Financial Assistance by Team

Total HH Financial Assistance by Team

SH 40

SH 4

Figure 21: Financial Assistance by Team

The significant difference is cost between the provider teams persists when looking only at those households with a permanent housing destination at exit from the program.

Figure 22: Financial Assistance by Team per Permanent Housing Outcome

	Permanent Housing Outcomes Only							
	SH	1/1	El-	IC	All HH			
	PV	RR	PV	RR	PV	RR		
Percent of Exits to Permanent Housing	78%	74%	88%	75%	83%	75%		
Avg HH Fin. Assistance (including those receiving \$0)	\$3,354	\$3,554	\$10,284	\$7,311	\$6,944	\$6,343		
Avg HH Fin. Assistance (excluding those receiving \$0)	\$4,423	\$4,648	\$10,786	\$8,142	\$8,080	\$7,345		

Total program cost, including administration and housing and stabilization service costs were \$3,715,276, for an average estimated total cost per household served of \$9,575 (We note that this estimate is likely to be slightly high as there are still households enrolled in the program as of the writing of this report which will change the final amount spent per household.).

Both provider teams dedicated 73% of their budget to financial assistance and the remainder to staffing and administration. The total cost per agency is different based on both caseload and average length of time and assistance.

Figure 23: Estimated Average Total Cost Per Household Served

	Average Total Estimated Cost per Household	% of budget towards financial assistance
SH/I	\$6,148	73%
EHC	\$12,450	73%

EHC's original budget assumed serving more households than they did (27% more), while Sacred Heart's assumed serving fewer (15% less) than they did. These changes in households served greatly impact the overall cost per household by agency.

Self-Sufficiency Scores

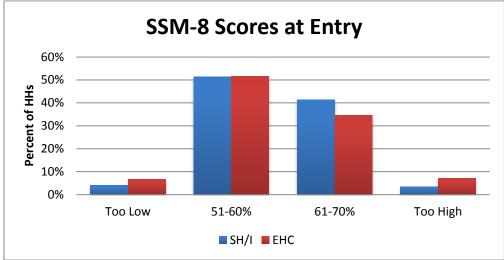
As described above, a modified version of the Self-Sufficiency Matrix using 8 key domains was used to determine eligibility for the program, while the full SSM was administered to adults at entry, recertification and exit. The housing domain of the SSM alone was also administered at 6 and 12 month follow ups, though few records in the data set reflect a successful follow up contact was made (see below).

We ran a correlation test on the pre-assessment score and the equivalent score at entry using the same eight domains scored at pre-assessment. While the total household SSM is completed at entry, in order to compare scores at entry and exit to pre-assessment, we had CTA calculate this modified score at entry for all records. The pre-assessment score and the calculated modified score at entry were highly correlated Calculated SSM scores reported here are referred to as "SSM-8", based on the same methodology as the tool used for initial assessment and determination of entry.

The range of eligible scores for program entry was 51-70%, though a few households fell outside of this range and were admitted. The average SSM-8 score at entry for the entire program was 60% and this was not notably different for households served by the two teams.

¹⁰ Pearson's correlation coefficient was calculated at .566, significant at the .01 level.

Figure 24: Range of SSM-8 Scores



It appears that EHC served a slightly larger number of households (14%) whose total SSM-8 score was either above or below the target range than did SH/I. Households outside the range were 10% of the total dataset, and evenly distributed between those scoring above and below the range.

A stated objective of the program was to increase SSM scores by 10% between entry and exit. Of those with a recorded score, 85% showed some increase in SSM-8 score, with 54% showing an increase greater than 10%.

Figure 25: Change in Household SSM-8 score from Entry to Exit

	Number	Percent
Increased 0-10%	80	31%
Increased More than 10%	141	54%
No Score Change	9	3%
Score Decreased	29	11%
Total	259	100%

One third (33%) of the records we reviewed were missing an SSM score at exit. Therefore, caution should be taken in concluding that these results are true for the program as a whole.

The group with a decrease in score was small (29 out of 388). It is interesting to note, however, that even among this group, exits were still overwhelmingly positive (86%) though slightly lower than the positive exit rate for those with an increase in score (91-92%).

Figure 26: Change in SSM-8 Score by Housing Outcome

		ore eased	Score Stayed Same		Score Increased 1-10%		Score Increased 10% +		No Exit Score	
	#	%	#	%	#	%	#	%	#	%
Positive Exit	25	86%	7	78%	73	91%	130	92%	80	62%
Negative Exit	3	10%	1	11%	4	5%	4	3%	10	8%
Unknown Exit	1	3%	1	11%	3	4%	7	5%	39	30%

We also conducted a Pearson's correlation coefficient analysis and significance test on the household SSM-8 score at entry and at exit to see if scores were correlated to whether a household had a permanent housing exit destination upon leaving the program, and whether score was related to income. The only statistically significant correlation was between score at exit and destination at exit for participants in rapid rehousing, which had a positive correlation. In all other ways, SSM-8 score does not appear to have value in predicting success in the program. (Copies all analyses conducted, included statistical significance values are included in Appendix C.)

Data at Follow up

Providers were supposed to follow up with households at 6 months and 12 months following their exit. The follow-up consisted of gathering data from one domain of the SSM: the Housing domain. The five answer choices for the housing domain and associated scores are:

- (1 pt) Household is unhoused or at imminent risk of losing their housing.
- (2 pts) Household is housed, but the housing is not stable and affordable.
- (3 pts) Household is in affordable, stable housing, but the housing is not adequate (adequacy determined by legal tenure, availability of services, affordability, habitability, accessibility, location and cultural adequacy).
- (4 pts) Household is in affordable, stable and adequate housing, but the housing is not subsidized.
- (5 pts) Household is in affordable, stable, and adequate housing with housing subsidy.

Based on the data set we were provided, only 16% of the cases that appear to have required a follow-up reflect that one was attempted and 12% of all of the cases have a response. This means that we have 6 month follow up data on only 45 households out of a total of 382 households that exited at least six months prior to June 30, 2012.

The following table shows the change in housing domain scores for the 45 households with 6 month follow-up scores recorded. It appears that households typically had a gain in the housing domain score from entry to exit, which corresponds to the high rate of permanent housing exits in the program. It also appears from the limited data available for this element that housing stability in many cases decreased after exit from the program.

Figure 27: Change in Housing Domain at six month follow-up by Team and Component

	SH/I			EHC			All Cases		
	PV	RR	Total	PV	RR	Total	PV	RR	Total
Total cases with 6 month score	27	4	31	13	1	14	40	5	45
Avg. Hsg. SSM - entry	1.09	1.07	1.09	1.12	1.10	1.12	1.11	1.09	1.10
Avg. Hsg. SSM - exit	2.30	3.40	2.42	4.77	4.00	4.71	2.90	3.50	3.68
Avg. Hsg. SSM – 6 mos.	2.49	2.50	2.49	3.85	5.00	3.93	2.81	2.92	3.40
Avg. Change Hsg. SSM (exit - 6 month)	0.18	-0.90	0.07	-0.92	1.00	-0.79	-0.08	-0.58	-0.13

^{**} This is only the subset of the dataset that has 6 month follow up scores.

Returns to Homelessness or Prevention Services

We asked CTA to provide us data on whether any of the households that had exited the program to permanent housing had a new entry in the HMIS system in another homeless or prevention program before June 30, 2012. This analysis includes all households, whether they exited in the first month of the program and thus had 31 months in which to have returned, and those who exited in the final month of the assessment. A total of 31 households, representing 8% of the total households exiting the HPRP program had returned for another service somewhere in the system, including seven that returned for additional prevention assistance (2%) and nine (2.3%) that subsequently entered a shelter or transitional housing program. SSO programs are "support services only" and do not indicate whether the household was still housed or homeless at the time of the return.

Figure 28: Households Served with a Return Entry in an HMIS Program by Program Type

	HH Returning					
	#	% of returns	% of all cases			
Emergency Shelter	8	26%	2.06%			
Transitional Housing	1	3%	0.26%			
HPRP-PV	7	23%	1.80%			
SSO	12	39%	3.09%			
Other	3	10%	0.77%			
Total Returns	31	100%	7.99%			

Households that later returned in the system had been served in the prevention and rapid rehousing components in proportion equal to the percent of total households served in each component.

Figure 29: Returning Households by HPRP Component

	Returning HHs					
	Number	Percent				
Prevention	24	77%				
Rapid Rehousing	7 23%					

Although the total number of households in the returning group is extremely small, we looked at the group of returnees to see if they were different in some way we could detect from the group that exited to permanent housing and did not return. We did not note differences in terms of age of head of household, SSM-8 score or rates of disability. Income at entry was somewhat lower on average for the group that later returned, household size was somewhat smaller and average length of stay in the program for those households that later returned was somewhat lower (169 days) than for those not returning (227). Returning households were also less likely to be families with children. We caution however, that the group is too small to determine if any of these things are meaningful.

Figure 30: Comparison of Returning and Non-returning Households

	Returning	Not Returning	All Cases
Average # of People in HH	1.94	2.55	2.18
% of HH with Kids	32%	51%	49%
Average # of Kids in HH*	1.80	1.98	1.88
Average Age of HoH	42.4	41.7	41.78
Average HH Income at Entry**	\$1,737	\$1,754	\$1,752
Average SSM-8 Score at Entry	59%	60%	60%
Average LOS	168.58	227.37	222.67
Presence of disabled adult	23%	23%	23%

^{*} Average # of kids is of HH with kids

Comparisons to National and Other Community Data

The San Jose implementation of HPRP was similar in some ways to HPRP nationally and in a handful of other communities from which data is available and very different in others.

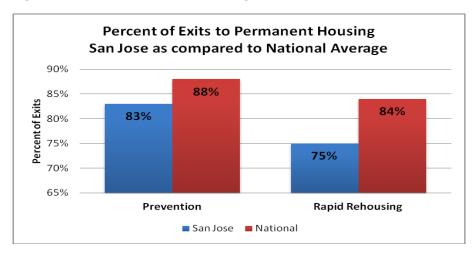
^{**}Average HH income is of all HH - with and without income

Division of Assistance

The split of assistance between prevention and rapid rehousing in San Jose is the same as the reported split of assistance nationally between the two components: 23% to Rapid Rehousing and 77% to Prevention.

Destination Outcomes

Figure 31: First Year Permanent Housing Outcomes- National and San Jose



Sources: Santa Clara County HMIS and U.S. Department of Housing and Urban Development HPRP Year 1 Summary, June 2011

San Jose's permanent housing destinations were lower than the national averages for the first year, but may be attributed to a high rate of unknown exits, 13%. HUD's first year summary reported only a 1% rate of Don't Know destinations.

