HOUSING READINESS PROGRAM
YEAR ONE EVALUATION
FOR THE HOUSING AUTHORITY
OF THE COUNTY OF SAN MATEO

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DISCLAIMER

This study has been prepared for the Housing Authority of the County of San Mateo, California. The author conducted this study in partial fulfillment of the requirements for the degree of Master of Public Policy at Mills College and in compliance with the requirements of the Committee for the Protection of Human Subjects. The judgments and conclusions are solely those of the author, and are not necessarily endorsed by the Mills College Public Policy Program, the sponsoring organization, or any other agency.
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EXECUTIVE SUMMARY

In 2005, San Mateo County published Housing our People Effectively (HOPE), a strategic plan, providing recommendations and strategies to end homelessness in the county. One of the key programmatic responses to the needs identified in the HOPE plan is the Housing Readiness Program (HRP) developed by the Housing Authority of the County of San Mateo (HACSM). The HRP uses 60 three-year time-limited Housing Choice Vouchers for a demonstration project to serve up to 60 homeless households. A successful outcome for these households envisions clients having the income to retain housing at the end of the three years. In addition to the voucher-based rental assistance, these clients receive case management with a focus on self sufficiency through their referral agency. The referral agency partners, selected for their expertise in working with the homeless, are the County of San Mateo Behavioral Health and Recovery Services, the Mental Health Association of San Mateo County, Samaritan House’s Safe Harbor and Shelter Network.

The HACSM has completed Year One of HRP and wishes to conduct an initial evaluation of the project. For the purpose of this evaluation, Year One (February 1, 2009 to January 31, 2010) is measured from execution of the first lease. The foci of this evaluation are HRP design, implementation, and early outcome indicators. The evaluation provides a limited discussion of the underlying logic model for HRP. The bulk of the work is a process evaluation, examining the initial work involved in getting the program off the ground and highlighting challenges that can be addressed for program improvement.

Although the program’s outcome measurement for clients cannot be known until they exit the program, case managers provided information that allows a limited examination of clients’ progress toward self sufficiency. The majority of clients are engaged with their referral agencies. However, nine clients have no case plan and an additional eleven clients who have case plans are not engaged
with their agency. Most clients, when assessed by case managers, are perceived to be either on the path to success or likely to succeed. A second assessment, based on achievement of housing, income and savings goals, results in a less positive assessment of clients’ progress. In this assessment, only seven clients are seen as either on the path to success or likely to succeed. Most clients have been successful in staying housed without landlord-tenant problems; many fewer clients have been able to increase income or establish savings.

The following findings are related to HRP implementation.

- The selection process ensures that all those who are housed meet eligibility criteria through the use of the Agency Referral form, the selection committee meeting and the HACSM eligibility screening.

- As hoped, referral agencies were successful in bringing clients with different experiences of homelessness and underlying reasons for homelessness to the program.

- Lines of communication and support between the HACSM and the referral agencies are well defined during the selection process. The project design provides clear criteria, useful forms and frequent communication.

- Lines of communication and support between the HACSM and the referral agencies after clients are housed are not clearly framed. Reporting requirements and timelines for reports are not clearly stated.

- Each referral agency brought programmatic strengths to HRP. Safe Harbor and Shelter Network’s self sufficiency and housing case management models suit the program’s focus on self sufficiency. The Mental Health Association and Behavioral Health and Recovery Services’ intensive case management and treatment models enable them to meet the monthly in-home case management required for the first twelve months of client tenancy.

- Some challenges in implementation of the program were identified. Lack of specific funding for HRP clients at Samaritan House’s Safe Harbor and
Shelter Network resulted in these clients being added to the standard case load of the on-staff case managers, limiting the follow up that could be undertaken for clients. Further, Shelter Network’s protocol, which requires clients to come in after being housed to formally signup for case management and create a new case plan, resulted in some non-compliance by clients with the case management requirement.

- One client recommended to HRP by BHRS was to be case managed by Shelter Network. This client was not successfully transferred and as a result is not being case managed by either agency.
- Innovations were developed by Samaritan House and BHRS’ Alcohol and other Drugs (AOD) division specifically for HRP. Samaritan House’s Safe Harbor shelter developed a monthly peer-group meeting specifically for HRP clients. These meetings provide an opportunity for presentations on specific issues, for peer support and for case manager check-in. BHRS developed HRP specific eligibility screening documents to be used by AOD Treatment Providers and an assessment document to help the agency determine the appropriateness of a client referral.
- The Homeless Management Information System, as it is being used, does not provide a strong source for reporting or evaluation.

Three types of recommendations are offered based on the findings in this report: (1) recommendations to increase the likelihood of success of the current clients in the program, (2) recommendations related to any new applicants to the program and (3) recommendations for further evaluation of the program.

Recommendations to increase the likelihood of success of the current HRP clients are:

- The HACSM can address the issue of client non-compliance with case management through four specific actions.
  1. Reinforce these requirements directly with clients.
  2. Have timely access to data to determine if clients are complying.
3. Include compliance with case management as part of the Recertification process.

4. Have a clear stakeholder-wide understanding of the impact of non-compliance by clients.

- The HACSM can increase communication levels with, and support of, the referral agencies through three specific actions.
  1. Develop specific referral agency reporting requirements and timelines.
  2. Hold meetings with referral agencies two or three times a year for the purpose of sharing client progress.
  3. Use meetings as needed to develop processes or emphasize aspects of the program that need referral agency attention.

Recommendations related to any new applicants to the program are:

- The HACSM could modify the Agency Referral in two specific ways.
  1. Re-work the service plan portion of the Agency Referral to direct agencies to develop case plans focused on the three required goals for case plans: maintain stable housing, increase income and establish savings.
  2. Add specific questions geared to capture additional information related to clients’ case plans and goals prior to becoming an HRP client.

Additional research in subsequent years of the program is recommended. The HACSM can pursue additional evaluation with particular foci on data collection and on process evaluation as the program matures.
ACKNOWLEDGEMENTS

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INTRODUCTION

The Housing Authority of the County of San Mateo (HACSM) has completed Year One (February 1, 2009 to January 31, 2010) of its Housing Readiness Program (HRP) and wishes to conduct an initial evaluation of the project. The HRP is a demonstration project developed as part of the implementation of Housing our People Effectively (HOPE), the county’s plan to end homelessness in ten years. HRP provides rental assistance to homeless individuals or families through the use of a Section 8 Housing Choice Voucher for up to three years. Case management with a focus on self sufficiency is provided to these clients by their referral agency. A successful outcome envisions clients having the income to retain housing at the end of the three years.

Demonstration projects, by definition, are learning environments. Research is an integral portion of the HRP design. This evaluation is part of that commitment to formal examination of the HRP. The foci of this evaluation are HRP design, implementation, and early outcome indicators. The HRP design review provides a limited discussion of HRP’s logic model. The bulk of the work is a process evaluation related to implementation, including an examination of the work involved in getting the program off the ground and highlighting challenges that can be addressed to improve the program. Although the program’s client outcome measurement cannot be known until they exit the program, this evaluation examines early indicators of clients’ progress toward self sufficiency. This evaluation provides data on baseline and benchmark measures HACSM will report to the U.S. Department of Housing and Urban Development (HUD).

The evaluation is organized in three sections. The introduction provides background information on the problem of homelessness, the concept of rapid re-housing, San Mateo County’s plan to end homelessness, the Housing Readiness Program, and this evaluation’s methodology. The second section consists of findings drawn from background materials, data and interviews. The third section provides an analysis of the findings and recommendations.
THE PROBLEM OF HOMELESSNESS

DEFINITION

The homeless are by definition those without housing, but defining homelessness for purposes of setting policy and providing services is more complex than simple lack of housing. When considering who is homeless, two issues play the most significant roles.

- What are the living arrangements that qualify an individual as homeless?
- How long does an individual have to be living in this manner to be considered homeless?

Those who live on the street and have no home to return to are always considered homeless. Depending on the application, a runaway who could return home may or may not be considered homeless; a person sleeping on a friend’s couch or a family living in a garage may or may not be considered homeless. The definition used to describe homelessness differs by the entity applying the classification (Toro, 1999).

SIZE OF POPULATION

It is difficult to determine the absolute numbers of the homeless, as reported figures are always estimates. Part of the challenge is finding the homeless to include in any kind of count. Methodological, financial, or practical constraints can limit research to those who are in easily accessed shelters, in central service locations such as soup kitchens, or in known locations on the streets. Limits of this type would result in an undercount of the homeless (National Coalition for the Homeless, 2009a). Historically, estimates have varied based on their source, with advocate counts running higher than government counts (Toro, 1999). The most current annual estimate for the number of homeless nationally is between 1.6 and 3.5 million. The lower estimate of 1.6 million is reported in HUD’s Annual Homeless Assessment. This estimate was based on two point-in-time counts in emergency and transition housing only. A higher population of 2.3 to
3.5 million was estimated by the Urban Institute, using as its base a National Survey of Homeless Assistance Providers and Clients executed by the U.S. Census Bureau (National Alliance to End Homelessness, 2009).

CAUSES OF HOMELESSNESS

Although there are many underlying conditions that contribute to homelessness, the primary reasons for homelessness are poverty and lack of affordable housing (National Coalition for the Homeless, 2009b; Cochran, 2008, Toro, 1999). The conditions, although measured separately, clearly interact. In 2007, 13.2% of the U.S. population was in poverty\(^1\) (United States Census Bureau, 2008a). Low-wage work, even among full-time employees, does not provide income at a sufficient level to maintain housing. In 2009, at a time when the federal minimum wage was $7.25 (United States Department of Labor, nd) a salary of $14.97 was necessary to afford a one bedroom apartment and a salary of $17.84 was needed for a two-bedroom apartment (National Coalition for the Homeless, 2009a). Further, HUD estimates that over 12 million renters and homeowners have a housing burden of over 50% of their income (United State Department of Housing and Urban Development, nda). Limited income and a heavy housing burden threatens the ability to pay for food, health care, transportation and childcare and can lead to extremely difficult decisions on which bills to pay. It can also eliminate the ability to save, creating an additional risk if there is unexpected loss of income.

Although lack of affordable housing and poverty are key reasons for homelessness, there are additional issues underlying homelessness. Lack of affordable health care, domestic violence, mental illness, and addiction disorders all play a part (National Coalition for the Homeless, 2009b). A portion of the homeless population has mental illness, estimated at 15-20%. While mental

\(^1\) Poverty level is defined by family size and number of related children; the weighted average for a family of 3 was $17,163 annually (US Census Bureau, 2008b).
illness is not prevalent in a majority of this population, substance abuse is. Some estimates of lifetime likelihood of substance abuse within the homeless population run as high as 60% (Toro, 1999).

When surveyed, cities cite family relationship issues as causes of homelessness: 28% of cities cite domestic violence and 20% cite family disputes. Cities note that emancipation from foster care (4%) is also a cause of homelessness among single adults. Mental illness (12%) and substance abuse (12%), often associated with homelessness are cited at a lower rate in families than housing, economic, and relationship issues. Cities report that for single adults, substance abuse (68%) and mental illness (48%) play a much greater role in causes of homelessness (Cochran, 2008).

DEMOGRAPHIC HETEROGENEITY

We have seen a wide variety in the reasons for homelessness. Using a single word, homelessness, masks both the complexity of this phenomenon and the heterogeneity of the population. About 64% of homeless adults have had a prior experience with homelessness, while the remainder have one brief period of homelessness and will not experience it again (Toro, 1999). Although single individuals represent the largest portion of the population, families are among the fastest growing portion of the homeless population, representing between 23% (National Coalition for the Homeless, 2009c) and one-third of the homeless, (Drew, 2007). Men make up 65% of the homeless, and women 35%. Ethnic representation in the homeless population varies by location. The 2006 U.S. Conference of Mayors survey reported that in their cities 42% of those in shelters were African America, 38% White, 20% Hispanic, 4% Native American and 2% Asian American. Children under 18, both as part of homeless families and as unaccompanied minors, accounted for 39% of the homeless (National Coalition for the Homeless, 2009c).
RAPIDLY RE-HOUSING THE HOMELESS

For much of the late twentieth century, homeless services focused on a continuum of care, providing the homeless with services initially in an emergency shelter and then moving them into transitional shelter housing. Since that time, there has been a shift in the approach to homelessness. The strategic focus has shifted away from providing services to focusing efforts on ending homelessness. This strategic approach includes both preventing the at-risk population from moving into homelessness and moving those who are already homeless quickly into permanent versus shelter housing (National Alliance to End Homelessness, 2000). It also recognizes that the heterogeneity of the population demands different resources and services for different homeless individuals in order to help them achieve their goals (Toro, 1999).

The concept of rapid re-housing is being applied across the country. Chicago holds “rapidly re-house people when homelessness cannot be prevented” as one of the “core tenets of the new approach” (Butzen and Vendixen, nd). New York City focuses its program on the chronically homeless, defined as those who are disabled and have been homeless for over a year of the last two years or over two years of the last four (New York City, nd). With this population, the work focuses on permanent supportive housing, placing clients in housing with on-site case management and on-site services (National Alliance to End Homelessness, 2000). Los Angeles County’s Beyond Shelter, one of the local nonprofit homeless service providers, rapidly re-houses homeless families. This program includes help for the families to move into permanent housing along with six months of intensive case management services (Einbinder and Tull, 2005). For homeless families, rapid re-housing programs provide housing support, including eviction counseling, funding of move-in costs and lease negotiation. Case management services for families focus on assessment of needs, linkage to community-based services, and crisis follow-up support (National Alliance to End Homelessness, 2000). In delivery of self sufficiency case management, managers focus on daily
life skills that will help the client avoid further loss of housing. Economic support is also important to focus on, as are practical skills such as household management and budgeting (Toro, 1999).

Although implementation of the concept of rapid re-housing varies in each community in which it is used, the model of the National Alliance to End Homeless, *Housing First*, provides a set of guiding principles and service delivery components (Zvetina, 2009) listed as follows:

**Guiding Principles**
- Homelessness is first and foremost a housing problem and should be treated as such.
- Housing is a right to which all are entitled.
- People who are homeless or are on the verge of homelessness should be returned to or stabilized in permanent housing as quickly as possible and connected to resources necessary to sustain housing.
- Issues that may have contributed to a household’s homelessness can best be addressed once they are housed.

**Service Delivery Components**
- Emergency services that address the immediate need for shelter or stabilization in current housing.
- Housing, Resource, and Support Services Assessment which focuses on housing needs, preferences and barriers; resource acquisition (e.g., entitlements); and identification of services needed to sustain housing.
- Housing placement assistance including housing location and placement; financial assistance with housing costs (e.g., security deposit, first month’s rent, move-in and utilities connection, short- or long-term housing subsidies); and advocacy and assistance in addressing housing barriers (poor credit history or debt, prior eviction, criminal conviction).
- Case management services (frequently time-limited) specifically focused on maintaining housing or the acquisition and sustainment of permanent housing.
SAN MATEO COUNTY INCOME AND COST OF HOUSING

San Mateo County, with a population of 718,989 (United States Census Bureau, 2009), is located south of San Francisco, California. San Mateo is a wealthy county, with a median household income\(^2\) of $84,864 versus $52,175 for the United States as a whole (United States Census Bureau, 2007a, 2007b). The wealth of the county is more fully illustrated when viewed in the context of the federal poverty level guidelines. For a household of three members\(^3\), the federal poverty guidelines limit income to $18,310 (Assistant Secretary for Planning and Evaluation, 2009). While nationally 13.2% of the population falls below the federal poverty limit, in San Mateo County, only between 6.7% of the population falls in this below the limit (United States Census Bureau, 2009).

