Reversing the Homeless Trend:

A Case Study of the Homelessness Prevention and Rapid Re-Housing Program

in Lane County, Oregon

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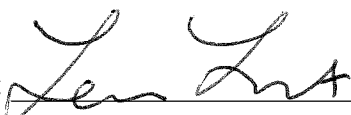
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The Homelessness Prevention and Rapid Re-Housing Program (HPRP) is a $1.5
billion stimulus program that came out of the 2009 American Recovery and
Reinvestment Act. Funds are administered by the U.S. Department of Housing and
Urban Development and were distributed to qualifying communities to provide Housing
First and housing stabilization services to individuals and families in need. Lane
County, Oregon received a total of $1,490,050 to coordinate HPRP services for the
Lane County community. This research explores the following question: Has the HPRP
model effectively built long-term, sustainable solutions to homelessness in Lane
County, Oregon? It assesses the highlights and challenges of the program's
implementation and how these relate to the program's influence on future policy and
long-term solutions to the homelessness epidemic both locally and nationally.

ACKNOWLEDGEMENTS

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INTRODUCTION

Former Executive Director of the U.S. Interagency Council on Homelessness, Philip Mangano, is quoted saying, "It is very much ingrained in me that you do not manage a social wrong. You should be ending it." Mangano supports a strategy to end homelessness called Housing First. Instead of focusing funding towards services such as soup kitchens and emergency shelter beds, the Housing First approach emphasizes getting homeless individuals and families into permanent housing as the first priority. Housing stabilization practices also put housing as the first priority by working to prevent homelessness through keeping individuals and families in their current residences. Housing First and housing stabilization ideology were the driving forces behind the 2009 passing of the Homelessness Prevention and Rapid Re-Housing Program (HPRP). The HPRP is a $1.5 billion federal stimulus program administered through the U.S. Department of Housing and Urban Development (HUD).

HPRP funds were distributed to qualifying states, counties, metropolitan cities, and U.S. territories to provide Housing First-related services. Of the $1.5 billion, the Lane County Human Services Commission (HSC), a division of Health and Human Services, received a total of $1,490,050 of combined City of Eugene and Oregon state grant funds to coordinate HPRP services for the Lane County community. As a locally active participant in the HPRP, Lane County lends itself as a case study for exploring this new federal policy. Despite the HPRP's time limitations as a short-term, stimulus program, the research question to be explored through interviews with HPRP staff members and an analysis of reported program data follows: Has the HPRP model

effectively built long-term, sustainable solutions to homelessness in Lane County, Oregon?

Sustainable is defined through the following three categories: clients, programming, and funding. Client sustainability measures the extent to which the HPRP prevents and ends homelessness for the individual client. It looks at client skills acquired through the program that translate into stable housing and confidence in the ability to maintain it post-assistance. Program sustainability looks at programmatic pieces of the HPRP that can be used in future Lane County programs to reduce and end homelessness. These pieces can range from changes in organizational thinking to the development of new case management forms. Finally, funding sustainability looks at the probability of this level of funding being available for post-HPRP programs.

This research question will be answered through the opinions of staff members on the program's effectiveness at ending homelessness. Further, analysis of interviews will be done to see whether the policy has caused any long-term changes in organizational thinking or operation. Finally, program data on the outcomes of clients served through the HPRP will measure the level of stable housing effectively achieved.

The analysis of this federal policy at the local level is an important area of research for two main reasons. The first involves the welfare of the Lane County community and the second approaches the topic from a national standpoint. In Lane County, this case study will help to gauge whether Housing First and housing stabilization approaches to programming are effective at reducing homelessness locally. It will identify areas where program pieces could be altered to raise its efficiency and to better reach policy goals, while also noting best practices in action. Further, these

findings could potentially be used for future programs in other regions that experience similar challenges. Homelessness is a problem in Lane County, as it is across the nation, and the HPRP could prove an effective solution to aiding it.

This case study of the HPRP can provide valuable data to the federal level as well. A comparison of Lane County with HUD's published HPRP community case studies could add to common themes or highlight activities in which Lane County excels. A case study using Lane County will also provide one example showing whether recipients of grant funds are appropriately using their provided resources in conjunction with regulations required by HUD. Further, it has the potential to increase federal knowledge on the efficiencies of the HPRP beyond what the quarterly reports required by HUD can offer. Finally, this study could shed light on possible positive or negative unintended consequences of the policy.

Initially, it was believed that the HPRP in Lane County would prove to be an effective, new approach to solving the homelessness problem, providing valuable lessons to human services providers to build upon future efforts. However, potential weaknesses of the policy could inhibit its ability. The hypothesized potential weaknesses included a lack of outreach to populations in need of the assistance, a shortfall in funding to carry out desired programming, miscommunications between federal and local levels, and strict program regulations that prohibit families just above the required income levels from receiving needed assistance.

After completed research, it was found that through a restructuring of organizational thinking and through established collaborative systems, the HPRP had promoted long-term, sustainable solutions to homelessness in Lane County. However,

sustainable pieces put into place by the HPRP were found to be fragile in the sense that they would need a strong commitment and a well-established funding source to truly enact the change of which they are capable.

BACKGROUND

NATIONAL OVERVIEW

On March 24, 2009, President Barack Obama spoke to reporters: "One of the changes in attitudes that I want to see here in Washington and all across the country is a belief that it is unacceptable for children and families to be without a roof over their heads in a country as wealthy as ours" (as cited in Rice, 2009a, p. 1).

A little over a month before on February 13, Congress passed the American Recovery and Reinvestment Act of 2009 (ARRA). The ARRA is a nearly $800 billion stimulus package that includes several programs aimed at helping to prompt economic activity and to promote long-term growth throughout the United States. In an attempt to keep roofs over the heads of citizens hit hard by the economic downturn, $1.5 billion of the ARRA was earmarked for a new program called the Homelessness Prevention and Rapid Re-Housing Program (HPRP) (O'Leary, 2010).

It is estimated that on any given night, there are approximately 672,000 people in the United States who are homeless. However, it is hard to accurately count the homeless population and some organizations, such as the Community for Creative Non-Violence, estimate this number to be as high as 2 to 3 million (U.S. General Accounting Office, 1985). Along with being difficult to describe statistically, homelessness also proves to be a hard thing to define literally. Ideas of homelessness range from visions of local "street people" with mental illnesses or substance-abuse problems to families living in shelters because they could not afford another month's rent. One way to look at the homeless population is to break it down into the groups of chronically homeless

and temporarily or situationally homeless. People who are chronically homeless have

multiple episodes of homelessness and cycle in and out of shelters or the streets for

years. Temporarily or situationally homeless people may be homeless for the first time

due to credit problems, a loss of employment, a medical situation, or other unexpected

life crises. Different studies report that only 17 to 23 percent of the homeless

population in America falls into the chronically homeless category (Ending

Homelessness Advisory Council, 2008; O'Leary, 2010; Sermons & Witte, 2011). This

leaves an opportunity to strengthen efforts that could prevent a large population, 77 to

83 percent, of homeless people from moving into the chronically homeless category.

On account of the financial crisis that prompted the ARRA, unemployment rates

within the United States rose to 10 percent in November 2009. An increase in poverty

has also led to an increase in the issuance of food stamps, as enrollment increased by 14

percent, or 4.6 million people, from February to December of the same year (Rice,

2009b). These increases, similar to the previous statistic on the chronically homeless,

present another clear need for increased assistance for the first-time homeless. Using

this evidence, national advocacy organizations working to end homelessness lobbied for

programs to meet this need. Their efforts, combined with the work of other agencies,

created the basis for HPRP.

HPRP is a grant that has been distributed to communities throughout the nation

by the U.S. Department of Housing and Urban Development (HUD). The program

targets two main groups facing housing instability. The first group is comprised of

individuals and families who are not currently homeless, but who are on the brink of

homelessness and could have this prevented with assistance from the HPRP. The

second group is made up of individuals and families who are currently defined as homeless and need assistance to reacquire housing. In both cases, local managers of distributed grant funds are encouraged to focus their efforts on individuals and families that could most benefit from the assistance. The goal is that the HPRP participants receiving assistance will be able to maintain stable housing once the supplemental funding is gone. The Lane County HPRP program manual describes the assistance with the following:

> The funds are intended to help individuals and families who would be homeless *but for this assistance*. HPRP assistance should be "needs-based," meaning that programs should determine the amount of assistance based on the minimum amounts needed to prevent the program participant from becoming homeless or returning to homelessness in the near-term. (Lane County Human Services Commission, 2010a, p. 3)

By focusing on these two groups, the HPRP promotes the ideals of Housing First and housing stabilization approaches. Housing First is an approach to homelessness that focuses on placing homeless individuals and families in permanent housing as the first and immediate goal. After being placed in permanent housing, the individuals and families then receive follow up from case managers and supportive services to help ensure they are able to maintain the housing. The Housing First approach is described as being able to reduce the amount of time homeless individuals and families spend in shelters and also prevent returns to homelessness. It is a move away from emergency shelter systems and more toward sustainable housing, meeting the ultimate goal of homeless people upfront (National Alliance to End Homelessness, 2006).

The housing stabilization approach is similar in the sense that it puts housing as the first priority. However, it focuses on individuals and families already in housing who need some temporary assistance to re-stabilize their situation and prevent them from becoming homeless. While Housing First programs had already received federal support through policies prior to the HPRP, it was the HPRP that finally brought housing stabilization practices to the center stage of federal recognition. This was the first large-scale support of activities geared towards homelessness prevention.

HUD allotted HPRP funds to states, counties, metropolitan cities, and U.S. territories that were previously deemed eligible for funding through the Emergency Shelter Grant Program (ESG). The ESG is a federal formula grant program that allocates funding to communities to assist in their ability to carry out services for the homeless. The formula used for allocation amounts takes into consideration factors such as population, poverty, overcrowding, growth lag, and age of housing to objectively determine a community's level of need. A minimum grant amount is set at 0.05 percent of the total funds available. If a community does not meet this minimum grant level, the funds are instead allocated to the state to then determine how to disperse the balance among its more rural regions (U.S. Department of Housing and Urban Development, n.d.a). This same formula was used for the allocation of HPRP funds.

In order for eligible communities to be able to receive ESG funding from the federal level, as well as other formula grants, the community must have a Consolidated Plan. A Consolidated Plan is an assessment of the area's "housing, homeless, community, and economic development needs and resources" (City of Eugene Community Development, n.d.). This assessment culminates in the creation of a three

to five year plan on how the community is going to use its resources to meet those needs. In order to receive HPRP funding, communities were required to submit a Substantial Amendment to their Consolidated Plan detailing how they would utilize this resource.[1] The Substantial Amendment was due to HUD within 60 days of the posting of the HPRP Notice. All recipients of HPRP funding were notified by July 2, 2009. Of the overall $1.5 billion, $7.5 million went to HUD to cover the administrative costs of managing the funds.

The portion of money that went out to different regions could be used directly by the local government or further distributed to local non-profit organizations in order to carry out any of several suggested measures. One of the main stipulations of the funding is that 60 percent of a recipient's funds must be used within 2 years of the issue date and the remaining funds by 3 years of the date. The time frame of this grant allows organizations to focus on individuals and families who are likely to achieve housing stability with this short-term help. The HPRP is not intended to provide long-term assistance for housing.

The program focuses its eligible activities on services that help keep people in their current housing or services that actively help people find housing. This includes short-term rental assistance, or assistance not exceeding rental costs for 3 months, and long-term rental assistance, which can help to cover rent costs for up to 18 months. Funds can also be used for helping to cover costs such as storage units, security deposits, motel vouchers, legal support, movers, credit counseling, and utilities.

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[1] Excerpts from the City of Eugene's Substantial Amendment can be found in Appendix III.

To ensure transparency and accountability, each organization that receives part of the HPRP grant must provide quarterly reports. These reports track such things as where and how funds are being used, how effective efforts are in creating jobs and stabilizing housing, and what populations are being served. The quarterly reports are posted on the Recovery Act's website at Recovery.gov (U.S. Department of Housing and Urban Development, 2009).

The extent to which the HPRP helps with homelessness in America will be seen over its three years of implementation. However, professionals within the field of homelessness work are optimistic. Nan Roman, Executive Director of the National Alliance to End Homelessness, described the policy with the following: "Now we are in the prevention game in a way we have never been before. The focus is on people who can get right back in the workforce" (as cited in O'Leary, 2010, p. 1).

HPRP IN THE NEWS

Originally a less talked about piece of the ARRA, the HPRP has made news across the nation. Reports on the policy have differed in their portrayals, covering concerns, successes, hopes, and individual stories of the lives that the new program has affected. Although some cities have reported news on implementation struggles, stories from cities that have excelled in their goals to end homelessness provide valuable information on the extent to which the HPRP is helping to create long-term, sustainable solutions to homelessness, rather than temporary ones.

Stories of success from the HPRP have already appeared in local news. In one story from Santa Ana, California, a woman named Jennifer Santana found herself

homeless with three children after her husband left her and she lost her job. Once the HPRP came about, however, she went from being in a shelter to being able to maintain housing, while securing a new job as a licensed vocational nurse (O'Leary, 2010). The HPRP is expected to help about 600,000 other individuals and families in addition to Santana.

For some areas, the HPRP has shown great improvements in reducing homelessness and these areas have been able to reassess their strategies for ending homelessness to create more long-run solutions. By focusing on rapid re-housing in Lancaster County, Pennsylvania, the region has been able to move families out of shelters and into permanent housing within three months or less. Of these families, 80 percent maintain the housing. Before the shift to rapid re-housing, fewer than 40 percent of shelter families were able to move into permanent housing, forcing some into chronic homelessness (O'Leary, 2010). Making a similar switch, Freeport, Illinois gained some community criticism in 2009 when it closed a homeless shelter and reopened it as a prevention and rapid re-housing facility for HPRP funding. Residents worried that the city was turning its back on homeless people, but soon saw the large improvements the new program caused for the homeless population. Within eight months, 24 residents had avoided homelessness through prevention programming and 35 had been placed back into housing through the rapid re-housing program. Dean Wright, the director of Freeport's homeless programming, sees the HPRP as a piece of legislation that has proven to be efficient and that has encouraged a step in the right direction, stating, "Would I say we have ended homelessness in the area? No, I wouldn't. But I do think we are getting closer" (as cited in Montgomery, 2010).

Arguably one of the most successful instances of HPRP implementation, cited by both HUD reports and national news, is Sacramento, California. Sacramento created Sacramento Steps Forward to combine the work of businesses, faith-based organizations, foundations, nonprofits, and public agencies to end homelessness in the city through prevention and rapid re-housing. By calling on all sectors, Sacramento Steps Forward gains increased community awareness and support in its efforts. This increased community concern recruits more volunteers and establishes a sense of urgency, encouraging faster work to be done to aid homeless people. It also ensured the success of a fundraising drive called One Day to End Homelessness. One Day to End Homelessness encouraged Sacramento residents to donate one day's worth of their rents or mortgage payments to the HPRP cause. The goal was to match four federal dollars to every one dollar privately raised for a total of $400,000 in private donations. The drive began in March 2010 and by just May 2010 the goal was reached, totaling $1.6 million in HPRP funding to help 2,000 homeless Sacramento residents receive HPRP services. The implementation of Sacramento Steps Forward caused the city to surpass its goals on reducing homelessness for the 2010 year. With an original goal of housing 800 homeless families, Sacramento was able to house 1,168 families by August 2010 (Haley, 2010). Sacramento is a clear example of how a city can take HPRP funds and effectively manage them to create sustainable, long-term solutions to homelessness.

Although cities successful with implementing HPRP funds can be found across the nation, other cities have shown the opposite. Some critics of the HPRP blame the policy's loose guidelines on how to run the new program as reason why some communities are struggling to find success with it. The National Law Center on

Homelessness and Poverty remarks that implementation of the HPRP "is all over the place" (as cited in Goodman, 2010). Communities that already have solid homelessness programs set up are flourishing, while communities less equipped are stumbling. In Detroit, Michigan, the city publicized that residents could apply for HPRP funding at a downtown convention center. This approach to educating the public on the available funds led to chaos. Over 30,000 people showed up to the convention center, causing fights to break out. In the end, the city was faced with tens of thousands of applications, meaning that many of the most needy applicants were being lost through the sorting of all of the paperwork. Pittsburgh, Pennsylvania's approach to notifying residents also led to an inundation of applications and a waiting list of over 700 people (Goodman, 2010).

In addition to problems with the initial publicizing of HPRP funding, communities have also struggled with programming. As of April 2010, Boise, Idaho had yet to distribute its allotted $750,000 because it does not have well-established delivery systems for its social services and struggled to find organizations equipped enough to handle such a large-scale program (Goodman, 2010). Further, Baton Rouge, Louisiana has complained about the levels of bureaucracy hindering local nonprofits from providing services with HPRP funds. The HPRP runs through reimbursements. Nonprofits must spend their own money first and then be able to justify every penny spent and get three levels of bureaucracy to sign off on it in order to get a reimbursement check. Some Baton Rouge nonprofits remarked that it is hard to rely on these reimbursements when running a tight budget month to month. Other complaints from Baton Rogue on the policy included not being able to spend enough of the funding

on administrative costs and not being able to meet strict deadlines by which funding should be used (Riegel, 2010).

Though different cities have reported different experiences with the HPRP, the advantages of Housing First and housing stabilization techniques have potential in any region. Preventing homelessness or getting homeless individuals quickly back into permanent housing helps this vulnerable population avoid depression, substance abuse, and other health problems. In addition, these measures ease the strain on taxpayers to pay for emergency shelters and unpaid medical bills. It also makes it easier for once homeless people to find work, as they are often asked to provide a permanent address (Goodman, 2010). With varied implementation of the HPRP across the nation, most communities can still agree with Greene County, Arkansas in that the hope for this policy is that over time, it will become one of primarily prevention with an ever-decreasing need for re-housing (Morse, 2010).

