



Program Evaluation:
**Homelessness Prevention
and Rapid Rehousing**



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Introduction

The Homelessness Prevention and Rapid Re-Housing program (HPRP) was introduced as part of the ARRA stimulus funding package developed and implemented by the Obama administration in 2009. The intention was to help solve the economic crisis at that time. The purpose was to “provide homelessness prevention assistance to households who would otherwise become homeless. The Collier County Public Services Division applied for a grant through the program in May 2009. The HPRP program in Collier County is administered by the County and the Hunger and Homeless Coalition of Collier County (Coalition), but is executed by a consortium of nonprofits. The nonprofits are coordinated by the Coalition.

This program evaluation is a requirement of the grant, which allows for the implementation of the evaluation at any point during the three-year project period. The Coalition decided to implement the evaluation early on in the project period, in order to determine if the model was functioning effectively, or to what extent it needed adjustment.

Purpose

The purpose of this evaluation is to evaluate the effectiveness of the program and the need for any adjustment. Our main evaluation questions are:

1. To what extent is the program achieving its objectives of preventing homelessness and rapidly rehousing clients?
2. To what extent is the program working to solve the problem of homelessness in Collier County?
3. What is the financial state of the program?
4. Is this the right model? How does the program compare to other models?
5. What is the program like for clients who go through the program?

Approach

This program was evaluated using the following methods:

- In Person Interviews with Service Providers
- In Person Interviews with County Staff
- Phone Interviews with Ex-Clients
- Phone Interviews with other Counties with HPRP programs
- Phone Interviews with Experts
- Literature Review
- Data Collection and Analysis

HPRP Model in Collier County

HPRP is implemented in Collier County using the two basic goals of the program, homelessness prevention and re-housing. The intention of the designers of the program in Collier County was to utilize the existing nonprofits who already deliver some homeless prevention and re-housing services and not to duplicate any processes that were already in place. The Coalition met with the agencies in early 2009 before the request for proposals was released to discuss ways to collaborate and create a model for implementing the grant. The program follows the Continuum of Care model, which utilizes a group of service providers to deliver programming together: Catholic Charities, Youth Haven, Salvation Army, Collier County Housing Authority, Collier County Housing Development Corporation and Legal Aid. Two of the nonprofits, Catholic Charities and the Salvation Army deliver homeless prevention services. Youth Haven offers medium term housing options and the Collier County Housing Authority provides long-term housing assistance. Collier County Housing Development Corp and Legal Aid offer supportive services including budget training and legal advice.

Applicants for assistance are required to undergo budgeting classes, provided by Collier County Housing Development Corporation. If the client is experiencing any legal issues, which prevent their stabilization, they are referred to Legal Aid for counseling. All of the service providers are required to use the HMIS system (an information management system required by HUD) for inputting data on clients. Referrals can be made by any agency in the group to provide services beyond their scope of work. The service providers do this by calling another agency or faxing a request. For example, if a homeless client inquires at Catholic Charities about long-term housing, the caseworker would fill out a paper form and fax it to the Collier County Housing Authority. The client would then follow up with the Housing Authority to make an appointment. Youth Haven handles long-term follow up with clients.

The nonprofits pay the program expenses and client services up front. They are then reimbursed. The reimbursement process consists of sending a request for reimbursement to the County and following up with them to discuss any discrepancies. The County reviews the packet and sends it to the Clerk's office, which then reviews it again and sends a check to the nonprofit or requests further clarification.



Results

1. Outputs: To what extent is the program achieving its objectives of preventing homelessness and rapidly re-housing clients?

This question was broken into two questions: "To what extent are clients avoiding homelessness?" and "To what extent are homeless clients obtaining housing?" In order to determine the results of the first question we intended to divide the number of clients whom the program served and are no longer at risk for homelessness by the number seeking preventive assistance. However, upon interviewing the service providers, it became apparent that they were not all tracking the number of clients seeking services. So, this part of the evaluation is not possible at this time.

As of September 7, 2010, a total of 259 individuals had been provided homeless preventions services (106 households) including short term rental assistance and payment of utility bills.

As of September 7, 2010, a total of 259 individuals had been provided homeless preventions services (106 households) including short term rental assistance and payment of utility bills. However, according to Bill Sermons, director of the Homelessness Research Institute of the National Alliance to End Homelessness, it is very difficult to prove causation in discussing the effects of a homeless prevention program. Without a control group, it is difficult to say with any certainty that the prevention of homelessness is definitely attributable to the services received. So, the value of tracking the number of seekers of homeless prevention services is unreliable. Tracking that data would be a better indicator of the need for services in Collier County.

However, with the rehousing of homeless individuals, a direct correlation is evident. To determine the results of the second question, "To what extent are homeless clients obtaining housing," we divided the number of formerly homeless clients served by the program by the number of homeless clients who approached the program seeking housing. Approximately 23% of the homeless clients were served.

We also asked whether they were able to pay their rent after exiting the program. As of September 1, 2010, 19 individuals were still considered active in the program. Because they have an average of 10 months to stay in the program in Collier County, and because at the point of the evaluation the clients had not "graduated," at this time it is not possible to determine the extent to which clients are getting permanently stabilized.

Another measure of evaluating the question is to look at whether the funds are being spent down in a timely manner. This is further explored in question #3.