Although these comparisons illustrate the contrast in wealth between the county and the nation, they do not reveal the challenges of living in the county. San Mateo County has a very high cost of living, an index of 179 versus the national average of 100 (City-data.com, 2009). Cost of housing plays a large role in the county’s high cost relative to the national average. Further, an annual income of $61,330 is required to afford an average priced two-bedroom apartment in the county: approximately half the renters in the county earner that wage or more (Hill and Church, 2006).

When assessing income level for housing programs, income categories are defined regionally using the Area Median Income (AMI). Low income is defined as 80% of AMI; very low income is defined as 50% of AMI; extremely low income is defined as 30% of AMI. These levels are further differentiated based on household size. As illustrated in Table 1, in San Mateo County, for a family of three, $81,450 is considered low income, $50,900 is considered very low income, and $30,550 is considered extremely low income. A total of approximately 42% of

\(^2\) This household definition does not differentiate based on size, a key delineation in defining income categories.

\(^3\) Average household in San Mateo County size is 2.7 (U.S. Census Bureau, 2009)
the households in San Mateo County fall into these income categories (United States Census Bureau, 2007a).

### Table 1: San Mateo County Income Levels

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<td>Income Level</td>
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<tr>
<td>Low Income</td>
<td>80%</td>
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<tr>
<td>Very Low income</td>
<td>50%</td>
</tr>
<tr>
<td>Extremely low income</td>
<td>30%</td>
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SAN MATEO COUNTY CAUSES OF HOMELESSNESS AND DEMOGRAPHICS

San Mateo County undertakes a census and a survey of the homeless population in its county every two years. The information, collected and analyzed to better understand the county’s homeless population, is used to inform policymakers in the design of interventions for this population. The most recent survey, done in January, 2009, asks respondents answer 27 questions including primary events or conditions that led to homelessness. The two reasons identified most often by respondents were a lost job (44%) and alcohol or drug use (40%). They also report arguments with family (16%), eviction due to non-payment (15%) and mental health issues (15%). In addition, when asked if they are experiencing certain conditions, 39% report current alcohol and drug problems, 34% mental health issues, 31% chronic health issues and 27% post-traumatic stress disorder. A physical disability was reported by 27% of those surveyed (Bristol, 2009).

As seen with the national homeless population, San County’s homeless population is heterogeneous. About 84% of the homeless population surveyed in 2009 report that they have experienced homelessness more than once over the past three years. The majority of the homeless, 60%, report living alone; 10% of the population surveyed reporting having a child or children with them. Men make up 70%, women 30%. The population breaks down ethnically as follows:
White 46%, African American 24%, Hispanic 13% Asian and Pacifica Islander 6%, multi-ethnic 6% and Native American 3% (Bristol, 2009).

**HOUSING OUR PEOPLE EFFECTIVELY (HOPE)**

In 2005, San Mateo County began to develop a strategic plan to address homelessness in the county. Under the leadership of two members of the San Mateo County Board of Supervisors and the County of San Mateo Human Services Agency Center on Homelessness, a county-wide initiative was undertaken. Approximately 150 people representing political leaders, business and civic leaders, housing and homeless advocates and the homeless themselves participated in addressing this challenge. The challenge, as they articulated it, was to end homelessness in ten years. At the time, an estimated 4,000 men, women, and children were homeless annually in San Mateo County, with another 26,000 at risk for homelessness (Hill and Church, 2006). The work done in San Mateo County recognized not only the financial cost of homelessness that are borne by the community, but the human cost that those who are homeless bear.

The result of this community engagement was HOPE: Housing Our People Effectively, Ending Homelessness in San Mateo County. This plan represented a new way of looking at the issue of homelessness and is based on evidence that many of the homeless can benefit from being rapidly placed in permanent housing.

The HOPE plan focused on two strategies to guide the work: housing and prevention. Recommendation 1 was to “Increase housing opportunity for people who are homeless or at imminent risk of homelessness.” The intent of this strategy was to ensure there was an adequate supply of housing that was safe and accessible to the homeless, who were primarily people of very low income. In order to achieve this, the plan included strategies both to develop new affordable housing and to make existing housing units affordable.
Recommendation 2 was to “Prevent and end homelessness by delivering timely, flexible services to support stability and independence.” This strategy recognized that those who are housed may need support to retain their housing. This support could include self sufficiency services such as practical tenant training, financial literacy education, or support related to increasing income. For many of the homeless, it could also include improving health or mental health status (Hill and Church, 2006).

The HOPE plan acknowledged how much the success of such a plan relies on leadership. It recognized the leadership role that the San Mateo County Department of Housing would provide in implementing a broad number of the plan’s initiatives. Because of its role in administering HUD’s Section 8 Housing Choice Voucher, the Housing Authority of the County of San Mateo had a tool that could be used to increase affordable housing opportunities for the homeless.
HUD, MTW AND THE HOUSING READINESS PROGRAM

HUD SECTION 8 HOUSING CHOICE VOUCHERS

HUD operates the Section 8 Housing Choice Voucher Program which is “the federal government's program for assisting very low-income families, the elderly, and the disabled to afford decent, safe, and sanitary housing in the private market” (Housing Authority of the County of San Mateo, ndc). This program works with willing landlords in the private housing market and pays the voucher holder’s subsidy directly to the landlord. The household that receives the housing voucher finds their own housing where the landlord is willing to participate in the program. The household pays the difference between the rent and the voucher amount to the landlord. The household is expected to contribute one-third of its monthly adjusted gross income for rent and utilities. The size of the voucher for rent subsidy is based on this calculation. Vouchers are not time-limited (National Coalition for the Homeless, 2009d).

San Mateo County is allocated 4,063 Housing Choice Vouchers (Housing Authority of the County of San Mateo, nda, pg. 9). The Housing Choice Voucher program is not an entitlement program. Thus, there are many more applicants in communities than there is funding to provide support, resulting in a waiting list for the program. This is the case in San Mateo County. Most recently, the waiting list was open to new pre-applications between July 7 and 12, 2008. During this period, HACSM received over 23,000 pre-applications. The waiting list is currently closed; the department does not expect to open the waiting list again for additional pre-applicants for at least three years. For pre-applicants, the department cautions that, once on the waiting list, they may have to wait up to three years before they are called to be interviewed (Housing Authority of the County of San Mateo, ndd).

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4 An individual is not an applicant until he or she is at the top of the waiting list and is contacted by HACSM.
MOVING-TO-WORK PROGRAM

Within the Housing Choice Voucher Program, a small number of Housing Authorities, including San Mateo County, have been granted flexibility to develop demonstration projects as part of the Moving to Work Program (MTW). With the MTW, HUD grants flexibility unavailable in its core programs.\(^5\) Flexibility, based on local needs, is provided in budgeting and policies in providing housing to low-income residents. These projects are intended to address one or more of three set strategies: (1) use federal dollars more efficiently, (2) help residents find employment and become self-sufficient and (3) increase housing choices for low-income families (United States Department of Housing and Urban Development, ndb). In 2000, the HACSM was granted MTW demonstration project status using 300 Housing Choice Vouchers set aside for this project. MTW vouchers are time-limited\(^6\), with a six year limit (Housing Authority of the County of San Mateo, ndb). In 2008, HACSM signed a new agreement with HUD expanding HACSM to a full MTW agency, allowing the MTW-flexibility to be extended to all vouchers.

HOUSING READINESS PROGRAM

The Housing Readiness Program (HRP) came about as a result of the strategic initiatives developed through the HOPE planning process. HRP uses 60 of the 300 MTW Housing Choice Vouchers for a demonstration project to serve up to 60 homeless households, both individuals and families. The program has a shorter time limit than other MTW programs; its time limit is three years. HRP is intended to provide an immediate intervention for the homeless. Because of the long waiting lists, traditional Housing Choice Vouchers have not been a viable option for the homeless. By creating a set aside of Housing Choice Vouchers for

\(^5\) Housing Choice Vouchers, Project-based Program, Homeownership Program
\(^6\) Time limit is subject to a hardship exception.
this specific population, there can be an immediate response based on their urgent need for housing.

According to the Application Process and Eligibility Criteria document, the program has set out six program specific goals (Housing Authority of San Mateo County, 2008a):

- Target homeless who are not covered by other homeless rental assistance programs, using the “Housing First” model.
- Help homeless individuals and families secure and retain permanent affordable housing.
- Increase income and/or employment opportunities for clients.
- Link clients to mainstream services and benefits.
- Increase clients’ level of self sufficiency.
- Conduct research on the effectiveness of the program in reducing homelessness.

To be eligible for this program, clients must meet the definition of homeless and referral agencies must provide a Homelessness Certification (Appendix 1). Individuals and families are considered homeless if their housing is in one of the following categories, as delineated in the Homeless Certification:

- In places not meant for human habitation, such as cars, parks, sidewalks, abandoned (on the street).
- In an emergency shelter.
- In transitional or supportive housing for homeless persons who originally came from the streets or emergency shelters.
- In any of the above places but is spending a short time (up to 30 consecutive days) in a hospital or other institution.
- Is being discharged within 30 calendar days from an institution, such as a mental health or substance abused treatment facility or a jail/prison in which the person has been a resident for more than 30 consecutive days and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing.
- Is fleeing a domestic violence housing situation and no subsequent residence has been identified, and lacks the resources and support networks needed to obtain housing.
All HUD-sponsored programs have income limits. Applicants must be considered *very low income*, defined as 50% of the Area Median Income (AMI). Specific income limits increase based on increased household size (Appendix 2).

Further eligibility criteria include adult or emancipated minor status and citizen or eligible immigrant status. The applicant cannot have certain criminal convictions, certain Federal housing program violations, outstanding debt with the HACSM or any other housing authority, and must be in compliance with work program requirements. A complete list of eligibility criteria is attached as Appendix 3.

All MTW programs including HRP are subject to limits related to further selection criteria. One specific area addressed in procedures governing this program is motivation of participants. Use of motivation by participants as a selection factor is allowed, but requirements related to motivation are limited. Requirements that are allowed include attendance at orientation or pre-selection interviews and willingness to undertake certain obligations. (U.S. Department of Housing and Urban Development, 2005) Screening factors such as educational level, job history or performance, or credit rating are not allowed. HRP requires applicants attend eligibility interviews and an initial briefing and participate in case management.

Four referral agencies were selected by the HACSM to participate in this project, based on their expertise in working with the homeless. They were also chosen for their work with and accesses to different parts of the homeless population with an expectation that each would refer clients with different experiences of homelessness to the program. The referral agencies agreed to provide assistance to clients and signed a Memorandum of Understanding (MOU). The MOU template is provided as Appendix 4. The four referral agencies are:

- *The County of San Mateo Behavioral Health and Recovery Services (BHRS)*:

  This county agency builds “opportunities for people with or at risk of
alcohol and drug addiction and mental health challenges to achieve wellness and/or recovery through partnership, innovation, and excellence” (Behavioral Health and Recovery Services, nd). Both the Mental Health (BHRS-MH) and the Alcohol and Other Drugs (BHRS-AOD) divisions provide referrals to HRP.

- **The Mental Health Association of San Mateo County (MHA):** As stated in its mission, MHA “enriches quality of life, restores dignity, and reduces homelessness, particularly for those affected by mental illness and HIV/AIDS. [MHA] strengthens hope by providing shelter, support and opportunities for socialization” (Mental Health Association, nd). MHA refers clients from their Support and Advocacy for Young Adults in Transition (SAYAT) program.

- **Samaritan House (SH):** Samarian House provides “services to help meet the essential daily needs of more than 12,000 low-income people within San Mateo County, California. [They] provide an interim ‘safety net’ for individuals and families in need while ultimately helping them move toward self sufficiency” (Samaritan House, nd). Samaritan House refers clients from its Safe Harbor emergency homeless shelter.

- **Shelter Network (SN):** Shelter Network is “committed to providing housing and support services that create opportunities for homeless families and individuals to re-establish self sufficiency and to return to permanent housing” (Shelter Network, nd).

All clients must be referred by one of these referral agencies. Referral agencies plan an essential role in assessing client’s suitability for the program. The agencies meet with the potential client for an initial screening and assessment. If the agency decides that this is a good candidate for the program, they complete the Housing Readiness referral packet with includes the Agency Referral (Appendix 5), the Homeless Certification (Appendix 1) and a signed Consent for the Release of Client Information form (Appendix 6). The referral packet is
forwarded to the HACSM coordinator who reviews it to ensure that it is complete.

A seven member selection committee\(^7\) of community partners reviews all referrals (Housing Authority of the County of San Mateo, 2008). The referral agency representative presents the recommendation, including the following information regarding the applicant: household composition, household situation, employment and income, education, personal history, strengths, income requirement, credit and eviction record, and goal statement. At each of the meetings, agencies have an opportunity to present an equal number of referrals, if they have referrals they are prepared to present (Garcia, 2010).

The committee then makes a decision as to whether to approve or deny each applicant.\(^8\) Each recommendation is discussed at the meeting, allowing time for clarification. The intent of the process is to operate on group consensus. However, the HACSM does maintain authority over the final eligibility decision. If an application is denied, specific reasons are provided to the referral agency, with recommendations that might allow a client to re-apply in the future (Housing Authority of the County of San Mateo, 2008b). These reasons must relate to specific eligibility criteria.

If a client is approved, he or she is then referred to the HACSM for formal eligibility screening and Certification. This is the first time the HACSM meets directly with the applicant. Attendance at this screening is required for acceptance into the program. The focus of this part of the process is primarily to determine the applicant and other household members’ annual level of financial support. This information is used both to determine income eligibly for the

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\(^7\) The Committee is composed of a representative of HACSM, the County’s Center on Homelessness and a representative from each of the referral agencies; for the purpose of this committee, BHRS-MH and BHRS-AOD each is represented separately.

\(^8\) Applicants can also be approved subject to the imposition of a particular condition; this has not been done.
program and to set the level of the voucher. Sources that are reviewed include income and assets as shown in Table 2.

<table>
<thead>
<tr>
<th>Income</th>
<th>Assets</th>
</tr>
</thead>
<tbody>
<tr>
<td>TANF/GA</td>
<td>Savings accounts</td>
</tr>
<tr>
<td>Wages</td>
<td>Checking accounts</td>
</tr>
<tr>
<td>SS/SSI</td>
<td>Savings certificates</td>
</tr>
<tr>
<td>Pension</td>
<td>Stocks</td>
</tr>
<tr>
<td>Child support</td>
<td>Bonds</td>
</tr>
<tr>
<td>Family support</td>
<td>Real estate</td>
</tr>
<tr>
<td>Self employment</td>
<td></td>
</tr>
<tr>
<td>Disability benefits</td>
<td></td>
</tr>
<tr>
<td>Unemployment benefits</td>
<td></td>
</tr>
</tbody>
</table>

Table 2: Income and Assets Considered for Certification

This part of the process also requires the applicant to respond to inquiry regarding certain criminal convictions, certain federal housing program violations, and outstanding debt with the HACSM or any other housing authority. Applicants must also attest that the information provided is truthful.

