

LANCASTER COUNTY, PA, HPRP-FUNDED PREVENTION PROGRAM

Lancaster County, Pennsylvania's homelessness prevention program, funded by HUD's Homelessness Prevention and Rapid Re-housing Program (HPRP), provided short- and medium-term assistance, case management, and landlord mediation to 303 households, most of which were families. Households accessed prevention services through a single point of entry at one subgrantee that screened and triaged clients to other subgrantees based on their level of need. Households had to earn no more than 30 percent of area median income (AMI) and have an eviction notice. Participants stayed in the program for an average 284 days (and a median 331 days).

Community Description

As of January 2011, an estimated 481 people were homeless in Lancaster County, a rural county in central Pennsylvania. The point-in-time count identified 7 unsheltered homeless people, 198 people living in emergency shelters, and 276 residents of transitional housing. Lancaster County's Continuum of Care (CoC) homeless service system was hosted by the county Office of Mental Health/Mental Retardation/Early Intervention and was managed through the Lancaster County Coalition to End Homelessness (LCCEH). Made up of volunteers from the community of homeless service providers, LCCEH had a leadership council, committees, and subcommittees for priority issues, including HPRP. The CoC funded 252 emergency shelter beds, 140 transitional housing beds, and 34 permanent supportive housing beds. These facilities had excess capacity as of January 2011, which CoC members credited to the success of HPRP in the community.

Lancaster County adopted its ten-year plan (TYP) to end homelessness in 2008. Service providers, local government officials, business leaders, housing providers, and community members developed the plan collaboratively starting in 2004. At that time, there was no lead agency, which made the ten-year plan "a community process. The advantage is that it gets lot more stakeholder buy-in," according to one participant. Members of all the groups that participated in developing the TYP continued to participate in LCCEH. HPRP was linked to the goals of the TYP, and the program's success led the CoC to focus more of its ongoing efforts toward prevention.

DESIGN AND SETUP OF HPRP PREVENTION

Lancaster County Housing and Redevelopment Authorities (LCHRA) administered HPRP funds awarded to the city of Lancaster (\$738,012) and the County of Lancaster (\$1,382,274), a total of \$2,120,286. When HUD announced HPRP, LCCEH formed an HPRP planning committee of funders and service providers. The county was well positioned for HPRP because its recently approved ten-year plan emphasized a housing-first approach, prevention activities, and developing a common intake system. The purpose of the latter was to ensure uniform access to the program and services across the county, which differed greatly between the city of Lancaster and outlying areas.

At least two prevention programs were already operating in the community, run by two subgrantees that provided HPRP services. Providers used these experiences to adapt national best practices and HUD's HPRP guidance to designing their program; they also used their existing case management models. As a result, the HPRP program integrated some prior experience but was largely a new design. The planning committee designed a program tightly targeted around those at most imminent risk of

homelessness to ensure that the clients they served would literally become homeless “but for this assistance.” To be eligible, therefore, prevention clients could earn no more than 30 percent of AMI and must have had a court-ordered eviction with a lockout date within 2 weeks.

At LCHRA, one administrator and the CoC’s homeless management information system (HMIS) staff person supported HPRP. One subgrantee provided central intake with four staff members performing telephone screenings. Two subgrantees provided case management and direct services using a reimbursement model. All subgrantees entered data into HMIS, which LCHRA spot-checked for accuracy and completeness. By the end of 2011, Lancaster County had spent 83 percent of its funds for prevention and 17 percent for rapid re-housing.⁸⁵