Lengths of Stay

Lengths of stay in the San Jose program were different from the national average in the first year and from all other implementations we are aware of. The following charts show the national averages and San Jose's for just the first year of implementation (we have removed all cases from this analysis that remained more than a year in order to make an accurate comparison.)

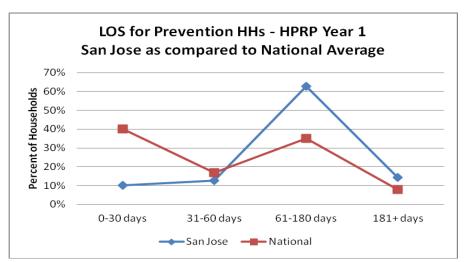
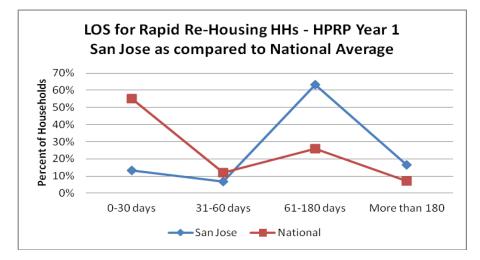


Figure 32: Length of Program Stay, Year One Prevention – National and San Jose





HUD did not publish the average or median LOS in its first year report.

To compare length of stay with other California, we looked at APR data for the neighboring county of Alameda, the central valley county of Sacramento, and the County of Orange, a Southern California community with similar fair market rents to San Jose. Orange County's program stays were most similar to San Jose's, though still somewhat shorter, particularly for prevention households.

Figure 34: Comparison of Lengths of Program Stay and Housing Outcomes in Four California Communities

		Alameda	Orange County	Sacramento	San Jose
Prevention	LOS	78	161	123.5	220
	Exits to PH	96%	94%	95%	83%
Rapid Rehousing	LOS	134	212	156	230
	Exits to PH	85%	77%	88%	75%

Sources: Summary data from Sacramento presented in PowerPoint on July 27, 2011. HPRP APR's for all HPRP programs operating in Alameda County and for HPRP programs funded by the County of Orange (excludes County of Orange cities that received direct allocations.)

Annual Performance Reports reviewed do not contain cost data.

Self Sufficiency Score Changes

As noted above, we looked at changes in the SSM-8 score between entry and exit and at the housing domain score from entry to exit to follow-up. We found one evaluation, the Ohio Department of Development Family Homelessness Prevention Pilot Evaluation, which examined changes in total SSM scores for households assisted in a state-wide prevention program. They found a small change (0.2 - 0.4 points depending on the location) in self-sufficiency as measured by application of the full SSM matrix between entry and exit for families participating in the studied prevention programs. ¹¹

For the Ohio evaluation the evaluators applied a statistical "t-test" to determine if the changes were significant, that is, highly unlikely to have happened by chance, and they found them to be statistically significant. We replicated this test on the San Jose dataset but found no statistical significance in the change between entry and exit for the households served. This may be because the set is smaller. We also note that the change being found to be significant in the case of the Ohio study does not mean that the program caused the change; the passage of time or any other variable could be at work.

More importantly, we found that the SSM-8 scores in the San Jose program were not significantly correlated with most housing or income outcomes, despite that housing and income are domains within the SSM-8 which would typically be expected to correlate. Again, the dataset is small and so we cannot draw strong conclusions from any of these tests.

Returns to System of Care or Homelessness

San Jose's data indicates a total rate of return between 2 and 8% (depending on the type of program included in the analysis.) Few communities are currently able to report on returns to the system or homelessness and this was not a reporting requirement for HUD's Quarterly and Annual Performance Reports.

¹¹Community Research Partners, *Family Homelessness Prevention Pilot Evaluation, Final Evaluation Report*, Ohio Department of Development, January 2011, p. 38

Communities that have prepared "Homeless System Evaluators" for the National Alliance to End Homelessness Performance Improvement Clinics have used HMIS data to examine the outcomes and costs of their current systems. The average rates of return reported by the seven communities in four states (including three communities in California) that have prepared Evaluators report return rates from rapid rehousing programs of 9% for single adult households and 4% for families with children.

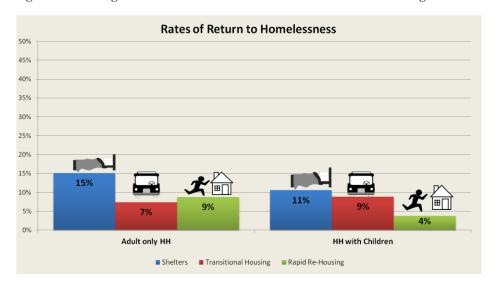


Figure 35: Average Rates of Return for Different Homeless Service Programs

Source: Data averaged from seven Continuums in four states that prepared Homeless System Evaluators for NAEH Performance Improvement Clinics in 2011-2012. Chart prepared by Katharine Gale, Focus Strategies.

The National Alliance to End Homelessness has also published an interactive map that shows outcomes of rapid rehousing programs for families across the country. These rates are typically 10% or less.

San Jose Program Feedback

Strengths

We asked respondents what they felt were the strongest and most challenging parts of the program – that is, what worked and what didn't. Themes we heard as strengths of the program include:

- Respondents reported that they felt HPRP was very helpful to the clients served. Most households
 gained or regained stability and in satisfaction surveys administered by the agencies, clients reported
 a high level of satisfaction with the program.
- Some people specifically pointed to the rapid rehousing part of the program as being particularly
 successful, since they saw homeless people get housed and stay housed through the program. One
 agency leader stated that they had changed their emphasis to rapid rehousing for persons seeking
 shelter (primarily in a later phase that was not funded with San Jose funds) and felt that their impact
 increased.
- A funder indicated that advance community planning and teamwork to design a county-wide program and to connect many different sources together was a key goal and success of implementation. One

Collaborative representative also reported that the program had helped to deepen relationships on the team.

Challenges

- The program was universally perceived as being too burdensome and complex in terms of paperwork. The program was also seen as rolling out too quickly without clear guidance and then having to make adjustments later. This issue was largely a national problem and not seen as related to the local implementation.
- Data collection was difficult and changing. Efforts to define data collection at the beginning met with
 mixed success as some outcomes were very difficult to track (notably stability after exit.) In addition,
 quarterly reporting requirements and daily data entry was difficult for agencies and required
 significant staff time that agencies would have preferred to put into the program. Agencies also
 reported needing to create their own tracking tools in order to manage the program.
- The Self Sufficiency Matrix was reported by some to be a good case planning tool but none of the program operators interviewed felt it was a good screening tool. The tool includes questions regarding many different areas of life, which were reported as being subjective despite efforts to standardize. Respondents pointed out that the tool asked for a lot of information that was not specifically relevant to gaining or retaining housing. Some respondents reported that clients felt it was invasive.
- Respondents were mixed about the need for quarterly recertifications. Some felt this was appropriate while others felt it was unnecessary for households who were expected to need long term support.

Summary of San Jose Findings

The San Jose HPRP implementation was moderately successful on its own terms. It came close to meeting its goals in two categories: housing stability during the program and increases in SSM score. The program outcomes well exceeded the goal for "shelter diversion" (what we have called "returns to the system"); and was unable to effectively measure its goal of stability after 6 months.

Figure 36: Table of San Jose HPRP Program Goals and Outcomes

San Jose HRP Goal	Evidence from this Analysis
Housing Stability: 85% of assisted households remain stably housed while receiving HPRP assistance.	83% of prevention households and 75% of rapid rehousing households finished the program in permanent housing.
Housing Stability: 75% of assisted households remain stably housed for at least 6 months after the termination of HPRP assistance.	Unable to determine – follow up cohort too small. (Evidence from follow up cohort that households report being more stable according to SSM housing domain than at start of program but less than at exit.)

San Jose HRP Goal	Evidence from this Analysis
Self Sufficiency Matrix score: 75% of assisted households who complete the program will improve their total Self-Sufficiency Matrix score by a percentage of 10% or more by the time they complete the program.	85% of those with a recorded exit score had an increase in score (using the screening tool scoring methodology) from entry to exit, and 54% had an increase of greater than 10% (33% had no recorded SSM score at exit.)
Shelter Diversion: 75% of assisted households will not enter or re-enter the shelter system within one year of termination of HPRP assistance	8% of households served returned to the homeless service system at some time after their service ended, including 2.3% who entered a shelter or transitional housing program

The San Jose program was different from other communities known to the authors in that it provided longer financial assistance, particularly for prevention households, than was typical of many HPRP implementations. Very few households appear to have received one-time assistance while the majority were served for approximately six months. It is unclear whether this additional time and resource had any important impact, as housing outcomes were not better when compared with other communities. Households typically did not experience significant increases in income. The overall cohort showed a small increase in average income from entry to exit but the largest number of households (61%) had no change in income. Increases in SSM score were modest and don't appear to be correlated to other outcomes.

Differences between the two implementation teams were noted in terms of amounts of prevention and rapid rehousing provided and typical lengths of stay and costs of both financial assistance and total costs. One collaborative appeared to have slightly better prevention outcomes, though this seems likely to be accounted for by a higher rate of unknown outcomes for the other collaborative. In terms of the program implementation, we note that the two teams had varying program approaches and levels of cost without significant outcome differences.

Efforts to standardize the program moved the community forward in terms of the use of a common tool and greater coordination, but the programs appear to have operated separately not only from one another but from the rest of the system as well. We were told that after the first year (in which most of the San Jose funds were expended or committed) greater efforts were made to integrate rapid rehousing with shelters.

Discussion

The field of homeless assistance is changing rapidly as the emphasis in the HEARTH Act focuses communities on measuring and improving outcomes, especially permanent housing attainment, shortening periods of homelessness, and rates of return to the homeless system. The HPRP program in San Jose has helped to contribute to both the general preparedness for HEARTH implementation and the local knowledge to begin developing systemic housing approaches to meet these challenges.

Rapid rehousing has proven to be a very successful strategy across the country, despite widely varying housing markets, rates of unemployment and a wide range of targeting and program strategies. With the end of HPRP there are far fewer resources available for these efforts. Communities, including San Jose will face multiples questions, including:

- Who should be targeted for rapid rehousing?
- How deep or long should rapid rehousing resources be to achieve the goal of housing and limit the potential for return while serving as many people as possible?
- Where will resources for more rapid rehousing come from and will existing programs retool or convert to expand the potential for rapid rehousing?