If having completed eligibility screening, the applicant is Certified, a voucher which specifies the size of the unit for which the applicant is qualified, will be issued. The applicant will also sign the Initial Briefing Statement of Understanding (Appendix 7) at this time.

Upon approval, applicants can move forward to find appropriate housing. Among the assistance that the referral agency provides to the clients is support of their search for housing units. This entails finding an appropriate housing unit with a willing landlord. The unit must be inspected and accepted by HACSM. With HACSM acceptance of the unit and completion of the lease, the applicant becomes a program participant.

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9 The client must go through a Recertified after program admission for continued assistance and to determine the level of subsidy.
The ultimate intended outcome for these clients is self sufficiency. Case management has been integrated into HRP, as the key tool to move clients to self sufficiency. As part of their MOU referral agencies agree to:

- Monitor and document client’s stability in housing through monthly home visits for at least the first 12 months and reevaluate annually.
- Report to HA on the clients’ progress in activities that lead to self sufficiency or changes in the Service Plan.
- Create linkages.

As part of their Initial Briefing Statement of Understanding, clients agree to several policies including the following:

In conjunction with a Housing Readiness Program Management Provider, develop a service plan with the referring agency to provide the necessary support services as needed by the Family. Participation in supportive services as described in the plan is ongoing, with a minimum annual review of services needed to be conducted with the referring agency Case Management Provider.
METHODOLOGY

The foci of this evaluation are HRP design, implementation, and early outcome indicators. The evaluation provides a limited discussion of the underlying logic model for HRP. The bulk of the work is a process evaluation, examining the initial work involved in getting the program off the ground and highlighting challenges that can be addressed for program improvement. Although the program’s outcome measurement for clients cannot be known until they exit the program, this evaluation examines early indicators of clients’ progress toward self sufficiency. Data gathering and interviews focused on these three areas. A portion of the evaluation will also provide data on the baseline and benchmark measures the HACSM has committed to report to the U.S. Department of Housing and Urban Development (HUD). Baselines and Benchmarks requirements are provided in Appendix 8. Conducting this evaluation consisted of five main activities:

- **Reviewing written documentation related to the implementation of the Housing Readiness Program.** Documents were reviewed to get an overview of the program as it was planned including the context of the program and its expected outcomes. Additional documents which serve as implementation tools were reviewed.

- **Reviewing data collected in the Housing Authority and Homeless Management Information System (HMIS) databases.** The databases were accessed to extract information for both the HUD baseline and benchmarks and additional evaluation measures. The database was also accessed to determine if changes needed to be made to support the HRP.

- **Reviewing case files held by the Housing Authority of San Mateo County.** These cases were reviewed to provide an in-depth understanding of the information collected by the Housing Agency for each client. Case files served as a source of data that is not input into either the HA or HMIS database. Specifically, the HACSM is interested in a demographic
description of the participants who are currently in the program. This data exist in client files and databases, but has not been analyzed.

- "Interviewing staff members of the Housing Authority of the County of San Mateo and the Center for Homelessness within the Human Services Agency of San Mateo County." Interviews were conducted to get an overview of the program, to understand the intricacies of program implementation and to access staff expertise regarding specific aspects of the program.

- "Interviewing staff members of the Referral Agencies participating in the Housing Readiness Program." Interviews were conducted to understand the referral agencies’ implementation of the program and their approach to service to these clients, as well as to obtain specific information regarding client progress. Appendix 9 provides an interview protocol used when discussing clients with their referral agencies.

A more detailed description of the evaluation methodology is given in Appendix 10.
FINDINGS

FINDINGS RELATED TO HRP CLIENT CHARACTERISTICS

Although HACSM does not have specific goals related to client demographics, a request for a description of HRP clients was made by HACSM. Demographic descriptions are for the 58 HRP clients in the program on January 31, 2010.10

DEMOGRAPHICS

The heterogeneity of the homeless population, both nationally and in San Mateo County is also found in the client population.11 A full demographic profile is attached as Appendix 11.

- Gender: Male 50%, Female 50%
- Age: Range 19 to 70; Average 45
- Household Size: Range 1 to 6; Single Individuals: 64%; Households with minors: 33%
- Race/Ethnicity: White 48%; Hispanic 10%; African American 31%; Asian 7%; Native Hawaiian, Pacific Islander 7%
- Disabled: 28%
- Long-term homeless: 67%; Chronically homeless: 21%
- Income: Very Low Income: 100%; Extremely Low Income: 92%

PRIOR LIVING CIRCUMSTANCES

HRP households came from a variety of homeless circumstances as described in their Homelessness Certification.12 A majority of households came from shelters. Households were also re-housed directly from places not meant to be inhabited, including from cars and homeless encampments.

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10 One client passed away just after the evaluation period. That client’s information is included in all reporting as the client was housed for the full evaluation period.
11 These data were drawn from the HA database and from HA client files.
12 These data were extracted from Homeless Certifications in HA client files.
Table 3: Prior Living Circumstances (n=58)

<table>
<thead>
<tr>
<th>Place not meant to be inhabited</th>
<th>7</th>
<th>12%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Shelter</td>
<td>31</td>
<td>53%</td>
</tr>
<tr>
<td>Transitional Shelter</td>
<td>17</td>
<td>29%</td>
</tr>
<tr>
<td>Institution</td>
<td>2</td>
<td>3%</td>
</tr>
<tr>
<td>Not in File</td>
<td>1</td>
<td>2%</td>
</tr>
</tbody>
</table>

Prior to housing, 21 HRP clients lived in South San Francisco; most were residents at Samaritan House’s Safe Harbor. A large number of clients also lived in San Mateo and Redwood City, primarily at Shelter Network shelters. Six clients who were in places not meant to be inhabited did not have an address. Once the program began, Redwood City provided housing to the largest number of HRP clients, followed by San Mateo. (Maps are provided in Appendix 12.)

HOMELESS CIRCUMSTANCES

Client history, provided by case managers, reflects a variety of factors contributing to their homelessness. Case managers identified underemployment most often as an underlying cause of homelessness for this population, followed by drug or alcohol dependency issues and loss of job.

Table 4: Factors Contributing to Homelessness (n=58*)

<table>
<thead>
<tr>
<th>Count</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underemployment</td>
<td>16</td>
</tr>
<tr>
<td>Drug dependency issues</td>
<td>15</td>
</tr>
<tr>
<td>Loss of job</td>
<td>14</td>
</tr>
<tr>
<td>Alcohol dependency issues</td>
<td>14</td>
</tr>
<tr>
<td>Lack of job skills</td>
<td>13</td>
</tr>
<tr>
<td>Mental health issues</td>
<td>12</td>
</tr>
<tr>
<td>Chronic health issues</td>
<td>11</td>
</tr>
<tr>
<td>Lack of education</td>
<td>10</td>
</tr>
<tr>
<td>Disabilities</td>
<td>9</td>
</tr>
<tr>
<td>Incarceration</td>
<td>7</td>
</tr>
<tr>
<td>Family dispute/ abandonment</td>
<td>6</td>
</tr>
</tbody>
</table>

*Individual clients may have multiple contributing factors
HOUSEHOLD INCOME

Incomes of participants range from $0 to $36,158. All households fall under the very low income threshold. Although the income limit rises with household size, participant income does not increase with household size.

Figure 1: HRP Participant Maximum and Average Income vs. Very Low Income Threshold

One client has no income. Of those who have income, one-half of the households have wage income; half of the households have social security or public assistance income. The range of the wage income is $112 to $36,158 annually; Social Security income ranges from $7,188 to $17,716 annually; public assistance income ranges from $214 to $9,696 annually.

Table 5: Sources of Income

<table>
<thead>
<tr>
<th>Source</th>
<th>Count</th>
<th>Minimum</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages</td>
<td>26</td>
<td>$ 112</td>
<td>$ 36,158</td>
</tr>
<tr>
<td>Social Security</td>
<td>18</td>
<td>$ 7,188</td>
<td>$ 17,716</td>
</tr>
<tr>
<td>Public Assistance</td>
<td>15</td>
<td>$ 214</td>
<td>$ 9,696</td>
</tr>
<tr>
<td>Other</td>
<td>11</td>
<td>$ 600</td>
<td>$ 18,928</td>
</tr>
</tbody>
</table>

*one client has no income
FINDING RELATED TO PROGRAM DESIGN

THEORY OF CHANGE

The HRP design was based on the Housing First model in which the homeless are moved from the streets or homeless shelters directly into permanent housing. Housing First’s theory of change is based on the premise that for the homeless, the first and primary need is stable housing. Only when they are housed and do not have the daily challenge of shelter, can they work on other issues that led to homelessness.

Based on the Housing First theory of change, HRP is expected to rapidly rehouse clients. Then, when clients do not have the daily challenge of shelter, they are expected to work on building self sufficiency. The service plan goals of maintaining stable housing, increasing income and establishing savings are intended to guide this work.

Although HRP program design sets self sufficiency as a goal for all program participants, the language used in the program formation documents is inconsistent when referring to self sufficiency and the expected outcome as it relates to housing. The HACSM Administrative Plan indicates that the services of this program are provided so that clients “...may obtain self sufficiency at the end of the contract” (Housing Authority of San Mateo County, 2010, pg. 17-2). This language supports the focus on the need for an increase in income and does not clearly communication to possibility of continued public support for housing. The MTW Annual Plan says, “...at the end of the three-year term, successful graduates may transfer to other affordable housing programs, managed by other community partners” (Housing Authority of the County of San Mateo, nda, pgs. 62 and 63). This language opens the possibility of affordable housing, but those outside the Housing Authority’s purview. And the Application Process and Eligibility Criteria document says, “At the end of the three-year term, successful graduates may be transferred as necessary to another affordable housing
program.” This language specifically opens the possibility of other Housing Authority housing at the end of the three years.

Stakeholder interviews reflect this inconsistency when defining self sufficiency. However, they reflect consistency among stakeholders in their expectations that clients will move to other affordable housing, including project-based-housing following HRP. The following comments were offered by stakeholders related to self sufficiency and housing needs upon exit.

- Self sufficiency means that the clients will no longer be receiving cash assistance.
- Our clients will never be self-sufficient. They will always have to have public support.
- We hope that a small percentage will be able to pay full rent.
- Our clients will all need to transfer to other programs at the end of the three years.
- Our clients are all on project-based waiting lists.
- Clients are elderly and will need long-term subsidized housing.
- These clients may be ideal roommates after the program, or may be a fit with HIP Housing’s Home-sharing Program.

**SELECTION PROCESS**

The selection process ensures that all those who are housed meet eligibility criteria through the use of the Agency Referral form, the selection committee meeting and the HACSM eligibility screening. These tools direct attention to homeless circumstances, criminal record, citizenship or eligible immigrant status. They further focus on an assessment of whether there is a better HACSM program for an applicant. In addition to Section 8 Housing Voucher programs, HACSM has two grant funded programs that serve the homeless. The Shelter Plus Care and Supportive Housing programs target homeless individuals who have chronic problems with alcohol, drugs or AIDS or other related disease and individuals who have serious mental illness.
Applicant denials during Year One included two applicants who were denied entrance because they did not meet the homeless definition; another did not have proof of eligible immigrant status; other applicants were deemed a better fit with other HACSM programs. Applicants were also withdrawn by referral agencies during and after the selection committee meeting for a variety of reasons, primarily related to receipt of new information (Garcia, 2010).

The clients who are ultimately selected for this program generally reflect the heterogeneity of the homeless population. They further reflect the unique client populations served by each referral agencies and the agencies’ views on which clients are the most appropriate to recommend. These views were expressed by stakeholders.

- We recommend our toughest clients, many who have been chronically homeless, to this program.
- The chronically homeless have limited potential for self sufficiency.
- We look for clients who are more likely to become self-sufficient; those who are first-time homeless and are more economically functional.
- This program is only three years so clients need to be motivated to improve their skills.
- This program can help those who are laid off temporarily to get on their feet.
- This program is not for the disabled and chronically homeless. There are other programs for those who have mental or physical disabilities.
FINDINGS RELATED TO THE HRP IMPLEMENTATION

CLIENT PROFILES BY REFERRAL AGENCY

As hoped, referral agencies were successful in bringing clients with different experiences of homelessness to the program. (See Appendix 13 for demographic profiles for clients referred by each agency.) The clients referred by the Mental Health Association (MHA) are all part of their SAYAT program which targets young people; these young people are age 19 to 22. The clients referred through Behavioral Health and Recovery Services (BHRS) and Samaritan House’s Safe Harbor (SH) are almost exclusively single individual households. The clients referred through Shelter Network (SN) are primarily households with minors present. The majority of clients from the MHA and BHRS are from ethnic minority populations.

The prior living circumstances of homelessness as certified by the referral agencies were different based on agency. As illustrated in Table 6 most of MHA’s clients came from places not meant to inhabit. As would be expected with agencies that run shelters, most clients from both Samaritan House and Shelter Network come from either emergency or transitional shelters. BHRS is the only referral agency with clients coming directly from institutions.

<table>
<thead>
<tr>
<th>Table 6: Prior Living Circumstances of HRP Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>BHRS</td>
</tr>
<tr>
<td>------</td>
</tr>
<tr>
<td>All Participants</td>
</tr>
<tr>
<td>Place Not Meant to be Inhabited</td>
</tr>
<tr>
<td>Emergency Shelter</td>
</tr>
<tr>
<td>Transitional Shelter</td>
</tr>
<tr>
<td>Institution</td>
</tr>
<tr>
<td>Not in File</td>
</tr>
</tbody>
</table>

As expected, the primary factors underlying homelessness as reported by caseworkers differ by referring agency. BHRS clients have drug and alcohol

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13 Homeless Certification was located and is now secured in the file.
dependency and chronic health and mental health issues underlying their homelessness. MHA clients’ homelessness was related to lack of job skills and underemployment. In addition, these clients, all youth, were homeless largely as a result of family disputes and abandonment. SH clients primarily were homeless as a result of job loss. The underlying causes noted most frequently for SN clients are disabilities and chronic health issues. Table 7 provides details of these factors.

<table>
<thead>
<tr>
<th>Factors Contributing to Homelessness</th>
<th>BHRS</th>
<th>Mental Health Association</th>
<th>Samaritan House</th>
<th>Shelter Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Participants</td>
<td>12</td>
<td>6</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>Underemployment</td>
<td>2</td>
<td>3</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>Drug dependency issues</td>
<td>9</td>
<td>2</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Loss of job</td>
<td></td>
<td></td>
<td>13</td>
<td>1</td>
</tr>
<tr>
<td>Alcohol dependency issues</td>
<td>5</td>
<td>1</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Lack of job skills</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Mental health issues</td>
<td>6</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Chronic health issues</td>
<td>6</td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Lack of education</td>
<td>3</td>
<td>4</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Disabilities</td>
<td>4</td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Incarceration</td>
<td>5</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Limited English proficiency</td>
<td></td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Domestic Violence</td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Credit</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Landlord sold home/ foreclosure/eviction</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Death in family</td>
<td>1</td>
<td></td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Divorce</td>
<td></td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Family abandonment/dispute</td>
<td>3</td>
<td></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Relocation</td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>No Savings</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

COMMUNICATION BETWEEN THE HACSM AND REFERRAL AGENCIES

Lines of communication and support between the HACSM and the referral agencies are well defined during the selection process. However, once clients are housed, they are not clearly framed. Although the HACSM requires agencies to
maintain current documentation and keep records and provide these to HACSM, they HACSM has not requested specific data, created reporting forms, or established a timeline for this reporting. In addition, although the HACSM expects agencies to document client activity in the Homeless Management Information System (HMIS), this requirement is not in the MOU. Further, there was initially a plan to gather referral agencies quarterly to review progress, however, the first meeting was not held until February, 2010, after the initial Year One evaluation period. Stakeholders found this meeting helpful.