HPRP IN THE STATE OF OREGON

As a state, Oregon received a total of $14,907,179 in HPRP funds. This money was awarded with the designations presented in the following table:

Oregon HPRP Funding Designations

Grant Recipient	Grant Amount
Clackamas County	$871,505
City of Eugene	$567,404
City of Portland	$4,172,282
City of Salem	$597,562
Washington County	$824,990
State of Oregon (balance of the state)	$7,873,436

The money awarded to the Oregon State program was distributed to areas that are not entitlement jurisdictions. This means they do not receive a direct allocation of funds from the federal level because their grant portion would be less than the required 0.05 percent minimum of the total available funds (U.S. Department of Housing and Urban Development, 2009). In Oregon, this funding was contracted out to Community Action Agencies in the rural parts of the states. Many Community Action Agencies are 501(c)(3) nonprofit organizations established during the war on poverty. However, there are also a few in Oregon where the counties themselves are the Community Action Agencies. Lane County is one example of this. Community Action Agencies are established with good linkages in their communities to provide needed housing and human services to individuals and families in need. Communities receiving funds passed down from the state were required to report quarterly on the progress of their programs to first the state and then federal level.[2]

Oregon's homelessness statistics run high when compared to the national averages. According to a report done by the National Alliance to End Homelessness, the percentage of Oregon's population experiencing homelessness is 0.45 percent, versus 0.3 percent nationally. Further, 52 percent of Oregon's homeless population is without shelter, compared to 44 percent nationwide. The majority of homeless Oregonians are families with children. The HPRP is hoping to address some of this population's needs. A further breakdown of the populations experiencing homelessness in Oregon during 2007 can be viewed in the pie chart that follows (Ending

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[2] This information was obtained from one of the research interviews. Interviewee names were held in confidentiality.

Homelessness Advisory Council, 2008, p. 10-13). Percents are rounded to the

nearest whole number.

Breakdown of Populations Experiencing Homelessness in Oregon in 2007

5%

1%

10%

24%

60%

- Single Males
- Families with Children
- Single Women
- Unaccompanied Youths
- Other/Unknown
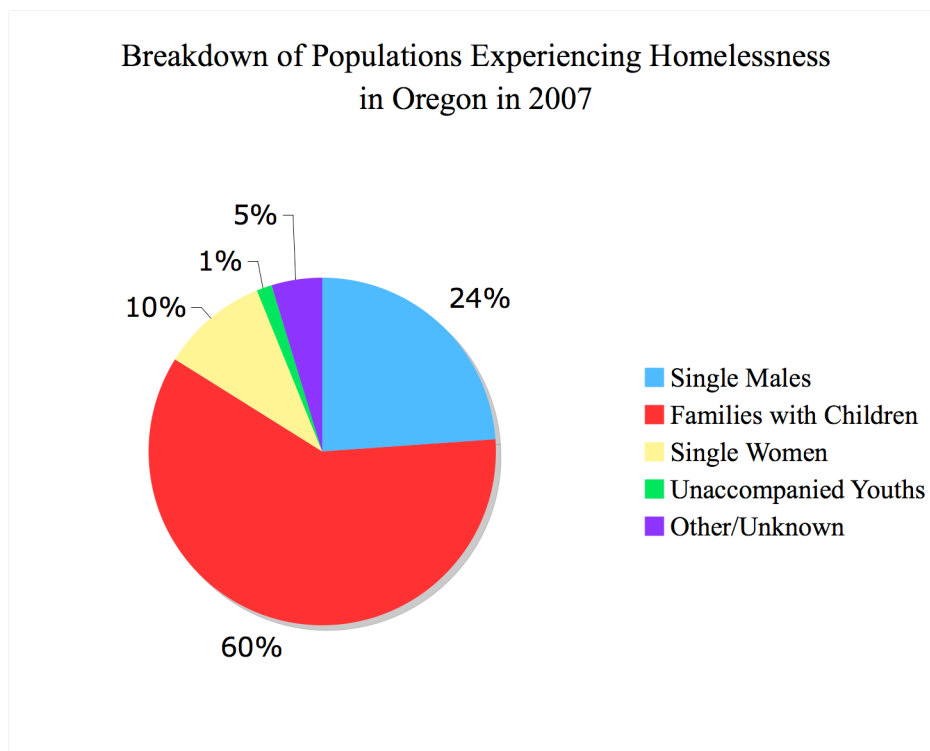
In Oregon, about 45 percent of all households in both rural and urban counties

are defined as rent-burdened, paying more than 30 percent of their income for housing

(Ending Homelessness Advisory Council, 2008, p. 19). Oregon's 10-year Plan to End

Homelessness sites a lack of prevention efforts and not enough affordable housing

options as the two main barriers to ending homelessness in the state. This reality gives

legitimacy to the HPRP cause and its method of reducing homelessness. Each of the

"promising practices" to end homelessness cited in Oregon's 10-year Plan to End

Homelessness discuss some form of prevention or sustainable housing attainment.

Oregon is unique when considering the implementation of the HPRP in that its

chronically homeless statistic also runs high compared nationally. Forty-three percent

of Oregon's homeless population is considered chronically homeless, compared with the 23 percent national average. This raises questions of whether the HPRP approach would be as effective in Oregon as it would be in other states, as the HPRP focuses primarily on the temporarily homeless and on homelessness prevention. However, the City of Portland, Oregon, after implementing the Housing First approach, reported dramatic declines in both overall homelessness and chronic homelessness (Ending Homelessness Advisory Council, 2008, p. 41).

HPRP IN LANE COUNTY

Of the $1.5 billion available through the HPRP, the City of Eugene was awarded $567,404 as an entitlement jurisdiction. In addition, Lane County was awarded $892,646 from the State of Oregon to serve the other regions of the county (U.S. Department of Housing and Urban Development, 2009). Both funds were centralized at the Lane County Human Services Commission (HSC), which is the interjurisdictional body that distributes funding for human services locally. The HSC then distributed the HPRP funding total of $1,460,050 to nonprofits serving the community with HPRP services. The HSC must report quarterly to both the City of Eugene and the State of Oregon on the uses of its two different contracted grants.

The HSC has led the community since 1997 in the administration of funding for human services. The Human Services Fund will provide $15.3 million of local, state, and federal funds in the 2010-2011 fiscal year to support 39 local programs for people of all ages. As a result of its established influence, the HSC was the natural choice for a lead organization on HPRP implementation. Homeless individuals often cross city

boundaries within the county, essentially making the area one region in terms of a human services system. Therefore, the centralization of funding, such as the HPRP, helps to expand and standardize homelessness programming efforts beyond the boundaries of the City of Eugene and onto the entirety of Lane County.

The HSC contracted out the HPRP funding to four different organizations to help in providing services to qualified participants. The four organizations were chosen through a competitive Request for Proposals (RFP) process and ultimately for their previously established presence in their communities as a first point of contact when seeking services. Each of the four organizations represents a different geographic target area of Lane County. West Lane consists of the following districts: Siuslaw, Lincoln County, Alsea, and Mapleton and provides its HPRP funding through Siuslaw Outreach Services. Central Lane consists of Blachy, Junction City, Fern Ridge, Bethel, Eugene, and Crow-Applegate-Lorane and provides HPRP funding through ShelterCare Family Housing Program. South Lane consists of Creswell and South Lane and identifies qualified participants in HPRP through Community Sharing. The fourth section, East Lane, includes Pleasant Hill, Springfield, Marcola, Lowell, McKenzie, and Oakridge and has Catholic Community Services as its HPRP representative. These four regions of Lane County are represented in the map that follows (Lane County Human Services Commission, 2010a).

HPRP Service Regions

Lane County

| West Lane | Central Lane | South Lane | East Lane |
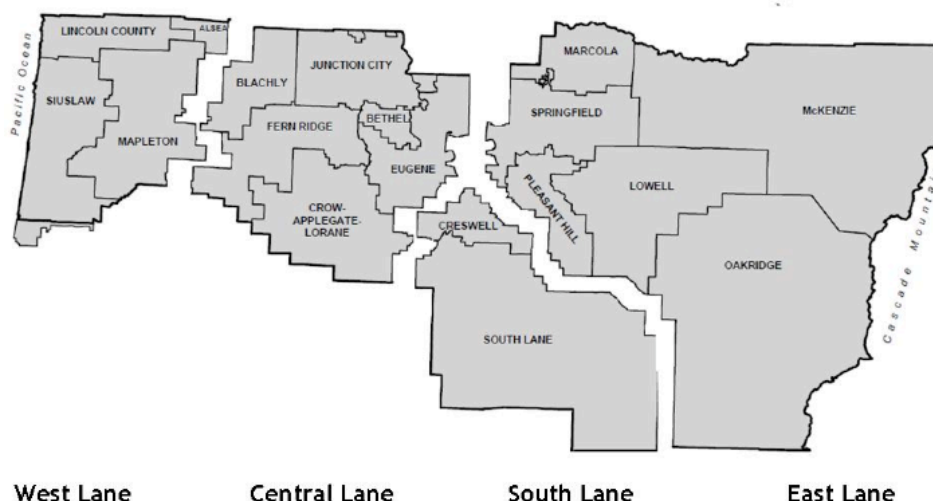
Homelessness in Lane County has become a topic of increasing concern. Project Homeless Connect (PHC), a one-day event held at the Lane County Fairgrounds in Eugene, has brought critical services to local homeless residents for the past five years and has witnessed an increased growth in need. While the 2007 PHC served 1,007 guests, this year's 2011 event served 1,595 individuals (Project Homeless Connect for Lane County, 2007; Project Homeless Connect for Lane County, 2011). Another view into the severity of the homelessness problem in Lane County surfaced with the 2010 One Night Homeless Count conducted through the HSC and mandated by HUD. The 2010 count revealed 3,959 people in Lane County who were homeless during a single night in January. This is about a 48% increase from the 2,684 homeless individuals recorded during the 2009 count (Lane County Human Services Commission, 2009; Lane County Human Services Commission, 2010b). Of the 2010 count, 2,503 were unsheltered due to a lack of space in or inaccessibility to local

shelters and 1,084 identified themselves as chronically homeless (Lane County

Human Services Commission, 2010b). Further reports show that during the 2009

calendar year, 11,513 homeless households sought services through HSC-funded

programs (Project Homeless Connect for Lane County, 2010). Lane County poverty

levels run high when compared to both state and national averages, as noted in the table

that follows (Lane County Human Services Commission, 2010c).

2009 Poverty Rates in Lane County, Oregon, and the United States

	Lane County	Oregon	United States
Number in Poverty	58,935	536,813	42,868,163
Percent in Poverty	17.2%	14.3%	14.3%

Additional information describing the poverty characteristics of Lane County can be

found in Appendix II.

In order to be eligible to receive HPRP services in Lane County, individuals and

families must fall at or below 50 percent of the Area Median Income (AMI). The AMI

is calculated by the U.S. Census. To be eligible for HPRP services, households had to

meet the AMI for their household size. The annual income levels for HPRP eligibility

in 2011 are presented in the table that follows (Lane County Human Services

Commission, 2010a).

2011 Annual Income Levels for HPRP Eligibility
in Lane County, Oregon

Household Size	Annual Income
1	$20,150
2	$23,000
3	$25,900
4	$28,750
5	$31,050
6	$33,350
7	$35,650
8	$37,950

After individuals initially contact an agency providing HPRP services and share enough information to be assessed as potential program clients, the next step is bringing in required documentations. Clients set up an appointment with a case manager and bring in items such as income verification, eviction notices, and other documents that support what they have said about their situation. Once documentation is received, paperwork is filled out for each household. Paperwork is extensive and includes forms on basic client information, rent reasonableness, habitability standards, and several others. All clients also complete a Participant Service Plan (PSP), which establishes client goals and outlines the specific steps needed to reach them. The PSP promotes clients gaining self-sufficiency and housing stabilization. Once all of the paperwork is completed and verified, checks are issued to landlords for clients' rents and to other appropriate services. An expenditure goal is set at $1,500 per household for each three-month period, with the level of assistance each month stepping down to lower amounts. This is to encourage clients to cover larger and larger portions of their rent on their own. In Lane County, each household must be recertified after three months of assistance.

Case management is continued throughout the HPRP process. Depending on the

agency providing the service, case management can be completed in home, by phone, or

through face-to-face meetings at an agency office. In addition, clients must be living in

a residence that meets their region's criteria for rent reasonableness. Rent prices

considered affordable, average, and high end are listed by unit size for each region of

Lane County. Rent reasonable describes rent at or below the region's high-end value.

In addition, rents paid with HPRP funds in Lane County could not exceed the following

amounts (Lane County Human Services Commission, 2010a):

2010 Monthly Rent Caps for Lane County

Unit Size	Amount
Studio	$499
1 Bedroom	$605
2 Bedroom	$766
4 Bedroom	$1,072
4 Bedroom	$1,193

Homelessness is a clear community problem within Lane County. Therefore, it

is important to study whether the HPRP is an effective policy at building long-term,

sustainable solutions to homelessness in the area. This study allows for the possibility

of new doors being opened in the work to end homelessness. This topic is significant

because it will explore whether the HPRP has made a sustainable impact on reducing

homelessness within Lane County.

LITERATURE REVIEW

The collection of literature written on homelessness is extensive. Since the 1980s, the number of scholarly articles, newspaper stories, and professional documents on the topic has grown rapidly (Toro & Warren, 1999). Through public opinion polls, policy analysis, and statistical data, a wide array of ideas on homelessness have been recorded and shared. The topic is of interest with multiple communities. Medical professionals are concerned with homelessness, as it raises concerns for public health (Plumb, 1997). Government officials must work to assure the nation's people are granted proper social supports (Bhargava et al., 2009). Policy analysts explore the cost-efficiency of homelessness policies, while social service organizations worry about how these policies will affect their programming (Culhane & Byrne, 2010). Scholars, the general public, and many others are further involved in the homelessness discussion in one way or another.

Most of the discussion about homelessness can be categorized in one of four ways: defining and counting homelessness, homelessness programming, homelessness prevention, and options for housing homeless people. While there is disagreement at every turn, the one consistent view that virtually all authors seem to agree upon, and often begin their discussion with, is the fact that "homelessness in the United States is a devastating social problem" (Olivet, Paquette, Hanson, & Bassuk, 2010, p. 30). Even Kondratas (1991), who criticizes accepted liberal opinions on homelessness, describes homelessness in the United States as "a disgrace, a national shame, an unforgivable

waste of human resources, and an affront to human dignity," concluding that, "the only proper public policy goal is to eliminate [it]" (p. 1227).

This literature review aims to provide a general background on the varied opinions and previous work accomplished on the four above-mentioned themes of homelessness literature. When applicable, the literature review explores the ways in which this knowledge creates a better understanding of the HPRP. Further, it will summarize the current case studies already done on the HPRP through HUD.

HOMELESSNESS: DEFINITIONS AND NUMBERS

Many articles cannot begin to explain their thoughts on or action plans for homelessness before attempting to tackle two topics: a definition and population estimate of homelessness. Toro & Warren (1999) identify government officials, homeless advocates, and social scientists as the three major groups involved in the homelessness policy debate and remark that although they share a similar perspective on the topic and work with many of the same concepts, they often have very different viewpoints when it comes to this aspect of the research. Toro & Warren (1999) emphasize this by declaring the definitions and estimated number of homeless people as "two of the most divisive issues concerning homelessness" (p. 122).

The causes of homelessness vary from individual to individual, veteran to veteran, and family to family. Many researchers pinpoint a lack of affordable housing as the main cause for homelessness (Olivet et al., 2010; Kondratas, 1991; Shinn, 2009; Toro & Warren, 1999). Others further the debate by also discussing causes such as national income disparity, physical and mental health problems, the end of a marriage

or other cohabiting relationship, domestic violence, substance abuse, lack of education, financial strain from the birth of a new child, and a failing federal safety net (Olivet et al., 2010; Bhargava et al., 2009; Haveman, Fisher, & Tseng, 2009; Toro & Warren, 1999; Minnery & Greenhalgh, 2007; Crane, Warnes, & Fu, 2006; Shinn, 2009). These studies shed light on the diversity of conditions causing homelessness and help break down stereotype-based stigmas attached to homelessness. More and more, articles are addressing the fact that homeless people are not just alcoholic single men, but also groups such as children, families, and the elderly (Shinn, 2009; Minnery & Greenhalgh, 2007; Toro & Warren, 1999). Toro & Warren (1999) stress the heterogeneity of the homeless population repeatedly throughout their article.

An exact definition of what constitutes homelessness remains controversial with the main disputes being what living conditions must be like and how long a person must be in a given state in order to be considered homeless. While government definitions of homelessness tend to be specific, homeless advocates promote definitions that are all-inclusive. Some definitions focus on those who are literally homeless, without shelter, and living on the streets or in a vehicle. Other definitions take into consideration those who technically have a home, but feel unsafe returning to it, such as in the case of domestic violence. Even more, some consider people staying in hospitals or jails, who upon their discharge will have nowhere else to go, as homeless. There are also questions of whether or not families that are doubled up in a crowded home or those who are living in a shelter system should be defined as homeless. Current time ranges considered to constitute homelessness vary from one night, one month, or at least two instances of about a week each within one year (Toro et al., 2007; Toro & Warren,

1999). These two issues have led many organizations to define homelessness through scales of severity. These scales include classifications such as temporarily homeless versus chronically homeless or categories such as Chamberlain & MacKenzie's (1992) of primary, secondary, and tertiary homelessness (as cited in Minnery & Greenhalgh, 2007). Another established scale of homelessness by FEANTSA (2007) defines the state through degrees of rooflessness, houselessness, insecure housing, or inadequate housing (as cited in Minnery & Greenhalgh, 2007).

The degree to which a concrete, agreed upon definition of homelessness is important differs across authors. Kondratas (1991) initially disagrees with the process of defining homelessness, seeing it mostly as the media and advocates' attempts to make the situation look worse than it is. However, further in her article, Kondratas (1991) joins other researchers in the belief that defining homelessness is important in relation to the task of creating effective programming (Minnery & Greenhalgh, 2007). Knowing the needs of homeless people beyond housing better links research to policy and improves the integration of homeless individuals back into the housed community. In the past, people in need have been unable to obtain services because they did not fit into exclusive definitions of homelessness. Therefore, having a broad, accepted definition of what constitutes homelessness leads to higher levels of assistance. Finally, researchers see an established definition of homelessness as key to breaking down hurtful stereotypes and stigmas aimed at homeless individuals (Minnery & Greenhalgh, 2007, Toro & Warren, 1999).