The results of the San Jose HPRP program show promise for rapid rehousing as a successful strategy. The local implementation, however, deliberately served households for longer periods of time than the program required or was necessarily needed. In addition, the targeting tool used, the modified Self-Sufficiency Matrix, may have screened out households that could have benefited from rapid rehousing. The San Jose program did not tie rapid rehousing resources directly to shelter or specifically target households seeking shelter. With a single program attempting to do both prevention and rapid rehousing, prevention requests swamped the providers and far fewer rapid rehousing households were assisted than might have been if a more systemic approach to rapid rehousing had been taken.

While prevention assistance is intuitively appealing, it is notoriously hard to demonstrate its effectiveness. A very large number of very low income persons with housing barriers face housing crises every year but a much smaller number of them actually go on to become homeless. San Jose attempted to use both the modified SSM assessment tool and the ability to direct households with apparently less dire situations to other resources first to target HPRP to those with higher needs. In the absence of a control group or quasi-control from those turned away or served in other homeless program types, we cannot say anything about whether this effort was specifically effective in preventing homelessness. We observe that the length of time prevention households were assisted was unusually long and does not appear to have resulted in significant improvements for the households served as measured by housing stability or increases in income.

Finally, we note that San Jose made progress in efforts to coordinate and implement a similar program across the county. Pieces of this effort, including the use of the common assessment tool, linkages to other resources, collection of common data and regular collaboration and communication seem to have been successful. We note, however, that the HPRP effort seems to have been separate from the rest of the continuum of homeless services and was not connected to a coordinated entry or broader assessment tool for the front door of the homeless system. Under HEARTH, communities will be required to develop coordinated assessment for the entire system. Within this effort we suggest San Jose and its local partners seek to ensure that the assessment tool developed or selected is simple to use, as objective as possible, and focused on those elements that are most closely tied to housing attainment and retention. The research for this project suggests that even the modified SSM-8 may have included elements that were extraneous to present or future housing stability. Analysis about the persons in the San Jose homeless system could be an important place to begin the tool development process.

Recommendations

- 1. Expand Rapid Rehousing resources: San Jose has already made the decision to focus its entire new Emergency Solutions Grant allocation on rapid rehousing and providers are making efforts to tie these resources more closely to those seeking shelter. If local evidence for rapid rehousing continues to be strong, San Jose and it partners should explore other resources to expand rapid rehousing availability including other HUD-provided resources, support from mainstream agencies and potential reallocation of CoC funds.
- 2. Make efforts to shorten the duration of assistance, while maintaining a focus on housing stability: Providing longer term assistance than needed to achieve basic housing stability reduces the resources for other households. Some communities across the country have begun using "progressive engagement" models that provide limited assistance at first but leave the door open for higher level of support if needed. San Jose may wish to develop a progressive engagement approach or encourage its providers to do so and closely track the results.
- 3. For prevention programs, develop targeting criteria based on information about households entering shelter and transitional housing: Households seeking and receiving prevention assistance often do not resemble the households that actually enter shelter. Research from other communities indicates that the characteristics of the sheltered population can be different from community to community. San Jose and its partners should use HMIS data to develop a profile of individuals and families in the homeless system and seek to target prevention resources to households that more closely resemble those who use homeless services. In addition, as with rapid rehousing, tying prevention resources more closely to the front door of the homeless system (i.e. diversion) increases the likelihood that those served would actually become homeless without assistance.
- 4. Simplify assessment tools and ensure any assessments to be provided over time are given consistently: Assessment tools should only include questions that are known to be relevant to the goal of the program for which they are used. They should be based on specific and measurable conditions or changes that have also been proven necessary for the primary goal of stability. To the extent possible, the assessment tool should include questions and responses of a factual nature rather than subjective nature (e.g. past employment and education rather than employment readiness, child welfare case incidence rather than parenting skills). Finally, it is recommended that training be provided regularly on administering the assessment tool and discussing the goal of objectively assessing need with line staff.

33 | P a g e

Further Assessment/Research

- 1. Compare the San Jose HPRP Implementation to the State implementation in Santa Clara County: State funds for HPRP were used later in the program cycle than San Jose funds and providers reported applying new rules and targeting, including shelter diversion strategies for rapid rehousing and shorter duration of assistance. Comparing the San Jose results to these could be instructive regarding issues of duration and targeting.
- 2. Use existing data to explore further what elements of the SSM may have relevance to outcomes: This Assessment used the combined SSM-8 score and found changes in score were not statistically significant or correlated to other outcomes. Specific domains may be correlated however, or may change significantly as a result of other changes such as housing attainment. A more thorough analysis could be undertaken at the domain level to determine whether any individual domain responses is predictive of program outcomes, which may be useful in designing a more streamlined and accurate screening tool.

Appendix A: Persons Interviewed and Documents Reviewed

Persons Interviewed

Julia Burkhead, Former Program Director, InnVision

Jennifer Padget, Executive Director, Community Technology Alliance

Arnold McKenney, Case Manager, EHC Lifebuilders

Lorena Sanchez Castaneda, Director Family Assistance Programs, Sacred Heart Community Service

Jessica Scheiner, City of San Jose Housing Department

San Jose HPRP Documents Reviewed

City of San Jose

Substantial Amendment to the San Jose Consolidated Plan 2008 Action Plan for HPRP funds

HPRP Request for Proposals (RFP)

City Council Agenda Item for Approval of HPRP Contracts, Meeting 9/15/09

Budgets, Contracts and Contract Amendments with provider agencies

Emergency Housing Consortium and Sacred Heart Community Service

Response to HPRP Request for Proposals

Program Policies and Procedures

Program Forms

Community Technology Alliance

Response to HPRP Request for Proposals

Self-sufficiency matrix and scoring tool

HMIS instructions and training documents for providers

Quarterly Performance Reports (QPR) and Self Sufficiency Matrix Report

Other Documents Cited or Consulted

Burt, M. R., C.L. Pearson, et al. *Homelessness: Prevention Strategies and Effectiveness*, Nova Science Publishers, Inc. 2007

Cavanaugh, Cindy, Sacramento's Homelessness Prevention and Rapid Rehousing Program, HPRP Outcomes, (Powerpoint), July 27, 2011

Community Research Partners, Family Homelessness Prevention Pilot Evaluation, Ohio Department of Development, January 2011

County of Alameda Combined HPRP Program APR, October 1, 2009 through June 30, 2012

County of Orange HPRP Program APR, October 1, 2009 through July 26, 2012

Gale, Katharine, The Promise and the Practice of Rapid Rehousing (PowerPoint), July 2012

Merenstein, Beth Frankel, Homeless Prevention Program Evaluation: Middlesex County Coalition on Housing and Homelessness, May 2012

Shinn, Marybeth and Andrew Greer, *Effective Targeting of Homelessness Prevention Services for Families*, (Publication Pending)

U.S. Department of Housing and Urban Development, Office of Special Needs Assistance Programs, *Homelessness Prevention and Rapid Re-Housing Program, Year 1 Summary*, June 2010

Appendix B: Data Preparation and Quality Assessment

Focus Strategies used Homeless Management Information System data from Community Technology Alliance (CTA) for the assessment of the City of San Jose Homelessness Prevention and Rapid Re-Housing Program (HPRP). This appendix details the data received the data quality review performed and the cleaning and collapsing of the data set for analysis.

Overview of Dataset

At Focus Strategies' request, CTA provided a dataset representing all people cases in their Homeless Management Information System (HMIS) that received services through San Jose's HPRP program from October 1, 2009 through June 30, 2012. This set of raw, de-identified data was organized by unique individual identifiers and included variables covering the following areas:

- Program use
- Household identifiers and type
- Demographic information
- Disabilities
- Income and employment

In addition to the client level data pulled directly from HMIS, Focus requested that CTA provide data on the following calculated variables:

- Date of the first HPRP financial assistance transaction (if applicable)
- Calculated scores using the HPRP pre-assessment scoring methodology (SSM-8) for each interim/recertification point and exit
- Total amount of HPRP financial assistance provided, by type
- Total number of HPRP rent assistance payments provided
- Total number of HPRP utility assistance payments provided
- Indicator (Y/N) of a new entry in the HMIS system after HPRP exit, including date returned and program type returned to

Data Review and Cleaning

The following steps describe Focus's work to combine and clean the data, including records modified or eliminated during these steps.

1. Receive and merge initial dataset

CTA transmitted the final dataset containing 1,060 records to Focus on July 13th, in three Excel worksheets – one with HMIS data elements, one with the calculated variables and one with data on returns into the homeless system. Focus combined these three worksheets into one, matching the calculated variables to the master dataset using the unique client ID. At this stage, five records were removed:

• One record had an exit date after June 30, 2012, the end date of the analysis period

Four records (all one household) which did not include return data

After these exclusions, the dataset included 1,055 records.

Review data for general data quality

During this stage, Focus reviewed the dataset at the individual stay, or individual case, level for any data quality issues. An individual stay is each unique stay in a homeless service program during the timeframe of the data analysis. An individual person can have more than one stay if (for example) they entered HPRP as a rapid re-housing client, exited to permanent housing and then later re-entered as an HPRP prevention client. Focus discussed HMIS and program rules with CTA staff to better understand any missing or illogical data and ran frequencies of missing data on key outcome variables.

- Quantity and impact of missing data. Because the data analysis centers on outcomes for clients served by HPRP, it was critical that the dataset contain complete data related to outcomes. Focus reviewed the level of missing data for the following variables at the stay level.
 - o <u>Exit destinations</u>. Exit Destination data was good. There was no missing data for those stays with an exit date, although 15% of stays had an exit location of "Don't Know".
 - o <u>Housing Status (RR/PV)</u>. Housing Status was very good only 8 stays were missing or "Don't Know" less than 2% of all stays.
 - Employment Data. Employment data was essentially not available. More than 99% of program stays by an adult are missing an answer to both employment at entry and employment at exit. (This is an optional HMIS field.)
 - O Pre-Screen Assessment Score. 41% of stays by an adult are missing the pre-screen assessment score. CTA indicated that this pre-screening tool was not in place when the program first began, so this may be the group of clients enrolled before the screening tool was used. As an alternative, Focus reviewed the correlation of pre-assessment score to score at entry (for which there is better data for all clients). Because correlation is high (detailed below), Focus can use entry score to measure changes.
 - O Presence of Disabilities. 15% of stays by an adult in the dataset reported that they had a disability; however, 17% of adult stays had an indication of either having a disability or having one of the disability types. When looking at types of disabilities, only 4% reported having a mental health issue and only 2% reported having a substance abuse issue; these numbers are low in comparison to the homeless population in general. CTA reviewed the mental health and substance abuse domains of the SSM and confirmed that the disabilities reported in the HMIS assessment conforms with the responses to corresponding SSM domains.
 - O Domestic Violence: There is not enough data to meaningfully analyze (less than 4% of all stays had a valid answer over 96% missing data).