Referral agencies question what authority they have with clients who do not follow through with setting up case plans. They also express concerns about clients who are not engaged with case plans. These clients generally do not respond to agency communication and do not demonstrate completion of case plan activities. Referral agencies express both the desire for some weight behind the case management requirement, and deep concern about clients losing housing if they are not complying with program requirements.

REFERRAL AGENCY STRENGTHS

Each referral agency brought programmatic strengths to HRP.

- All agencies worked successfully with clients to bring referrals for the consideration of the selection committee.
- All agencies provided support for clients in their housing search, the move-in process and landlord relations after clients were housed.
- SH’s and SN’s self sufficiency and housing case management models suit the program’s focus on self sufficiency. SH’s clients are referred from their Safe Harbor shelter. All these clients have a self sufficiency plan while in the emergency shelter focused on increasing income and building savings. SN clients all have housing case plans, focusing on building practical skills to get and keep housing, including financial literacy skills such as budgeting, being a good tenant and a good neighbor.
- MHA’s and BHRS’ intensive case management and treatment model protocols require them to meet frequently with clients, enabling them to meet the monthly in-home case management required for HRP clients’ first twelve months of tenancy. MHA’s HUD-funded SAYAT program has a 15:1 client to caseworker case load. BHRS’s AOD caseworkers have a 20:1 case load. BHRS’s Mental Health caseworkers have primarily 24:1 case loads.
- All agencies provided links to community services for clients.
- All agencies fully participated in program evaluation.

REFERRAL AGENCY CHALLENGES

Some challenges in implementation of the program were identified during referral agency interviews.

- Lack of specific funding for these clients at Samaritan House and Shelter Network resulted in HRP clients being added to the standard case load of the on-staff case managers. The three case managers at Samaritan House’s Safe Harbor are assigned 30 shelter cases each; the additional 20 HRP clients are divided between these case managers. Shelter Network’s case manager assigned to HRP also manages all federal Homeless Prevention and Rapid Re-housing Program (HPRP) clients for a total case load of 53.
- Eight of Shelter Network’s 20 clients do not have a case plan. Shelter Network’s protocol requires clients to come in upon being housed, formally sign up for case management, and create a new case plan. These eight clients have not done this, despite efforts by case managers requesting that clients comply.
- Safe Harbor’s model of case management is based on working with clients on-site in their shelter. Safe Harbor does not have experience with in-home case management. Safe Harbor’s case management goal of monthly
contact with the client is done via phone or in person if the client comes into the shelter for case management or for an HRP group meeting.

- A client was not successfully transferred between Behavior Health and Recovery Services and Shelter Network. Behavior Health and Recovery Services served as the client’s referring agency. However, as the client had been a Shelter Network client, Behavior Health and Recovery Services referred the client to Shelter Network for case management. This referral was not completed and the client has not received case management services.

REFERRAL AGENCY INNOVATIONS

Samaritan House’s Safe Harbor and BHRS-AOD developed specific tools for use with HRP clients. Samaritan House’s Safe Harbor developed a monthly group meeting specifically for HRP clients at which clients provided peer support. This allows the agency to check in with clients and provide group training as appropriate. SH also developed an HRP-specific case planning tool (Appendix 14). BHRS-AOD developed HRP specific eligibility screening documents to be used by AOD Treatment Providers and an assessment document to help the agency determine the appropriateness of a client renewal. These are included as Appendices 15 and 16.

DATA MANAGEMENT

The HMIS system, as it is being used, does not provide a source for reporting or evaluation. The Mental Health Association, Samaritan House, and Shelter Network entered data into the system during the Year One evaluation period. Information was primarily entered at entrance into the program. Monthly case management activities were not entered into the database. Data from Behavioral Health and Recovery Services was not entered into the system.
The HACSM system has some data related to this program. A thorough assessment of this database was not undertaken for this report. However, in reports generated from the database, income data gather at the initial eligibility screening for Certification was written-over with new income data gather in the case of an Interim Certification. HACSM has compensated for this issue by setting up a separate spreadsheet specifically to collect HUD-required data.

Not all data needed for reporting to HUD are being collected. Specifically data on whether the client had a case plan when referred, what kind of case plan it was, and whether the client was meeting goals are not being collected.
FINDINGS RELATED TO OUTCOME INDICATORS

HOMELESS RE-HOUSERED

The program has successfully moved 58 homeless households into permanent housing. These households would not have had access to this housing without the program, as the wait list for other Housing Choice Voucher Programs is long and does not allow for quick response. During the Year One evaluation period 64 vouchers were issued. As of January 31, 2010, 58 leases were executed for the HRP. A total of 107 homeless persons, 67 adults and 41 minors, are now housed as a result of this program.

CLIENT ENGAGEMENT WITH CASE MANAGEMENT

Case management is one of the core components of the HRP, required of both the client and the referral agency. However, not all clients are engaged with their case plan. Behavioral Health and Recovery Services has one client who is not engaged with case management. Case managers indicate that six of Safe Harbor’s 20 clients are not engaged in their case plan. Case managers indicate that six clients who have case plans at Shelter Network are not engaged with their plan.

EARLY INDICATORS OF CLIENT SUCCESS

Although the program’s outcome measurement for clients cannot be known until they exit the program, case managers provided information that allows a limited examination of clients’ progress toward self sufficiency.

One assessment of the clients’ progress can be provided by the case managers who work with them. In this assessment case managers provide a subjective evaluation of the likelihood that the client will be successful when the three year

14 Only 60 total vouchers were set aside for HRP clients. More than 60 were issues as some clients withdrew following initial voucher approval, some vouchers expired and were not renewed.
15 Some applicants who were issued vouchers did not become clients. One client was incarcerated, leaving the program early. No client data for that client were included in this evaluation.
rental assistance expires. This assessment was made only for the 49 clients that had been housed for at least six months (by July 31, 2009). Case managers, using their own judgment, indicated which of four levels they believed their clients had attained:

- On the path to success/self sufficiency
- Likely to succeed
- Less likely to succeed
- No progress toward success/self sufficiency.

Table 8 provides this data as reported by case managers. Case managers could not provide an assessment for twelve clients who did not have a case plan or who were not engaged with their case plan. Most clients who were assessed were perceived to be either on the path to success or likely to succeed when assessed by case managers; six clients had made no progress.

<table>
<thead>
<tr>
<th>Table 8: Case Manager Assessment (n=49)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Count</strong></td>
</tr>
<tr>
<td>On the Path</td>
</tr>
<tr>
<td>Likely</td>
</tr>
<tr>
<td>Less likely</td>
</tr>
<tr>
<td>No Progress</td>
</tr>
<tr>
<td>No Information</td>
</tr>
</tbody>
</table>

Comments from case managers related to those they see as on the path to success include:

- The client has been able to maintain stable housing, is working two jobs, and is saving.
- This client has worked hard to repair his credit record. He worked with his former landlord, paid off all rent owed in arrears, and was able to have the eviction removed from his record.
- This client has maintained his sobriety, reconnected with his daughter and is labor-ready.
- This client has taken solar paneling classes and is setting up a company to repair solar panels. This client has great potential.
• This client has put in a lot of work in the past year. For the most part, the client has been upfront and has really sought out support services. Client is very resourceful.

• Client has been very motivated to become self sufficient. Client’s hours increased from 25 to 40.

Comments from case managers related to those they see as making no progress include:

• This client has made bad choices and compounded them with more bad choices.

• This client has not returned phone calls or responded to a letter that was mailed to her.

• The client is in the exact same situation in regard to income, education and training as she was prior to the program.

• CM does not feel that client is motivated to work more than a few hours a week. Client states he is looking for part time job but has not produced a job search log or any verification that he is looking for work.

• Client says the plan is to secure a job, but is not working toward that goal.

A second method, again based on input from case managers, assesses likelihood for success based on achievement of goals. Again, only those 49 clients who had been housed for six months were assessed. Case managers were asked whether clients were meeting the three main service plan goals that the Housing Authority defined in the Agency Referral (Appendix 5). Case managers provided information on whether clients were 1) maintaining stable housing, 2) increasing income and 3) establishing savings. These case manager reports were used as the basis of an assessment, calculated based on goal achievement. Clients were given 1 point for meeting each goal and 0 points for not meeting the goal. For increasing income, 1 point was given for an increase in income, 0 points for no change in income, and -1 point for a decrease in income. When added up, if a client received 3 points the client was considered on the path to success; 2 points: likely to succeed; 1 point: less likely to succeed; 0 points or less: no progress. Appendix
17 provides the caseworker reports of achievement of goals and the calculations of the scores used for this assessment. When only these measures were used to predict client’s potential for success, as shown in Table 9 the result was a less positive assessment of clients’ progress.

**Table 9: Likelihood of Success Based on Individual Goals Assessment**  
(n=49)

<table>
<thead>
<tr>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>On the Path</td>
</tr>
<tr>
<td>Likely</td>
</tr>
<tr>
<td>Less likely</td>
</tr>
<tr>
<td>No Progress</td>
</tr>
<tr>
<td>No Information</td>
</tr>
</tbody>
</table>

Challenges were noted by case managers in cases where clients did not achieve specific goals. Challenges to maintaining stable housing include clients’ inability to pay their share of rent or utilities, smoking in non-smoking apartments, and a client needed to move due to personal circumstances. Challenges to increasing income include the difficult economic and jobs outlook, having hours cut, quitting jobs without another job, surgery and pregnancy. Challenges also include not following through on job training or on job hunting. The main reason for clients not saving was insufficient income.

**INITIAL RECERTIFICATION**

Recertification is completed in the months prior to the client’s annual lease renewal. Only one Recertification was completed during the Year One evaluation period. The individual who was recertified does not have a case plan with the referral agency. Despite repeated attempts by the agency to get in touch and provide case management and services, the client has not responded.

Recertification data gathered beyond this time period lends further clarity on the issue of increasing income. In reviewing the first twelve clients who were recertified, the results seem positive. For eight of the twelve clients income increased; for the remaining four clients income decreased. The flaw in using this
The macro-measure of success comes only when looking at the income itself. “Successes” include a client that more than doubled his income (from $2,064 to $4,936) and a client who had had a slight increase, but the balance of income moved from wages to public support.

PLANNING FOR EXIT FROM HRP HOUSING

Planning for housing following the three year HRP rental assistance program is considered very important to a client’s success. Plans for this housing begin as part of Agency Referral that is completed for all applicants. However, limited work on this was completed during Year One. This response was common to all referral agencies. Reasons provided by case managers included client inability to take a long-view, the need to focus on basic tenant training before developing future plans and the prioritization of other activities, including job training.
FINDINGS RELATED TO HUD BASELINE AND BENCHMARK

BASELINE AND BENCHMARK TIME FRAMES

The Housing Authority has agreed to report certain data to HUD. This section will use these established baseline and benchmark measures to inform the evaluation. The data used in this section are for all 58 clients for the full Year One evaluation timeframe, February 1, 2009 to January 31, 2010.

For the purpose of their report to HUD, baseline data were collected for the time period July 1, 2008 to June 30, 2009. Benchmark data will be collected annually on a July 1 to June 30 fiscal year. Although the benchmark reporting period, July 1, 2009 to June 30, 2010, is not complete, baseline and benchmark data gathered during this evaluation’s Year One period are reported in Appendices 18, 19 and 20.

BASELINE 1 AND BENCHMARK 1

Baseline 1 is the number of families with defined goals with their supportive service providers. The baseline measure does not specify at what point this measurement should be taken; for the purpose of this report, the time at which the agency referred the client is used. Table 10 shows that most clients had a case plan with defined goals at the time they were referred to the HRP. There are three clients recommended by BHRS that did not have a case plan at the time of referral. Of the clients who had case plans, most were self sufficiency plans. Those that did not have self sufficiency case plans had either Mental Health or Alcohol and Other Drugs treatment plans.16

Table 10: HUD Baseline 1: Families with Defined Goals

<table>
<thead>
<tr>
<th>Case Plan</th>
<th>Self Sufficiency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>55</td>
</tr>
<tr>
<td>No</td>
<td>3</td>
</tr>
<tr>
<td>N/A</td>
<td>3</td>
</tr>
</tbody>
</table>

16 These data were gathered during referral agency interviews.
Benchmark 1 is an *increase in the number of families meeting their goals*. This benchmark cannot be answered directly as no data were gathered in the baseline on whether clients were meeting their goals; data may exist within referral agency files for clients that had a case plan prior to becoming an HRP client. However, other data which may shed light on the question are presented here. Table 11 indicates that of the 58 clients, only 49 have developed a case plan with their referral agency since they have been housed.\(^{17}\)

**Table 11: HUD Benchmark 1: Clients with Case Plans**

<table>
<thead>
<tr>
<th>Case Plan Once Housed</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>49</td>
</tr>
<tr>
<td>No</td>
<td>9</td>
</tr>
</tbody>
</table>

Table 12 provides the case managers’ assessment of the clients’ success in meeting the required self sufficiency goals outlined in the HRP Agency Referral. This measurement was provided by case managers only for the 49 clients that had been housed for six months or more (housed by July 31, 2009). A majority of clients were successful in staying housed without landlord-tenant problems. Many fewer clients were able to increase income or establish savings.\(^{18}\)

**Table 12: HUD Benchmark 1: Clients Meeting Goals**

<table>
<thead>
<tr>
<th></th>
<th>Count</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing Stability</td>
<td>32</td>
<td>74%</td>
</tr>
<tr>
<td>Increase Income</td>
<td>5</td>
<td>12%</td>
</tr>
<tr>
<td>Establish Save</td>
<td>11</td>
<td>26%</td>
</tr>
<tr>
<td>No Information</td>
<td>11</td>
<td>26%</td>
</tr>
</tbody>
</table>

\(^{17}\) This information was gathered during referral agency interviews.\(^{18}\) This information was gathered during referral agency interviews.
BASELINE 2 AND BENCHMARK 2

Baseline 2 is the time on average required to lease a unit. The average number of days is based on voucher execution date to lease start date. For all Year One HRP clients the average number of days to lease a unit was 40 days.\(^\text{19}\)

Benchmark 2 is a decrease in the length of time on average needed to rent a unit. Table 13 provides a count and a monthly average for all vouchers issued during that month. The monthly average number of days from voucher to lease varies from 15 to 84. There is no clear trend in the length of time needed to rent a unit.\(^\text{20}\)

<table>
<thead>
<tr>
<th>January, 2009</th>
<th>Count</th>
<th>Average Days to Lease</th>
</tr>
</thead>
<tbody>
<tr>
<td>February</td>
<td>8</td>
<td>35</td>
</tr>
<tr>
<td>March</td>
<td>8</td>
<td>33</td>
</tr>
<tr>
<td>April</td>
<td>17</td>
<td>37</td>
</tr>
<tr>
<td>May</td>
<td>14</td>
<td>50</td>
</tr>
<tr>
<td>June</td>
<td>4</td>
<td>40</td>
</tr>
<tr>
<td>July</td>
<td>1</td>
<td>25</td>
</tr>
<tr>
<td>August</td>
<td>2</td>
<td>84</td>
</tr>
<tr>
<td>September</td>
<td>0</td>
<td>NA</td>
</tr>
<tr>
<td>October</td>
<td>0</td>
<td>NA</td>
</tr>
<tr>
<td>November</td>
<td>1</td>
<td>16</td>
</tr>
<tr>
<td>December</td>
<td>0</td>
<td>NA</td>
</tr>
<tr>
<td>January, 2010</td>
<td>1</td>
<td>15</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>58</td>
<td><strong>40</strong></td>
</tr>
</tbody>
</table>

BASELINE 3 AND BENCHMARK 3

Baseline 3 is family status and income at admission to the program. Table 14 shows the minimum, maximum and average income for each household size. The income ranges from $0 to $36,158.