The HPRP uses the definition of homeless as established in section 103 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11302). The following is the

definition presented in the Lane County program manual used for applying the HPRP

funds:

> *Homeless* is defined by HUD as (1) lacking a fixed, regular, and adequate
>
> nighttime residence; (2) having a primary nighttime residence that is: A) a
>
> supervised publicly or privately operated shelter designed to provide temporary
>
> living accommodations (including welfare hotels, congregate shelters, and
>
> transitional housing for the mentally ill); B) an institution that provides a
>
> temporary residence for individuals intended to be institutionalized; or C) a
>
> public or private place not designed for, or ordinarily used as, a regular
>
> sleeping accommodation for human beings. Sleeping in a hotel through a
>
> voucher provided by a homeless services provider would also be considered
>
> literally homeless. Persons who were homeless before receiving HPRP
>
> assistance do not lose their homeless status and remain eligible for assistance
>
> under other Continuum of Care funded programs. (Lane County Human
>
> Services Commission, 2010a, p. 3)

One question is whether use of a different definition of homeless in the administration

of HPRP would change the effectiveness of the program.

Another major controversy in the literature stems from the difficulty in counting

the homeless population, the large disparities across different estimates, and the

question of whether or not having an accurate count is even important. A number of

researchers have explained why it is so difficult to actually count the homeless

population. One reason directly relates to the problems of defining "homeless." If one

homeless definition includes women sheltered from domestic violence or doubled up

families and another does not, then estimates vary accordingly (Toro et al., 2009,

Toro & Warren, 1999). If there is no agreement on who should be counted, then

reaching an agreed upon number can be hotly contested. Further, the nature of

homelessness causes individuals to move around frequently. This can make it hard to

track everyone who should be included in the count. In addition, some researchers

blame outdated counting systems for inaccuracies. The U.S. Census counts have fallen

under scrutiny for greatly underestimating the problem (Bhargava et al., 2009; Toro et

al., 2007; Toro & Warren, 1999). Further, telephone surveys asking whether or not

people have been homeless in their lifetime leave out an important population, those

without phones who are more likely to be currently homeless (Toro et al., 2007).

However, other authors, such as Kondratas (1991), stand by the government's accepted

homeless count conducted by the Urban Institute, which used a probability-based

sample that looked at the number of people over seven days in cities with a population

of 100,000 or more who used soup kitchens or shelters. With "well-founded

assumptions" this number was then used to estimate 567,000 to 600,000 homeless

people, a number that Kondratas argues is likely on the high side (p. 1227).

Estimations of how many people are homeless also vary with who is sharing the

information. Different groups, from the government to advocacy organizations, use

different time spans to create different effects when portraying the situation.

Government reports tend to be more conservative, while advocates are more likely to

report numbers reflecting the severity of the problem (Toro & Warren, 1999). Different

time frames for reporting homelessness include a point in time, annually, over three to

five years, or over a lifetime. Point in time estimates, typically used by the government,

describe how many people are likely to be homeless at any given moment. HUD

reports point in time estimates annually to Congress and this information is used to

identify the needs of and gaps in services for homeless people. Lifetime estimates

describe the number of people who will experience homelessness at some point within

their lifetime. This latter number is the highest and most often used by advocacy

groups. Therefore, depending on the time frame employed, an estimate of

homelessness in the United States can range anywhere from 166,000 all the way to

13,500,000, leading to questions on funding allocations and general public confusion on

the topic (Toro & Warren, 1999).

Finally, the question arises of whether or not an accurate, agreed upon count is

important. On the one hand, it is important for homeless advocates because it often

determines what kind of federal funding they receive for social service programs. With

concerns that the Census count method was inaccurate, some advocates refused to

participate in fear of resulting funding cuts. On the other hand, advocates have also

expressed that the endless effort put into determining an accurate count detracts from

the effort to actually end homelessness (Toro & Warren, 1999). Kondratas (1991)

argues that lifetime prevalence estimates grossly exaggerate the problem and do nothing

to help the situation. She also explains the unimportance of whether or not to decide to

include the precariously housed as part of the count.

For HPRP, estimates of homelessness are certainly an important factor.

Communities must try their best to generate the most accurate counts possible during

HUD-mandated one night homeless counts, or point in time estimates, in order to

inform federal, state, and local government about community needs in the area of

homelessness. In addition, understanding different definitions of homelessness is important for the implementation of HPRP, as providers must know who can be deemed eligible for services. Analyzing different definitions of homelessness could present the need to change the definition used by HPRP for future programs in order to include more participants.

HOMELESSNESS PROGRAMS: COSTS AND LOGISTICS

The literature on the costs and logistics of operating homelessness programs includes explanations of why programming is necessary, analysis of interagency collaboration, and the struggle to determine which programs can truly be deemed "effective."

The importance of homelessness programming is often discussed in terms of its cost-saving opportunities and ability to provide a wide array of services to populations experiencing the most need. Homelessness is expensive, drawing upon large amounts of public funds through shelter use, incarceration, emergency hospital care, and detox services (Flatau & Zaretzky, 2008; Culhane & Byrne, 2010; Haveman et al., 2009). One study in New York by Culhane et al. (2001) found that annual service costs for a homeless individual reached over $40,000 (as cited in Haveman et al., 2009). Homelessness programs, particularly those involving permanent housing options, save public funds through reducing the usage of other services by homeless individuals (Flatau & Zaretzky, 2008). Further, there are discussions on their ability to boost the economy, as the provision of human services programs increases recipient spending, resulting in an increased demand for goods and services. Program cuts lead to staff

shortages that delay the issuance of program benefits, inhibiting this potential

economic stimulus (Haveman et al., 2009). This argument has been seen in discussion

on the HPRP. Proponents of a "jobs bill" that would give another $1 billion to the

HPRP argue that such assistance would act as an economic boost, strengthening the

rental market and freeing up families' budgets to be spent on other items such as food,

clothing, and transportation (Rice, 2009b). With their ability to help increase the

efficiency of communities while reducing cost burdens placed on public funds, Flatau &

Zaretzky (2008) remark that homelessness programs can be "not only cost-effective but

also cost-saving" (p. 317). They state, "The economist becomes the natural ally of

homelessness services and their homelessness [program] administrators where once

they may have been met with suspicion" (p. 316).

In addition to the cost-savings potential of homelessness programs, the literature

also highlights the societal importance these programs hold and why the services are

necessary. Permanent housing has been marked as a primary need for homeless

individuals and families, but some authors declare that the benefits of services beyond

housing are also important (Shinn, 2009; Kondratas 1991). Due to the diversity of the

homeless population, services including substance abuse programs, money

management, or job training can be of great benefit to some of the homeless population

and, in turn, the community at large.

The literature on homelessness often describes a lack of collaboration among

different sectors as a factor limiting the true potential of homelessness programming.

Many articles make references to the need for collaborative efforts, both within

government agencies and across community-based organizations (Crane et al., 2006;

Culhane & Byrne, 2010; Toro & Warren, 1999; Schott, 2010). The current lack of collaboration is blamed for crippling the efficiency of funding usage and shrinking the array of possible services.

Sometimes, federal funds come with the opportunity to be used to complement other funding sources in order to increase the amount of services local governments are able to provide to homeless community members. A recent example of this is the Temporary Assistance for Needy Families (TANF) Emergency Fund. Prior to receiving this fund, states received a set amount of TANF funding each year. This Emergency Fund reimburses 80 percent of a state's increased TANF spending in comparison to what was spent in either 2007 or 2008. Knowing how to combine this Emergency Fund with other preexisting funds can increase state and local efforts to address homelessness (Schott, 2010). Funding collaboration can be furthered even more by working with community groups to fundraise. Sacramento, California was able to make up for the other 20 percent of its increased TANF spending that was not covered by the Emergency Fund by creating a public-private partnership called Sacramento Steps Forward. Sacramento Steps Forward sponsored a "One Day to End Homelessness" fundraising drive that encouraged local residents to donate one day's worth of their rent or mortgage to the City's HPRP. By matching four dollars of the TANF Emergency Fund to every dollar privately raised, the City of Sacramento had a collaborated total of $1.6 million. Further, since the fundraising efforts exceeded goals, Sacramento's HPRP services can be sustained for a longer amount of time (Schott, 2010). Collaboration between sectors in terms of funding can fill budget gaps and stretch funds further.

The literature also discusses the advantages to greater interaction between the different human services sectors. An interagency, community-based approach can broaden the array of services a city can provide. Crane et al. (2006) discuss the current problem of compartmentalized social services for the homeless. They note that the specific boundaries and budgets of different agencies hurt potentially helpful collaboration. The lack of collaborative work and shared information between housing staff, mental health professionals, primary care physicians, and other social services agencies leads to a problem in identifying individuals who need help (Crane et al., 2006).

Authors also note the power of social services to draw upon community action. Toro & Warren (1999) urge society to not overlook the "efforts of community groups who are making small but significant contributions to problems associated with homelessness" (p. 131). Wittig & Schmitz (1996) provided an example of this from the City of Santa Monica, California when, at a public forum, citizens became concerned about certain aspects of homelessness in the city. These citizens created a group made up of homeless residents, interested community members, and a psychologist and lobbied for $150,000 to create a shower and locker facility near the beach for homeless people to use. The group further fundraised for laundromat vouchers to give to homeless persons and collaborated with the Santa Monica Chamber of Commerce and local businesses to make job listings and trainings more available to homeless individuals. Through these efforts, Santa Monica witnessed an increase in its homeless residents obtaining both temporary and permanent employment. This community

action and collaboration with city efforts was noted as a significant contribution to solving the city's homelessness problem (as cited in Toro & Warren, 1999).

In light of discussions on the necessity of homelessness programs and increased collaboration among them, there is an ongoing question whether programs are actually effective. Literature on homelessness programming often notes the lack of current research on the long-term effectiveness of programs, the overall cost-effectiveness of programs, or the most effective delivery methods for homelessness services (Flatau & Zaretzky, 2008; Toro & Warren, 1999; Crane et al., 2006; Olivet et al., 2010; Shinn, Baumohl, & Hopper, 2001). The ability to properly gauge the effectiveness of homelessness programs is important for the creation of evidence-based policies that lead to an increase in the provision of cost-effective services (Flatau & Zaretzky, 2008).

Flatau & Zaretzky (2008) describe two research methods that could lead to better evidence on the effectiveness of different homelessness programs. The first is the Randomized Control Trial, or experimental method. This method randomly selects whether a homeless individual who comes in for services will be placed in the treatment or non-treatment group of the research project. The treatment group receives the services of a specified homelessness program, while the non-treatment group does not and is left to seek services elsewhere. The results of the treatment group are then compared to those of the non-treatment group to gauge whether the particular program was more effective at ending homelessness. The second research method that can be used to measure program effectiveness is called the quasi-experimental approach. This method lets program participation continue normally. Instead of randomly selecting who does not receive services, program participants are matched with eligible non-

participants for comparison. Eligible non-participants may not be enrolled in the program because of a lack of space due to limited funding or due to a personal decision to utilize another community resource. Another method is to compare homelessness outcomes before the implementation of a new program and then after its implementation to look for significant changes (Flatau & Zaretzky, 2008).

Although there are ways to measure "effectiveness" of homelessness programs through research, the literature identifies several problems in actually doing so. The first most directly relates to the experimental method. This method raises many ethical concerns with the assumption that homeless individuals declined participation in the program will be at a disadvantage. In addition, programs that usually provide services to clients presenting the most need first will end up turning some of these people away and instead serving some randomly selected individuals who have less need. Switching to the quasi-experimental method could resolve some of the ethical problems of the research, but then there are issues with finding appropriate matches for program participants and the high likelihood of leaving out certain populations. Other problems with measuring program effectiveness stem from cloudy definitions of what "effective" should really mean or measure. Further, there is the potential for organizations to only select participants for their programs who they know will succeed in order to artificially create a high performance outcome (Flatau & Zaretzky, 2008).

Literature on homelessness tends to agree on the fact that homelessness programs are necessary, but discussion still remains on how to make the programs meet the actual need. Although Bhargava et al. (2009) speak about the importance of programs built to fight poverty, they discuss how these programs tend to have declining

efficiency. They talk about U.S. safety nets, such as the Recovery Act, as being somewhat helpful, but overall "inadequate and temporary," singling out the HPRP as a short-term program that could fail the housing safety net upon its three-year end (p. 24). Others further this argument by explaining that the HPRP is protecting "vulnerable families from the harshest consequences of the economic downturn," but that it is not enough to meet the current need (Rice, 2009a; Rice, 2009b, p. 1).

HOMELESSNESS PREVENTION

Many of the ideas put forth in the literature on homelessness prevention run parallel to those of general homelessness programming. However, some are expressed in ways unique to prevention strategies. Although some individuals may inevitably end up homeless, researchers have determined that several types of homelessness could have been prevented with proper services (Crane et al., 2006). Main points of contention in the prevention literature revolve around prevention program effectiveness and participant targeting, while general discussion focuses on prevention types and characteristics needed in prevention programs.

As discussed above, the costs of a person being homeless are high. If homelessness can be prevented, then this cost savings can be taken as an indication of program effectiveness. D. C. Schwartz, Devance-Manzini, & Fagan (1991) studied a New Haven, Connecticut prevention program where average back-rent payments were $960 and the maximum 100 days in a shelter cost $7,000. Therefore, it appears that by using prevention methods, $6,040 was saved (as cited in Shinn et al., 2001). However, Shinn et al. (2001) challenge this approach, arguing that the administrative costs of the

program are not included and an assumption is made that the household would have become homeless and would have spent the maximum 100 days in a shelter facility. Shinn et al. (2001) further question the effectiveness of prevention programs, declaring that, unless they create new sources of housing, they run the risk of simply reallocating homelessness between individuals rather than reducing it. Those being prevented from homelessness might be seen as "jumping the line" of those waiting for permanent housing in shelters (p. 103). Although Shinn et al. (2001) bring up an interesting point, they ignore the positive aspect of having a net change of zero in the amount of homeless people. Homelessness prevention could be preventing the number of homeless individuals from rising even further. Overall, agreement on homelessness prevention programs comes back to the same issue that general homeless programs do; there is currently a lack of research on their effectiveness. Authors argue for more studies that randomly select participants who do and do not receive services to compare their outcomes, as well as greater long-term follow-up with program participants to see if they were able to maintain housing after program help (Shinn et al., 2001; Crane et al., 2006).

In addition to measuring effectiveness, prevention programs struggle with issues of targeting the right populations to receive preventative services. Authors agree that it is hard to actually tell if a person would have become homeless without prevention program assistance or whether they would have found other resources to keep them going (Shinn et al., 2001; Crane et al., 2006). One article describes this predicament by using the findings of American researchers, Lindblom (1996) and Shinn & Baumohl (1999), to conclude that "prevention [programs] miss many who become homeless, and

that among their clients only a minority are at risk of homelessness" (Crane et al., 2006, p. 157). Targeting who should receive prevention programming also opens the door, as with general homelessness programs, for organizations to pick those clients "most likely to succeed," rather than those most in need, in order to inflate program success. Theoretically, those participants who would have been the most likely to actually become homeless without the prevention program's intervention are ineligible for services (Shinn et al., 2001). A third issue with targeting populations in need of homelessness prevention services is how to establish a clear path for those in need to get into the system. One homeless man described his difficulty with calling different social service and housing departments and being transferred from one department to the next with no clear direction on where he needed to go or what he needed to do to receive help (Crane et al, 2006).

Research literature on homelessness prevention has also worked to establish the different types of prevention possible and the characteristics deemed necessary for a successful prevention program. The three categories of prevention are universal prevention, selected prevention, and indicated prevention. Universal prevention programs are offered to everyone, selected prevention programs are offered to people at risk due to their membership in a particular group, and indicated prevention programs are offered to people with a specific characteristic (Shinn et al., 2001; Crane et al., 2006). Increased efficiency in targeting populations at risk of homelessness is important to having effective selected and indicated programs (Shinn et al., 2001). Further, Shinn et al. (2001) discuss the importance of comparing costs between these programs and universal programs for homelessness prevention. As for the

characteristics that make these programs successful once established, Crane et al. (2006) identified four main categories through their research. Their four characteristics of successful homelessness prevention programs included monitoring rent arrears for the identification of households most at risk, assistance in good financial practices and applying for available benefits, identifying individuals at risk through primary health care facilities, and high collaboration between social service agencies (p. 162-163).

The passage of the HPRP has heightened both the discussion and implementation of homelessness prevention practices. Supporters of the HPRP have lobbied for an increase in funding to provide more housing vouchers to households in need of rental assistance, saying that the current funds fall far short of meeting the increased amount of housing instability since the economic downturn (Rice, 2009a). Rice (2009a) calls the vouchers "flexible, cost-effective, and successful" and argues that they "can rapidly address rental housing needs when homelessness is rising" (p. 2).

OPTIONS FOR HOUSING HOMELESS PEOPLE

Throughout the years, approaches to providing homeless people with shelter have greatly evolved. The majority of federal funds for homelessness services throughout the 1990s and into the 2000s went to emergency shelters and other day-to-day needs of homeless individuals, rather than to permanent housing. Daly (1990) explained that in the 1990s, New York City was spending over a quarter of a billion dollars each year solely on emergency services (as cited in Toro & Warren, 1999). The need for emergency shelters increased far beyond what was ever expected. This prevented states from focusing on permanent and affordable housing projects because

they had little money left over after spending so much on emergency sheltering (Toro & Warren, 1999). Toro & Warren (1999) describe this predicament by stating, "Policies formulated to cope with homelessness eventually come to sustain it" (p. 127). More recently, there has been a movement away from emergency services and toward more sustainable housing options (U.S. Interagency Council on Homelessness, 2010). These options include affordable housing, transitional housing, and permanent housing. Affordable housing and permanent housing are closely linked and both can be paired with or without supportive services. While a majority of the literature on housing options tends to focus on permanent housing as the best solution for ending homelessness, pros and cons of all options are debated.

There is a general consensus in the literature that there is a lack of affordable housing for low-income people and that this circumstance is a catalyst in causing homelessness (Kondratas, 1991; Shinn et al., 2001; Shinn, 2009; Culhane & Byrne, 2010; Olivet et al., 2010; Bhargava et al., 2009). Affordable housing is defined as housing that does not cost more than 30 percent of a household's total income. This standard can be met by housing subsidy programs, such as the Section 8 program, which pays "the difference between 30 percent of a household's income and rent, up to the local Fair Market Rent" (Shinn, 2009, p. 2). Such housing may come with or without other supportive services. Although Shinn (2009) reports that there are currently 7 million units of subsidized rental housing, Olivet et al. (2001) state that there is still a nationwide shortage of 2.8 million units. Other studies show that among very low-income renters, 5.5 million spend more than half of their income on housing (Olivet et al., 2001; Culhane & Byrne, 2010). Some authors argue that greater access to

affordable housing could both end and prevent homelessness and that more vouchers

should be provided (Shinn, 2009; Rice, 2009a). Shinn (2009) in particular remarks that

homeless families are very similar to low-income families in that they primarily need

rental assistance. Subsidized housing, without any other additional services, has been

proven countless times to be enough to help families leave and stay out of shelters.