The service limitation for HPRP is 18 months or (approximately) 540 days. Of the 1,055 individual case records in the merged dataset, 13 had stays over this time period, indicating that the entry or exit dates may be incorrect (in addition, there were 4 with 542 days, probably because some months have 31 days). However, because the program did provide services for up to 18 months and there were so few cases beyond this timeframe, these cases were included in the dataset.

2. Collapse dataset into households

After reviewing the dataset at the individual stay level for data quality issues, Focus collapsed the dataset into household cases. In doing this, Focus removed 23 additional cases (2%) from the dataset:

- Three children unattached to an adult household: the error could be either that the household was
 not properly formed or that the date of birth was incorrect, and the case was actually an individual
 adult.
- Seven people in three households with a repeat "stay within a stay".
 - o For example, a household of four entered on 7/1/2010 and exited on 2/1/2011. However, three of the members of this household had duplicate stays in the same program from 8/1/2010 through 12/1/2010. These second shorter stays were removed.
- There were three household cases (including thirteen people) that added or lost an adult during their HPRP stay. Focus removed these households from the dataset because there were so few cases and the adults brought income and other household resources that could not be accounted for properly in the context of the household case measurement. It is impossible to know whether the household would have been eligible if family size at initial entry was the same as at exit, or to what extent any change in SSM score or status is reflective solely of the addition or loss of the family member or whether there were actual changes during the program tenure.

Once these cases were removed, the remaining 1,032 individuals were collapsed into 412 household case records. Each head of household record retained the client specific data for the head of household in addition to sum and average variables for the household.

Finally, after collapsing, 24 households (6%) with no exit date were removed from the dataset, as no analysis can be conducted on outcomes for open cases. The final dataset used for analysis contains 388 household cases.

Appendix C Client Population by Service Team

1 FREQUENCY OF HH POPULATION DEMOGRAPHICS BY PROVIDER TEAM

	Sacre	d Heart	EHO	2	All Cases	
	#	%	#	%	#	%
1a Too Low	7	4%	14	7%	21	5%
51-60%	91	51%	109	52%	200	52%
61-70%	73	41%	73	35%	146	38%
Too High	6	3%	15	7%	21	5%
Total HH	177	100%	211	100%	388	100%
Average HH SSM Score	60	60%)	60%	

1b		Sacred	l Heart	EHC		All Cases	
		#	%	#	%	#	%
	Presence of an adult w/disability	45	25%	45	21%	90	23%
	No adult w/disability	132	75%	166	79%	298	77%
	Total HH	177	100%	211	100%	388	100%

	Sacred Heart	ЕНС	All Cases	
Average # of Adults in HH	1.474576271	1.568720379	1.525773196	
Average # of Kids in HH	1.936507937	1.984496124	1.96875	
Average # of People in HH	2.163841808	2.781990521	2.5	
Average # People in HH w/kids	3.698412698	3.689922481	3.692708333	
Average # People in HH w/o kids	1.315789474	1.353658537	1.331632653	
Average Age of HoH	43.75706215	40.12322275	41.78092784	
Average HH Income at Entry	\$2,053	\$1,946	\$1,994	

^{*} Average # of kids is of HH with kids

 $[*]Average \ HH \ income \ is \ of \ HH \ with \ income$

Prior Living Situation	Sacr	ed Heart	EH	IC	All	Cases
Prior Living Situation	#	%	#	%	#	%
Client Rental	136	77%	136	64%	272	70%
Friends/Family	4	2%	46	22%	50	13%
Hotel/Motel	4	2%	4	2%	8	2%
PSH	0	0%	1	0%	1	0%
TH	1	1%	2	1%	3	1%
Homeless (streets)	11	6%	8	4%	19	5%
Shelter	11	6%	10	5%	21	5%
Other	4	2%	4	2%	8	2%
Don't Know	4	2%	0	0%	4	1%
Missing	2	1%	0	0%	2	1%
Total	177	100%	211	100%	388	100%

2 FUNDING AND SCORE BY PROGRAM TYPE AND TEAM

2a		Sacred Heart		EHC		All HH	
		PV	RR	PV	RR	PV	RR
	Avg HH Fin. Assistance (including \$0)	\$3,044	\$3,049	\$9,521	\$5,989	\$6,196	\$5,220
	Avg HH Fin. Assistance (excluding \$0)	\$3,973	\$4,383	\$10,221	\$7,785	\$7,318	\$6,960
	Avg HH Score at Entry	60%	60%	60%	57%	60%	58%

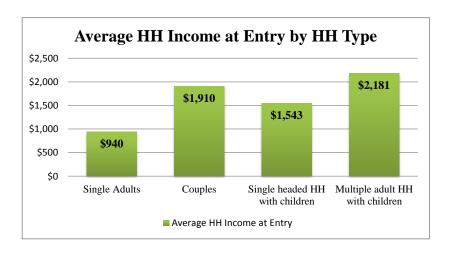
2b FUNDING BY PROGRAM TYPE AND TEAM (POSITIVE EXITS ONLY)

		Po	sitive Outcomes O	nly		
	Sacred	Sacred Heart		EHC		HH
	PV	RR	PV	RR	PV	RR
Avg HH Fin. Assistance (including \$0)	\$3,354	\$3,554	\$10,284	\$7,311	\$6,944	\$6,343
Avg HH Fin. Assitance (excluding \$0)	\$4,423	\$4,648	\$10,786	\$8,142	\$8,080	\$7,345

3 INCOMES AT ENTRY BY HH TYPE

3a		Single Adults	Couples	Single headed HH with children	Multiple adult HH with children
	Average HH income (including \$0)	\$940	\$1,910	\$1,543	\$2,181
	Average HH income (excluding \$0)	\$1,309	\$1,951	\$1,772	\$2,460

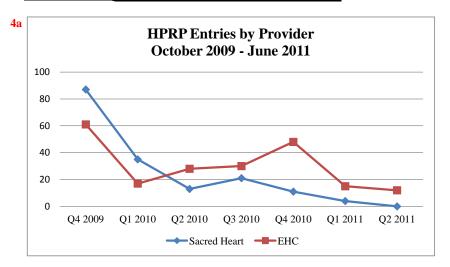
3a



Appendix C Entries by Quarter

4 TOTAL PROGRAM ENTRIES BY FEDERAL QUARTERS BY PROVIDER

4a	Entries in Sacred Heart	Entries in EHC	Total Entries
Q4 2009	87	61	148
Q1 2010	35	17	52
Q2 2010	13	28	41
Q3 2010	21	30	51
Q4 2010	11	48	59
Q1 2011	4	15	19
Q2 2011	0	12	12
Q3 2011	0	0	0
Q4 2011	0	0	0
Q1 2012	0	0	0
Q2 2012	6	0	6
Total	177	211	388



5 AVERAGE FINANCIAL ASSISTANCE - FIRST HALF VS. SECOND HALF OF HPRP

5a	Sacred Heart				ЕНС		All Cases			
	#	%	Avg. \$	#	%	Avg. \$	#	%	Avg. \$	
Q4 2009 - Q3 20	.0 156	88%	\$4,155	136	64%	\$10,222	292	75%	\$7,201	
Q4 2010 - Q2 202	21	12%	\$3,105	75	36%	\$8,428	96	25%	\$7,364	
All Cases	177	100%	\$4,022	211	100%	\$9,566	388	100%	\$7,244	

^{*} The financial assistance amounts <u>exclude</u> no assistance cases

Appendix C Length of Stay

6 LENGTH OF STAY CROSS TABS:

6a By Prevention/Rapid Re-Housing (% by PV/RR)

LOS	Preventi	on HH	Rapid Re-H	Iousing HH	Total	НН
LOS	#	%	#	%	#	%
0-30 days	15	5%	5	6%	20	5%
31-60 days	23	8%	7	8%	30	8%
61-180 days	111	37%	32	36%	143	37%
181-365 days	84	28%	27	31%	111	29%
More than 365 days	67	22%	17	19%	84	22%
Total	300	100%	88	100%	388	100%
Average LOS	22	0	230		22:	3
Median LOS	18	1	182		181	

6b By Prevention/Rapid Re-Housing (% by LOS)

		Length of Stay											
НН Туре	0-30	days	31-60 days		61-180 days		181-365 days		More than 365 days		Total		
	#	%	#	%	#	%	#	%	#	%	#	%	
Prevention HH	15	75%	23	77%	111	78%	84	76%	67	80%	300	77%	
Rapid Re-Housing HH	5	25%	7	23%	32	22%	27	24%	17	20%	88	23%	
Total HH	20	100%	30	100%	143	100%	111	100%	84	100%	388	100%	

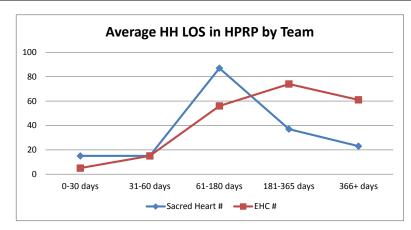
6c By Team (% by team)

LOS	Sacred	Heart	El	HC	Total HH		
LOS	#	%	#	%	#	%	
0-30 days	15	8%	5	2%	20	5%	
31-60 days	15	8%	15	7%	30	8%	
61-180 days	87	49%	56	27%	143	37%	
181-365 days	37	21%	74	35%	111	29%	
366+ days	23	13%	61	29%	84	22%	
Total	177	100%	211	100%	388	100%	
Average LOS	17	76	262		223		

6d By Team (% by LOS)

		Length of Stay										
Team	0-30 days		31-60 days		61-180 days		181-365 days		More than 365 days		Total	
	#	%	#	%	#	%	#	%	#	%	#	%
Sacred Heart	15	75%	15	50%	87	61%	37	33%	23	27%	177	46%
EHC	5	25%	15	50%	56	39%	74	67%	61	73%	211	54%
Total HH	20	100%	30	100%	143	100%	111	100%	84	100%	388	100%

6c/d



6e By Housing Outcomes (% by outcome)