\(^{19}\) These data were extracted from Housing Authority case files. These data are also available in the HA database.

\(^{20}\) These data were extracted from Housing Authority case files. These data are also available in the HA database.
Table 14: HUD Baseline 3: Family Status and Income  
(n=58)

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Count</th>
<th>Minimum Income</th>
<th>Maximum Income</th>
<th>Average Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>37</td>
<td>$0</td>
<td>$30,972</td>
<td>$11,838</td>
</tr>
<tr>
<td>2</td>
<td>6</td>
<td>$3,828</td>
<td>$14,976</td>
<td>$9,505</td>
</tr>
<tr>
<td>3</td>
<td>7</td>
<td>$6,564</td>
<td>$35,840</td>
<td>$16,441</td>
</tr>
<tr>
<td>4</td>
<td>4</td>
<td>$10,344</td>
<td>$36,158</td>
<td>$21,684</td>
</tr>
<tr>
<td>5</td>
<td>3</td>
<td>$4,872</td>
<td>$24,748</td>
<td>$13,531</td>
</tr>
<tr>
<td>6</td>
<td>1</td>
<td>$24,285</td>
<td>$24,285</td>
<td>$24,285</td>
</tr>
</tbody>
</table>

As shown in Table 15, as required by eligibility criteria, all households fall under the Very Low Income limit set by HUD.\(^{21}\)

Table 15: HUD Baseline 3: Comparison to Very Low Income Limit  
(n=58)

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Count</th>
<th>Maximum Income</th>
<th>Very Low Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>37</td>
<td>$30,972</td>
<td>$39,600</td>
</tr>
<tr>
<td>2</td>
<td>6</td>
<td>$14,976</td>
<td>$42,250</td>
</tr>
<tr>
<td>3</td>
<td>7</td>
<td>$35,840</td>
<td>$50,900</td>
</tr>
<tr>
<td>4</td>
<td>4</td>
<td>$36,158</td>
<td>$56,500</td>
</tr>
<tr>
<td>5</td>
<td>3</td>
<td>$24,748</td>
<td>$61,050</td>
</tr>
<tr>
<td>6</td>
<td>1</td>
<td>$24,285</td>
<td>$65,600</td>
</tr>
</tbody>
</table>

Figure 2 provides a visual representation of all clients’ income data at initial certification. Although need for income increases with family size, the income for this population does not, on average, increase with family size.

---

\(^{21}\) These data were extracted from Housing Authority Case files. HA database currently writes over income data; therefore income data in this data based may be at entry or at interim recertification.
Benchmark 3 is an *increase in household income*. The increase in household income is to be measured based on the HACSM annual Recertification. Annual Recertification begins approximately three months prior to the lease renewal date. Only one annual Recertification was completed during Year One, for the first client with a February 1, 2010 lease renewal date. The client’s income increased 11% from $22,188 to $24,636.\(^22\)

**ADDITIONAL METRIC**

In addition to the baseline and benchmarks, HACSM will provide a *comparison in the number of owners in the program*.\(^23\) This data are not currently available, but could be extracted from Housing Authority case files.

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\(^22\) This information was extracted from Housing Authority case files.

\(^23\) *Owners* refers to entities which own the properties rented by HRP clients.
PROGRAM ANALYSIS AND RECOMMENDATIONS

PROGRAM ANALYSIS

Program analysis looks at factors that are outside the control of program design and implementation, factors that are related to program design, and factors that are related to program implementation.

A FACTOR OUTSIDE OF PROGRAM DESIGN OR IMPLEMENTATION

The economic environment

The economy is a factor over which the HACSM has no control, but can have a significant impact on the success of the program. HRP was developed and approved prior to the current economic downturn. Although it is not yet possible to attempt to measure the impact on the program, it is important to note that the unemployment rate has increased in San Mateo County, from 6.0% in December, 2008 when the Board of Supervisors approved the HRP, to 7.6% during February, 2009 when the first lease was executed, to 9.7% in January, 2010 at the end of the Year One evaluation period (California Employment Development Department, 2010). Several caseworkers noted that clients were job-ready, but either couldn’t find a job because of the economy or had limited or reduced hours based on it.

A FACTOR OF PROGRAM DESIGN

HRP’s self sufficiency framework

Self sufficiency, the state of being self-sufficient, can be defined as able to maintain oneself without outside aid; capable of providing for one’s own needs. Clients pursuing this state of self sufficiency are appropriate program participants and have become HRP clients. However, for the HRP, this absolute outcome is not a prerequisite for program participation. The degree of self-sufficiency varies depending on the circumstances of the program participant. Some vouchers are being used with the expectation that clients will move to market-rate housing. Other vouchers are being used to increase hard-to-house person’s potential for
success in moving into other affordable housing. Each of these sets of clients will have a different outcome related to two of the service plan goals: increasing income and establishing savings.

The individualized nature of the case management that is part of HRP design allows for this type of difference in both motivation and service needs. It requires case managers to understand these various motivations when developing plans. It further puts emphasizes the need for an early focus on housing plans at the exit of the HRP.

FACTORS OF PROGRAM IMPLEMENTATION

No vouchers are currently available

One of the key reasons for creating this program was to provide a quick response to the homeless and to provide a path to self sufficiency. The waiting list for traditional Housing Choice Vouchers makes it impossible to provide a quick response to those who are in crisis without housing. HRP is limited to 60 vouchers. The program implementation moved forward to immediately provide vouchers to the currently homeless. The result of this allocation method is a return to the same situation the program was intended to resolve. There are no housing vouchers available to provide a quick response to those who are in crisis without housing. The current lack of vouchers will be addressed if HACSM is able to move forward with its plan to add 20 new vouchers in 2010/2011 and 2011/2012. Vouchers being used by current clients will be available to new clients in 2012/2013.

Missing elements related to the expected income increase

The current structure does not support the expected income increase in several ways. The Housing Authority’s interactions with clients are not structured to reinforce this expectation. Specifically, the Initial Briefing Statement of Understanding with the client does not clearly lay out the expectation that income increases, and instead focuses on the support mechanism for making that
happen (case plan and management). Further, the agreement does not specify the monthly in-home case management but instead, refers to the annual review of case plan. Recertification, limited as it is to income qualification, does not reinforce the Initial Briefing Statement of Understanding requirement that clients have to be engaged with a case plan.

The theory of change in support of income increase is firmly focused on the support that agencies provide to clients, specifically during the first year. The unfunded nature of some referral agency case management limits the effort that these agencies can focus on these clients. The pressure of the large number of clients who are part of this first year cohort will be significantly reduced until the initial 60 three year vouchers expire in 2012/2013.

In addition, referral agency reporting requirements are vague. Most important, there is limited communication or reporting structure in place to provide HACSM with an early warning of client disengagement with their case plan or other key information.

RECOMMENDATIONS

Three types of recommendations can be offered based on the findings in this report: (1) recommendations to increase the likelihood of success of the current clients in the program, (2) recommendations related to new applicants to the program and (3) recommendations for further evaluation of the program.

RECOMMENDATIONS TO INCREASE THE LIKELIHOOD OF SUCCESS OF CURRENT HRP CLIENTS

Client participation in case management

As acknowledged in the Initial Briefing Statement of Understanding, clients are obligated to participate in case management. In spite of this requirement, some clients have not signed up for case management and others are not engaged with their agency regarding their case plan. Four actions could aid the
HACSM in addressing this issue: (1) reinforce requirements with clients, (2) have timely access to data to determine if clients are complying, (3) include compliance with case management as part of Recertification, and (4) have a clear understanding shared by all stakeholders of the impact of non-compliance by clients. Specific suggestions related to the execution of these recommendations follow:

- Remind clients that their vouchers are based on their agreement to engage with the referral agency related to their case plans by sending a notification letter to those clients who are not so engaged.

- Clarify with referral agencies that they are not only expected to input initial case information into HMIS, but also to add case management updates. The required monthly contact for each client’s first twelve months of participation should be documented in HMIS; any contact following the intensive initial twelve months should also be documented. Compliance with this practice will allow HACSM to easily access client activity data at any time.

- Require referral agencies to provide a simple quarterly report to HACSM focused on client engagement. This report should answer the following basic questions.
  - Does the client have a case plan?
  - If client is in the first year of their housing:
    - Have the case manager and client met in each month of the time period?
  - If client is beyond the first year of their housing:
    - What plan has been set for case manager and client meetings? Is this plan being executed?
  - Is the client undertaking activities as outlined in the case plan?

The report should provide the HACSM with a prompt to warn clients of the potential loss of the voucher in time for clients to respond. Further,
require agencies to provide a client report to HACSM detailing case plan goals achieved for the prior year, and goals set for the next year as part of Recertification.

- Develop an HACSM protocol for including engagement with case management as part of Recertification.

- Communicate, at the next face-to-face meeting with referral agencies, the HACSM’s new protocol related to case management and client retention of vouchers.

**Referral agency communication and protocol post-housing**

Referral agencies performed well during the referral, certification and housing search portion of their responsibility. This process is clearly established in HACSM implementation documentation. It was characterized by frequent meetings between HACSM and the referral agencies and written protocols for the HRP. The portion of the program following housing the clients did not have the benefit of direct communication or written protocol. For the HACSM to ensure the success of the referral agencies, and increase the likelihood of success for the client, the post-housing process needs to include this kind of communication and support. Specific suggestions related to the execution of these recommendations are:

- Hold face-to-face meetings as feasible, at least two or three times a year. These meetings would provide opportunities for sharing challenges and solutions between referral agencies. They would also provide HACSM an opportunity to give timely feedback directly to referral agencies. A focus for one of these meetings on planning for housing following exit from HRP would provide direction for referral agencies on this task and would increase the likelihood of a success transition for clients.

- Support efforts by non-funded agencies to secure funding for case management.
RECOMMENDATIONS RELATED TO NEW HRP APPLICANTS

Data collection

Currently, there are no data collected related to case plans for incoming clients. These data were collected for this report during referral agency interviews. Four additional questions could be added to the written referral:

- Does this client currently have a case plan with your agency?
- If the client has a case plan, does it focus on self sufficiency?
- Does the case plan have defined goals the client is expected to achieve?
- Is the client achieving those goals?

Focus on key service goals

In addition to the changes recommended for improving the potential for success of current clients some changes could be put in place related to new clients. The Agency Referral could be revised to focus the initial written case plan on the three key service goals. They are currently specified on the document, reflecting their required nature, but the spacing on the document does not allow for detail regarding these goals. Rather, the spacing focuses on additional, non mandatory goals.

Figure 3: Current Configuration of Service Plan in Agency Referral

<table>
<thead>
<tr>
<th>J. Service Plan (Main goals) during Housing Readiness Program participation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Maintain stable housing</td>
</tr>
<tr>
<td>2. Increase income</td>
</tr>
<tr>
<td>3. Establish savings</td>
</tr>
<tr>
<td>4.</td>
</tr>
<tr>
<td>5.</td>
</tr>
<tr>
<td>6.</td>
</tr>
</tbody>
</table>

Figure 4: Recommended Configuration of Service Plan in Agency Referral

<table>
<thead>
<tr>
<th>J. Service Plan (Main goals) during Housing Readiness Program participation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Maintain stable housing</td>
</tr>
<tr>
<td>2. Increase income</td>
</tr>
<tr>
<td>3. Establish savings</td>
</tr>
<tr>
<td>4.</td>
</tr>
<tr>
<td>5.</td>
</tr>
<tr>
<td>6.</td>
</tr>
</tbody>
</table>
RECOMMENDATIONS RELATED TO ADDITIONAL HRP EVALUATION

Additional evaluation is recommended, as research is an integral portion of the HRP design. A process evaluation such as the one completed in this report could be repeated after Year Two. This evaluation could assess the effectiveness of any new processes set in place to enhance the post-housing communication. A process evaluation could also be undertaken to look at specifics not covered in this report. One area that could be informative is a client assessment of the program. HACSM could bring in an outside interviewer to conduct this inquiry or could incorporate it as part of Recertification.

HACSM could also do an analysis focused on data collection. As noted in the body of this report, some needed data are not currently being reported and other are stored in multiple databases in order to be accessible. An examination of data collection, storage and reporting could provide recommendations to enhance the HACSM’s ability to track the HRP’s progress and to have immediate access to key indicators.

FEASIBILITY OF IMPLEMENTING RECOMMENDATIONS

The primary resource needed to implement these recommendations is staff time. Many of the recommendations would entail one-time projects. Creating or revising forms would require minimal staff time. Creating new processes and communicating them would require a large investment of staff time. The total amount of time appears to be limited, with minimal associated costs. These changes would have on-going benefits.

The viability of implementing recommendations related to new participants can be assessed by HACSM. The benefits of these recommendations are directly linked to any plans to expand or extend the program. Given the current plan to add 20 new vouchers to the program there appears to be an on-going benefit to invest in doing work to improve the selection process in the near term.
CONCLUSION

The HRP is a key response to the immediate need identified in the HOPE plan for housing San Mateo County’s homeless population. The program has been fully implemented, successfully using Section 8 Housing Choice Vouchers to quickly re-house 58 households representing 107 formerly homeless persons. Caseworker assessments show that more than half of the households are likely to succeed or are already on the path to success. The program’s implementation as it relates to selecting, certifying, and housing clients is strong. However, program implementation, following client housing could be strengthened. Specifically, additional structure and support in the areas of communication with clients, reporting protocols and support of referral agencies could increase the clients’ probably of success. In the spirit of a demonstration project, additional evaluation in subsequent years of the program is recommended, with particular foci on data collection and on process evaluation as the program matures.
APPENDICES

Appendix 1: Homeless Certification for Housing Readiness Program

HOUSING AUTHORITY OF THE COUNTY OF SAN MATEO

HOMELESS CERTIFICATION

For Housing Readiness Program

Client name _______________________________, SSN _____________________ is currently:

(Check one)

☐ In places not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings (on the street).
☐ In an emergency shelter.
☐ In transitional or supportive housing for homeless persons who originally came from the streets or emergency shelters.
☐ In any of the above places but is spending a short time (up to 30 consecutive days) in a hospital or other institution.
☐ Is being discharged within 30 calendar days from an institution, such as a mental health or substance abuse treatment facility or a jail/prison, in which the person has been a resident for more than 30 consecutive days and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing.
☐ Is fleeing a domestic violence housing situation and no subsequent residence has been identified and lacks the resources and support networks needed to obtain housing.