Extra social services are just a plus (Shinn, 2009). With the percentage of renters

increasing, demand for lower cost rental units will as well. There is a heightened need

to protect renters in order to establish a better safety net for low-income families to

avoid homelessness (Bhargava et al., 2009).

Seen as a stepping-stone for homeless individuals and families, transitional

housing facilitates the move from shelters to affordable subsidized or unsubsidized

housing in the community. Transitional housing combines intensive services with a

time-limited stay in a particular complex. The maximum length of stay in transitional

housing is typically 24 months. The idea is to provide participants with skills ranging

from obtaining public benefits and job skills to learning how to create a budget and

resolving tenant-landlord conflicts. Once participants can show that they are ready,

they are then moved from transitional housing units to affordable, permanent housing.

There are currently 34,621 transitional housing units for families nationwide (Shinn,

2009). Toro & Warren (1999) argue that transitional housing simply causes homeless

people to have to cope with one more "institutional" setting (p. 130). Since transitional

housing ultimately means the participants will have to move again, the "most disruptive

and traumatic experience faced by homeless persons, frequent moves, is recreated by

programs whose goal is to house them permanently" (Toro & Warren, 1999, p. 130).

Toro & Warren (1999) instead promote outright permanent housing with supportive services that diminish over time.

Permanent housing is currently at the forefront of discussions on homelessness solutions. Many social service agencies have moved away from the emergency shelter and services approach to the Housing First model, which believes that most problems associated with homelessness can be alleviated by immediate placement back into housing. In the view of some authors, services are just a plus, while permanent housing should be the outright first goal of homelessness programming (Shinn, 2009). Culhane & Byrne (2010) praise permanent housing options, as they are vital to providing "stability, recovery, and success" for various health and mental health problems and educational and vocational needs (p. 9). They further declare that treatment services provided by social service agencies do not benefit clients as well if they do not have residential stability first. In addition, the best way to learn to be a good tenant is through actually being a tenant (Culhane & Byrne, 2010).

Permanent housing can come with no services or intensive services. Individuals with an ongoing services component to their housing, including those with mental illness, are said to be in permanent supportive housing. Some authors argue that permanent housing, with or without services, is the best option for chronically homeless persons in the most "severely debilitated" of situations (Kertesz & Weiner, 2009, p. 1823; Culhane & Byrne, 2010). This argument primarily relates to the cost-effectiveness of these housing placements. Studies in Seattle, New York City, Connecticut, San Francisco, San Diego, New Orleans, Cleveland, Chicago, Denver, and Maine have all shown cost savings when a chronically homeless individual was

permanently housed (as cited in Culhane & Byrne, 2010). This savings stemmed

from reductions in emergency medical services, incarceration, emergency sheltering,

and other publicly funded services. The severity of substance abuse also often reduced

upon being placed into housing (Culhane & Byrne, 2010). When the Housing First

approach is extended to individuals with less harsh circumstances, cost savings decrease

(Kertesz & Weiner, 2009). While cost savings are important, these authors tend to

focus solely on these aspects and disregard the moral implications of housing this

population. On the one hand, it is of societal importance, as it relieves human suffering

and betters living conditions, which Kertesz & Weiner (2009) do briefly touch on. On

the other hand, there is also the ethical question of why should jobless individuals with

possible substance abuse problems be handed a key to permanent housing, while others

working hard to achieve housing be placed on a waiting list? While it may not save

quite as much money, others discuss permanent housing, with or without services, as

the preferred option for an increasing population of homeless families as well (Shinn,

2009).

One of the main problems with permanent housing right now is the availability

of funding. Culhane & Byrne (2010) describe the current funding process as "an ad hoc

basis," where providers must piece together federal, state, and local funds that are not

always reliable each year (p. 11). However, legislation such as the HPRP is taken as an

indication of federal government support of and willingness to move towards a

homelessness system that focuses on permanent housing first. The HPRP stands as an

example of how the United States is fundamentally changing how it seeks to end

homelessness (Culhane & Byrne, 2010).

HUD CASE STUDIES OF HPRP SUCCESS

HUD published its own brief case studies on seven different HPRP communities and reported ways in which these communities have used HPRP funds to promote community change and to transform local homeless assistance systems (U.S. Department of Housing and Urban Development, n.d.b). The seven observed communities include the following:

- Charlotte/Mecklenburg County, North Carolina
- Dayton-Montgomery County, Ohio
- The State of Rhode Island
- Sacramento County, California
- Santa Clara County, California
- Worcester County, Massachusetts
- Yolo County, California

From their case studies, HUD identified five recurring themes within the communities that established evidence for HPRP practices that were creating community-wide change. These five categories included the following:

- Inclusive governance structure and centralized program oversight
- Commitment of cross-sector and governmental leadership to systems transformation
- Alignment of organizational philosophies: housing stabilization and Housing First
- Innovative use of local impact data
- Service coordination and standardization

These case studies serve as an important point of comparison to Lane County's HPRP implementation. However, it is also important to note that these documents were created by the organization that initially wrote the policy. This could present possible

bias. Further, these reports focus only on the successes of the HPRP and do not discuss its challenges. Brief summaries of HUD's seven case studies, highlighting sustainable, long-term practices, are provided below.

Charlotte/Mecklenburg County, North Carolina: Charlotte/Mecklenburg County, North Carolina used its HPRP funds to create Project HOPE, dedicating 70 percent of its funds to the rapid re-housing component and focusing on households with significant housing barriers, such as substance abuse, high debt, or mental health problems. The HPRP facilitated a new, collaborative partnership committed to Housing First strategies that includes service providers, shelters, the State Department of Social Services, the City of Charlotte, and the private sector. Project HOPE utilizes over 500 volunteers trained in supportive services strategies to form teams with the program's five professional social workers and two housing coordinators to work one on one with HPRP households. Volunteers continue to work with households after HPRP assistance has been exhausted in order to ensure stable housing. The community reports quarterly on challenges and successes, is working to restructure its 10 Year Planning Board to better guide homelessness prevention and rapid re-housing efforts, and committed to a fundraising plan to be started 12 months into the program to be able to provide Project HOPE services after the HPRP funding runs out.

Dayton-Montgomery County, Ohio: Dayton-Montgomery County, Ohio committed 70 percent of its HPRP funds to prevention and 30 percent to rapid re-housing. It has created a centralized leadership structure that involves one rapid re-housing provider and six homelessness prevention providers funded by a single agency. The new HPRP

coordinator is located in the same office as other housing programs to promote collaboration. Local leaders and the Homeless Solutions Policy Board are proactively analyzing HPRP data to gauge the effectiveness of program activities in order to find the most cost-effective approaches to homelessness prevention and rapid re-housing for after HPRP funding runs out. They are also using early evaluation to decide whether the program could continue without a paid Housing Locator staff position.

The State of Rhode Island: The State of Rhode Island's biggest success has been a movement towards "unprecedented collaboration." The state's four regions receiving an HPRP allocation chose to combine their funds and create an HPRP Partnership to administer their combined total of $7 million in HPRP funding. This new HPRP Partnership helped the state to overcome past regulatory and procedural challenges that had held them back from providing more coordinated, effective housing assistance across the state. This leadership has established a long-term system for dealing with future barriers. This collaboration is furthered by a central statewide HPRP coordinator and monthly meetings. Further supporting sustainable solutions to homelessness, all HPRP participants are required to receive financial counseling to improve long-term housing and income stability. Rhode Island is using active data analysis to advocate for making homelessness prevention and rapid re-housing activities a state priority post-HPRP.

Sacramento County, California: Sacramento County, California has created a public-private partnership called Sacramento Steps Forward. This organization draws upon all sectors, increasing public support and enthusiasm for Housing First practices. This

strong community support led to the success of a $400,000 fundraising drive called

One Day to End Homelessness, mentioned previously. Sacramento County further

effectively blends funding from the City and County HPRP, the City of Sacramento

Community Development Block Grant, the Community Services Block Grant, and the

County of Sacramento Temporary Assistance to Needy Families Emergency

Contingency Fund to create ideal conditions for the continuation of HPRP programming

after the one-time HPRP fund is gone. Sacramento also has an efficient and

standardized HPRP intake process with a set goal to spend an average of $3,000 per

household to stabilize housing. In addition, Sacramento's strong leadership at all levels,

high community support, and proven success gives its program leverage into the future.

Santa Clara County, California: Through the HPRP planning process in Santa Clara

County, California the area was able to implement a new, collaborative countywide

prevention and re-housing system. By partnering with the City of San Jose and

neighboring areas receiving state awarded HPRP allocations, Santa Clara County had

just under $6 million in HPRP funding to provide services. Countywide collaboration

led to easier access and more standardized services for clients no matter which service

provider they walked into. The community also set up data-driven evaluation tools to

improve targeting and set future housing goals for the HPRP and beyond.

Worcester County, Massachusetts: Worcester County, Massachusetts, like many of the

other case studies, increased collaborative efforts of all sectors through the creation of

the Regional Leadership Council. The community also used HPRP funding to improve

data collection and tracking devices that allow better knowledge of when certain

households can move out of permanent supportive housing and into something less service intensive and costly. The HPRP also allowed the County to close down a deteriorated downtown emergency shelter and to replace it with more sustainable housing resources. The community believes that through the savings it has been able to obtain through HPRP facilitated community systems change, it will be able to continue to support prevention and rapid re-housing programs after HPRP funding is gone.

Yolo County, California: Yolo County, California used its HPRP funds to create Housing Resource Centers (HRCs). HRCs are "one-stop" facilities for direct housing assistance and referrals to other services. These facilities make outreach easier and the provision of services more effective. The County also actively uses its data to improve the efficiency of its HRCs. Since the HPRP has also promoted heightened collaboration in the area, a new network of supports and general systems change provides the area with an array of resources so that it will not be as dependent on maintaining the same HPRP funding levels after the program ends. The HPRP has also increased community awareness on homelessness, offering trainings for community members on housing needs and resources. This sets up supports for the program into the future.

SUMMARY

The collection of literature written on homelessness captures the complexity of the topic. The literature is fluid, adapting to changing approaches to homelessness programming, but also focuses on strong, consistent themes. The four overriding themes discussed by authors include defining and counting the homeless population,

homelessness programming, homelessness prevention, and options for housing homeless people. This literature review provided a brief overview of these themes, while discussing how they related to the HPRP. In addition, it summarized HUD's case studies on seven HPRP communities.

This literature review establishes a foundation for increased understanding of the major issues that surface within HPRP research. Further, the HUD case studies establish a comparison for information obtained through the research methodology on Lane County's HPRP implementation.

METHODOLOGY

Research for this case study involved four main areas of focus. These methods were used to better understand the HPRP policy, the specific applications of the HPRP in Lane County, the opinions of involved parties on its potential for sustainable solutions to homelessness, and the overall environment, both locally and nationally, in which the policy is operating. This research included interviews, analysis of public and internal documents, attendance of public meetings, and close readings of HPRP manuals and news.

INTERVIEWS

Interviews were conducted with appropriate individuals in local, state, and federal agencies interacting with the HPRP. This included both government employees who administered the funds and nonprofit organizations staff who provided the direct services for HPRP. These individuals were identified through referrals or online research as being significant to the implementation of the HPRP and as being likely to be good sources for information. These interviews were vital in understanding what the people most closely involved with the funding believe about the program and its potential for sustainability. They also allowed for the development of a clear picture of what has been done with the funding in Lane County. They added a qualitative component to the later analysis of program statistics.

In order to conduct these interviews, prior approval by the Institutional Review Board at the University of Oregon Office for Protection of Human Subjects (OPHS)

was required.[3] Individuals were initially asked for an interview via email

correspondence. Upon an affirmative response, participants were emailed a copy of the

questions to be asked, as well as a consent form. Questions focused on the logistics of

the HPRP, successes and challenges incurred in its implementation, and opinions on its

ability to end homelessness.[4] Interviews were conducted in person or via telephone and

were recorded and transcribed when granted the appropriate permission to ensure the

accuracy of notes upon later analysis. The names of the interviewees were withheld in

order to maintain confidentiality. A total of nine individuals were interviewed.

PUBLIC AND INTERNAL DOCUMENTS

A variety of public and internal documents related to the HPRP were examined

and related back to the information learned through interviews. Internal documents

included information on Lane County's HPRP budgeting, participant numbers and

characteristics, specific program protocols, and Lane County poverty data. Internal

documents were obtained through the interview process and permission was given to

use them in this report.

Public documents examined included the mandated quarterly HPRP reports

posted on the ARRA's Recovery.gov website and HPRP fact sheets handed out during

public meetings of the Community Action Advisory Committee (CAAC) of the Lane

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[3] Completion with passing grade of the Human Subjects Research Course on October 10, 2010. Project proposal deemed exempt under 45 Code of Federal Regulations part 46.101 (b) by OPHS on November 22, 2010, protocol number E138-11.
[4] Questions for each interviewee varied slightly, depending on their position. However, a list of what were generally the core questions asked can be found in Appendix IV.

County Human Services Commission (HSC).[5] In addition, HUD's HPRP case studies of individual communities were examined for possible linkages to HPRP activities in Lane County.[6] These case studies were used to compare the Lane County HPRP service delivery's sustainability to other highlighted communities. It also helped to observe the special contributions of Lane County in applying HPRP funds towards activities to change and enhance the homelessness services delivery system.

PUBLIC MEETINGS

In addition to the retrieval of documents at public meetings of the CAAC, notes were taken when topics related to the HPRP were discussed. This included a panel discussion with local HPRP service providers on how they expected the end of HPRP funding to affect future programming. Notes taken were compared with published meeting minutes. The CAAC meets the third Thursday of every month and advises the HSC on budget planning and policy issues for state and federal anti-poverty programs.

HPRP MANUALS AND NEWS

A final element of this report's research methodology included a deep familiarization with both the federal HPRP Manual and the local Lane County HPRP Manual. This was important to the development of interview questions and also in identifying recommendations of other approaches for Lane County. This familiarization came through several close readings of the materials and outside

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[5] Items of particular importance are discussed in-depth in the Results section of this report. However, a list of all documents reviewed can be found in Appendix V.
[6] Summaries of the HUD case studies can be found in the Literature Review section.

research to better understand topics, such as references to other policies, presented

within the manuals. In addition, research involved staying up to date on HPRP news to

understand proposed potential changes and how it is being viewed on a national level.

RESULTS

The results of this research are organized to first show the general overview of what has happened with the HPRP in Lane County and to then focus in on the main research question. The results will first provide a discussion of the main highlights and challenges of HPRP program activities. It will then be followed by the quantitative program data and will conclude with findings on the extent to which the HPRP has contributed to long-term, sustainable solutions to homelessness in Lane County.

PROGRAM HIGHLIGHTS

Many program highlights are examples of HPRP efforts building on long-term, sustainable solutions to homelessness in Lane County. These aspects are explained in greater detail later on in this section. Some of these topics include heightened community collaboration, program philosophies that promote sustainability, sophisticated data collection, and system changes to improve program efficacy.

In addition, the implementation of the HPRP in Lane County has also included the following elements:

- **HPRP Manual Easy to Understand** — One interviewee remarked that the HPRP manual was clearly written and straightforward. Another interviewee commented that it was important to always have handy because it could answer almost any question that might arise.

- **Good Client Access** — Interviewees reported that all HPRP service providers had successful systems set up to provide outreach and support to members in

the community seeking assistance. One interviewee reported that one

community agency had a separate phone line for HPRP requests and that it was

operated in both Spanish and English. Further, staff members, both providers

and administrators, were briefed on how to address the needs of a client

coming in person and looking for HPRP assistance. Other organizations also

spoke on the community referrals system that established the ability for other

human services organizations to identify potential clients and then send them to

the proper agencies for intake.

- **Fundraising for Flexible Funds** — Three interviewees discussed community

  fundraising done by certain organizations in order to give HPRP providers

  some flexible funds for operations. Since the HPRP funds are strict on what

  they can and cannot be spent on, these flexible funds were helpful in covering

  costs that did not qualify. This being said, budgets were still tight. Flexible

  funds were raised through partnerships with local businesses, golf tournaments,

  and other community events.

- **Sophisticated Established County System and Network of Nonprofits** —

  One interviewee described the pre-existing and historically strong cooperative

  relationship between the cities of Eugene and Springfield and Lane County as

  being a huge asset to the implementation of the HPRP. By working together,

  the Lane County community is able to provide best services with similar

  regulations to clients regardless of where in the county they reside. Another

  interviewee remarked that nonprofits have a very good relationship with the

  HSC and that it improves programming tremendously. Two other interviewees

stated that the human services collaborative funding model used in Lane

County has been used as a model for other communities across the state. One

went on to say that Lane County has an exceptional team with high standards,

skills, and education, while the other gave recognition to the sophisticated

network of nonprofits in the community that excel at problem-solving. Having

this well-established system in place was a major advantage for the HPRP in

Lane County.

- **HPRP Excellent as Stimulus Program** — One interviewee remarked that, if

  nothing else, the HPRP worked as an excellent stimulus program because it

  quickly got money back out into the community. By giving rental assistance to

  low-income populations, the money was not put into a savings account, but

  was instead immediately spent. The HPRP highlighted the opportunity human

  services programs have to help the local economy.

PROGRAM CHALLENGES

The major challenge of timing and funding that the HPRP presented is discussed

in more detail in the following section on the program's relationship to long-term

homelessness solutions. However, other challenges of the program that were

discovered include the following:

- **Served Narrow Definition of Population** — Three interviewees described that

  it was sometimes a challenge to find clients that would fit into the HPRP

  definition of who could be served. The policy required that the clients be

  imminently homeless (or already homeless), but also have strong evidence that

with three months of rental assistance, they could establish stable housing.

One of the interviewees described that these two qualities are usually found

separately, so it was difficult at times fitting clients into the HPRP mold.

Another interviewee said that HPRP assistance served not so much as

prevention as it did intervention. Since the household has to be so far behind on

their rent that they are facing eviction, it makes the situation more difficult to

reverse than if the process had been started sooner. In another interview, a staff

member remarked that in some situations organizations had to turn away an

individual because they were not "homeless enough" and that they would only

become eligible at a later date and return for services once they were actually

homeless. Four interviewees remarked that the definition of who can be served

with HPRP funding should be expanded a bit and include some flexibility for

the case manager to make the call as to whether the household would be a good

fit for the program.