		Housing Outcoms										
LOS	Posi	Positive		Negative		nown	All Outcomes					
	#	%	#	%	#	%	#	%				
0-30 days	15	5%	4	18%	1	2%	20	5%				
31-60 days	18	6%	3	14%	9	18%	30	8%				
61-180 days	101	32%	10	45%	32	63%	143	37%				
181-365 days	99	31%	4	18%	8	16%	111	29%				
More than 365 days	82	26%	1	5%	1	2%	84	22%				
All Stays	315	100%	22	100%	51	100%	388	100%				
Average LOS	24	16	1	27	11	18	2	23				

6f By Housing Outcomes (% by LOS)

		Length of Stay										
Housing Outcome 0-30 days		days	31-60 days		61-180 days		181-365 days		More than 365 days		Total	
	#	%	#	%	#	%	#	%	#	%	#	%
Positive	15	75%	18	60%	101	71%	99	89%	82	98%	315	81%
Negative	4	20%	3	10%	10	7%	4	4%	1	1%	22	6%
Unknown	1	5%	9	30%	32	22%	8	7%	1	1%	51	13%
All Outcomes	20	100%	30	100%	143	100%	111	100%	84	100%	388	100%

6g By Score at Entry

				Н	IH Computed	Score at Ent	ry			
LOS	Too Low		51-60%		61-70%		Too	High	Total HH	
	#	%	#	%	#	%	#	%	#	%
0-30 days	0	0%	8	4%	9	6%	3	14%	20	5%
31-60 days	1	5%	15	8%	10	7%	4	19%	30	8%
61-180 days	10	48%	75	38%	51	35%	7	33%	143	37%
181-365 days	4	19%	59	30%	45	31%	3	14%	111	29%
More than 365 days	6	29%	43	22%	31	21%	4	19%	84	22%
All Stays	21	100%	200	100%	146	100%	21	100%	388	100%
Average LOS	20	65	2	25	22	21	1	.70	2	23

^{*} Note that these are the CTA calculated scores at entry, <u>not</u> pre-assessment, as 33% of the cases don't have pre-assessment scores. However, FS found computed entry score to be highly correlated with pre-assessment score.

6h By Score at Entry (% by LOS)

		Length of Stay										
HH Score at	0-30 days		31-60 days		61-180 days		181-365 days		More than 365 days		Total	
Entry	#	%	#	%	#	%	#	%	#	%	#	%
Too Low	0	0%	1	3%	10	7%	4	4%	6	7%	21	5%
51-60%	8	40%	15	50%	75	52%	59	53%	43	51%	200	52%
61-70%	9	45%	10	33%	51	36%	45	41%	31	37%	146	38%
Too High	3	15%	4	13%	7	5%	3	3%	4	5%	21	5%
Total HH	20	100%	30	100%	143	100%	111	100%	84	100%	388	100%

^{*} Note that these are the CTA calculated scores at entry, <u>not</u> pre-assessment, as 33% of the cases don't have pre-assessment scores. However, FS found computed entry score to be highly correlated with pre-assessment score.

6i By Average Total Financial Assistance

Avg. HH Total Financial Assistance	Total N
\$450	20
\$1,362	30
\$2,603	143
\$7,711	111
\$12,384	84
\$5,975	388
	\$450 \$1,362 \$2,603 \$7,711 \$12,384

^{*} This table <u>includes</u> zero values in Financial Assistance

	Received Financial A	ssistance	
LOS	Avg. HH Total Financial Assistance	No F.A.	
0-30 days	\$1,126	8	12
31-60 days	\$2,151	19	11
61-180 days	\$3,446	108	35
181-365 days	\$8,310	103	8
More than 365 days	\$12,686	82	2
All Stays	\$7,244	320	68

^{*} This table excludes zero values in Financial Assistance

7 TIME BETWEEN ENTRY AND FIRST PAYMENT

	Prevention			R	apid Re-Housi	ng	All Cases			
	Sacred Heart	ЕНС	Total	Sacred Heart	ЕНС	Total	Sacred Heart	ЕНС	Total	
Average time entry - payment	19.30	8.80	13.68	26.19	29.22	28.48	20.12	14.29	16.73	
Total HHs	118	136	254	16	50	66	134	186	320	

^{*} Only includes those cases that received financial assistance

8 LOS BY FIRST HALF AND SECOND HALF OF PROGRAM

	Eı	ntry Quar	ter
	Q4 2009 - Q3 2010	Q4 2010 - Q2 2012	All Cases
0-30 days	17	3	20
31-60 days	22	8	30
61-180 days	106	37	143
181-365 days	63	48	111
More than 365 days	84	0	84
All Stays	292	96	388
Average LOS	236	182	223

9 LOS BY HH TYPE EXITING IN FIRST YEAR

	LOS for exits in first year							
	PV	RR	All Cases					
0-30 days	12	4	16					
31-60 days	15	2	17					
61-180 days	74	19	93					
181-365 days	17	5	22					
More than 365 days	0	0	0					
All Stays	118	30	148					
Average LOS	108	115	110					

^{*} First year exits = exiting Q42009 - Q32010

Appendix C Financial Assistance

$10\ FREQUENCY\ AND\ AVERAGE\ OF\ FINANCIAL\ ASSISTANCE\ PAYMENTS\ BY\ TYPE$

	Rent		Utility		Security Deposit		Moving		Any Type	
	#	%	#	%	#	%	#	%	#	%
Received Assistance Type	313	81%	94	24%	77	20%	110	28%	320	82%
Average Assistance Type	\$7,	003	\$3	320	\$1,	151	\$8	342	\$7,	244

^{*} Percents are percent of all 388 households in dataset

11 FREQUENCY OF HH $\underline{\rm BY\ FINANCIAL\ }$ ASSISTANCE BRACKETS

		Assist. eived			
	#	%			
None	68	18%			
\$1-\$1,500	44	11%			
\$1,501-\$3,000	50	13%			
\$3,001-\$4,500	43	11%			
\$4,501-\$6,000	36	9%			
More than \$6,000	147 38%				
Total	388	100%			

12 OUTCOME BY RECEIPT OF FINANCIAL ASSISTANCE

			PREVE	ENTION			RAPID RE-HOUSING						
		Receive	d Finan	icial Assis	stance?			Receiv	ed Fina	ncial Assi	istance?		
	Y	es	1	No	A	All	7	es .	1	No	I	All	
	#	%	#	%	#	%	#	%	#	%	#	%	
Positive Outcome	214	84%	35	76%	249	83%	57	86%	9	41%	66	75%	
Negative Outcome	11	4%	1	2%	12	4%	6	9%	4	18%	10	11%	
Don't Know Outcome	29	11%	10	22%	39	13%	3	5%	9	41%	12	14%	
All HH	254	100%	100%	66	100%	22	100%	88	100%				

13 FINANCIAL ASSISTANCE CROSSTABS:

13a By Prevention/Rapid Re-Housing (% by PV/RR)

otal Financial Assistan		tion HH	-	id Re- ing HH	Total HH		
our i muireiui rissisuur	#	%	#	%	#	%	
None	46	15%	22	25%	68	18%	
\$1-\$1,500	37	12%	7	8%	44	11%	
\$1,501-\$3,000	39	13%	11	13%	50	13%	
\$3,001-\$4,500	35	12%	8	9%	43	11%	
\$4,501-\$6,000	24	8%	12	14%	36	9%	
More than \$6,000	119	40%	28	32%	147	38%	
Total	300	100%	88	100%	388	100%	

^{*}Note that the averages <u>exclude</u> zero values.

13b By Prevention/Rapid Re-Housing (% by financial assistance amount)

		Total HH Financial Assistance Received													
НН Туре	No	one	\$1 - :	\$1,500	\$1,501	- \$3,000	\$3,001	- \$4,500	\$4,501	- \$6,000		e than 000	Total		
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	
Prevention	46	68%	37	84%	39	78%	35	81%	24	67%	119	81%	300	77%	
Rapid Re-Housing	22	32%	7	16%	11	22%	8	19%	12	33%	28	19%	88	23%	
Total HH	68	100%	44	100%	50	100%	43	100%	36	100%	147	100%	388	100%	

13c By Team (% by team)

Total Financial	Sacred	l Heart	E	HC	Tota	l HH
Assistance	#	%	#	%	#	%
None	43	24%	25	12%	68	18%
\$1-\$1,500	32	18%	12	6%	44	11%
\$1,501-\$3,000	35	20%	15	7%	50	13%
\$3,001-\$4,500	28	16%	15	7%	43	11%
\$4,501-\$6,000	13	7%	23	11%	36	9%
More than \$6,000	26	15%	121	57%	147	38%
Total	177	100%	211	100%	388	100%

13d By Team (% by financial assistance amount)

					Total HH Financial Assistance Received														
Team	No	one	\$1 - 5	\$1,500	\$1,501	- \$3,000	\$3,001	- \$4,500	\$4,501	- \$6,000		e than 000	To	otal					
	#	%	#	%	#	%	#	%	#	%	#	%	#	%					
Sacred Heard	43	63%	32	73%	35	70%	28	65%	13	36%	26	18%	177	46%					
EHC	25	37%	12	27%	15	30%	15	35%	23	64%	121	82%	211	54%					
Total HH	68	100% 44 100% 50 100% 43 100% 36 100% 147 100% 388 100									100%								

13e By Housing Outcomes (% by housing outcomes)

T-4-1 Fig				Housing	Outcoms	1		
Total Financial Assistance	Pos	itive	Neg	ative	Unk	nown	All Ou	itcomes
Assistance	#	%	#	%	#	%	#	%
None	44	14%	5	23%	19	37%	68	18%
\$1-\$1,500	31	10%	4	18%	9	18%	44	11%
\$1,501-\$3,000	36	11%	4	18%	10	20%	50	13%
\$3,001-\$4,500	31	10%	4	18%	8	16%	43	11%
\$4,501-\$6,000	33	10%	2	9%	1	2%	36	9%
More than \$6,000	140 44%		3	14%	4	8%	147	38%
Total	315	315 100%		100%	51	100%	388	100%

13f By Housing Outcomes (% by financial assistance amount)

		Total HH Financial Assistance Received													
Team	No	one	\$1 - :	\$1,500	\$1,501	- \$3,000	\$3,001	- \$4,500	\$4,501	- \$6,000		e than 000	To	otal	
	#	%	#	% # % # % # % # %										%	
Positive	44	65%	31											81%	
Negative	5	7%	4	9%	4	8%	4	9%	2	6%	3	2%	22	6%	
Unknown	19	28%	9	20%	10	20%	8	19%	1	3%	4	3%	51	13%	
All Outcomes	68	100%	44	100%	50	100%	43	100%	36	100%	147	100%	388	100%	

Appendix C

13g By Score at Entry (% by score)

T-4-1 Ein-mai-1	HH Computed Score at Entry												
Total Financial Assistance	Too	Low	51-	60%	61-	70%	Too	High	Tota	l HH			
Assistance	#	%	#	%	#	%	#	%	#	%			
None	4	19%	32	16%	20	14%	12	57%	68	18%			
\$1-\$1,500	1	5%	21	11%	20	14%	2	10%	44	11%			
\$1,501-\$3,000	3	14%	27	14%	20	14%	0	0%	50	13%			
\$3,001-\$4,500	3	14%	22	11%	17	12%	1	5%	43	11%			
\$4,501-\$6,000	3	14%	20	10%	12	8%	1	5%	36	9%			
More than \$6,000	7	33%	78	39%	57	39%	5	24%	147	38%			
Total	21	100%	200	100%	146	100%	21	100%	388	100%			

^{*} Note that these are the CTA calculated scores at entry, <u>not</u> pre-assessment, as 33% of the cases don't have pre-assessment scores. However, FS found computed entry score to be highly correlated with pre-assessment score.