The following do NOT meet the definition of homeless for the Housing Readiness Program:

- Persons living in housing, even though they are paying an excessive amount for their housing, the housing is substandard and in need of repair, or the housing is crowded.
- Persons living with relatives or friends.
- Persons staying in a residential hotel.
- Persons living in a Board and Care, Adult Congregate Living Facility, or similar place.
- Wards of the State.

WARNING: Section 1001 of Title 18 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

I certify that the above information is correct to the best of my knowledge and that I have the appropriate documentation on file. Verification of homelessness will be available upon request.

______________________________  ________________________________
Signature                  Agency Name

______________________________  ________________________________
Printed Name                Address

______________________________  ________________________________
Title                      City, State, Zip

______________________________  ________________________________
Date                      (______) Phone Number
Appendix 2: San Mateo County Income Limits

--- INCOME LIMITS BY FAMILY SIZE ---

<table>
<thead>
<tr>
<th>Income Category</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Extremely Low*</td>
<td>$23,750</td>
<td>$27,150</td>
<td>$30,550</td>
<td>$33,050</td>
<td>$36,650</td>
<td>$39,400</td>
<td>$42,100</td>
<td>$44,800</td>
</tr>
<tr>
<td>(2) Very Low*</td>
<td>$30,800</td>
<td>$45,250</td>
<td>$50,000</td>
<td>$56,550</td>
<td>$61,050</td>
<td>$65,800</td>
<td>$70,100</td>
<td>$74,850</td>
</tr>
<tr>
<td>(3) HOME limit*</td>
<td>$47,520</td>
<td>$54,300</td>
<td>$61,080</td>
<td>$67,680</td>
<td>$73,280</td>
<td>$78,720</td>
<td>$84,120</td>
<td>$89,580</td>
</tr>
<tr>
<td>(4) Low *</td>
<td>$93,350</td>
<td>$72,400</td>
<td>$81,450</td>
<td>$90,500</td>
<td>$97,700</td>
<td>$104,950</td>
<td>$112,200</td>
<td>$119,450</td>
</tr>
<tr>
<td>Median**</td>
<td>$97,750</td>
<td>$77,450</td>
<td>$87,100</td>
<td>$96,800</td>
<td>$104,550</td>
<td>$112,300</td>
<td>$120,050</td>
<td>$127,800</td>
</tr>
<tr>
<td>Moderate**</td>
<td>$81,300</td>
<td>$92,900</td>
<td>$104,550</td>
<td>$116,150</td>
<td>$125,450</td>
<td>$134,750</td>
<td>$144,050</td>
<td>$153,300</td>
</tr>
</tbody>
</table>

--- MAXIMUM AFFORDABLE RENT PAYMENT ---

<table>
<thead>
<tr>
<th>Income Category</th>
<th>Studio</th>
<th>1-BR</th>
<th>2-BR</th>
<th>3-BR</th>
<th>4-BR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extremely Low</td>
<td>$594</td>
<td>$636</td>
<td>$764</td>
<td>$883</td>
<td>$984</td>
</tr>
<tr>
<td>Very Low</td>
<td>$990</td>
<td>$1,023</td>
<td>$1,273</td>
<td>$1,470</td>
<td>$1,940</td>
</tr>
<tr>
<td>HOME Limit</td>
<td>$1,078</td>
<td>$1,273</td>
<td>$1,527</td>
<td>$1,762</td>
<td>$1,968</td>
</tr>
<tr>
<td>Low</td>
<td>$1,584</td>
<td>$1,697</td>
<td>$2,036</td>
<td>$2,353</td>
<td>$2,624</td>
</tr>
<tr>
<td>Median</td>
<td>$1,894</td>
<td>$2,115</td>
<td>$2,178</td>
<td>$2,517</td>
<td>$2,808</td>
</tr>
<tr>
<td>Moderate</td>
<td>$2,033</td>
<td>$2,178</td>
<td>$2,614</td>
<td>$3,020</td>
<td>$3,369</td>
</tr>
</tbody>
</table>

1. Maximum affordable rent based on 30% of monthly income and all utilities paid by landlord unless further adjusted by HUD. Utility allowances for tenant-paid utilities established by County of San Mateo’s Housing Authority Section 8 Program. NOTE: HOME limit rent set at lower of: (a) 30% of 60% AMI; or (b) FMR (HUD’s Fair Market Rent). For 2009, the FMR for Studio is the lower rent.

2. The following is the assumed family size for each unit:
   - Studio : 1
   - 1-BR : 2
   - 2-BR : 3
   - 3-BR : 4
   - 4-BR : 0

* Income figures provided by HUD for San Mateo County federal entitlement programs (CDBG, HOME, ESG)

** Income figures provided by State of California HCD – Please verify the income figures in use for each specific program.

(08/20/09)
Appendix 3: HRP Eligibility Criteria

Housing Authority of the County of San Mateo
Housing Readiness Program
Application Process and Eligibility Criteria

Eligibility Criteria:

To be eligible for participation in the Housing Readiness Program, an applicant family must meet the following eligibility criteria established by HUD and HACSM policies. The criteria are:

- The applicant must be homeless as defined by HACSM’s policy
- The total annual gross income for the applicant family must be within the appropriate Income Limits (see table below)
- The head of household or spouse is at least 18 years of age or an emancipated minor under California law
- The applicant must furnish Social Security numbers for all family members age six and older
- The applicant must furnish Declaration of Citizenship or Eligible Immigrant Status and verification where required. At least one member of the applicant family must either be a U.S. citizen or have eligible immigration status
- No family members have had a conviction for the manufacture or production of methamphetamine on the premises of an assisted housing project
- No family members are subject to a lifetime registration requirement under a sex offender registration program
- No family member has been subject to prior termination from a Federal housing program for program violations within the last three years of eligibility determination
- No family member has committed fraud, bribery, or any other corrupt or criminal act in connection with any Federal housing program in the last three years of eligibility determination
- No family member has a history of violent criminal activities, including domestic violence within the last three years.
- No family member has a history of drug or alcohol related criminal activities within the last three years. Further assessment will be required and consideration may be given to families who have successfully completed a drug and alcohol rehabilitation program within the last three years
- The family does not have outstanding debts with HACSM or any other housing authority, unless a repayment agreement is in force and current
- The family has been in compliance with the TANF or any work program requirements

Income Limits (effective 1/1/08)

<table>
<thead>
<tr>
<th>Household size</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>50% AMI</td>
<td>$39,600</td>
<td>$45,250</td>
<td>$50,900</td>
<td>$56,550</td>
<td>$61,050</td>
<td>$65,600</td>
<td>$70,100</td>
<td>$74,650</td>
</tr>
</tbody>
</table>
Appendix 4: Memorandum of Understanding with Exhibit A

MEMORANDUM OF UNDERSTANDING
BY AND BETWEEN
HOUSING AUTHORITY OF THE COUNTY OF SAN MATEO
AND

This Memorandum of Understanding (hereinafter referred to as MOU), dated _____ is between the Housing Authority of the County of San Mateo (hereinafter referred to as HA) and ______(hereinafter referred to as Provider).

WHEREAS, pursuant to the Moving-To-Work agreement with HUD under Section 204(a) of the 1996 Appropriations Act, HA has vouchers available through its Moving-To-Work Program (hereinafter referred to as the Program);

WHEREAS, the Moving-To-Work agreement gives HA the flexibility to design and test various approaches for providing and administering housing assistance that accomplish three primary goals:

- Reduce costs and achieve greater cost effectiveness in Federal expenditures;
- Give incentives to families with children where the head of household is working, is seeking work, or is preparing for work by participating in job training, educational programs, or programs that assist people to obtain employment and become economically self-sufficient; and
- Increase housing choices for low-income families.

WHEREAS, the Provider is currently serving the target population and desires to collaborate with the HA in the delivery of affordable housing and on-going supportive services to their clients;

WHEREAS, the parties desire to state the terms and conditions under which the HA will accept referrals of clients from the Provider to participate in the Program;

NOW, THEREFORE, in reliance upon and in consideration of the mutual representations and obligations hereunder, the parties agree to the following:

A. **Scope of Services**

Each party agrees to provide the Services set forth in Exhibit A to the other party, and to their mutual clients.

B. **Record Keeping and Reporting**

The Provider agrees to maintain current documentation of the on-going Service Plan and keep records of the client’s self sufficiency activities. The Provider agrees to provide these records to the HA upon request.

C. **Indemnity and Insurance**

The Provider shall indemnify the HA, its officers and employees, against any and all liability for injury or damage caused by any negligent or willful act or omission of the Provider or any of the Provider’s employees or volunteers in the performance of the duties specified in this MOU. The HA shall likewise indemnify and hold the Provider harmless.
The Provider shall have General Liability, Workers Compensation, Automobile & Professional Insurance coverage in the amount of $1,000,000 for the duration of this MOU. Proof of coverage will be provided to the HA upon request.

D. **Compliance with Federal Regulations**

The Provider agrees to comply with all applicable requirements which are now, or which may hereafter be, imposed by the U. S. Department of Housing & Urban Development for the Program. The Provider will also comply with the requirement to maintain a Drug-free Workplace, pursuant to Section 401 of the McKinney Act and the Drug-free Workplace Act of 1988, and will comply with all statutes and regulations applicable to the delivery of the Provider’s services.

E. **Nondiscrimination and Equal Opportunity**

The Provider agrees to comply with all applicable nondiscrimination and equal opportunity requirements set forth in 24 CFR 5.105(a), and will administer its supportive services and activities in a manner affirmatively to further fair housing.

F. **Term of Agreement**

The term of this MOU is from the execution date of this MOU until cancellation by either party.

G. **Changes and Cancellation**

Both parties may amend this MOU upon mutual written agreement of the parties. Either party may terminate this agreement at any time with a 60-day advance written notice of cancellation. The Provider is responsible to place Program participants with other qualified service agencies who will provide supportive services to Program participants to ensure their continued eligibility in the Program.

**Signatures:**

**HOUSING AUTHORITY OF THE COUNTY OF SAN MATEO**

By ______________________  Date: ______________________

William Lowell  Title: Deputy Director

**PROVIDER**

By ______________________  Date: ______________________

Title
MEMORANDUM OF UNDERSTANDING
BY AND BETWEEN
HOUSING AUTHORITY OF THE COUNTY OF SAN MATEO
AND
Exhibit A

The Provider shall assist their clients in housing related matters, which may include but are not limited to:

- Refer qualified individual and families according to HA policy
- Make complete and accurate referrals
- Assist in housing application process
- Gather required documents
- Attend eligibility interview
- Attend orientation session
- Assist in searching of housing units
- Facilitate in move-in
- Respond to crisis or issues brought to their attention through either HA or the property owner
- Monitor and document clients’ stability in housing through monthly home visit for at least first 12 months and reevaluate annually
- Report to HA on the client’s progress in activities that lead to self sufficiency and/or change in the Service Plan
- Create linkages
- Participate in the evaluation of the program

The HA shall:
- Review and coordinate all referrals
- Provide technical assistance and training to Providers on issues relative to the Program
- Determine individuals and families’ eligibility
- Administer rental assistance to owners on behalf of eligible families
- Administer the Program according to HUD’s requirements
Appendix 5: Agency Referral

**HOUSING AUTHORITY OF THE COUNTY OF SAN MATEO**
Phone: (650) 802-3300 ♦ Fax: (650) 802-3372

**HOUSING READINESS PROGRAM**
Agency Referral
To be completed by Approved Referring Agency only. Please type or print neatly.

Instructions: This form is to be jointly completed by the case manager with input from the client (head of house). Attach additional pages if more space is needed.

<table>
<thead>
<tr>
<th>Head of Household:</th>
<th>Phone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Race:  
- White  
- Black  
- American Indian/Alaskan Native  
- Asian  
- Native Hawaiian/Other Pacific Islander  
Ethnicity:  
- Hispanic  
- Non-Hispanic

A. List all family members who will be in the household:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Relationship To Head</th>
<th>Soc. Sec. #</th>
<th>Date of Birth</th>
<th>Monthly Income</th>
<th>Income Type*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Head</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

*Income Type: TANF/GA, wages, SS/SSI/Pension, unemployment, family/Child support, self-employment, other (please explain)

B. If the client has no income, will the client qualify for:  
- TANF
- GA
- SS/SSI?
  Will the referring agency assist the client in the application process of the benefit(s) stated above?  
- Yes
- No

C. The client has completed:  
- High School/GED
- ESL Classes
- College Courses
- Job Training
- Vocational School
- Apprentice Program
- Other: ____________________________

D. The client is currently enrolled in:  
- Certificate
- GED
- AA/AS Degree
- BA/BS Degree
- Other: ____________________________

<table>
<thead>
<tr>
<th>Name of school:</th>
<th>Expected completion date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
E. Does the client, and or any family member have a history of drug or alcohol abuse?
   □ Yes   □ No
   If yes, please explain and identify drug or alcohol treatment programs the individual has attended and date:

F. Has the client been a victim of domestic violence?
   □ Yes   □ No
   If yes, give dates, any counseling for, and length of current period away from batterer:

G. Can the client understand written or spoken English?
   □ Yes   □ No
   If no, what is the primary language? ________________________.

H. Does the client or any persons who will live in the unit have a disability?
   □ Yes   □ No
   If accommodation is needed, please describe: ________________________.

I. Needs Assessment:

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Will be Provided By (name of person or agency)</th>
<th>Unmet - Included in Service Plan Below</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing search</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Move-in costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health care</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

J. Service Plan (main goals) during Housing Readiness Program participation:
1. Maintain stable housing
2. Increase income
3. Establish Savings
4.
5.
6.

K. Housing plan after Housing Readiness Program participation:
I declare under penalty of perjury that the foregoing is true and correct.

I understand being referred to the Housing Authority of the County of San Mateo for the Housing Readiness Program does not give me any rights to be admitted to the program, guarantee my future eligibility or assure funding will be available.

<table>
<thead>
<tr>
<th>I declare under penalty of perjury that the foregoing is true and correct.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Name</td>
</tr>
<tr>
<td>Agency Address</td>
</tr>
<tr>
<td>Phone</td>
</tr>
<tr>
<td>Head of House (print name)</td>
</tr>
<tr>
<td>Print Name &amp; Title</td>
</tr>
<tr>
<td>Signature</td>
</tr>
<tr>
<td>Signature</td>
</tr>
<tr>
<td>Date</td>
</tr>
<tr>
<td>Date</td>
</tr>
</tbody>
</table>
Appendix 6: Consent for the Release of Client Information

MOVING TO WORK (MTW) HOUSING READINESS PROGRAM
CONSENT FOR THE RELEASE OF CLIENT INFORMATION
(Subject To The Lanterman-Petris-Short Act And/Or
Federal Alcohol And Drug Regulations)

Name of Client: __________________________________________

Birth Date: _____/_____/_____ SS # _______________________

I hereby authorize the members of the MTW Housing Readiness Program Selection Committee, the Housing Authority of the County of San Mateo, and

________________________________________________________

to discuss information relevant to my eligibility for the MTW Housing Readiness Program. I understand the discussion may include medical, psychiatric, drug and alcohol diagnosis and/or treatment information.