- **High Level of Paperwork and Reporting** — Without contest, the main

  concern interviewees voiced about the HPRP was the extraordinarily high level

  of paperwork and reporting that it required. All nine interviewees discussed this

  topic. Some of the word choices used to describe the level of required federal

  paperwork included bureaucratic, persnickety, ridiculous, absurd, exhausting,

  irritating, frustrating, heavy-handed and burdensome. Interviewees further

  described a fear that they were being watched particularly carefully for this

  program and that every dollar had to be correctly spent. One interviewee

  referred to inadvertently forgetting a piece of paperwork or documentation as "a

mini nightmare." Another interviewee remarked, "Heaven forbid a poor person should get a dollar that they haven't qualified for." Interviewees even discussed the complexity that the HPRP added to timesheets, with some employees having to report their time under 12 different categories. Five interviewees further discussed the problem with allowing only 5% of the HPRP funds to be spent on administrative operations. Organizations had to restructure and pull funding from other program areas in order to meet the administrative requirements of the HPRP. An interviewee stated, "If you are going to impose those requirements, you certainly should be willing to pay for them."

- **Difficult for Small Staffs** — In some cases, the implementation of the HPRP in certain geographic areas was being run by a sole staff member. These staff members were faced with completing all of the HPRP paperwork and case management, while also running three to four other housing programs. Two interviewees remarked on how difficult it was at times to keep up with all of it, each pointing to their stacks of paperwork waiting to be gone through and organized. One of them shared that they would occasionally have to come in on weekends just to catch up. Another interviewee said that at times the HPRP required 60-hour workweeks.

- **Staff Turnover** — Due to strict HPRP regulations, three interviewees commented on the difficulty caused by staff turnover. There was a steep learning curve and two interviewees described their training as consisting of one day spent with the outgoing person and then having the HPRP Manual handed to

them. Although they received support from others, they felt behind and
confused having not been a part of the initial planning process.

- **Unstructured Startup** — Four interviewees discussed the hectic rush to get the
program started. Two wished that HUD had provided a bit more initial guidance
beyond the HUD HPRP Notice. The most confusing part for the four
interviewees was that after all of the work had been done to structure the
program, more and more information from HUD kept coming out and changes
were being made frequently. At times, it was difficult to keep track of what the
current requirements were. One interviewee described situations where clients
would be told that they could be served, but then within hours of that, HUD
would post new information that would cause the organization to no longer be
able to serve that particular client. It was confusing to have requirements
constantly changing in the beginning and interviewees recommended having
more of the programmatic pieces of the policy set up earlier in the process.

- **Geographic Diversity** — Two interviewees made remarks on the challenge
they faced with Lane County being such a large geographic area. Regions, such
as Cottage Grove and Florence, are farther from the HSC headquarters, making
it more difficult to make it to county meetings and trainings. One suggested that
better communication was needed for the more rural county areas of the HPRP,
such as setting up webinars or other ways for agencies farther away from the
HSC to still be involved. Another interviewee remarked that it is difficult to
travel that far for meetings when operations still need to be run at the
organization. However, the HSC did report that it offers conference calling

through a speakerphone during HPRP meetings at the request of the rural agencies.

Another geographic challenge that surfaced during interviews was the differing cultures and economies of the more rural Lane County regions. One example was that of Florence. As a coastal town, Florence has a seasonal economy that varies greatly from the rest of Lane County. The culture of the area is also different. It is a challenge for Lane County to be able to fully integrate an area like Florence into a blanket plan. Geographical variances of the county must be taken into consideration when evaluating the efficacy of human services.

- **Pressure to Spend Money Quickly, But Well** — Three interviewees made remarks on the pressure HUD's spending goals for the HPRP put on local government. There were stringent requirements on setting the program up properly and spending the money correctly, but it was sometimes hard to balance doing that with spending it as quickly as HUD was asking. Nationally, as of March 28, 2011, 20% of HPRP grant recipients had a projected gap in meeting HUD's two-year 60% expenditure deadline (U.S. Department of Housing and Urban Development, 2011). Although Lane County is on track to not only meet the two-year 60% expenditure deadline, but to also expend the entirety of its grant by the end of its fiscal year in June, those interviewed remarked that one of the things they would change if the HPRP were to be done again would be to have more reasonable expectations around expenditure.

PROGRAM DATA

Below is a summary of the quantitative data recorded on HPRP activities in Lane County (Lane County Human Services Commission, 2010e; Lane County Human Services Commission, 2010f). This information comes solely from the Lane County Human Services Commission (HSC), after an analysis of the data submitted to the ARRA Recovery.gov website proved to be difficult to understand and less meaningful than the HSC's internal documents. Interviews with appropriate officials at the local and federal levels confirmed these findings, stating that the HPRP data is fit into the same Recovery.gov reporting standards as all of the other ARRA programs. These standards focus heavily on the number of jobs created and federal dollars spent, so do not show the true impact the program has had in housing. Although information on the HPRP can be obtained locally, it was noted that the federal government's attempt to make the information easily accessible to the mainstream public was ineffective.

HPRP Individuals and Households Served
Summary from September 1, 2009 to April 1, 2011

	Prevention		Rapid Re-Housing		Total	
	Individuals	Households	Individuals	Households	Individuals	Households
Lane County Grant	569	196	121	52	688*	246*
City of Eugene Grant	229	101	128	59	357	160
Total	798	297	249	111	1045*	406*

*Numbers are reported according to HSC submitted reports. Upon inquiry concerning the small difference between the county grant totals and their prevention and rapid re-housing counterparts, data was confirmed as "vetted and accepted by the City, State and Federal" levels; reporting anomalies would be reconciled at the grant's end.

As of April 1, 2011, the HPRP had assisted 1,045 individuals from a total of 406 households with their housing needs in Lane County, Oregon since September 1, 2009. Individuals served through the program's prevention side accounted for roughly 76% of the total population served. Through interviews, several government and social services staff members remarked that the initial belief was that most communities would spend the money fifty-fifty, with half going to prevention activities and half going towards rapid re-housing. However, Lane County mirrored national trends where the program shifted over time to serving more households with prevention. While some mentioned that this was due to how the federal government defined homelessness, others remarked that prevention activities proved to be more effective and in high demand. Theoretically, without the implementation of the HPRP, 798 Lane County individuals would have become homeless.

HPRP Individuals and Households by Services Received
Combination Summary of Both County and City Grants
from September 1, 2009 to April 1, 2011

	Prevention		Rapid Re-Housing		Total	
	Individuals	Households	Individuals	Households	Individuals	Households
Case Management	787	294	235	105	1020*^	397*^
Outreach and Engagement	182	63	73	27	255	90
Housing Search and Placement	17	5	5	3	22	8
Legal Services	7	2	5	1	12	3
Credit Repair	144	50	73	24	217	74
Unduplicated Totals Receiving Service	790	295	235	105	1023*	398*

*Numbers are reported as stated on HSC official reports. The small difference between the totals and their prevention and rapid re-housing counterparts is explained in the asterisks beneath the "HPRP Individuals and Households Served Summary as of April 1, 2011" data table previously presented.

^ These reports have all been vetted and accepted by the City, State and Federal levels. Case managers have 72 hours to enter data. Clients carry over from one quarter to another. While there are cut off dates every quarter for the report, clients are not exited on those cut off dates and may be represented in multiple quarters. A household may be exited in the first week of a quarter, having received no services in that quarter. The case management for that month may have occurred in the prior quarter. Conversely, a client may have been enrolled in the program at the end of the quarter and had not yet received case management or other services when the report was run. The HSC applies rigorous data quality standards and is confident that at the end of the two-year grant report, what may be perceived as apparent reporting anomalies will be reconciled.

Clients served financially by the HPRP additionally received case management to support them in meeting their housing goals. Additional services were provided to clients based on their specific needs. These services worked to ensure the success of clients in the program in gaining stable housing.

HPRP Individuals and Households Financial Assistance Received
Combination Summary of Both County and City Grants
from September 1, 2009 to April 1, 2011

	Prevention		Rapid Re-Housing		Total	
	Individuals	Households	Individuals	Households	Individuals	Households
Rental Assistance	732	272	178	80	908*	350*
Security and Utility Deposits	204	78	189	86	391*	162*
Utility Payments	101	36	18	11	119	47
Moving Cost Assistance	14	7	27	10	41	17
Motel and Hotel Vouchers	0	0	15	7	15	7
Unduplicated Totals Receiving Financial Assistance	781	291	210	96	989*	385*

*Numbers are reported as stated on HSC official reports. The small difference between the totals and their prevention and rapid re-housing counterparts is explained in the asterisks beneath the "HPRP Individuals and Households Served Summary as of April 1, 2011" data table previously presented.

The bulk of financial assistance provided to HPRP clients consisted primarily of rental assistance, followed by security and utility deposits. These categories are often the largest barriers for low-income households working to secure stable housing, as move-in costs require hundreds of extra dollars for expenses such as application fees, deposits, and first and last month's rent. The HPRP met the need these housing barriers presented for those people it served.

Housing Outcomes of Persons Served
Combination Summary of Both County and City Grants from September 1, 2009 to April 1, 2011

Destination	Prevention		Rapid Re-Housing	
	Number of Persons	% of total	Number of Persons	% of total
Permanent Destinations				
Permanent supportive housing for formerly homeless persons	2	0.3%	0	0%
Rental by client, no housing subsidy	506	81%	109	56%
Rental by client, VASH housing subsidy	20	3%	15	8%
Rental by client, other (non-VASH) housing subsidy	54	9%	23	12%
Owned by client, no housing subsidy	6	1%	0	0%
Total persons leaving for permanent destinations	583	93%	147	75%
Temporary Destinations				
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	1	0.1%	8	4%
Staying or living with family, temporary tenure	13	2%	3	2%
Staying or living with friend, temporary tenure	7	1%	1	0.5%
Place not meant for human habitation	0	0%	6	3%
Total persons leaving for temporary destinations	21	3%	18	9%
Institutional Destinations				
Substance abuse treatment facility or detox center	1	0.1%	0	0%
Jail, prison, or juvenile detention facility	1	0.1%	0	0%
Foster care home or foster care group home	1	0.1%	0	0%
Total persons leaving for institutional destinations	3	0.5%	0	0%
Other Destinations				
Other	4	0.6%	3	2%
Don't know/refused	19	3%	27	14%
Total persons leaving for other destinations	23	4%	30	15%
Total				
Total persons who left the program	627	100%	195	100%

Of those clients who exited the HPRP by April 1, 2011, 93% of prevention program participants were leaving for permanent housing destinations, while 75% of rapid re-housing program participants achieved permanent housing. Combined, 89% of clients served with the HPRP exited into permanent housing destinations upon completion of their case management. The national goal for participants achieving stable housing through the program was set at 70%, nearly 20% lower than what Lane County was able to achieve with its funding thus far. This data shows the effectiveness of short-term housing subsidies in creating stable housing solutions for participants in Lane County.

In addition to the data received from the Lane County HSC, data was also obtained at the HSC's Community Action and Advisory Committee (CAAC) meetings and through research interviews. During the February 17, 2011 meeting of the CAAC, a representative from ShelterCare shared during a panel presentation that the organization was spending an average of $2,000 or less to stabilize housing for its HPRP clients. In contrast, in one research interview, the interviewee estimated that their organization was probably spending around $3,500 per household to achieve stabilization. In addition, the interviewee shared that clients were typically in the program for four to five months.

Additional quantitative program data related to the characteristics and county locations of HPRP clients can be found in Appendix VI.

RELATIONSHIP TO LONG-TERM HOMELESSNESS SOLUTIONS:

Through analyzing transcriptions of interviews done with HPRP staff, main themes were identified that related to the extent to which the HPRP is building long-term, sustainable solutions to homelessness in Lane County. Interviewees were directly asked their opinion on this topic, but spoke towards the issue through other questions asked as well. Several themes were recurring at all levels of program leadership. Data fell into two categories, that supporting the HPRP's relationship to long-term, sustainable solutions to homelessness and that not supporting this relationship. Specific findings were also supported through document review and outside research.

Overall, five out of nine participants interviewed remarked that the HPRP has built long-term, sustainable solutions to homelessness. Two did not believe the policy had much of a long-term impact and the remaining two were undecided, but tended to share information that supported the establishment of long-term solutions.

Affirmative: The following themes supported the question of whether or not the HPRP has created long-term, sustainable solutions to homelessness.

1. One of the most frequent responses to how the HPRP has contributed to long-term solutions to homelessness was that its implementation created a mass movement towards using Housing First and housing stabilization strategies to reduce homelessness. In particular, the HPRP brought support for homelessness prevention programs to the forefront. Eight of those interviewed remarked that there has never been this much money focused on homelessness prevention services before and that this money truly met a community need. One

organization shared that they have been managing a waiting list for emergency shelter since 1985 and that 25-30% of those who call in are still in their homes. The HPRP gave them a chance to address the needs of those people before they really needed the emergency shelter. One interviewee said the program has had many success stories and proves that short-term rental assistance can get someone back into a stable living situation. Five interviewees also mentioned the significant cost savings associated with Housing First and housing stabilization approaches. The same amount of money spent on keeping someone in their housing would not cover all of the capital and human resources costs of instead putting them in an emergency shelter. In addition to better cost outcomes, four interviewees discussed the personal advantages to these approaches, stating that placing a family in permanent housing creates a more secure and nurturing environment than a shelter situation.

This move towards prevention and rapid re-housing homelessness programming can be seen in the most recent HSC Request for Proposals process (RFP). Three interviewees talked about the shift of county funds away from emergency services programs and towards programs that increase self-reliance and build safer communities. Emergency services programs were awarded a total of $1,623,175 for the upcoming year, whereas programs supporting self-reliance and safer communities were awarded $2,375,823. Two interviewees remarked that although this takes away from needed emergency services, it forces an important community shift towards best practices. Although ShelterCare, a Eugene nonprofit organization, did not receive any county

funding in the upcoming year for its 17 emergency shelter units, it did receive

funding for a homelessness prevention program proposal similar to the current

HPRP.[7] In addition to changes in how the county is directing funding, one

interviewee shared that the cities of Eugene and Springfield are hoping to start a

security deposits program in the next year. This fund will help individuals and

families overcome the cost burden of entering housing, increasing their chances

of stabilizing their housing situation. This idea was created in part because of

the success of the HPRP and in part because of the reduced resources coming

from the federal, state, and local levels.

Five interviewees also discussed the HPRP initiating changes towards

best practices at the federal level in addition to the local level. Each of them

mentioned the recent Homeless Emergency Assistance and Rapid Transition to

Housing (HEARTH) Act as an example of this. The HEARTH Act is legislation

related to the McKinney-Vento Act, which provides homelessness service funds

nationally. The HEARTH Act uses language similar to that of the HPRP and

adds changes to many of HUD's homeless assistance programs. One change is

an emphasis on prevention and rapid re-housing services, especially for families.

The old Emergency Shelter Grant was renamed the Emergency Solutions Grants

(ESG) to show its shift to funding stabilization services, as well as the original

emergency shelters. Forty percent of its funds must now be dedicated to

prevention and rapid re-housing. The HEARTH Act also expands the definition

of homelessness. This allows communities to use ESG funds for populations

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[7] A copy of the HSC's most recent RFP allocations can be found in Appendix VII.

that do not meet HUD's definition, but do meet other federal definitions, such as the public school definition, which is much more inclusive. A final change that the HEARTH Act makes is one that was discussed by one of the interviewees. The HEARTH Act provides incentives for communities to use best practices that are known to end homelessness, such as prevention and rapid re-housing. Further, high performing communities that show reductions in homelessness through their data collection will be able to use as much of their funding as they want for prevention and rapid re-housing activities (National Alliance to End Homelessness, 2009). One interviewee mentioned that this federal change from funding being block granted to being based on performance is an important long-term solution. It forces communities to keep good data and to truly work on programs that end homelessness. The interviewee did admit, however, that it is also hard to implement this kind of systems change when everyone is already so busy.

Another new federal program mentioned by an interviewee was the Supportive Services for Veteran Families (SSVF) Program. This program focuses on prevention and re-housing services for low-income or homeless veteran families and requires many of the same procedures as the HPRP (Department of Veteran Affairs, 2010). The interviewee mentioned that this program not only shows the national movement towards best practices, but also said that this program will be effective in communities where HPRP systems are already set up. The HPRP allowed communities to put together long-term,

collaborative systems that will help them with implementing these future

federal programs.

2. A second sustainable aspect of the HPRP is the reported heightened

   collaboration and establishment of important relationships throughout the

   community. Six interviewees discussed the positive relationships between the

   different nonprofits operating the HPRP, as well as with the HSC. Systems

   were set up where service providers and HSC staff people could ask questions

   and share information on how the program was working. Three interviewees

   mentioned that there was always someone to help when needed. In addition,

   two interviewees commented on the heightened sense of collaboration the HPRP

   established between local, state, and federal governments. One of the

   interviewees went on to say that innovation now seems to be occurring at all

   government levels instead of just at the local level or just at the federal level.

   HUD established a HPRP specific page on its online Homelessness Resource

   Exchange website that was updated frequently with important HPRP

   information and allowed communities to be able to their submit questions to the

   federal level (U.S. Department of Housing and Urban Development, n.d.c).

   In addition to increased government collaboration, three interviewees

   also commented on the HPRP's assistance in establishing referral systems for

   other homeless services throughout the community. Since the HPRP did not

   cover some important services, such as substance abuse or mental health

   counseling, communities had to set up referral systems between organizations in

order to make sure that the full needs of clients were met. By collaborating

services, organizations were able to provide a wider spectrum of care. These

referral systems will be important for future programs as well.

A final relationship that was established through the HPRP was between

nonprofits implementing the HPRP and local landlords. One interviewee said

these relationships will be important in the future because there is now a trust

between the organization and the landlords that the organization will follow

through on its financial commitments. The interviewee stated, "They'll know

that we can and we will be serving this family and that we are not just going to

abandon them." The organizations also have an easier time negotiating with

landlords because of these established relationships.

3. Another sustainable solutions aspect of the HPRP program is the lessons learned

in case management. Many interviewees cited lessons learned throughout the

HPRP case management process that can be implemented to future programs to

improve efficacy. Four interviewees remarked on the important lesson the

HPRP taught on deciding who is a good fit for the program. Since there were

limited funds and the goal was for clients to be able to maintain their housing

post-assistance, caseworkers had to seriously consider who would be a good fit

for this program and who would be better helped through something else.