13h By Score at Entry (% by financial assistance amount)

		Total HH Financial Assistance Received														
Team	No	one	\$1 - :	\$1,500	\$1,501	- \$3,000	\$3,001	- \$4,500	\$4,501	- \$6,000		e than 000	To	otal		
	#	%	#	%	#	%	#	%	#	%	#	%	#	%		
Too Low	4	6%	1	2%	3	6%	3	7%	3	8%	7	5%	21	5%		
51-60%	32	47%	21	48%	27	54%	22	51%	20	56%	78	53%	200	52%		
61-70%	20	29%	20	45%	20	40%	17	40%	12	33%	57	39%	146	38%		
Too High	12	18%	3% 2 5% 0 0% 1 2% 1 3% 5 3% 21 5%											5%		
Total HH	68	100% 44 100% 50 100% 43 100% 36 100% 147 100% 388 100%														

^{*} Note that these are the CTA calculated scores at entry, <u>not</u> pre-assessment, as 33% of the cases don't have pre-assessment scores. However, FS found computed entry score to be highly correlated with pre-assessment score.

Appendix C Changes in SSM

14 FREQUENCY OF HH BY CHANGE IN SSM SCORE

	Change	in Score
	#	%
Increased 0-10%	80	21%
Increased More than 10%		
	141	36%
No Exit Score	129	33%
No Score Change	9	2%
Score Decreased	29	8%
Total	388	100%

15 CHANGE IN SSM SCORE CROSSTABS:

15a

				Exit Ty	pe			
	Pos	itive	Neg	ative	Don't	Know	All (Cases
	#	%	#	%	#	%	#	%
Score Decreased	25	8%	3	14%	1	2%	29	7%
Score Stayed Same	7 2%		1	5%	1	2%	9	2%
Score Increased 1-10%	73	23%	4	18%	3	6%	80	21%
Score Increased 10%+	130	41%	4	18%	7	14%	141	36%
No Exit Score	80	25%	10	45%	39	76%	129	33%

^{*}These percents are of the exit type.

15b

Exit Type	Score D	ecreased	Score Stayed Same		Score Increased		Score In	icreased	No Exi	t Score
Exit Type	#	%	#	%	#	%	#	%	#	%
Positive Exit	25	86%	7	78%	73	91%	130	92%	80	62%
Negative Exit	3	10%	1	11%	4	5%	4	3%	10	8%
Don't Know Exit	1	3%	1	11%	3	4%	7	5%	39	30%

^{*}The percent are of the score change category

Appendix C Change in HH Income

16 FREQUENCY OF HH BY CHANGE IN HH INCOME

	Change in HH income				
	#	%			
Gained Income	108	28%			
Lost Income	43	11%			
No Change	237	61%			
Total	388	100%			

17 CHANGE IN HH INCOME CROSS TABS:

17a By Prevention and Rapid Re-Housing (% by PV/RR)

	Prevention HH		Rapid Re	-Housing	Total HH		
	#	%	#	%	#	%	
Lost Income	31	10%	12	14%	43	11%	
No change	182	61%	55	63%	237	61%	
Gained Income	87	29%	21	24%	108	28%	
Average Change in HH Income	\$283.73	N/A	\$30.38	N/A	\$226.27	N/A	

17b By Prevention and Rapid Re-Housing (% by income change)

	Lost Income		No Cl	nange	Gained Income		
	#	%	#	%	#	%	
Prevention	31	72%	182	77%	87	81%	
Rapid Re-Housing	12	28%	55	23%	21	19%	
All HH	43	100%	237	100%	108	100%	
Average Change in HH Income	-\$861.66	N/A	\$0.00	N/A	\$1,155.96	N/A	

17c By Teams (% by team)

	Sacred Heart		EH	IC	Total HH		
	#	%	#	%	#	%	
Lost Income	23	13%	20	9%	43	11%	
No change	99	56%	138	65%	237	61%	
Gained Income	55	31%	53	25%	108	28%	
Average Change in HH Income	\$282.48	N/A	\$179.12	N/A	\$226.27	N/A	

17d By Teams (% by income change)

	Lost Income		No Cl	nange	Gained Income		
	#	%	#	%	#	%	
Sacred Heard	23	53%	99	42%	55	51%	
EHC	20	47%	138	58%	53	49%	
All HH	43	100%	237	100%	108	100%	
Average Change in HH Income	-\$861.66	N/A	\$0.00	N/A	\$1,155.96	N/A	

17e By LOS (% by LOS)

		LOS											
	0-30 days		31-60	31-60 days		61-180 days		181-365 days		More than 365 days		All Stays	
	#	%	#	%	#	%	#	%	#	%	#	%	
Lost Income	1	5%	1	3%	9	6%	18	16%	14	17%	43	11%	
No change	17	85%	24	80%	92	64%	67	60%	37	44%	237	61%	
Gained Income	2	10%	5	17%	42	29%	26	23%	33	39%	108	28%	
Average Change in HH Income	\$144.00	N/A	\$280.21	N/A	\$361.13	N/A	\$78.44	N/A	\$192.34	N/A	226.2675	N/A	

17f By LOS (% by income change)

	Lost I	ncome	No Cl	nange	Gained	Income
	#	%	#	%	#	%
0-30 days	1	2%	17	7%	2	2%
31-60 days	1	2%	24	10%	5	5%
61-180 days	9	21%	92	39%	42	39%
181-365 days	18	42%	67	28%	26	24%
More than 365 days	14	33%	37	16%	33	31%
All Stays	43	100%	237	100%	108	100%
Average Change in HH Income	-\$861.66	N/A	\$0.00	N/A	\$1,155.96	N/A

$17g\ By\ Housing\ Outcome\ (\%\ by\ housing\ outcome)$

		Housing Outcoms								
LOS	Positive		Nega	Negative		Unknown		tcomes		
LOS	#	%	#	%	#	%	#	%		
Lost Income	40	13%	1	5%	2	4%	43	11%		
No change	184	58%	16	73%	37	73%	237	61%		
Gained Income	91	29%	5	23%	12	24%	108	28%		
Average Change in HH Income	\$216.91	N/A	\$213.36	N/A	\$289.60	N/A	\$226.27	N/A		

17h By Housing Outcome (% by income change)

	Change in Income								
Housing Outcome	Lost Income		No Change		Gained Income		All Outcomes		
Housing Outcome	#	%	#	%	#	%	#	%	
Positive	40	93%	184	78%	91	84%	315	81%	
Negative	1	2%	16	7%	5	5%	22	6%	
Unknown	2	5%	37	16%	12	11%	51	13%	

							_		
Average Change in HH	(\$861.66)	N/A	\$0.00	N/A	\$1,155,96	N/A	\$226.27	N/A	l
Income	(\$601.00)	IVA	\$0.00	IVA	\$1,133.90	IV/A	\$220.27	14/74	ı

Appendix C Returns

18 RETURNS TO HMIS

18a Frequency of returns by program returned to

	I	IH Returnin	g	
	#	% of	% of all	
		returns	cases	
Emergency Shelter	8	26%	2.06%	
Transitional Housing	1	3%	0.26%	
HPRP-PV	7	23%	1.80%	
SSO	12	39%	3.09%	
Other	3	10%	0.77%	
Total Returns to Homelessness	9	29%	2.32%	
Total Returns	31	100%	7.99%	

18b RETURNING CASES

Prior Living	Returni	ing HHs
(at initial HPRP entry)	#	%
Client Rental	23	74%
Friends/Family	2	6%
Hotel/Motel	0	0%
PSH	0	0%
ТН	2	6%
Homeless (streets)	2	6%
Shelter	2	6%
Other	0	0%
Don't Know	0	0%
Total	31	100%

18c

	Returning HHs		
	#	%	
Positive Outcome	31	100%	
Negative Outcome	0	0%	
Don't Know Outcome	0	0%	
All HH	31	100%	

18d

	Returning HHs		
	#	%	
Too Low	2	6%	
51-60%	18	58%	
61-70%	10	32%	
Too High	1	3%	
Total HH	31	100%	
Average HH SSM Score	59%		

18e

	Returning HHs			
	#			
Presence of an adult w/disability	7	23%		
No adult w/disability	24	77%		
Total HH	31	100%		

18f

	Returning	Not Returning	All Cases
Average # of Adults in HH	1.35	1.54	1.44
Average # of Kids in HH	1.80	1.98	1.88
Average # of People in HH	1.94	2.55	2.18
% of HH with Kids	32%	51%	49%
Average Age of HoH	42.4	41.7	41.78
Average HH Income at Entry	\$1,737	\$2,007	\$1,994
Average SSM Score at Entry	59%	60%	60%
Average LOS	168.58	227.37	222.67
Presence of dsiabled adult	23%	23%	23%

^{*} Average # of kids is of HH with kids

18g

	HH	Returning		
	#	% of returns		
0-30 days	2	6%		
31-60 days	2	6%		
61-180 days	17	55%		
181-365 days	6	19%		
More than 365 days	4	13%		
All Stays	31	100%		
Average LOS		169		

Appendix C

18h

	HH R	eturning	
Total Financial Assistance	#	% of returns	
None	9	29%	
\$1-\$1,500	4	13%	
\$1,501-\$3,000	4	13%	
\$3,001-\$4,500	2	6%	
\$4,501-\$6,000	3	10%	
More than \$6,000	9	29%	
Total	31	100%	
Average Assistance (including \$0)	\$4	\$4,258	
Average Assistance (excluding \$0)	\$6	5,000	