IMPLEMENTATION

LCHRA subcontracted to three organizations for its HPRP program: United Way Lancaster Information Center (LINC), the community’s 211 provider, for central intake; and Community Action Program of Lancaster County (CAP) and Tabor Community Services to provide direct services and case management. United Way prescreened and screened via telephone and entered information about potentially eligible clients into HMIS, sending them to the appropriate agency based on their level of need. CAP accepted referrals for all clients with moderate risk factors or barriers to housing, and Tabor accepted all clients with high risk factors or barriers to housing. Accordingly, CAP and Tabor provided different levels of case management, with Tabor working more intensely with clients on budgeting and a housing stability plan. Both service providers negotiated with clients’ landlords to try to reduce the amount of arrears owed or the monthly rent over the life of the lease. Case managers determined the package of financial assistance based on each client’s needs and circumstances, so the subgrantees provided just enough assistance to keep clients stably housed but working toward self-sufficiency. If a client needed to move out of unaffordable or unsafe housing, her or his case manager would help find a new unit and inspect it to make sure it met HUD’s housing quality standards. Subgrantees billed LCHRA for reimbursement for services provided. LCHRA checked the subgrantees’ HMIS entries before approving reimbursement.

Outreach

At the outset of HPRP, LCHRA presented the program to the Lancaster County Coalition to End Homelessness. Staff from CAP and Tabor informed landlords that rented to their client base about the project so they, in turn, could refer tenants. Other clients found out about HPRP because they were already involved in another program at one of the subgrantees. Information about HPRP was on LCHRA’s website, but beyond that, the grantee and subgrantees did not feel a need for public outreach and marketing because awareness spread through word of mouth.

Point of Entry

Lancaster County used HPRP to develop a central intake system for prevention services. Every client was screened for eligibility by Lancaster County United Way’s LINC program, even if they first approached CAP or Tabor directly for assistance. As part of screening, LINC triaged clients so lower-need clients went to CAP and higher-need clients went to Tabor. In addition to triaging clients, the central intake system established an objective, transparent method of determining who could receive assistance.

⁸⁵ Communication from LCHRA, January 19, 2012. Tabor was the sole provider of HPRP rapid re-housing services. In addition, in February 2010, Tabor received a Rapid Re-housing for Families Demonstration grant from HUD.

Intake: Eligibility and Assessment

United Way LINC conducts a prescreening and screening to determine a client’s risk factors for homelessness and potential HPRP eligibility.

1. *Prescreening.* There were four core questions for prevention prescreening:
 - Where did you sleep last night? This determined if a caller was suited to prevention or rapid re-housing.
 - Have you received an eviction notice? For prevention, the answer had to be yes.
 - Where will you go if you don’t receive this assistance? The answer had to be some variation of an emergency shelter, the street, or “I don’t know.”
 - What is your gross monthly income? The answer had to be no more than 30 percent AMI.

An intake specialist reported that she determined most clients were ineligible using only the prescreening questions—usually for being over the income limit or not having a court-ordered eviction.

2. *Screening.* If the client met the prescreening criteria, the intake worker opened the full screening tool in HMIS to collect specific information about the household and risk factors for homelessness. The screener asked about household composition, housing history, recent traumatic life event that created the risk of homelessness, income and benefits, and risk factors. Risk factors, based on data from the National Alliance to End Homelessness and local expertise, were the core of the eligibility determination. Sample risk factors are listed in Exhibit E.11.

Exhibit E.11: Sample Risk Factors From HPRP Screening	
Risk factor	Risk score
Cash income and AMI eligibility	
30 percent of AMI	6
15 percent of AMI	8
Current living status	
Has experienced two or more moves in the past year	2
Head of household is under age 24 and was in foster care at some point	2
Child 2 years old or younger	2
Institutional care (prison, treatment facility, hospital) within the past year	1
Single parent with at least two children	1
Severe housing burden (50 percent or more of income toward rent)	1

Clients had to be otherwise eligible (e.g., a court-ordered eviction) and answer screening questions to generate a risk score of at least 8 points. Those with scores of 8 to 10 were sent to CAP for assessment; those with scores of 11 to 15 were referred to Tabor. The intake worker sent the provider a request through HMIS to schedule an assessment to confirm eligibility and create a package of assistance. Around 15 percent of callers were deemed potentially eligible and sent to one of the service providers for a full assessment.