Release of the information to any person not specified or for any other purposes is prohibited.

This consent shall be valid for a one-year period from the date it is signed, unless consent is withdrawn in writing.

__________________________ _____________________
Signature: Client Date

__________________________ _____________________
Signature: Other Adult Household Member Date

__________________________ _____________________
Signature: Other Adult Household Member Date

__________________________ _____________________
Signature Referring Professional Date

__________________________ _____________________
LPS Conservator (if applicable) Date
Appendix 7: MTW – Housing Readiness Program Initial Briefing Statement of Understanding

HOUSING AUTHORITY OF THE COUNTY OF SAN MATEO

MTW-HOUSING READINESS PROGRAM INITIAL BRIEFING STATEMENT OF UNDERSTANDING

I, ______________________________________________________, understand and agree to the following Housing Authority policies that were specifically explained to me:

1. The Moving to Work-Housing Readiness program offers time limited assistance up to a maximum of 36 months, depending on funding availability and my compliance of the program requirements. I am responsible to pay full rent to the landlord once the assistance stops.

2. In conjunction with a Housing Readiness Program Management Provider, develop a service plan with the referring agency to provide the necessary supportive services as needed by the Family. Participation in supportive services as described in the service plan is ongoing, with a minimum annual review of services needed to be conducted with the referring agency Case Management Provider.

3. My portion of rent will be based on the current family composition and income information in the file. Affordability will also be based on the same information.

4. If there are any income or family composition changes in progress, they may not take effect until the 1st day of the month following the effective date of the new contract and lease.

5. It may take up to five (5) business days from the date the Request for Tenancy Approval is received by the Housing Authority Inspector before we call to schedule a move in inspection.

6. I, or a designated representative who is at least 18 years of age, must be present at the move in inspection. I understand that a lack of participation on my part will delay the move in inspection.

7. It is my responsibility to make sure the unit is ready for occupancy. The Housing Authority will not conduct an inspection if the unit is not ready.

8. I will be responsible for 100% of the rent if I move into the new unit prior to approval from the Housing Authority.

9. The security deposit is the sole responsibility of the tenant. The Housing Authority will not get involved in security deposit issues.

10. The Housing Authority prohibits more than one elective move during any 12 month period.

__________________________________________  ________________________
Signature of Head of Household                                                   Date

__________________________________________  ________________________
Signature of Housing Representative                                            Date
Appendix 8: HUD Reporting Requirements

As outlined in Housing Authority of County of San Mateo – MTW Annual Plan

Baseline (established July 1, 2008 to June 30, 2009)
1. Number of families with defined goals with their supportive services providers
2. Length of time, on average, required to lease unit
3. Family status/income at admission to program.

Benchmarks
1. Increase in the number of families meeting their goals
2. Decrease in the length of time, on average need to rent a unit
3. Increase in household income

Metrics and Schedules
1. Comparison of families defining and keeping self sufficiency goals
2. Comparison of the average length of time need to secure a unit
3. Comparison of family income at admission and annual recertification
4. Comparison in the number of owners in the program
Appendix 9: Referral Agency Interview Guide

Referring Agency Background
Agency: ______________________________
Agency overview (for discussion)

NOTE: SOME QUESTIONS RELATE TO REPORTS ABOUT SPECIFIC CLIENTS IN GATHERING THESE DATA, CLIENTS WILL BE IDENTIFIED ONLY BY INITIALS. FURTHERMORE, NO INFORMATION THAT COULD BE USED TO IDENTIFY A CLIENT WILL BE USED IN THE FINAL REPORT.

Client (Initials only) __________________________
Lease Start Date ______________________________

Describe homeless circumstances
Length of homelessness: __________________________

Factors that led to homelessness:
  _____ Loss of job
  _____ Underemployment
  _____ Lack of education
  _____ Lack of job skills
  _____ Limited English proficiency
  _____ Disability
  _____ Chronic health issues
  _____ Mental health issues
  _____ Alcohol dependency issues
  _____ Drug dependency issues
  _____ Incarceration
  _____ Emancipation from foster care
  _____ Domestic Violence
  _____ Other ______________________________

Narrative: ______________________________________

Agency Housing Support
Monthly home visits: Yes  No ______________________
Plan following first twelve months: ______________________
Level of interaction with tenant/ landlord issues: ______________________
How does the Agency define success (self sufficiency)?
   Long-term outcome measures?
   Short-term output/ activities measures?

Case Plan (attach)
Services Being Provided to Participant/ Source
   ____ Job training
   ____ Job placement
   ____ Childcare
   ____ Transportation
   ____ Higher education
   ____ Homeownership education
   ____ Financial literacy
   ____ ESL classes
   ____ Alcohol rehabilitation
   ____ Drug rehabilitation
   ____ Domestic violence counseling
   ____ Health care
   ____ Mental Health counseling
   ____ Savings support program

Ongoing-Service Plan (Clients housed for six months or more)
All participants are expected to prioritize three main goals and have individual goals during the program participation. Specify how they are working toward meeting these goals.

Maintain stable housing: ____________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Increase income: _________________________________________________________
________________________________________________________________________
________________________________________________________________________
Establish savings: ____________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Other goals: __________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Housing Readiness Program Exit Plan: __________________________________________
________________________________________________________________________
________________________________________________________________________

**Participant Assessment Relative to Criteria (Caseworker assessment)**
___ On the path to success/ self sufficiency
___ Likely to succeed
___ Less likely to succeed
___ No progress toward success /self sufficiency

Other comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Appendix 10: Methodology

The following documents were reviewed to understand the program and implementation design of the Housing Readiness Program:

- Housing Authority of the County of San Mateo Program Overviews
- Resolution approving revisions to the Housing Authority’s Administrative Plan for the new Housing Readiness Program
- MTW Annual Plan (7/1/2009-6/30/2010): On-going Activity #8 – MTW Housing Readiness Program
- Moving to Work – Housing Readiness Program Selection Committee Guidelines
- Housing Authority of the County of San Mateo Housing Readiness Program Application Process and Eligibility Criteria
- Memorandum of Understanding by and between Housing Authority of the County of San Mateo and Shelter Network
- Memorandum of Understanding by and between Housing Authority of the County of San Mateo and Samaritan House
- Memorandum of Understanding by and between Housing Authority of the County of San Mateo and Mental Health Association of San Mateo County
- Memorandum of Understanding by and between Housing Authority of the County of San Mateo and Behavioral Health and Recovery Services of the County of San Mateo
- Housing Authority of the County of San Mateo Housing Readiness Program Agency Referral
- Housing Authority of the County of San Mateo Application
- Housing Authority of the County of San Mateo MTW- Housing Readiness Program Initial Briefing Statement of Understanding
- Voucher Moving to Work
- Housing Authority of the County of San Mateo 2009 San Mateo County Income Limits

Fifty-eight case files were reviewed to extract data not available through the Housing Authority’s HRP database. Early in the project, the time frame to be used for this project was established as February 1, 2009 to January 31, 2010. The basis for this decision was that the first lease signed for a HRP participant was February 1, 2009. An applicant to the HRP is not considered a participant until a rental unit has been secured through a written lease. All participants who executed a lease during this time frame were included in the analysis. Housing Authority files include the Referral Agency application, the Housing Author application, Certification documents including identity documents and proof of income, a Housing Voucher and signed Statement of Understanding, the
Housing Authority’s apartment inspection documentation and an executed lease, communication to and from the Housing Authority and a communication log. Some files also include letters from applicants, communication from landlords, interim re-certification and when the participant reaches an annual renewal, an annual Recertification.

The staff of both the Housing Authority and the Homeless Center made themselves available for interviews and/or as resources for specific inquiry. The staff included:

- Housing Authority
  - Cindy Chan, Rental Programs Manager
  - Faith Garcia, Housing Programs Supervisor
  - Jennifer Anderson, MTW Project Manager
- Homelessness Center
  - Wendy Goldberg, Manager of Homeless and Safety Net Services
  - Tish Birkey, Human Service Analyst II

Representatives for the four Referral Agencies were interviewed. The primary purpose of the interview was to review each case and obtain additional information about each participant. This additional data included the circumstances of their homelessness, the housing support provided to them by the agency, details of their case plan, and the case manager’s assessment of their progress toward self sufficiency. An interview guide was used to organize the interview. It is attached as Appendix 9. In addition to information about each participant, interviews also included a discussion of the agency’s case management model and any innovations developed for the HRP. Agency representatives were:

- Behavioral Health and Recovery Services: Emileo Amezcua, AOD Supervisor and Pernille Gutschick, Supervising Mental Health Clinician
- Mental Health Association: Melissa Platte, Executive Director
- Samaritan House: Maryam Bhiji, Safe Harbor Program Manager
- Shelter Network: Jacob Lile, Program Director

No selection committee meeting was observed. This was a limitation in the methodology and exists because vouchers were not currently being distributed and meetings were not being held during the study period. Information gathering about the selection process was limited to reviewing documentation and making inquiries during interviews.
Appendix 11: Client Demographic Description

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All Participants</strong></td>
<td>58</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Gender of Head of Household</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>29</td>
<td>50%</td>
</tr>
<tr>
<td>Female</td>
<td>29</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teens</td>
<td>2</td>
<td>3%</td>
</tr>
<tr>
<td>20s</td>
<td>7</td>
<td>12%</td>
</tr>
<tr>
<td>30s</td>
<td>10</td>
<td>17%</td>
</tr>
<tr>
<td>40s</td>
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<td>26%</td>
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<td>2%</td>
</tr>
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<td>Range: Minimum</td>
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<td>Range: Maximum</td>
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</tr>
<tr>
<td>Average</td>
<td>45</td>
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<td><strong>Household Size</strong></td>
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</tr>
<tr>
<td>One</td>
<td>37</td>
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</tr>
<tr>
<td>Two (no minors)</td>
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</tr>
<tr>
<td>Two (1 minor)</td>
<td>4</td>
<td>7%</td>
</tr>
<tr>
<td>Three (2 minors)</td>
<td>7</td>
<td>12%</td>
</tr>
<tr>
<td>Four (2 minors)</td>
<td>2</td>
<td>3%</td>
</tr>
<tr>
<td>Four (3 minors)</td>
<td>2</td>
<td>3%</td>
</tr>
<tr>
<td>Five (2 minors)</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td>Five (3 minors)</td>
<td>2</td>
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</tr>
<tr>
<td>Six (5 minors)</td>
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<td>2%</td>
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<td><strong>Disabilities</strong></td>
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</tr>
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<td><strong>Race/Ethnicity</strong></td>
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<td>African American</td>
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<tr>
<td>Asian</td>
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<td>7%</td>
</tr>
<tr>
<td>Native Hawaiian/Pacific Islander</td>
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<td><strong>English speaker</strong></td>
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<td>100%</td>
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<td><strong>Education</strong></td>
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<td></td>
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<tr>
<td>College Degree</td>
<td>3</td>
<td>5%</td>
</tr>
<tr>
<td>College Courses</td>
<td>21</td>
<td>36%</td>
</tr>
<tr>
<td>High School/GED</td>
<td>23</td>
<td>40%</td>
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<tr>
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<td>17%</td>
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<tr>
<td><strong>Income</strong></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Range: Maximum</td>
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<td>Average</td>
<td>$ 13,134</td>
<td></td>
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<tr>
<td>Median</td>
<td>$ 11,070</td>
<td></td>
</tr>
<tr>
<td>% Very Low Income</td>
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<td></td>
</tr>
<tr>
<td>% Extremely Low Income</td>
<td>92%</td>
<td></td>
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Appendix 12: Maps: Clients Cities of Residence Homeless and Housed

HRP Clients Cities of Residence when Homeless*

* Six clients who had no address prior to being housed are not reflected in this map

HRP Clients Cities of Residence when Housed*
Appendix 13: Client Demographic Description by Referral Agency

<table>
<thead>
<tr>
<th></th>
<th>BHRS</th>
<th>Mental Health Association</th>
<th>Samaritan House</th>
<th>Shelter Network</th>
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<td>All Participants</td>
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<td>6</td>
<td>20</td>
<td>20</td>
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<tr>
<td>Gender of Head of Household</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>5</td>
<td>42%</td>
<td>5</td>
<td>14</td>
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<tr>
<td></td>
<td>83%</td>
<td></td>
<td>70%</td>
<td>5</td>
</tr>
<tr>
<td>Female</td>
<td>7</td>
<td>58%</td>
<td>1</td>
<td>6</td>
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<tr>
<td></td>
<td>17%</td>
<td></td>
<td>30%</td>
<td>15</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teens</td>
<td>2</td>
<td>33%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20s</td>
<td>4</td>
<td>67%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30s</td>
<td>2</td>
<td>17%</td>
<td>2</td>
<td>10%</td>
</tr>
<tr>
<td>30s</td>
<td>17%</td>
<td></td>
<td>3</td>
<td>15%</td>
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<td>50%</td>
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<td>30%</td>
</tr>
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<td>50s</td>
<td>3</td>
<td>25%</td>
<td>7</td>
<td>35%</td>
</tr>
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<td>60s</td>
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<td>8%</td>
<td>5</td>
<td>25%</td>
</tr>
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<td>70s</td>
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<td>5%</td>
</tr>
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<td>Range: Minimum Range: Maximum</td>
<td>35</td>
<td>19</td>
<td>35</td>
<td>29</td>
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<td>Average</td>
<td>38</td>
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<td>Household Size</td>
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<td>One</td>
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<td>67%</td>
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<tr>
<td>Two (no minors)</td>
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<td>17%</td>
<td>1</td>
<td>5%</td>
</tr>
<tr>
<td>Two (1 minor)</td>
<td>2</td>
<td>17%</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Three (2 minors)</td>
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<td>7</td>
<td>35%</td>
</tr>
<tr>
<td>Four (2 minors)</td>
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<td>2</td>
<td>10%</td>
</tr>
<tr>
<td>Four (3 minors)</td>
<td></td>
<td></td>
<td>2</td>
<td>10%</td>
</tr>
<tr>
<td>Five (2 minors)</td>
<td>1</td>
<td>8%</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Five (3 minors)</td>
<td>2</td>
<td>33%</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Six (5 minors)</td>
<td></td>
<td></td>
<td></td>
<td>5%</td>
</tr>
<tr>
<td>Disabilities</td>
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<td>0%</td>
</tr>
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<td>Race/Ethnicity</td>
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<td>2</td>
<td>10%</td>
</tr>
<tr>
<td>White (non Hispanic)</td>
<td>5</td>
<td>42%</td>
<td>1</td>
<td>17%</td>
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<tr>
<td>Hispanic</td>
<td>3</td>
<td>25%</td>
<td>1</td>
<td>5%</td>
</tr>
<tr>
<td>African American</td>
<td>5</td>
<td>42%</td>
<td>4</td>
<td>67%</td>
</tr>
<tr>
<td>Asian</td>
<td></td>
<td></td>
<td>3</td>
<td>15%</td>
</tr>
<tr>
<td>Native Hawaiian/ Pacific Islander</td>
<td>2</td>
<td>17%</td>
<td>1</td>
<td>17%</td>
</tr>
<tr>
<td>Education</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>College Degree</td>
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<td>8%</td>
<td>2</td>
<td>10%</td>
</tr>
<tr>
<td>College Courses</td>
<td></td>
<td></td>
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<td>60%</td>
</tr>
<tr>
<td>High School/ GED</td>
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<td>42%</td>
<td>5</td>
<td>83%</td>
</tr>
<tr>
<td>None</td>
<td>3</td>
<td>25%</td>
<td>1</td>
<td>17%</td>
</tr>
<tr>
<td>Income</td>
<td></td>
<td></td>
<td>3</td>
<td>15%</td>
</tr>
<tr>
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<td>$ 1,200</td>
<td>$ 2,400</td>
<td>$ 0</td>
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<td>$ 9,277</td>
<td>$11,973</td>
<td>$15,471</td>
</tr>
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<td>Average</td>
<td>$24,748</td>
<td>$15,600</td>
<td>$30,975</td>
<td>$36,158</td>
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</table>
## Appendix 14: Safe Harbor HRP: Case Plan