18i

	Returning HHs			
Program Type	#	%		
Prevention	24	77%		
Rapid ReHousing	7	23%		
All Cases	31	100%		

^{*}Average HH income is of all HH - with and without income

Appendix C InnVision vs. SHCS

19 INNVISION VS. SACRED HEART

LOS	Sacre	Sacred Heart		InnVision		Total HH	
LOS	#	%	#	%	#	%	
0-30 days	14	18%	1	1%	15	8%	
31-60 days	14	18%	1	1%	15	8%	
61-180 days	35	44%	52	54%	87	49%	
181-365 days	16	20%	21	22%	37	21%	
366+ days	1	1%	22	23%	23	13%	
Total	80	100%	97	100%	177	100%	
Average LOS	1	16	2	24	2	23	

19b

Outcomes	Sacred	Sacred Heart		InnVision		Total HH	
Outcomes	#	%	#	%	#	%	
Positive	67	84%	70	72%	137	77%	
Negative	2	3%	4	4%	6	3%	
Don't Know	11	14%	23	24%	34	19%	
Total	80	45%	97	46%	177	46%	

19c

Total Financial Assistance	Sacred Heart		InnVision		Total HH	
Total Financial Assistance	#	%	#	%	#	%
None	29	36%	14	14%	43	24%
\$1-\$1,500	12	15%	20	21%	32	18%
\$1,501-\$3,000	15	19%	20	21%	35	20%
\$3,001-\$4,500	15	19%	13	13%	28	16%
\$4,501-\$6,000	2	3%	11	11%	13	7%
More than \$6,000	7	9%	19	20%	26	15%
Total	80	100%	97	100%	177	100%
Average Financial Assistance (excluding \$0)	\$3,235		\$4,505		\$4,022	
Average Financial Assistance (including \$0)	\$2,062		\$3,855		\$3,045	

19d

НН Туре	Sacred	Heart	InnVision		
пп туре	#	%	#	%	
Prevention	72	90%	82	85%	
Rapid ReHousing	8	10%	15	15%	
All Cases	80	100%	97	100%	

Appendix C Follow Up Data

20		S	acred Hea	rt		EHC			All Cases	1
		PV	RR	Total	PV	RR	Total	PV	RR	Total
	Total Cases	154	23	177	146	65	211	300	88	388
	Should have 6 month follow up	150	21	171	146	65	211	296	86	382
S	% of Total Cases	97%	91%	97%	100%	100%	100%	99%	98%	98%
months	Have 6 month attempt	42	5	47	13	1	14	55	6	61
	% of cases that should	28%	24%	27%	9%	2%	7%	19%	7%	16%
9	Have 6 month data	27	4	31	13	1	14	40	5	45
	% of cases that should	18%	19%	18%	9%	2%	7%	14%	6%	12%
	Should have 12 month follow u	148	20	168	69	41	110	217	61	278
ıs	% of Total Cases	96%	87%	95%	47%	63%	52%	72%	69%	72%
months	Have 12 month attempt	42	5	47	10	1	11	52	6	58
2 m	% of cases that should	28%	25%	28%	14%	2%	10%	24%	10%	21%
12	Have 12 month data	27	4	31	10	1	11	37	5	42
	% of cases that should	18%	20%	18%	14%	2%	10%	17%	8%	15%

^{**} Per discussion with CTA, Focus strategies considers a blank value in the SSM domain as "missing" (e.g. case manager did not complete) and a zero value as a failed attempt to follow up (e.g. client refused, not at address, etc.)

1	S	Sacred Hea	rt		EHC			All Cases	
	PV	RR	Total	PV	RR	Total	PV	RR	Total
Total cases with 6 month score	27	4	31	13	1	14	40	5	45
Avg. SSM Hsg Domain - entry	1.09	1.07	1.09	1.12	1.10	1.12	1.11	1.09	1.10
Avg. SSM Hsg Domain - exit	2.57	3.24	2.65	4.16	4.06	4.13	3.34	3.79	3.68
Avg. SSM Hsg Domain - 6 month	2.43	2.50	2.44	3.85	5.00	3.93	2.76	2.92	3.40
Average Change of SSM Housing Domain (exit - 6 month)	1.04	-0.13	0.89	-0.92	1.00	-0.79	0.40	0.10	0.37

^{**} This is only of the subset of the data that has 6 month follow up scores.

Appendix C Household Characteristics

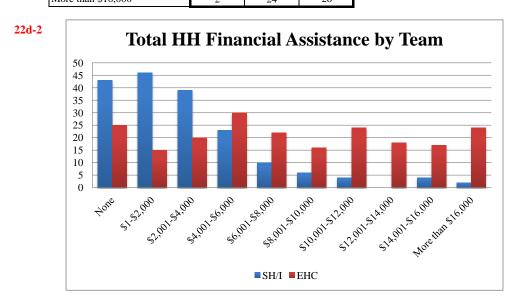
22 HH CHARACTERISTICS

22a	PV	RR	All HH
Total HH	300	88	388

22b	Average age, HoH	42.4	39.6	41.8
	Average HH size	2.6	2.1	2.5

22c	% of HH with a veteran	6%	11%	7%
	% of HH experiencing DV	1%	8%	3%
	% of HH with a disabled adult	19%	36%	23%
	% of HH coming from homeless	2%	39%	10%

	SH/I	EHC	Total
None	43	25	68
\$1-\$2,000	46	15	61
\$2,001-\$4,000	39	20	59
\$4,001-\$6,000	23	30	53
\$6,001-\$8,000	10	22	32
\$8,001-\$10,000	6	16	22
\$10,001-\$12,000	4	24	28
\$12,001-\$14,000	0	18	18
\$14,001-\$16,000	4	17	21
More than \$16,000	2	24	26



Appendix C Statistics

23 STATISTICAL ANALYSES

23a CORRELATION

		Avg SSM Score entry	Pre-HPRP Client Outcome Measurement(1928)
Avg SSM Score entry	Pearson Correlation	1	.566**
	Sig. (2-tailed)		.000
	N	374	252
Pre-HPRP Client	Pearson Correlation	.566**	1
Outcome	Sig. (2-tailed)	.000	
Measurement(1928)	N	252	260

^{**.} Correlation is significant at the 0.01 level (2-tailed).

23b CORRELATION (RAPID RE-HOUSING ONLY)

		Avg SSM Score	
		exit	Destination
Avg SSM Score exit	Pearson Correlation	1	.320*
	Sig. (2-tailed)		.021
	N	52	52
Destination	Pearson Correlation	.320*	1
	Sig. (2-tailed)	.021	
	N	52	88

^{*.} Correlation is significant at the 0.05 level (2-tailed).

23c ONE SAMPLE T-TEST

ONE SAMI LE 1-1EST					95% Cor	rfidence
					Interva	
				Mean	Differ	ence
	t	df	Sig. (2-tailed)	Difference	Lower	Upper
Avg SSM Score entry	185.147	373	0.000	60%	59%	60%
Avg SSM Score exit	113.681	258	.000	71%	70%	73%

CORRELATION (SSM SCORE AT ENTRY AND EXIT WITH VARIOUS OUTCOME VARIABLES)

	0 0	000		THRIOCH OCTCOM
23d			Length of Stay(1143)	Avg SSM Score entry
	Length of Stay(1143)	Pearson Correlation	1	.081
		Sig. (2-tailed)		.117
		N	385	371
	Avg SSM Score entry	Pearson Correlation	.081	1
		Sig. (2-tailed)	.117	
		N	371	374

22			Avg SSM Score	
23e			exit	Length of Stay(1143)
	Avg SSM Score exit	Pearson Correlation	1	.009
		Sig. (2-tailed)		.883
		N	259	257
	Length of Stay(1143)	Pearson Correlation	.009	1
		Sig. (2-tailed)	.883	
		N	257	385

			11	
23f			Avg SSM Score	
231			entry	any adult emp at entry
	Avg SSM Score entry	Pearson Correlation	1	045
		Sig. (2-tailed)		.385
		N	374	374
	any adult emp at entry	Pearson Correlation	045	1
		Sig. (2-tailed)	.385	
		N	374	388

22-			Avg SSM Score	
23g			exit	Length of Stay(1143)
	Avg SSM Score exit	Pearson Correlation	1	.009
		Sig. (2-tailed)		.883
		N	259	257
	Length of Stay(1143)	Pearson Correlation	.009	1
		Sig. (2-tailed)	.883	
		N	257	385

23h			Avg SSM Score exit	Any HH income at exit (Y/N)
	Avg SSM Score exit	Pearson Correlation	1	.108
		Sig. (2-tailed)		.083
		N	259	259
	Any HH income at exit (Y/N)	Pearson Correlation	.108	1
	(1/14)	Sig. (2-tailed)	.083	
		N	259	388

Appendix D: Self-Sufficiency Matrix Scoring Tool

Form SSM01-9/16/2 Client's Name:	010	Assess	ment Date:	Self-Suffic
Score	Domain (Who is assessed)			CM Next Step
	Click here for the FPG table	Mark the ap	propriate ans	swers with x.
1	Income (Household)	Yes	No	Begin assessment
А	Does the household have income?			•
	Is the household's income greater than or equal to 200% of Federal Poverty Guidelines (FPG - see link above for FPG)?			
C	Does the household exhibit appropriate spending (able to meet basic needs)?			
D	Does the household need assistance (outside of own income) to meet basic needs?			
E	Does the household have discretionary income and the ability to save?			
	Adequate pay is greater than or equal to the Living Wage Determination (LWD), published annually by the City of San Jose's Office of Equity Assurance. The LWD as of 7/1/2010 is \$12.94 per hour with health benefits, \$14.19 without health benefits.			
		Mark the ap	propriate ans	swers with x.
2	Employment (Individual)	Yes	No	Begin assessment
Д	Does the client have a job?			
В	Is the job full time (32+ hours per week)?			
C	Does the job pay adequately (see definition above)?			
D	Is the full-time job regular (not temporary)?			
	Click here for the Housing domain definitions	Mark the ap	propriate ans	ewers with x.
3	Housing (Household)	Yes	No	Begin assessment
Α	Is the household unhoused or at imminent risk of losing their housing?			
В	Is the housing stable and affordable (see link above for definitions of stable and affordable re: housing)?			
C	Is the housing adequate (see link above for definition of housing adequacy)?			
D	Is the housing subsidized?			
		.1		