3. *Assessment.* Case managers at both service providers use the same assessment tool, which built off the screening tool but covered more topics and in greater depth. Like central screening, the purpose of a unified assessment tool was to create an objective way to determine who will be served. The first step in a client’s assessment was to confirm eligibility, which the client did by bringing

documentation to his or her first appointment with a case manager. Especially important was that the client brought in proof of a court-ordered eviction with a lock-out date. As of October 2011, the areas of assessment included the following:

- Current housing information
- All income, assets, and public benefits
- Monthly budget
- The client's strengths and barriers to housing
- A case management and housing plan that defined client goals and responsibilities
- Proof of safe and rent-reasonable housing
- Details of the financial assistance package

The purpose of the assessment was to document the client's evidence that he or she would be homeless "but for" HPRP assistance, to help case managers determine the appropriate level of financial assistance, and to define the client's housing plan to sustain the household's living situation after assistance ends. The assessment tool outlined six stages of engagement with HPRP clients. First, clients verified they were eligible. After clients were accepted into HPRP, the case manager negotiated with landlords to get them to determine the lowest amount of arrears they will accept from a tenant. Next, case managers determined if the rent on the current unit was reasonable and, if possible, if the landlord would lower the rent for the life of the lease. Fourth, case managers counseled clients about their budgets, looking to identify expenses to cut and utility assistance programs they might enter. At first, budget counseling focused on concrete steps a client could take in the upcoming 4 weeks. In an ongoing housing stability plan, clients might work on lowering their debts and increasing their incomes. Lastly, the case manager used all the information she had gathered to propose a package of assistance.

"But For" and Sustainability Rules

Lancaster County took pains to identify those most literally at risk "but for" HPRP assistance. In practice, this meant that clients could not be at more than 30 percent of AMI, with preference given to those at 15 percent of AMI. Households had to have a court order and demonstrate that they had no alternative resources or access to another place to stay. Case managers would not assist people under HPRP if they had family or friends with whom they could double-up. In this small, close-knit community, case managers could know their clients personally and might have helped them negotiate this kind of arrangement. Because of a lack of affordable housing in Lancaster, the program was less strict about its definition of sustainability. Housing units had to meet a fair market rent standard, but the HPRP program had no cap on what percentage of his or her income a client spent on housing. "Somehow people make it work," reported one case manager.

Prevention Activities

Lancaster County provided financial assistance, case management, and supportive services for up to 6 months. A strong element of Lancaster County's approach was the close relationships subgrantees had with landlords. Case managers served 846 people (303 households) as of September 30, 2010.

Financial Assistance. Subgrantees provided financial assistance for up to 6 months or a maximum of \$5,000, whichever came first. Assistance was determined case-by-case based on the household's budget. Because of its tight targeting around the "but for" criteria, the program could afford to support its smaller number of clients at a higher level. The amount or duration of assistance could be increased for a household with high barriers to housing through a review process. Months of arrears counted toward the total amount of eligibility—for example, a person who had 2 months of arrears paid would be eligible for 4 months of ongoing assistance. In practice, most clients resolved their situations with arrear payments alone, and extensions were rare. For "most people, 'something happened.' When we sort that 'something' out, they're okay and can get settled." For a small share of clients (5 percent) whose units were over fair market rent, unsafe, or unaffordable, HPRP paid for security or utility deposits or a short-term hotel/motel stay until a new unit was found.

Case Management. All those who received financial assistance participated in case management, as did the small number of clients who did not receive financial support. There were two case management models, based on client needs, provided by the two service-providing subgrantees. Those with moderate barriers checked in with a case manager at CAP once a month, before rent was paid. Those with higher needs worked with a Tabor case manager weekly in the beginning, and once a month as the housing crisis subsided. About 20 percent of Tabor's clients received case management but no financial assistance. Tabor's case management focused on a plan to help clients stabilize, which might have included credit and budget counseling, and workshops.

Supportive Services. LCHRA's subgrantees, Tabor in particular, had a network of landlords that tended to rent to their client base. As part of determining the package of financial assistance for each client, case managers negotiated with the landlord. This sometimes produced a lower settlement amount for arrears or even reduced rent for the rest of the lease. Both Tabor and CAP operated a range of other programs that HPRP clients could access. At CAP, this included utility assistance and nutritional support programs. Tabor's programs included budgeting, financial literacy, and job-readiness workshops.