Although interviewees remarked that they wanted to help everyone, they

acknowledged that the HPRP forced them to decide who could be successful

through this program and understand why. It also allowed them to hold clients

more accountable, giving them an incentive to gain self-sufficiency. When working with limited funds, this becomes an important topic.

The HPRP self-sufficiency planning was also discussed by three interviewees as an important experience and something that will assist in ending future homelessness. One called it the "backbone" of the HPRP and another discussed its importance to the program by saying that clients were receiving much more than just rental assistance through their case management.

One interviewee shared how the implementation of HPRP case management sparked innovation in the organization's overall processes. It improved client intake procedures and organizational collaboration. Further, through case management, the interviewee was able to learn that due to a particular area's nontraditional, seasonal economy, the standard budget sheet was not as meaningful to clients. The interviewee was able to create a new budget-planning sheet for the program that better reflected the area's fluctuating economy. The new budget sheet can be used for future programs as well.

4. A final example of the HPRP building on long-term solutions to homelessness in Lane County is the acquired program data on community impacts. Four interviewees discussed the importance of collecting good data on the HPRP and how it will help end homelessness in the future. The first topic discussed was the ability to use the data for fundraising. Community members want to give to programs that have records of decreasing homelessness. Further, the data, paired with a program that has a clear sense of direction like the HPRP, shows

donors that their money is "not just being thrown to anyone coming in the door," as one interviewee stated. The HPRP helped establish an effective system, backed up by data, which can be shared with community supporters.

The other reason the HPRP data collection builds long-term solutions to homelessness in Lane County relates to the previous discussion on the federal government changing its funding process to a performance-based system. One interviewee said that the HPRP data collection experience has prepared Lane County for future data collection that will ensure continued federal funds for ending homelessness.

Opposition: The following themes emerged in opposition to the idea that the HPRP has created long-term, sustainable solutions to homelessness.

1. Four of nine interviewees made remarks that success of the program was not an issue of having a good policy, but rather of the clients' willingness to succeed in the program. One interviewee remarked that the program does not have enough client accountability to be sustainable, going on to remark that the HPRP centers on having a self-sufficiency plan, but that clients are not held to their goals. Another interviewee echoed this feeling, describing a sense of entitlement several clients had when receiving program funding. The interviewed HPRP staff member remarked, "I've seen some success from the program, but I wouldn't say a lot. It's not because of how the program is structured. It's the clients' willingness to really improve themselves."

Another issue was for areas that have a high population of methamphetamine users; this becomes a barrier for clients to be able to succeed, as there are not enough substance abuse programs to get these individuals in a position where they are concurrently able to think about stable housing options.

2. The second theme suggesting that the HPRP falls short of creating sustainable change in homelessness solutions centers on the issue of funding and timing. All nine participants interviewed discussed, to an extent, their concern that the HPRP was insufficient to address the severity of the economic problem. Interviewees commented that they hoped that the recession would be over by the time the HPRP funds ran out, but that in the housing sector, this is not the case. Participants remarked that the funding is ending before the situation has gotten better and before a safety net has been created for many households. Participants remarked on this as "tragic" and a "real concern." Lane County began its HPRP services in October 2009 and will finish on June 30, 2011. This means that even though the HPRP was set up with the possibility to be a three-year program, Lane County chose to use its full funding for two years of programming rather than three. Five interviewees expressed irritation with how much work the program took to start up and how quickly it will now be over. One interviewee remarked, "I am concerned with, I mean, it's a no brainer, but I'm concerned with the fact that the dollars are going away. It's ridiculous. We put together an infrastructure, we put together a system that really works, and certainly the need in Lane County and in Oregon hasn't gone away and I don't

think it has anywhere nationally really and that concerns me." Although there is concern over the funding ending, it was also reported that local nonprofit agencies often rely on funding sources that run for one to two years, so this is not unusual.

In addition to the end of this program, participants frequently discussed other upcoming budget cuts. Not only will the HPRP funds be gone starting July 1, 2011, but the HSC is also facing million dollar cuts in its other federal, state, and local funding sources, while nonprofit agencies experience reductions in funding from the local United Way. The March 24, 2011 CAAC meeting discussed these budget cuts. The committee reported that for fiscal year 2012, President Obama's budget request would cut the Community Services Block Grant and Low-Income Home Energy Assistance Program by 50%, the Community Development Block Grant by 7.5%, and would eliminate the Weatherization Assistance Program. The CAAC emphasized that these three funding sources are at the core of human services in Lane County. These federal grants currently fund eleven human services programs in the Lane County area (Community Action Advisory Committee, 2011a). Interviewees remarked that these cuts end up putting them back into the position they were in before the HPRP funding was received. During a February 17, 2011 meeting of the CAAC, a panel of six representatives from local homelessness nonprofits discussed the future of homelessness programming post-budget cuts. The representative from Catholic Community Services said of the participants in the HPRP that, "Yes, these people would have been homeless without this money."

Representatives from ShelterCare echoed this sentiment by describing how people coming in for HPRP services were of a different population than the usual. There were a large number of people who had never used services like this before and they feared what would happen to these people once prevention funding was cut. A representative from St. Vincent DePaul noted that this was because the poverty level was rising to higher groups and said in terms of funding, "It's time to get creative" (Community Action Advisory Committee, 2011b). One research interviewee referred to the situation of the HPRP ending and of other budget cuts coming as "depressing." Agencies will be unable to serve as many people, while also struggling to maintain their staff levels. One organization reported that they had already had to cut their staff size in half, with most employees now working part-time. Another interviewee remarked that one Lane County community that currently serves 727 people in a utilities assistance program would only be able to serve roughly 400 people in the upcoming fiscal year due to extreme budget cuts.

One interviewee, who believed that overall the HPRP was not building on long-term solutions for homelessness, remarked that long-term solutions are not about good policies, but that they are strictly matters of funding. The interviewee went on to explain that regardless of whether or not communities are able to learn best practices from programs like the HPRP, it will not matter unless there is an ongoing funding source. The participant stated, "I think you need, absolutely, a sustained, long-term, substantial funding stream to address a problem at this magnitude and it's a huge problem and it's growing."

3. Two interviewees remarked on the positive aspect of more funding going toward prevention programs, but also said that it is coming at the expense of emergency services. Since some emergency services in Lane County received reduced or no funding for the upcoming year, there are concerns that this will create a larger homelessness problem. Interviewees describe that although Housing First options are preferred, programs probably still need to be implementing both.

4. The final argument suggesting that the HPRP is not effectively building long-term solutions to homelessness in Lane County is that the program was not new to the area. Two interviewees remarked that Lane County had already been doing prevention services and that the only difference with this program was that it came with a large influx of money that allowed them to serve more people. One of these interviewees said that the City of Eugene had already been putting aside $50,000 per year for a program that was exactly the same except for all of the federal requirements. The interviewee went on to say that the program was just as effective and accountable and that the only difference was the amount of financial support. The interviewee's opinion was that the HPRP did not provide anything particularly new to the area's efforts to end homelessness.

A period of public comment at the end of the HPRP will allow HUD to see which parts of the program communities liked and did not like in order to improve

future policies. The opinions of Lane County were diverse, praising some aspects of

the program, while expressing frustration about others. It is important to evaluate both

the highlights and the challenges of the program when determining whether or not the

policy has built long-term, sustainable solutions to homelessness.

DISCUSSION

The results of the HPRP building long-term, sustainable solutions to homelessness in Lane County can best be summarized by a quote from one interviewee, who said, "I wish I could say it was 100% — I can't, but I can say that I have seen some things that have made me smile, and that's encouraging." Although pieces of the policy have been of concern, the HPRP has overall shifted organizational thinking towards more sustainable practices that show true promise of ending homelessness. It has made homelessness prevention programming a feasible reality for many communities. In a sense, it has forced a nationwide change in how to address the homelessness epidemic.

A few interviewees remarked that it was refreshing to see the federal level catching up with the level of innovation often seen at the local level. They were pleased to see best practices, such as prevention and rapid re-housing efforts, being implemented and becoming more of a federal funding focus. The federal Emergency Solutions Grant Fund (ESG), formerly the Emergency Shelter Grant Program, provides an example of this adapting focus. To an extent, the ESG will use the HPRP model and become an institutionalized form of this ARRA program. Although the new focus de-emphasizes funding prioritization for emergency shelter and services programs, the majority of interviewees see the sacrifice as a good direction for the future. The HPRP seems to have shown that a short-term program can certainly plant the seed for long-term, sustainable solutions to homelessness, but that in order for it to become anything more than just a short-term program, the concept must be advanced. The HPRP shifted

national thinking on how to address homelessness, but it is going to take a commitment from all levels in order to bring the desired result of ending homelessness to fruition.

The federal government will need to take the concerns of HPRP communities into consideration when planning similar policies for the future. The continuous effort to work out the kinks of the program and to establish reasonable reporting requirements for organizations is vital to the future success of prevention and rapid re-housing programs. In addition, it is up to communities to continue to build upon their collaborative efforts and emphasis on best practices to ensure that community members in need are obtaining a full circle of care. Through efficient collaboration, organizations can stabilize housing for low-income and homeless people. Lane County has shown this to be true.

However, perhaps the main obstacle facing the continued nourishment of this new way of social service thinking is the unreliability of a sustainable funding source. The most dreaded interview question during the research process seemed to be, "What happens next?" This was not because organizations did not have plans for future activities, but rather because organizations were being placed in a position where funding sources were getting smaller as budget cuts hit harder. The end of the HPRP, coupled with severe cuts to other local housing programs, unfortunately has the potential to place the work to end homelessness in a state of stasis. Work will still be done, but the support may not be enough to make a lasting dent. The HPRP put all of the structures in place for the potential to continue on an effective prevention and rapid re-housing program to reverse the homeless trend. The HPRP did, in fact, build long-

term, sustainable solutions to ending homelessness, but it did not come with a long-term, sustainable funding stream to end homelessness. With the structures in place and the passion of communities running high, the question of, "What happens next?" still despairingly looms.

The upside for Lane County is that its homeless services sector has proven through the HPRP process that it is a sophisticated and experienced network capable of problem-solving difficult situations. As discussed in the Literature Review section of this paper, HUD published seven case studies of communities using the HPRP in ways that were innovative and promoted local systems change. The case studies analyzed the communities through five common key factors, which included the following: Inclusive governance and centralized program oversight, commitment of cross-sector and governmental leadership to systems transformation, alignment of organizational philosophies, innovative use of local impact data, and service coordination and standardization. Lane County's use of the HPRP compared favorably to HUD's case studies and could be used as an example. A summary of Lane County's work in the outline of HUD's case studies is as follows:

- *Inclusive governance and centralized program oversight*: An HPRP coordinator was centralized and available at the HSC headquarters. The HSC was supportive of sub-grantees through all stages of the program and was the main source for answers on specific program questions. The HSC works diligently to identify all possible funding sources and how to use them complementarily in order to maximize services. The HSC further includes the community in its

work through the facilitation of CAAC meetings that educate stakeholders on current issues.

- *Commitment of cross-sector and governmental leadership to systems change*: Lane County integrated its HPRP resources well with the community's other resources to work on preventing and ending homelessness. The community showed its commitment to systems change through its RFP process for the 2012 county year. Funds were offered competitively and a movement was made towards supporting programs aimed at prevention and rapid re-housing, rather than emergency services.

- *Alignment of organizational philosophies*: Lane County understands the importance of housing stabilization and Housing First philosophies and has used the HPRP to learn lessons on the implementation of these methods on a larger scale than they were initially able to do them. Sub-grantees are well educated and trained on the advantages of these methods. For the 2011-2012 county year, an increased emphasis has been put on these methods and funding has gone to organizations with these program types. In addition, the cities of Eugene and Springfield are hoping to begin a security deposit program for next year to address some of the need that will no longer be met by the HPRP.

- *Innovative use of local impact data*: The HSC has gone beyond required data reporting to gather meaningful information on the program's success and which specific populations it served. Several staff working with the HPRP noted that the information collected will be useful in raising community awareness on

current housing needs, as well as for showing potential donors an effective cause they can put their money towards.

- *Service coordination and standardization*: By centralizing the City of Eugene's HPRP grant with Lane County's HPRP grant at the HSC, a community-wide program was able to be developed that offered similar services no matter where in the community a client lived. Funding was then distributed to four sub-grantees that were established nonprofits in their geographic area. Sub-grantees could easily contact each other and collaborate with the HSC to ensure program goals were being met.

Nationally, the data collected through the HPRP by the conclusion of the grant will cause some heads to turn. The HPRP has established a solid case for prevention and rapid re-housing programs through its portfolio of personal success stories and the sheer number of households stabilized. The HPRP supports the goals of Oregon's Ten-Year Plan to End Homelessness by giving leverage to its focus on best practices. The HPRP contributed both directly and indirectly to all six of the Plan's goals. Specifically, it spoke towards the first goal to "prevent and divert people from becoming homeless by working with them to obtain and keep their housing," but it also worked to put other goals, such as "improve data collection technology and methodology to better account for homeless program outcomes," into action (Ending Homelessness Advisory Council, 2008, p. 45). Lane County's participation in the HPRP will serve as a desirable example for other areas in the state.

CONCLUSION

After nine interviews with HPRP staff at the local, state, and federal levels, the highlights and challenges of the HPRP were presented. While highlights focused on positive collaborative efforts and forward changes in organizational thinking, challenges centered on burdensome reporting requirements and struggles with a lack of funding and time. Information obtained in interviews was also supported by HSC quantitative data, CAAC public meetings, and comparisons to published documents on the HPRP.

Overall, an analysis of the information concluded that the HPRP has helped to build long-term, sustainable solutions to homelessness in both Lane County and nationally. In terms of client sustainability, the program used effective case management strategies to establish client self-sufficiency, decreasing the chances of a return to homelessness. Program sustainability was met by shifts in organizational thinking that can be applied to future programs. This included relationships built in the community and innovative changes to case management forms. Funding sustainability is not as strong for the HPRP as client and program sustainability are, but to an extent, funding will continue for these types of programs. The funding will be significantly less, but homelessness prevention activities are now a federal funding focus.

Despite its limitations as a short-term, stimulus program, the HPRP was still able to establish sustainable solutions to homelessness in Lane County. However, in the long run, it will require an honest commitment to what the program has started in order to make it more than just a short-term stimulus program. To continue the HPRP lessons learned into the future, all government levels and invested community organizations

must commit to a collaborative effort. Further, a substantial funding source must be identified to support these efforts. It is important to note that the HPRP was not leveraged to create anything that could continue without the HPRP funding.

Although this research was able to reach a conclusion, the work here does suffer from limitations. The first limitation was the number of individuals interviewed. Although the nine interviewed represented a diverse range of geographic areas, levels of government, and relationships to the policy, the opportunity to speak to more individuals might have altered the findings here. Another limitation was the inability to speak with clients enrolled in the program. Speaking to individuals actually receiving the HPRP services may have presented an interesting angle that could uncover further ways to improve the policy. It also would have provided an anecdotal component to the research. Beyond interview limitations, another limitation was that the research is ending before the grant is over. Since research was done while the grant was still in progress, program data and details were constantly changing. Since the HPRP is a rather in-depth and complicated grant, looking at it before it is a finished product requires a detailed understanding of its intricacies and training in the complexity of its reporting requirements. Since research was done without this type of training and before finalized reports had been published, some data of interest may have been overlooked, while other more trivial aspects were initially mistaken as significant. A final limitation of this research also relates to the fact that the grant is still in progress. This research lacks a follow-up study to see whether households remained stabilized for substantial amounts of time after HPRP assistance and to see whether lessons learned from the policy were effectively being implemented into future planning.

Throughout this research, interviewees emphasized the stress this policy had placed on them and their small staffs. They discussed the difficulties of the heavy reporting requirements. They expressed frustration over the fact that the funding would be going away. However, each of them followed up their critiques with a statement of extreme gratitude for the program. Through the HPRP, Lane County was able to provide housing services to over 1,000 individuals, while working to improve systems community-wide. The HPRP helped to promote positive systems change and, with a commitment, will build long-term, sustainable solutions to homelessness in Lane County and across the nation.

APPENDICES

APPENDIX I: Acronym Guide

      These acronyms are used throughout the paper. This guide is provided for the

reader's reference and convenience.