Client's Na	me:		Assess	ment Date:	
Score		Domain (Who is assessed)			CM Next Step
			Mark the ap	propriate and	swers with x.
	4	Food (Household)	Yes	No	Begin assessment
	Α	Is the household's primary food source shelters or soup kitchens?			
	В	Does the household have food AND the means/ability to prepare it?			
	С	Can the household meet their basic food needs without food stamps?			
		Can the household meet their basic food needs without any assistance (e.g., food bank, charitable food boxes, family help, etc.)?			
	Е	Can the household satisfy any food need?			
					•
	1 _		Mark the ap	propriate and	swers with x.
		Childcare (Household)	Yes	No	Begin assessment
	Α	Does the household include children ages 0-11 years?			
	В	Does the household have the childcare (e.g., childcare center, family/household arrangement, etc.) they need?			
	С	Is childcare available that the household can access?			
	D	Is the childcare reliable, affordable, and adequate?			
	Ε	Is the childcare subsidized?			
	F	Can the household select quality childcare of their choice?			
				•	
		Note: Eligible = eligible for public (K-12) school, through the child's 18th birthday; this definition of eligible should be applied to each question in this domain			
	.		Mark the ap	propriate and	swers with x.
	6	Children's Education (Household) See note above	Yes	No	See domain note and begin assessment
	Α	Does the household include children who are eligible for school?			
	В	Are all eligible children enrolled in school?			
	С	Are all eligible children attending classes?			
		Are all eligible children attending classes most of the time?			
	Е	Are all eligible children attending class regularly and making progress?			

				rissessment of san vose III II I rogram, vary
Client's Name:		Assess	ment Date:	
Score	Domain (Who is assessed)	_		CM Next Step
	() ()			
	Note: Clients who completed education outside of the U.S. should be assessed based on how that education is generally recognized in the U.S.	Montelle		
	A L Id P L and a district P L L and	магк те ар	propriate ans	swers with x.
7	Adult Education (Individual) See note above	Yes	No	See domain note and begin assessment
A	Does the client have a high school diploma or GED?			
	Is literacy and/or language a serious barrier to employment?			
С	Does the client have the education/literacy/language skills to function effectively in society (i.e., manage daily living and employment tasks)?			
D	Has the client completed education/training needed to become employable?			
	that would currently impact, in a negative way, the client's housing or employment qualifications. This could include immigration, driving without a valid driver's license/insurance, etc.			
		Mark the ap	propriate ans	swers with x.
8	Legal (Individual)	Yes	No	Begin assessment
A	Has the client ever had serious legal problems (such as a felony, significant legal issues [see definition above], or probation/parole)?			
В	Does the client have an outstanding warrant?			
С	Has the client ever been on probation or parole?			
D	Is the client currently on probation or parole?			
	Did the client complete probation or parole in the past 12 months?			
F	Is the client fully compliant with probation or parole?			
	Has the client had any new charges in the past 12 months?			
Н	Have the charges received in the past 12 months been resolved (no further action needed)?			

Has the client ever been convicted of a felony?

L Is the client working on a plan to resolve the unresolved significant legal issues? M Has the client recently resolved significant legal

legal issues?

issues?

J Has the client ever had a history of significant legal issues other than probation/parole or a felony (see definition above)?

K Does the client have any other unresolved significant

Name:		, .00000.	ment Date:	
re	Domain (Who is assessed)			CM Next Step
		Mark the appropriate answers with x.		
9	Health Care (Household)	Yes	No	Begin assessment
F	A Does the household have medical coverage?			
E	Does anyone in the household have an immediate health care need?			
C	Is anyone in the household without medical coverage?			
[Is the household on publicly funded health coverage (e.g., Medi-Cal, Medicaid, Medicare without additional insurance supplement, Healthy Families, etc.)?			
E	Does the cost of health insurance strain the household's budget?			
	Click here for examples of ADLs			
10	Life Skills (Individual)	Mark the ap	propriate answei	rs with x.
	•	Yes	No	Begin assessment
A	A Can the client perform some Activities of Daily Living (ADLs - see link above for explanation of ADLs) without assistance?			
	Can the client perform most ADLs without assistance?			
C	Can the client perform all ADLs without assistance?			
Г	Is the client able to perform beyond ADLs (e.g., care			
	of others, care of pets, child rearing, health management, etc.) for self and family?			
	of others, care of pets, child rearing, health			
	of others, care of pets, child rearing, health management, etc.) for self and family?	Mark the ap	propriate answe	rs with x.
	of others, care of pets, child rearing, health	Mark the app	propriate answer	rs with x. Begin assessment
11	of others, care of pets, child rearing, health management, etc.) for self and family?		•	
11	of others, care of pets, child rearing, health management, etc.) for self and family? Mental Health (Individual)		•	
11 /	of others, care of pets, child rearing, health management, etc.) for self and family? Mental Health (Individual) Does the client have symptoms of mental illness?		•	
11 /-	of others, care of pets, child rearing, health management, etc.) for self and family? Mental Health (Individual) Does the client have symptoms of mental illness? Is the client a danger to self or others? Does the client have significant difficulty (4 or more times per week) functioning due to symptoms of		•	

				3
Client's Nam	e:	Assess	ment Date:	
Score	Domain (Who is assessed)			CM Next Step
	A person who is seriously dependent persists in the use of alcohol or other drugs despite problems related to use of the substance; use is compulsive and repetitive.			
		Mark the ap	propriate ans	swers with x.
	12 Substance Abuse (Individual)	Yes	No	Begin assessment
	A Is the client seriously dependent (see definition above) on drugs or alcohol?			
	B Does the client need hospitalization, inpatient treatment, or institutional living?			
	C Does the client show evidence of recurrent social, emotional, or physical problems associated with drug or alcohol use?			
	D Is the client free from problems associated with drug or alcohol use during the past six months? (Answering "Yes" includes clients with no history of substance abuse.)			
	Note 1: Support includes emotional, financial, and material support; this definition of support should be applied to each question in this domain.			
	Note 2: This domain should be assessed based on relationships within the household and other family and close friends.			
	Note 3: Abuse or neglect should be reported immediately to the proper authorities.			
		Mark the ap	propriate ans	swers with x.
	13 Family Relations (Household) See notes above	Yes	No	See domain notes and begin assessment
	A Does the household have any type of support from family or close friends?			
	B Is abuse or neglect present (see Note 3 above)?			
	C Do family/friends seek to improve negative behaviors within the relationship?			
	D Do family/friends have the ability to offer all types of support?			
	E Do family members communicate and offer strong support to each others' efforts?			
	F Is the support network expanding?			
				ı

Client's Name:		Assess	ment Date:	
Score	Domain (Who is assessed)			CM Next Step
		Mark the ap	propriate ans	swers with x.
14	Mobility (Individual)	Yes	No	Begin assessment
A	Does the client have a car?			
В	Is the car operable?			
C	Is the car reliable, affordable, and predictable?			
D	Does the client use public transportation?			
E	Does the client have insurance and a valid driver's license?			
F	Does the client use the car?			
G	Is the car always available?			
Н	Does the car meet the client's basic travel needs?			
I	Does the client use public transportation?			
J	Does the client have a bus pass that the client does not pay for?			
К	Does the client have access (it exists in or will come to the area in which the client lives) to public or private transportation other than his/her own car?			
L	Is the transportation reliable, affordable, and predictable?			
M	For the client's needs, is the transportation limited and/or inconvenient?			
N	Is the transportation readily available?			
	Note: The client should primarily be assessed on his/her level of involvement with formal and informal group, associations, volunteerism, community organizations, etc. rather on his/her social skills.			
		Mark the ap	propriate ans	swers with x.
	Community Involvement (Individual) See note above	Yes	No	See domain note and begin assessment
А	Is the client in survival mode that is limiting their ability to be involved?			
В	Is the client socially isolated or lacking the social skills and/or motivation to become involved?			
С	Is the client new to the community?			
D	Does the client know how to become involved in the			

E Is the client involved in the community?

F Does the client have barriers (such as transportation or childcare issues) that prevent him/her from being actively involved in the community?

Client's Name:	:		Assess	ment Date:	
Score		Domain (Who is assessed)			CM Next Step
		Note: This assessment is related to the client's housing environment. It may include, but is not limited to, the presence of any domestic violence.	Mark the ap	propriate ans	swers with x.
10	6	Safety (Individual)			
	ا ۸	See note above	Yes	No	See domain note and begin assessment
		Is the client's housing environment safe and stable (able or likely to continue with regard to safety) in the long term, with low or no lethality?			
		Does the housing environment have high lethality and lack temporary protection?			
	С	Is temporary protection necessary and available?			
	D	If safety is minimally adequate and safety planning is essential, mark No.			
		If safety is present but uncertain in the future and safety planning is important, mark Yes.			
		Note: State law requires that evidence of child abuse be reported immediately to the proper authorities.	Mark the ap.	propriate ans	swers with x.
1	7	Parenting Skills (Individual)			
	Α	See note above Does the household include children under the age of	Yes	No	See domain note and begin assessment
		18?			
		Are there safety concerns regarding parenting skills (see Note above)?			
		Are the client's parenting skills well developed (parent is a positive role model, maintains child's structure/routine, and is involved in child's education)?			
	D	Are the client's parenting skills adequate (parent usually employs age-appropriate parenting techniques)?			
		Are the client's parenting skills apparent (parent makes some effort to apply age-appropriate parenting techniques, but application is inconsistent)?			
		Are the client's parenting skills minimal (parent is generally disengaged, discipline consists primarily of yelling, blaming, shaming)?			
149	0	Credit History (Individual)	Mark the ap	propriate ans	swers with x.
	_		Yes	No	Begin assessment
		Does the client have any outstanding judgments, evictions, bankruptcy, or foreclosure?			
		Has the client implemented a documented credit repair plan for the judgments, etc.?			
	С	Does the client have any debt in collections?			
	D	Has the client implemented a documented credit			
	Е	repair plan for the debt in collections? Has the client ever had credit (credit cards, loans,			
	F	etc.)? Does the client have good credit with a manageable			
	1	debt ratio?			

Self-Sufficiency Matrix Assessment for HPRP Eligibility

Client Name:	
Assessment Date:	

Do	main (listed in HMIS order)	Score
3	Housing	
2	Employment	
1	Income	
5	Child Care	
10	Life Skills	
	Legal	
16	Safety	
18	Credit	

Total Score: 0
Total Possible: 0
Self-Sufficiency %:

Score based on 0 domains assessed.

Assessment incomplete! Please assess the remaining 8 domains for an accurate self-sufficiency percentage!

Note: This self-sufficiency assessment measures a client's point-in-time reliance on public assistance.