DATA AND MONITORING

All subgrantees entered data into HMIS, though only for eligible clients (ineligibles' information was purged from the database). Before HPRP, Tabor was using HMIS for other programs, but the other subgrantees were not.⁸⁶ Agencies trained their new staff on using HMIS; after that, there were few challenges. The grantee used HMIS checks to identify topics on which to offer more training, such as how to use the assessment tool more effectively. Information from the screening, such as risk factors, was recorded in HMIS along with the HUD-required elements. Tabor added fields to record the amount of money paid to a landlord, when a client became stably housed, and other exit information. Overall, case managers and the grantee were pleased with having HPRP information in the CoC's HMIS because it helped coordinate services. They considered this a step forward in achieving the CoC's single point of access.

⁸⁶ CAP was using HMIS for its domestic violence services, but those were provided by different staff members.

PLANS FOR THE FUTURE

Owing to the success of HPRP prevention activities, LCCEH has made prevention the CoC's first goal on its revised ten-year plan. LCCEH plans to allocate as much funding to prevention as allowable from its future funding sources. Funding was more limited when HPRP ended, but LCCEH used the HPRP experience to establish goals, coordination systems, and prevention approaches that it will integrate in all its activities. As noted, the community placed a high priority on prevention in its HPRP grant, intending to use the program to move forward on its TYP goals. The unified HPRP program helped providers create stronger, more positive working relationships with each other. By working cooperatively on the HPRP team, subgrantees came to strongly embrace the merits of a central point of intake. The grantee established a central point of intake for HPRP as a prelude to a single point of entry for all homeless services, to begin operating in 2012.

Exhibit E.12: Lancaster County and City of Lancaster, Pennsylvania, Prevention Overview, Homelessness Prevention and Rapid Re-housing Program

	Persons		Households	
	#	%	#	%
Total served Year 1 ^a	846	100	303	100
Persons in families	702	83	—	—
Adults without children	142	17	—	—
Total served Year 2 ^a	1,235	100	428	100
Persons in families	1,010	82	—	—
Adults without children	220	18	—	—
HPRP services				
Rental assistance	—	—	467	100
Case management	—	—	467	100
Security/utility deposits	—	—	18	4
Outreach and engagement	—	—	0	0
Utility payments	—	—	2	0
Housing search/placement	—	—	0	0
Legal services	—	—	0	0
Credit repair	—	—	0	0
Motel and hotel vouchers	—	—	0	0
Moving cost assistance	—	—	0	0
Destination ^b				
Total leavers	1,087	100	—	—
Homeless	9	1	—	—
Institutional setting	6	<1	—	—
Permanent housing with subsidy	4	<1	—	—
Permanent housing without subsidy	688	63	—	—
Family or friends	11	1	—	—

Source: Lancaster County Housing and Redevelopment Authorities Annual Performance Report Data, 2009 program start through September 30, 2011.

— not applicable

^aTotal served numbers may not add to 100 percent because the "children only" and "unknown" categories are not included in this table. Numbers may add to greater than 100 percent due to data reporting errors.

^bDestination numbers may not add to total leavers because the "other," "hotel/motel," "unknown," and "deceased" categories are not included in this table.

"Homeless" includes the following destinations: emergency shelter, TH for homeless persons, staying with friends (temporary tenure), staying with family (temporary tenure), place not meant for human habitation, safe haven, and hotel or motel paid by client.

"Institutional setting" includes foster care, psychiatric facility, substance abuse or detox facility, hospital (non-psychiatric), and jail or prison.

"Permanent housing" with subsidy includes housing owned by client with ongoing subsidy, rental by client with VASH subsidy, rental by client with other ongoing subsidy, and Permanent Supportive Housing for Homeless Persons.

"Permanent housing" without subsidy includes housing owned by client without ongoing subsidy and rental by client with no ongoing subsidy.

"Family or friends" includes living with family, permanent tenure or living with friends, permanent tenure.