AMI: Area Median Income

ARRA: American Recovery and Reinvestment Act

CAAC: Community Action Advisory Committee

ESG: Emergency Solutions Grant (formerly Emergency Shelter Grant)

HEARTH: Homeless Emergency Assistance and Rapid Transition to Housing Act

HPRP: Homelessness Prevention and Rapid Re-Housing Program

HRCs: Housing Resource Centers

HSC: Lane County Human Services Commission

HUD: U.S. Department of Housing and Urban Development

OHCS: Oregon Housing and Community Services

OPHS: Office for Protection of Human Subjects

PHC: Project Homeless Connect for Lane County

PSP: Participant Service Plan

RFP: Request for Proposals

SSVF: Supportive Services for Veteran Families Program

TANF: Temporary Assistance for Needy Families

VASH: Veteran Affairs Supportive Housing

APPENDIX II: 2009 Poverty Characteristics of Lane County

Lane County

Population

2009 Total Population	351,109
# change from 2000	27,604
% change from 2000	8.5%

Poverty by Age - 2005-9

- Children younger than 18 — 7%
- People 18-64 — 73%
- People 65 and older — 20%

Population by Age - 2005-9

- Children younger than 18 — 14%
- People 18-64 — 66%
- People 65 and older — 20%

Community Action Agency

Lane County Human Services Commission
125 E 8th Avenue
Eugene, OR
97401
541-682-3798
Fax (541) 682-3760
www.lanecounty.org/hsc
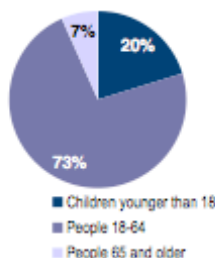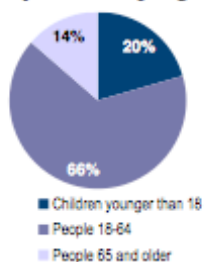
Poverty Rates

		Lane County	Oregon	United States
2009	Number in Poverty	58,935	536,813	42,868,163
	Percent in Poverty	17.2%	14.3%	14.3%

Unemployment Rates

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Lane	5.4	6.8	7.1	8	7.3	6.2	5.4	5.2	6.7	11.9
Oregon	5.1	6.4	7.6	8.1	7.3	6.2	5.3	5.1	6.5	11.1
United States	4	4.7	5.8	6	5.5	5.1	4.6	4.6	5.8	9.3
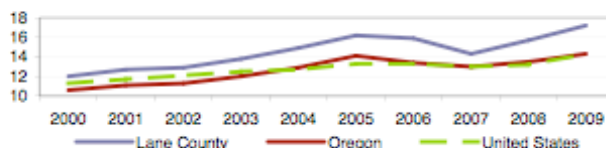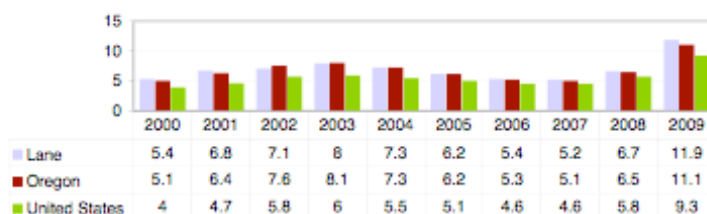
Poverty Population Characteristics

Poverty Rates by Age 2005-9	% in Poverty	% of People in Poverty	% of all Population
Total Population	16%	-	-
Children younger than 18	16%	20%	20%
People 18-64	18%	73%	66%
People 65 and older	8%	7%	14%
Poverty Rates by Family 2005-9	% in Poverty	% of Families in Poverty	% of all Families
All Families	9%	-	-
Families with children under 18	14%	69%	45%
Single women with children under 18	37%	42%	11%
Families that worked full or part time	7%	56%	73%
Poverty Rates by Race/Ethnicity 2005-9	% in Poverty	% of People in Poverty	% of all Population
Total Population	16%	-	-
White	15%	85%	90%
Black	19%	1%	1%
American Indian	23%	2%	1%
Asian	28%	5%	3%
Pacific Islander	20%	0%	0%
Other	27%	3%	2%
2 or more races	20%	4%	3%
Hispanic origin	26%	10%	6%

Homeless Count

2010	
Total Homeless Households	2,387
Total Homeless Population	3,467
in Emergency Shelter	472
in Transitional Housing	492
Turnaway & Street Count	2,503
Chronically Homeless Population	1,084
Children (under 18)	893
Households with Children	1,451
Length of Homelessness (months):	
Average	16.8
0-11 yrs	2.2
12-17 yrs	2.1
18-69	27.4
70+ yrs	55.1

How We Help

Lane County Services	2000	2005	2006	2007	2008	2009
New units created with OHCS funding	78	375	124	153	120	97
OHCS funding for affordable housing	$1,866,873	$14,960,209	$12,435,717	$10,193,407	$3,887,231	$6,815,302
Low-Income Single Family Loans-#	82	82	49	49	69	15
Low-Income Single Family Loans-$s	$6,878,321	$9,492,774	$6,577,934	$7,572,613	$11,181,062	$2,050,398
Households receiving energy assistance-#	3,946	5,335	5,306	5,383	7,111	11,231
Disconnects Prevented-#	235	1,283	1,388	1,508	1,904	3,380
Restored Utility-#	646	96	78	69	51	113
Household income for energy assist-avg $	$9,556	$11,894	$12,370	$12,667	$13,024	$13,972
Oregon Health Plan enrollment-%	12%	11%	11%	11%	11%	12%
Students eligible for free/reduced lunch-#	15,664	19,141	19,040	19,411	19,888	22,268
Students eligible free/reduced lunch-%	33%	40%	41%	41%	43%	49%
Population receiving Food Stamps-%	--	20%	19%	19%	21%	25%
Population receiving TANF-%	--	2%	2%	2%	3%	3%

Household Income and Housing Burden

2005-9 Household Incomes	Lane County	Oregon	United States
Median Household Income	$42,852	$49,033	$51,425
Owner Median Household Income	$56,526	$62,812	$64,338
Renter Median Household Income	$25,629	$30,139	$31,258
Total Households	139,593	1,464,196	112,611,029
Renters percent income spent on housing	33%	30%	30%
Owners percent income spent on housing	22%	23%	21%
Extremely Low Income (30% of Median Household Income)	$12,856	$14,710	$15,428
# Households	19,278	185,031	15,021,978
# Burdened Households	14,477	141,498	10,961,280
% Burdened	75%	76%	73%
Very Low Income (50% of Median Household Income)	$21,426	$24,517	$25,713
# Households	15,248	163,496	12,543,141
# Burdened Households	11,061	110,028	7,784,842
% Burdened	73%	67%	62%
Low Income (80% of Median Household Income)	$34,282	$39,226	$41,140
# Households	22,215	237,315	17,803,068
# Burdened Households	12,262	121,806	8,369,205
% Burdened	55%	51%	47%
Workforce (120% of Median Household Income)	$51,422	$58,840	$61,710
# Households	24,057	261,753	19,349,893
# Burdened Households	8,941	84,768	5,737,172
% Burdened	37%	32%	30%

2010 Poverty Income Guideline

1 person	$10,830
2 person	$14,570
3 person	$18,310
4 person	$22,050
5 person	$25,790
6 person	$29,530
7 person	$33,270
8 person	$37,010

2010 Fair Market Rents

studio	$499
1 bedroom	$605
2 bedroom	$766
3 bedroom	$1,072
4 bedroom	$1,193

Oregon Housing and Community Services

This information provides an in-depth view of the policy environment for the HPRP in Lane County, Oregon. It details the area's 2009 poverty characteristics and programs offering poverty assistance (Lane County Human Services Commission, 2010c).

APPENDIX III: Excerpts from the City of Eugene's Substantial Amendment

Substantial Amendment to the Consolidated Plan 2008 Action Plan for the Homelessness Prevention and Rapid Re-Housing Program (HPRP)

D. Collaboration

1. Briefly describe how the grantee plans to collaborate with the local agencies that can serve similar target populations, which received funds under the American Recovery and Reinvestment Act of 2009 from other Federal agencies, including the U.S. Departments of Education, Health and Human Services, Homeland Security, and Labor (limit 250 words).

   Response:
   The City of Eugene collaborates to provide human services through partnership with the City of Springfield and Lane County. This partnership is governed by the Human Services Commission (HSC), which uses a system of citizen advisory committees and appointed and elected officials to allocate funds for human services. The HSC has a seven-member board which includes two members of the Eugene City Council and a member of the Eugene Budget Committee. The work of the Human Services Commission is managed by Lane County. A broad array of funds is distributed through the HSC including General Funds from Eugene, Springfield and Lane County; Community Development Block Grant funds for Public Services from Eugene and Springfield; and Community Services Block Grant funds. The involvement of the HSC and Lane County staff will ensure appropriate linkages are developed between HPRP and other related federal programs.

   In addition, the HSC and United Way mutually support a regular meeting of the "Human Services Network," which brings together local service providers on a monthly basis. These partnerships have been expanded to include 105 agencies in order to stage three annual Project Homeless Connect events. The City and Lane County will utilize these forums and partnerships to share information about HPRP, solicit input, and make appropriate linkages with other federal resources.

   The City of Eugene is also gathering information about other ARRA funds available locally and will continue to identify opportunities to connect programs to expand the impact of HPRP.

2. Briefly describe how the grantee plans to collaborate with appropriate Continuum(s) of Care and mainstream resources regarding HPRP activities (limit 250 words).

   Response:
   The Human Services Commission (described in Question D. 1.) receives and coordinates the Continuum of Care grant as well as other resources. The City of Eugene is already engaged with and fully intends to work closely with the existing Continuum of Care network of services as well as other service providers. For at least ten years the City of Eugene has allocated a portion of its own General Funds for a variety of services to assist homeless and at-risk

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populations. These funds include money targeted for prevention and re-housing activities. As a result, Eugene is experienced in engaging the local service providers and working with them to identify needs, allocate funding, and monitor the use of those dollars. Eugene will meet with the providers at regularly scheduled meetings and will call special meetings if necessary.

3. Briefly describe how HPRP grant funds for financial assistance and housing relocation/stabilization services will be used in a manner that is consistent with the grantee's Consolidated Plan (limit 250 words).

Response:
The Eugene-Springfield Consolidated Plan 2005 identifies multiple objectives that are consistent with HPRP. Specifically, the Plan calls for:
- Increased housing opportunities for low-income households including a larger range of housing options for persons with special needs.
- Increased prevention resources and services to reduce the number of people entering the homeless service system.
- Provision of supportive services appropriate to the client to promote stability and self-sufficiency. Increased services for homeless youth and persons with special needs.
- Enhanced system infrastructure to expand housing capacity and to improve access to housing and services.

The Plan also includes critical information and analysis that will inform the use of HPRP funds. For example, the City of Eugene will consider the following data points:
- There are 14,893 households in Eugene with incomes below 50% of Median Family Income. 79% (11,744) of these households are renters and 21% are homeowners (3,149). 73% of very-low income renter households have severe rent burdens.
- Among very-low income renter households, 14% are elderly, 24% are families, and 62% are other.
- The CoC gap analysis shows a need for 1042 permanent supportive housing beds for homeless persons (393 for individuals and 649 for families with children)

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E. Estimated Budget Summary

HUD requires the grantee to complete the following table so that participants in the citizen participation process may see the grantee's preliminary estimated amounts for various HPRP activities. Enter the estimated budget amounts for each activity in the appropriate column and row. The grantee will be required to report actual amounts in subsequent reporting.

HPRP Estimated Budget Summary			
	Homelessness Prevention	**Rapid Re-housing**	**Total Amount Budgeted**
Financial Assistance[1]	$ 193,573	$ 193,573	$ 387,146
Housing Relocation and Stabilization Services[2]	$ 70,927	$ 70,927	$ 141,854
Subtotal (add previous two rows)	**$264,500**	**$ 264,500**	**$ 529,000**

Data Collection and Evaluation[3]	$10,034
Administration (up to 5% of allocation)	$28,370
Total HPRP Amount Budgeted[4]	**$ 567,404**

[1]Financial assistance includes the following activities as detailed in the HPRP Notice: short-term rental assistance, medium-term rental assistance, security deposits, utility deposits, utility payments, moving cost assistance, and motel or hotel vouchers.

[2]Housing relocation and stabilization services include the following activities as detailed in the HPRP Notice: case management, outreach, housing search and placement, legal services, mediation, and credit repair.

[3]Data collection and evaluation includes costs associated with operating HUD-approved homeless management information systems for purposes of collecting unduplicated counts of homeless persons and analyzing patterns of use of HPRP funds.

[4]This amount must match the amount entered in the cell on the table in Section A titled "Amount Grantee is Requesting."

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The full Substantial Amendment submitted by the City of Eugene for HPRP funding is eight pages in length. These excerpts provide a view into the application

process for funding, showing the main considerations of HUD when awarding grants

to communities. These excerpts focus on systems of collaboration and how the HPRP

fits into the City of Eugene's pre-existing Consolidated Plan 2008 Action Plan. Other

questions answered in the document covered topics such as citizen participation and

public comment and the distribution and administration of funds (City of Eugene

Community Development, 2009).

APPENDIX IV: Core Interview Questions

1. What precisely is your relationship to the HPRP? How closely do you work with it, what are your responsibilities, etc.?

2. Does HPRP at your organization work as its own separate program or is it integrated into other existing programs? Overall, how has it affected your organization's programming?

3. What does HPRP funding primarily go towards at your organization (of utilities, rent, counseling, etc.)?

4. How much collaboration do you have with the other HPRP providers in Lane County? What is the relationship like with the County?

5. How are eligible participants made aware of this funding and programming? Once a household is deemed eligible for HPRP assistance, what are the next steps? Can I see some of the program forms?

6. How do you define effectiveness for this program? What types of data do you record?

7. Can I have access to any information/data you have on the program so far?

8. What have been the challenges and successes of this program so far? What do you think could be improved in this policy to better future programs?

9. What can you say about the cost-effectiveness of the HPRP?

10. Is your organization doing something with its HPRP funds that is noteworthy and could serve as an example to communities of similar size?

11. How has your organization prepared for the end of this funding? How much preparation for the end of funding was done before the funding was received? What happens next?

12. In your opinion, has the HPRP made much of difference in creating long-term, sustainable solutions to homelessness in Lane County? Which specific parts of this program do you see being sustainable in the future? How much of the HPRP is building on long-term solutions versus how much is just a temporary fix or over when the money is out?

13. How much direction was your organization given on what to do with the HPRP funds? Is your organization free to make its own plan and strategies for funding usage or does it follow a standardized county program?

APPENDIX V: List of Documents Reviewed

Documents of particular importance were discussed in the Results section of this paper. A complete list of the documents reviewed for the Results research is listed below. Documents were either obtained from local organizations during interviews or public meetings or from the Recovery.gov or HUDHRE.info websites.

- CAAC Meeting Packet, 10/21/2010

- CAAC Meeting Packet, 11/18/2010

- CAAC Meeting Packet, 12/13/2010

- CAAC Meeting Packet, 01/20/2011

- CAAC Meeting Packet, 02/17/2011

- CAAC Meeting Packet, 03/24/2011

- City of Eugene Substantial Amendment to the Consolidated Plan 2008 Action Plan for the Homelessness Prevention and Rapid Re-Housing Program (HPRP), 09/30/2009

- HSC Grant to Date Summary of HPRP Activity with City Grant, 04/01/2011

- HSC Grant to Date Summary of HPRP Activity with County Grant, 04/01/2011

- HSC HPRP Client Characteristics Data, 10/01/2009 – 08/20/2010

- HSC HPRP Households Served Summary, 08/24/2010

- HSC HPRP Impact for Past 12 months (CY2010), 01/07/2011

- HSC Lane County 2009 Poverty Data

- HSC list of 2010 Lane County Continuum of Care & HPRP Housing Projects

- HSC summary of how to conduct HPRP outreach, initial contact, and intake assessment, 02/18/2010

- HSC summary of HPRP eligible funding activities

- HUD HPRP Case Studies

- HUD HPRP Notice

- HUD Status Report on HPRP Spending: Disbursements Toward Two-Year (60%) Expenditure Deadline: Sorted by Projected Gap in Meeting 2-Year Requirement (as of 3/28/11)

- Lane County HPRP Manual

- Lane County's Ten-Year Plan to End Chronic Homelessness, Draft Progress Report 08/26/10

- Oregon Housing and Community Services HPRP Monitoring and Program Administration Guidelines, January 2010, included blank copies of all program forms

- Recovery.gov City of Eugene HPRP Quarterly Grant Award Summary, 02/17/2009 – 09/30/2009

- Recovery.gov City of Eugene HPRP Quarterly Grant Award Summary, 10/01/2009 – 12/31/2009

- Recovery.gov City of Eugene HPRP Quarterly Grant Award Summary, 01/01/2010 – 03/31/2010

- Recovery.gov City of Eugene HPRP Quarterly Grant Award Summary, 04/01/2010 – 06/30/2010

- Recovery.gov HPRP Program Plan and Agency Reporting Summary

- Recovery.gov Summary of the ARRA

- ShelterCare description of how to provide outreach to and screen potential HPRP clients, 02/22/2010

- ShelterCare pamphlet, Preventing Homelessness in Our Community

- ShelterCare summary of programs for families who are homeless, adults with mental illness, and adults with brain injury

- ShelterCare summary of programs, services, populations served, and funding sources

APPENDIX VI: HPRP Client Characteristics

CLIENT CHARACTERISTICS

Agency - County: LCHHS(All Subs) - ALL

Sub Grantee/Program - Grant: ALL - HPRP RAPID REHOUSING

From: 10/01/2009
To: 08/20/2010

A. Total unduplicated number of persons about whom one or more characteristics were obtained: 674
B. Total unduplicated number of persons about whom no characteristics were obtained: 0
C. Total unduplicated number of households about whom one or more characteristics were obtained: 257
D. Total unduplicated number of households about whom no characteristics were obtained: 0

	NUMBER OF PERSONS
GENDER	
Male	296
Female	377
Unknown Gender	1
AGES	
0 - 5	109
6 - 11	96
12 - 17	98
18 - 23	37
24 - 44	222
45 - 54	73
55 - 69	37
70 & Over	2
Unknown Age	0
ETHNICITY	
Hispanic or Latino	53
Not Hispanic or Latino	621
Ethnicity Not Reported	0
RACE	
White	545
Black or African American	24
American Indian / Alaska Native	15
Asian	0
Native Hawaiian / Pacific Islander	4
Multi-Race	76
Race Not Reported	10
EDUCATIONAL STATUS	
0 - 8	6
9 - 12 Non Grad, Adult	53
High School Grad/GED	115
12 + Some Post Secondary	113
College Grad	35
Unknown Ed	12
HOUSEHOLD TYPE	
Single Parent, Female	87
Single Parent, Male	10
Two Parent Household	52
Single Person	68
Two Adult/No Children	30
Other	10
Unknown Household Type	0

OTHER CHARACTERISTICS

	Yes	No	Unknown
Health Ins	469	205	0
Disabled	81	593	0
Veteran	22	652	0

	NUMBER OF HOUSEHOLDS
HOUSEHOLD SIZE	
1	71
2	63
3	53
4	45
5	15
6	8
7	1
8 or More	1
Unknown Household Size	0
INCOME SOURCE	
No Income	88
AFDC/TANF	34
SSI	31
Social Security	30
Pension	3
General Assist	1
Unemployment Insurance	58
Employment + Above	26
Employment Only	77
Other	47
Unknown	1
Unduplicated # of Households	256
POVERTY LEVEL	
Up to 50%	95
51% - 75%	61
76% - 100%	43
101% - 125%	42
126% - 150%	9
151% & Over	7
Unknown Level	0
HOUSE TYPES	
Own	5
Rent	147
Homeless	79
Other	0
Unkwn Housing Type	26

OTHER CHARACTERISTICS

	Yes	No	Unknown
Food Stamps	219	38	0
Farmworker	2	255	0

	Farmer	Migrant	Seasonal
Farmworker Type	2	0	0

Report Date: 8/24/10

Client Characteristics Report 2.0

 This information summarizes the characteristics of HPRP clients from

10/01/2009 to 08/20/2010. It reports the diversity of the population being served and

shows a significant number of families seeking services (Lane County Human Services

Commission, 2010d).