### Safe Harbor HRP: Case Plan

<table>
<thead>
<tr>
<th>Client Name: _________________________</th>
<th>Date: _________________________</th>
</tr>
</thead>
</table>

**Client Goals (during length of program):**

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

### Goals:

<table>
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<tr>
<th>Housing (after HRP program)</th>
<th>Savings</th>
<th>Benefits</th>
<th>Budgeting</th>
</tr>
</thead>
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<tr>
<td>AOD</td>
<td>Legal</td>
<td>Health</td>
<td>Increase Income</td>
</tr>
<tr>
<td>Employment</td>
<td>Mental Health</td>
<td>Education</td>
<td>Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date: _______</th>
<th>Goal: ______________________________</th>
</tr>
</thead>
</table>

Describe objectives toward meeting this goal and possible tasks taken by you and the client:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Expected Date of Completion: _________ Date of Completion: ____________

Outcome:_____________________________________________________________
_____________________________________________________________________

<table>
<thead>
<tr>
<th>Date: _______</th>
<th>Goal: ______________________________</th>
</tr>
</thead>
</table>

Describe objectives toward meeting this goal and possible tasks taken by you and the client:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Expected Date of Completion: _________ Date of Completion: ____________

Outcome:_____________________________________________________________
_____________________________________________________________________

<table>
<thead>
<tr>
<th>Date: _______</th>
<th>Goal: ______________________________</th>
</tr>
</thead>
</table>

Describe objectives toward meeting this goal and possible tasks taken by you and the client:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Expected Date of Completion: _________ Date of Completion: ____________

Outcome:_____________________________________________________________
_____________________________________________________________________

<table>
<thead>
<tr>
<th>Date: _______</th>
<th>Goal: ______________________________</th>
</tr>
</thead>
</table>

Describe objectives toward meeting this goal and possible tasks taken by you and the client:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Expected Date of Completion: _________ Date of Completion: ____________

Outcome:_____________________________________________________________
_____________________________________________________________________

<table>
<thead>
<tr>
<th>Date: _______</th>
<th>Goal: ______________________________</th>
</tr>
</thead>
</table>

Describe objectives toward meeting this goal and possible tasks taken by you and the client:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Expected Date of Completion: _________ Date of Completion: ____________

Outcome:_____________________________________________________________
_____________________________________________________________________

<table>
<thead>
<tr>
<th>Date: _______</th>
<th>Goal: ______________________________</th>
</tr>
</thead>
</table>

Describe objectives toward meeting this goal and possible tasks taken by you and the client:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Expected Date of Completion: _________ Date of Completion: ____________

Outcome:_____________________________________________________________
_____________________________________________________________________

<table>
<thead>
<tr>
<th>Date: _______</th>
<th>Goal: ______________________________</th>
</tr>
</thead>
</table>

Describe objectives toward meeting this goal and possible tasks taken by you and the client:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Expected Date of Completion: _________ Date of Completion: ____________

Outcome:_____________________________________________________________
<table>
<thead>
<tr>
<th>Date: ______</th>
<th>Goal: __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe objectives toward meeting this goal and possible tasks taken by you and the client:</td>
<td></td>
</tr>
<tr>
<td>________________________________________________</td>
<td></td>
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<tr>
<td>________________________________________________</td>
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Expected Date of Completion: ___________  Date of Completion: ___________
Outcome: ______________________________________________________

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Expected Date of Completion: ___________  Date of Completion: ___________
Outcome: ______________________________________________________

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<td>Describe objectives toward meeting this goal and possible tasks taken by you and the client:</td>
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Expected Date of Completion: ___________  Date of Completion: ___________
Outcome: ______________________________________________________

Case Manager’s Signature: _____________________________  Date: _____________
Client’s Signature: _________________________________  Date: _____________
Appendix 15: Housing Readiness Eligibility Screening AOD Treatment Providers

Housing Readiness Eligibility Screening AOD Treatment Providers

Client Name: ___________________ DOB: __________ SS#: ___________________

Contact information: _______________ Referred by: _____________________________

1. Are you at least 18 years old? Y / N

2. Have you graduated or completed an alcohol or drug treatment program in the past 3 years? Y / N

3. Are you currently: a) homeless, have no place to live or staying in a place not meant for human living, b) in an emergency shelter, c) in a transitional housing setting that you originally entered being homeless, d) in any of above places but spending less than 30 days in a hospital or other institution, d) being discharged within 30 days from an institution, such as mental health or substance abuse treatment facility or jail/prison, in which you’ve been a resident for more than 30 days and you have no residence and lack resources and support network to obtain housing, or f) fleeing a domestic violence situation and you have no residence and lack resources and support network to obtain housing? Y / N
   (Circle which applies: a - f)

4. Are you currently employed? Y / N

5. What is your estimated income? ________.

6. Are you able to submit income verification statements, such as check or pay stubs, welfare to work TANF / GA award or benefit letters or child support monthly statements, unemployment or worker’s compensation letter stating benefits paid, or any other required income related documents such as child care expenses or medical expenses? Y / N

7. Do you have or are you able to obtain a Social Security card for yourself? Y / N

8. If applicable, are you able to obtain SS numbers for all of your household members? Y / N

9. Are you a citizen or legal immigrant of the United States? Y / N

10. Have you or any of your household or family members ever been convicted of manufacturing or producing methamphetamine? Y / N
11. Are you able or willing to obtain a criminal record for $11 from the San Mateo County Sheriff’s Department Records Bureau? Y / N

12. Are you or any of your family or household members subject to a lifetime registration requirement under a sex offender registration program? Y / N

13. Have you or any of your household or family members ever been terminated from a Housing Authority program within the last 3 years? Y / N

14. Have you or any of your household or family members ever committed fraud, bribery, or any other corrupt or criminal acts in connection with any Federal housing program in the last 3 years? Y / N

15. Do you or any of your household or family members have a history of violent criminal activities, including domestic violence, or drug or alcohol abuse with the last 3 years? Y / N

16. If “yes” to 15, have you completed a DV program in the last 3 years? Y / N

17. Do you or any of your household or family members have outstanding debts with the HACSM or any other HA? Y / N

18. If “yes” to 17, is there a repayment agreement in force and current? Y / N

19. If applicable, are you in compliance with TANF or any other work program requirement? Y / N / NA

20. Are you able, willing and motivated to be case managed by an AOD Case Manager and follow a detailed service plan for the next 3 years? Y / N
Appendix 16: Housing Readiness / Moving to Work Assessment

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date:</th>
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</thead>
</table>

**I. Current Living Situation:**

Rate: 5 4 3 2 1

If applicable: How long have you lived in your current housing situation?
__________________________________________________________________

What things have helped you maintain or be successful in your current housing?
Compliance with house rules? Supports? Helpful to other residents?
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

**II. Independent Living History:**

Rate: 5 4 3 2 1

Have you ever rented or owned your own apartment or home?
__________________________________________________________________
__________________________________________________________________

When? Where? Who lived with you?
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

What was your place like? Did you keep your place clean? What worked and what did not work so well? What did you like or not like about your place?
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

How did you get along with the landlord, other residents or neighbors, or have trouble getting along with them? What would you do different this time?
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

How did you lose your housing? What happened? Were you ever evicted?
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

What do you believe are qualities of being a good tenant? Rent on time? Not be too loud? Keep place clean?
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

Can you tell me what things make you feel ready or motivated to live on your own?
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

What is your goal for independent living after 3 years?
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

What do you believe will be your biggest challenges to living alone?
__________________________________________________________________
__________________________________________________________________

III. Employment / Educational History: Rate: 5 4 3 2 1

Are you currently employed? Where? How long? Full-time/part-time? How do you feel about your job? If no job, how do you feel about employment? Are you interested in employment? What support do you think you need to obtain employment?
__________________________________________________________________
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__________________________________________________________________
What jobs, if any, have you had in the past? Where? How long?
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__________________________________________________________________________
__________________________________________________________________________

What job or employment skills do you have now?
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__________________________________________________________________________
__________________________________________________________________________

What is highest level of education you achieved?
__________________________________________________________________________

Are you interested in going back to school? What classes would you take to improve your skills or abilities?
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

What do you believe is your ideal career or employment? What would you love or enjoy doing?
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

IV. Financial Management:                                         Rate: 5 4 3 2 1

__________________________________________________________________________
__________________________________________________________________________

Do you have a bank, checking or savings account? If not, what support do you need to open an account and/or save money?
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
Have you ever managed your own money before? Have you ever saved money? How?
What things made it difficult for you to managing or saving money?
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

What is your credit like? Do you know? Do you have any outstanding debts or loans?
__________________________________________________________________________
__________________________________________________________________________

By what date each year must you file your income tax return?
__________________________________________________________________________

What supports do you believe you will need in order to manage your finances, save money and eventually become self-sufficient in 3 years?
__________________________________________________________________________

V. Activities of Daily Living/ Home Management: Rate: 5 4 3 2 1
How to you transport yourself?
__________________________________________________________________________

Are you comfortable grocery shopping on your own?
__________________________________________________________________________

Do you know how to cook for yourself?
__________________________________________________________________________

Are you able to clean up after yourself?
__________________________________________________________________________

What number would you call in case of an emergency?
__________________________________________________________________________

What would you do if you heard your fire alarm beeping every 45 seconds?
__________________________________________________________________________

What furniture or appliances will you need to purchase?
__________________________________________________________________________
### VI. Sobriety & Social Support:  Rate: 5 4 3 2 1

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<tr>
<th>Question</th>
<th>Answer</th>
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<tbody>
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<td>How long have you been clean and sober for? What has helped you maintain sobriety?</td>
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<tr>
<td>Are you attending any AA/NA groups? How often? Are they helpful?</td>
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<td>What other supports will help you maintain sobriety at this time?</td>
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<td>How are the people you feel closest to at this time? Who supports you the most? Do you have family or friends in the area?</td>
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<td>What are your current social or recreational activities if any?</td>
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### VII. Health:  Rate: 5 4 3 2 1

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<tr>
<td>Do you have health conditions? What are they? Do you take medication for these conditions? What are they? How often do you take them? Any barriers or difficulties?</td>
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What supports would you need to access medical or health services? Health insurance?
________________________________________________________________________

What supports and activities do you need to continue to stay healthy?
________________________________________________________________________
________________________________________________________________________

VIII. Safety:

Who would you call in case of a personal emergency?
Name and Relationship to client: ____________________________________________
Address: ______________________________________________________________
Phones: __________________________________________________________________

IX. Goals:

Can you identify one or two goals you have for yourself?
________________________________________________________________________
________________________________________________________________________

X. Housing Preference:

Do you what area in the county you’d like to live in and why?
________________________________________________________________________
________________________________________________________________________

Overall Impressions:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Ratings: 5 - Excellent, 4 - Good, 3 - Fair, 2 - Needs Support, 1 - Needs much support
### Appendix 17: Likelihood of Success Based on Goals Calculations

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</tbody>
</table>
Appendix 18: HUD Baseline 1 and Benchmark 1

Baseline 1: *Number of families with defined goals with their supportive service providers*

(Established July 1, 2008 to June 30, 2009)

Table 16: HUD Baseline 1: Families with Defined Goals

<table>
<thead>
<tr>
<th></th>
<th>Case Plan</th>
<th>Self Sufficiency</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>37</td>
<td>30</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td>2</td>
</tr>
</tbody>
</table>

* Based on 39 leases through June 30, 2009

Benchmark 1: *Increase in the number of families meeting their goals*

(July 1, 2009 through January 31, 2009 only)

Table 17: HUD Benchmark 1: Participants with Case Plans

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Case Plan Prior</td>
<td>Case Plan Housed</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>37</td>
<td>35</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td>3</td>
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</tbody>
</table>

Table 18: HUD Benchmark 1: Participants Meeting Goals

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Housing</td>
<td>27 87%</td>
<td>5 71%</td>
</tr>
<tr>
<td>Increase Income</td>
<td>5 16%</td>
<td>0 0%</td>
</tr>
<tr>
<td>Establish Savings</td>
<td>9 29%</td>
<td>2 29%</td>
</tr>
</tbody>
</table>

* Goals measured only for participants who have been housed at least six months
Appendix 1: HUD Baseline 2 and Benchmark 2

Baseline 2: Length of time on average required to lease a unit
(Established July 1, 2008 to June 30, 2009)

The average number of days is based on voucher execution date to lease start date. For the 43 program participants issued a voucher during the baseline period, the average number of day to lease a unit was 40 days.

Benchmark 2: Decrease in the length of time, on average needed to rent a unit
(July 1, 2009 through January 31, 2009 only)

<table>
<thead>
<tr>
<th></th>
<th>Number of Vouchers</th>
<th>Average Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/1/2009-6/30/2009</td>
<td>53</td>
<td>40</td>
</tr>
<tr>
<td>7/1/2009-1/31/2010</td>
<td>5</td>
<td>45</td>
</tr>
</tbody>
</table>
Appendix 20: HUD Baseline 3 and Benchmark 3

Baseline 3: *Family status/income at admission to the program*

(Established July 1, 2008 to June 30, 2009)

Table 20: HUD Baseline 3: Family Status and Income

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Count</th>
<th>Minimum Income</th>
<th>Maximum Income</th>
<th>Average Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>26</td>
<td>$ 2,064</td>
<td>$ 26,581</td>
<td>$ 12,203</td>
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<tr>
<td>2</td>
<td>3</td>
<td>$ 7,008</td>
<td>$ 14,976</td>
<td>$ 10,956</td>
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<tr>
<td>3</td>
<td>4</td>
<td>$ 6,564</td>
<td>$ 18,960</td>
<td>$ 11,239</td>
</tr>
<tr>
<td>4</td>
<td>4</td>
<td>$ 10,344</td>
<td>$ 36,158</td>
<td>$ 25,464</td>
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<td>5</td>
<td>1</td>
<td>$ 24,748</td>
<td>$ 24,748</td>
<td>$ 24,748</td>
</tr>
<tr>
<td>6</td>
<td>1</td>
<td>$ 24,285</td>
<td>$ 24,285</td>
<td>$ 24,285</td>
</tr>
</tbody>
</table>

* Based on 39 leases through June 30, 2009

Benchmark 3: *Increase in household income*

(July 1, 2009 through January 31, 2009 only)

Only one annual Recertification was completed during Year One, for the first client with a February 1, 2010 lease renewal date. The client’s income increased 11% from $22,188 to $24,636.
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