HUMAN SERVICES FUND RECOMMENDATION FOR AWARD BY OUTCOME AREA AND RANK				
EMERGENCY SHELTER/SERVICES AND OTHER ASSISTANCE		**Award**	**Request**	**Difference**
Eugene/Central Lane County				
New Roads Day Access	Looking Glass	$36,516	$36,516	$0
Station 7	Looking Glass	$139,990	$148,750	$8,760
Eugene Community Service Center	CCS	$164,694	$175,000	$10,306
First Place Family Center - Basic Needs	SVdP	$164,694	$175,000	$10,306
Homeless Singles Access Center	TBA	$164,694	$175,000	$10,306
Emerg. Shelter Eugene/North	ShelterCare	$0	$175,000	$175,000
Egan Warming Center	SVdP	$0	$22,500	$22,500
Sub-Total		**$670,588**	**$907,766**	**$237,178**
Springfield/East Lane County				
New Roads Day Access	Looking Glass	$5,485	$6,444	$959
Station 7	Looking Glass	$22,344	$26,250	$3,906
Springfield Community Service Center	CCS	$175,000	$175,000	$0
Emerg. Shelter Spring	ShelterCare	$82,577	$97,012	$14,435
Egan Warming Center	SVdP	$0	$7,500	$7,500
Sub-Total		**$285,406**	**$312,206**	**$26,800**
South Lane County				
Rural Runaway and Homeless Youth	Looking Glass	$0	$37,591	$37,591
South Lane Emergency & Basic Needs Service Center	Community Sharing	$106,183	$106,183	$0
Sub-Total		**$106,183**	**$143,774**	**$37,591**
West Lane County				
Siuslaw Area Women's Center	SOS	$58,210	$58,210	$0
Sub-Total		**$58,210**	**$58,210**	**$0**
Emergency Food				
Hunger Relief Meal Site	Food for Lane Co	$45,000	$45,000	$0
Hunger Relief Distribution	Food for Lane Co	$175,000	$175,000	$0
Meals on Wheels	LCOG	$60,000	$60,000	$0
Hunger Unallocated	TBA	$22,358	$22,358	$0
Sub-Total		**$302,358**	**$302,358**	**$0**
Care Coordination & Access to Integrated Health Care				
Buckley Center	Willamette Family	$75,000	$75,000	$0
Primary Health Care	White Bird	$86,000	$86,000	$0
Hepatitis Care & Case Management	HIV Alliance	$35,000	$35,000	$0
Integrated Health Unallocated	TBA	$5,430	$5,430	$0
Behavioral Health Program	Looking Glass	$0	$129,064	$129,064
Behavioral Health Care	White Bird	$0	$101,700	$101,700
Sub-Total		**$201,430**	**$432,194**	**$230,764**
INCREASE SELF RELIANCE				
Eugene/North Central Lane County				
Stable Housing Program	Looking Glass	$57,849	$119,554	$61,705
Homeless Prevention Program	ShelterCare	$84,677	$175,000	$90,323
Employment Program	Looking Glass	$0	$34,544	$34,544
Sponsors	Sponsors	$0	$50,000	$50,000
Connections	SVdP	$0	$60,000	$60,000
Young Fathers Program	CCS	$0	$61,828	$61,828
Young Parents Program	CCS	$0	$132,742	$132,742
First Place Family Center - Beyond Survival	SVdP	$0	$50,000	$50,000
Financial Foundations	NEDCO	$0	$150,000	$150,000
Sub-Total		**$142,526**	**$833,668**	**$691,142**
Springfield/East Lane County				
The Inside Program	ShelterCare	$40,624	$53,992	$13,368
Stable Housing Program	Looking Glass	$15,873	$21,097	$5,224
Employment Program	Looking Glass	$4,586	$6,095	$1,509
Young Fathers Program	CCS	$0	$30,914	$30,914
Young Parents Program	CCS	$0	$39,823	$39,823
Job Connections	Goodwill	$0	$75,000	$75,000
Financial Foundations	NEDCO	$0	$75,000	$75,000
Committed Partners	Committed Partners	$0	$29,777	$29,777
Sub-Total		**$61,083**	**$331,698**	**$270,615**

South Lane County				
South Lane Housing & Self Reliance Center	Community Sharing	$109,858	$161,125	$51,267
Job Connections	Goodwill	$51,167	$75,000	$23,833
Sub-Total		$161,025	$236,125	$75,100
West Lane County				
Siuslaw Area Women's Center	SOS	$88,275	$88,275	$0
Sub-Total		$88,275	$88,275	$0
Increase Self Reliance ($25,000)				
Children's Resource Center	ShelterCare	$25,000	$25,000	$0
Second Chance	SVdP	$25,000	$25,000	$0
Basic Skills Training	Goodwill	$0	$25,000	$25,000
Sub-Total		$50,000	$75,000	$25,000
Amazon Transitions				
Amazon Transitions	CCS	$159,622	$159,622	$0
Sub-Total		$159,622	$159,622	$0
McKenzie Transitions				
Transitional Living Program	Looking Glass	$62,765	$62,765	$0
McKenzie Transitions	CCS	$175,000	$175,000	$0
McKenzie Transitions	ShelterCare	$110,542	$110,542	$0
McKenzie Transitions	TBA	$43,510	$43,510	$0
Sub-Total		$391,817	$391,817	$0
Emerald Options				
Oregon Housing Opportunities in Partnership	DHS	$31,934	$31,934	$0
Safe Homes for Youth	Looking Glass	$27,587	$27,587	$0
Emerald Options Homespace	Mainstream Housing	$151,950	$151,950	$0
Sub-Total		$211,471	$211,471	$0
Shankle Safe Haven				
Shankle Safe Haven	ShelterCare	$639,391	$639,391	$0
Sub-Total		$639,391	$639,391	$0
BUILD A SAFER COMMUNITY				
PBIS Parent Training Project	Pearl Buck	$64,319	$95,304	$30,985
Therapeutic Early Childcare	Relief Nursery	$94,483	$140,000	$45,517
Domestic Violence Services	Womenspace	$115,868	$171,686	$55,818
Safe Communities for Runaway and Homeless Youth	Looking Glass	$24,216	$35,882	$11,666
Family Reunification Program	Willamette Family	$0	$75,000	$75,000
Siuslaw Area Women's Center	SOS	$0	$25,000	$25,000
Sexual Assault Support Services	SASS	$0	$29,999	$29,999
Volunteer Supervision and Support	CASA	$0	$64,733	$64,733
Family Relief Nursery	Family Relief Nursery	$0	$175,000	$175,000
Sub-Total		$298,886	$812,604	$513,718
INCREASE ACCESS TO SERVICES				
WB Improve Access to Services	White Bird	$70,069	$83,900	$13,831
Safe Crisis Intervention and Outreach	Looking Glass	$61,248	$73,338	$12,090
SOAR	ShelterCare	$40,410	$48,386	$7,976
Senior Connections	LCOG	$0	$60,000	$60,000
Cultural and Linguistically Appropriate Access	Centro	$0	$145,000	$145,000
Information & Referral	LILA	$0	$25,000	$25,000
Success by Six	Birth to Three	$0	$35,000	$35,000
Directions Services	Directions	$0	$32,783	$32,783
Lane County 211	United Way	$0	$50,000	$50,000
Family Health Network	Willamette Family	$0	$70,000	$70,000
Improving Access to SSI/SSD Benefits	Community Sharing	$0	$29,000	$29,000
Specialized Social Security Advocacy Services	LILA	$0	$25,000	$25,000
Sub-Total		$171,727	$677,407	$505,680
GRAND TOTAL		$3,999,998	$6,613,586	$2,613,588

This document shows the allocations of HSC funds for the 2011-2012 fiscal year as of January 14, 2011 after the completion of a competitive RFP process (Community Action Advisory Committee, 2011c). It shows a growing commitment to sustainable practices, such as programs to increase self-reliance, build safer communities, and increase access to services. Funding for these types of programs was higher than for those focused on emergency shelter and services.

REFERENCES

Bhargava, D., Casey, T., Cavanagh, J., Dolan, K., Edelman, P., Ehrenreich, B., . . .
Shih, K. (2009). *Battered By the Storm: How the Safety Net is Failing
Americans and How to Fix it: a study by the Institute for Policy Studies, the
Center for Community Change, Jobs with Justice, and Legal Momentum.*
Washington, DC: Institute for Policy Studies.

City of Eugene Community Development. (n.d.). *Eugene-Springfield Consolidated Plan
2010-2015 Overview and Process.* Retrieved from
www.eugene- or.gov/HUDconplan

City of Eugene Community Development. (2009). *Substantial Amendment to the
Consolidated Plan 2008 Action Plan for the Homelessness Prevention and
Rapid Re-Housing Program (HPRP)*.

Community Action Advisory Committee. (2011a). *Community Action Advisory
Committee: Thursday, March 24, 2011 Meeting Agenda and Packet.* Lane
County Human Services Commission.

Community Action Advisory Committee. (2011b). *Community Action Advisory
Committee: Thursday, February 17, 2011 Meeting Agenda and Packet.* Lane
County Human Services Commission.

Community Action Advisory Committee. (2011c). *Community Action Advisory Committee: Thursday, January 20, 2011 Meeting Agenda and Packet.* Lane County Human Services Commission.

Crane, M., Warnes, A. M., & Fu, R. (2006). Developing homelessness prevention practice: combining research evidence and professional knowledge. *Health and Social Care in the Community, 14*(2), 156-166. doi: 10.1111/j.1365-2524.2006.00607.x

Culhane, D. P. & Byrne, T. (2010). *Ending Chronic Homelessness: Cost-Effective Opportunities for Interagency Collaboration: A White Paper commissioned by the New York State Office of Mental Health and the New York City Department of Homeless Services*. Retrieved from http://works.bepress.com/cgi/viewcontent.cgi?article=1093&context=dennis_culhane

Department of Veteran Affairs. (2010). *Office of Patient Care Services – Office of Mental Health Services Fact Sheet: Supportive Services for Veteran Families (SSVF) Program*. Retrieved from http://www.va.gov/HOMELESS/docs/Prevention_Fact_Sheet_11-22-10.pdf

Ending Homelessness Advisory Council. (2008). *A Home for Hope: A 10-year plan to end homelessness in Oregon*. Retrieved from http://www.oregon.gov/OHCS/EHAC/docs/EHAC_Action_Plan_Final.pdf

Flatau, P. & Zaretzky, K. (2008). The Economic Evaluation of Homelessness Programmes. *European Journal of Homelessness, 2*, 305-320. Retrieved from http://eohw.horus.be/files/freshstart/European%20Journal%20of%20Homelessn ess/Volume%20Two/think-piece-3.pdf

Goodman, P. S. (2010 April 22). U.S. Offers a Hand to Those Teetering on Eviction's Edge. *The New York Times*.

Haley, K. (2010 August 24). Mayor's group, other agencies house 1,168 families. *Sacramento Press*. Retrieved from http://www.sacramentopress.com/headline/35507/Mayors_group_other_agencie s_house_1168_families

Haveman, J., Fisher, E. O., & Tseng, F. (2009). Spending on County Human Services Programs in California: An Evaluation of Economic Impacts. *Child and Family Policy Institute of California*. Retrieved from http://www.counties.org/images/users/1/Beacon%20Final.pdf

Kertesz, S. G. & Weiner, S. J. (2009). Housing the Chronically Homeless: High

Hopes, Complex Realities. *JAMA, 301*(17), 1822-1824. doi:

10.1001/jama.2009.596

Kondratas, A. (1991). Ending Homelessness: Policy Challenges. *American*

Psychologist, 46(11), 1226-1231.

Lane County Human Services Commission. (2009). *2009 One Night Homeless Count*

Results January 28, 2009. Retrieved from

http://www.lanecounty.org/departments/hhs/hsc/documents/2009_onhc.pdf

Lane County Human Services Commission. (2010a). *Program Manual Homeless*

Prevention and Rapid Re-Housing. Retrieved from

http://www.co.lane.or.us/Departments/HHS/HSC/Documents/HPRP_Manual_R

ev_2010-04-01.pdf

Lane County Human Services Commission. (2010b). *2010 One Night Homeless Count*

Highlights. Retrieved from

http://www.lanecounty.org/Departments/HHS/HSC/Documents/2010%20ONH

C%20Highlights%20final%20Aug%202010%20.pdf

Lane County Human Services Commission. (2010c). *Lane County 2009 Poverty Report*. Retrieved from http://www.lanecounty.org/Departments/HHS/HSC/Documents/OHSC_2009_Poverty_Rpr_LC.pdf

Lane County Human Services Commission. (2010d). *HPRP Client Characteristics from 10/01/2009 to 08/20/2010*. Internal document.

Lane County Human Services Commission. (2010e). *HPRP Grant to Date Summary of County Grant Activity as of April 1, 2010*. Internal document.

Lane County Human Services Commission. (2010f). *HPRP Grant to Date Summary of City Grant Activity as of April 1, 2010*. Internal document.

Minnery, J. & Greenhalgh, E. (2007). Approaches to Homelessness Policy in Europe, the United States, and Australia. *Journal of Social Issues, 63*(3), 641-655. doi: 10.1111/j.1540-4560.2007.00528.x

Montgomery, J. (2010 August 16). A new place to stay. *The Journal-Standard*. Retrieved from http://www.journalstandard.com/features/x2092796048/A-new-place-to-stay

Morse, H. (2010 August 12). Federal program helps area homeless. *Paragould*

    Daily Press. Retrieved from

    http://www.paragoulddailypress.com/articles/2010/08/12/local_news/doc4c640a

    d009512590890504.txt

National Alliance to End Homelessness. (2006). *What is Housing First?* Retrieved from

    http://www.endhomelessness.org/files/1425_file_WhatisHousingFirst_logo.pdf

National Alliance to End Homelessness. (2009). *Homeless Assistance Reauthorization*

    National Policy Update June 2009: Summary of the HEARTH Act. Retrieved

    from http://www.endhomelessness.org/content/general/detail/2098

O'Leary, K. (2010, January 25). The Feds' Homelessness-Prevention Program.

    TIME Magazine. Retrieved from

    http://www.time.com/time/nation/article/0,8599,1956213,00.html?xid=rss-

    topstories

Olivet, J., Paquette, K., Hanson, J., & Bassuk, E. (2010). The Future of Homeless

    Services: An Introduction. *The Open Health Services and Policy Journal, 3*, 30-

    33.

Plumb, J. D. (1997). Homelessness: Care, Prevention, and Public Policy. *Annals of*

    Internal Medicine, 126(12), 973-975.

Project Homeless Connect for Lane County. (2007). *Project Homeless Connect for Lane County Final Report 2007*.

Project Homeless Connect for Lane County. (2011). *The Fifth Annual Project Homeless Connect for Lane County Final Report 2011*. Retrieved from http://homelessconnect.org/Documents/2011/Final%20Report%20PHC%202011.pdf

Rice, D. (2009a). Additional Housing Vouchers Needed to Stem Increase in Homelessness. *Center on Budget and Policy Priorities*. Retrieved from http://www.cbpp.org/cms/index.cfm?fa=view&id=2786

Rice, D. (2009b). Options for Jobs Legislation: Providing $1 Billion to Prevent Homelessness. *Center on Budget and Policy Priorities*. Retrieved from http://www.cbpp.org/cms/index.cfm?fa=view&id=3032

Riegel, S. (2010 September 7). One fine mess. *Baton Rouge Business Report*. Retrieved from http://www.businessreport.com/news/2010/sep/07/one-fine-mess-gvpt1/

Schott, L. (2010). Using TANF Emergency Funds to Help Prevent and Address Family Homelessness. *Center on Budget and Policy Priorities*. Retrieved from http://www.cbpp.org/cms/index.cfm?fa=view&id=3234

Sermons, M. W. & Witte, P. (2011). State of Homelessness in America: A Research

    Report on Homelessness. *National Alliance to End Homelessness*. Retrieved

    from www.endhomelessness.org/files/3668_file_SOH_report_FINAL_LOW_

    RES_NOT_embargoed.pdf

Shinn, M., Baumohl, J., & Hopper, K. (2001). The Prevention of Homelessness

    Revisited. *Analyses of Social Issues and Public Policy*, 95-127.

Shinn, M. (2009). Ending Homelessness for Families: The Evidence for Affordable

    Housing. *National Alliance to End Homelessness.* Retrieved from

    http://www.endhomelessness.org/content/general/detail/2436

Toro, P. A. & Warren, M. G. (1999). Homelessness in the United States: Policy

    Considerations. *Journal of Community Psychology, 27*(2), 119-136.

Toro, P. A., Tompsett, C. J., Lombardo, S., Philippot, P., Nachtergael, H., Galand,

    B., . . . Harvey, K. (2007). Homelessness in Europe and the United States: A

    Comparison of Prevalence and Public Opinion. *Journal of Social Issues, 63*(3),

    505-524. doi: 10.1111/j.1540-4560.2007.00521.x

U.S. Department of Housing and Urban Development. (n.d.a). ESG Deskguide Section

    2: Allocation of Funding. *Homeless Resource Exchange*. Retrieved from

    http://www.hudhre.info/index.cfm?do=viewEsgDeskguideSec2

U.S. Department of Housing and Urban Development. (n.d.b). *HPRP Impacts: Case Studies in Community Change: A series of brief case studies documenting ways in which the Homelessness Prevention and rapid Re-Housing Program is promoting community change and transformation of local homeless assistance systems*. Retrieved from

http://www.hudhre.info/HPRP/index.cfm?do=viewHPRPTools#6

U.S. Department of Housing and Urban Development. (n.d.c). *HUDHRE.info: Homelessness Prevention and Rapid Re-Housing Program (HPRP)*.

http://www.hudhre.info/hprp/

U.S. Department of Housing and Urban Development. (2009). *Notice of Allocations, Application Procedures, and Requirements for Homelessness Prevention and Rapid Re-Housing Program Grantees under the American Recovery and Reinvestment Act of 2009*. Retrieved from

http://www.hudhre.info/documents/HPRP_NoticeRedline_6_08_09.pdf

U.S. Department of Housing and Urban Development. (2011). *Status Report on HPRP Spending: Disbursements Toward Two-Year (60%) Expenditure Deadline: Sorted by Projected Gap in Meeting 2-Year Requirement (as of 3/28/11)*. Retrieved from http://www.hudhre.info/documents/HPRP_FinancialReport60 PctReq_byProjGap.pdf

U.S. General Accounting Office. (1985). *Homelessness: A complex problem and the federal response: report.* Washington, DC: U.S. Government Printing Office.

U.S. Interagency Council on Homelessness. (2010). *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*. Retrieved from http://www.ich.gov/PDF/OpeningDoors_2010_FSPPreventEndHomeless.pdf