2. Outcomes: To what extent is the program working to solve the problem of homelessness in Collier County?

The Coalition conducts an annual point in time count of homeless in Collier County. It was the original intention to compare the number of formerly homeless served by the program to the number of homeless. However, the economy has not improved significantly and therefore the number of homeless at the end of the first year may have increased significantly. It needs to be pointed out that we are comparing the number served to the number reported homeless at January of 2010.

In January of 2010 the Coalition found that there were 401 adults and 641 children homeless, for a total of 1,042. The point in time count is not considered reliable and is generally thought to be an undercount of the actual number of homeless in Collier County. As of September 1st 2010, the program served 22 individuals This represents a reduction of .02%.

3. What is the financial state of the program?

One requirement of the HPRP program, by the federal government is that 60% of the funds are spent by the end of the second year and 100% of the funds are spent by the end of the third year. According to Collier County staff, as of September 1st 2010, they had spent \$91,190.28. This represents 11% of the total funding allotted to the program in Collier County. If the program expends an equal amount in 2011, they will not meet the requirement to spend \$491,640, which is 60% of \$819,400.

In January of 2010 the Coalition found that there were 401 adults and 641 children homeless, for a total of 1,042.

However, Collier County staff is confident that the service providers will meet the goal, because they do not expect an equal amount of spending in the second year. County staff have stated that although the program has experienced delays in getting started, that they expected program delivery to be greatly increased in 2011.

First, not all of the service providers in the program have been able to implement and deliver the program consistently from the start date to the end of the first year. Two of them have lost key staff members, who were responsible for case management. Re-hiring and re-training created a lag time which cost up to six months.

4. Is this the right model? How does the program compare to other models?

There are two basic models of HPRP programs, one in which the county government implements and delivers the program directly to clients and the other in which one or more non-profit agencies deliver the program together. Several HPRP programs were examined for this program evaluation including neighboring Lee County, as well as Palm Beach and Escambia Counties.

In Lee County, HPRP is administered and delivered through the County exclusively. Four staff are responsible for implementing the program, including intake, disbursement of checks and case-management. Lee County was ideally positioned to take advantage of funding from the HPRP program when it became available. They already had prevention and re-housing programs in place: the Emergency Funds program, which has traditionally provided one time assistance and the LIFT program, which serves the chronically homeless. They piggybacked the HPRP funding onto these programs. In addition, they applied for funds from a separate federal program to create and tie an employment/job seeking assistance program to HPRP.

The program began in October of 2009 and has served 766 individuals to date, including 272 families. 570 people have exited from the program. Lee County does not track the number of people seeking assistance. So, it is not possible to determine how well the program is serving the need for housing assistance in Lee County by that method. The Lee County Homeless Coalition conducts an annual census of homeless in Lee County. According to their count, 1041 people were homeless, which is considered an undercount. Utilizing their HMIS system, the estimate is closer to 3,400 people.

In analyzing the impact of HPRP on Collier County's homeless, it must be stated that beyond the number of individuals served, the program is working to improve how the problem of homelessness is handled both in Collier County and nationally.

In Palm Beach County, the County delivers the preventive portion of HPRP and a non-profit agency delivers the re-housing portion. Since it's inception in October, the County has spent close to \$2.3 million of the \$2.6 million awarded. The County has piggybacked HPRP onto an existing emergency services program and function with fifteen existing staff. They only recently hired a casemanager. They are currently working

on implementing evaluation techniques, but do not as yet have any data. They attribute their success in spending down the awarded funds to already having a plan in place prior to the grant announcement. The year prior to the opening of the HPRP request for proposals, Palm Beach County had organized in anticipation for a different funding stream and were therefore ready to take advantage of the HPRP opportunity when it became available.

In Escambia County, HPRP is delivered primarily by Catholic Charities with fiscal agency through the County. The homeless coalition received some administrative funding and has been using it to upgrade the HMIS system. In order to expedite the dispersal of the funds, the County made a one-time advancement of a substantial amount to the Catholic Charities. This was to cover start up costs. Expenditures are reviewed by County staff and reimbursed by the County Clerk. The system utilizes three clerks in the County offices and two and a half full-time employees at Catholic Charities. Catholic Charities handles both prevention and rehousing. Escambia County was awarded \$855,417. They have spent close to half that amount. To date, 130 households have been served. They didn't initially allocate the funding based on prevention or rehousing services however, 80% of the funding has been spent on prevention with a cap of \$5,000 to each household. Catholic Charities attributes the success of the program to Escambia County's willingness to provide program funding in advance of services being offered in order to jumpstart the program.

In analyzing the impact of HPRP on Collier County's homeless, it must be stated that beyond the number of individuals served, the program is working to improve how the problem of homelessness is handled both in Collier County and nationally. On a national level, the HPRP program focuses on "housing stabilization," which looks at both prevention of homelessness, as well as rehousing of the homeless. It builds on the continuum of care model (COC), which has been in place for more than fifteen years. The COC model links community agencies together and the Coalition has been instrumental in bringing them all together. "Housing stabilization" adds new elements of legal aid, credit and budget counseling, mental health and immigration with the goal of housing stabilization for the prevention of homelessness.

This change in the way homelessness is managed (and now prevented) is a paradigm shift that is affecting Collier County. The way homeless or potentially homeless individuals are treated in Collier County may change on a permanent basis as a result of the introduction of HPRP. The agencies involved are committed to the program and the continuation of the system. For this reason, regardless of number of individuals served in the first year of the program, the impact that HPRP may have on homelessness goes far beyond the numbers, creating a significantly more cohesive system and contributing much more deeply to the prevention of homelessness.



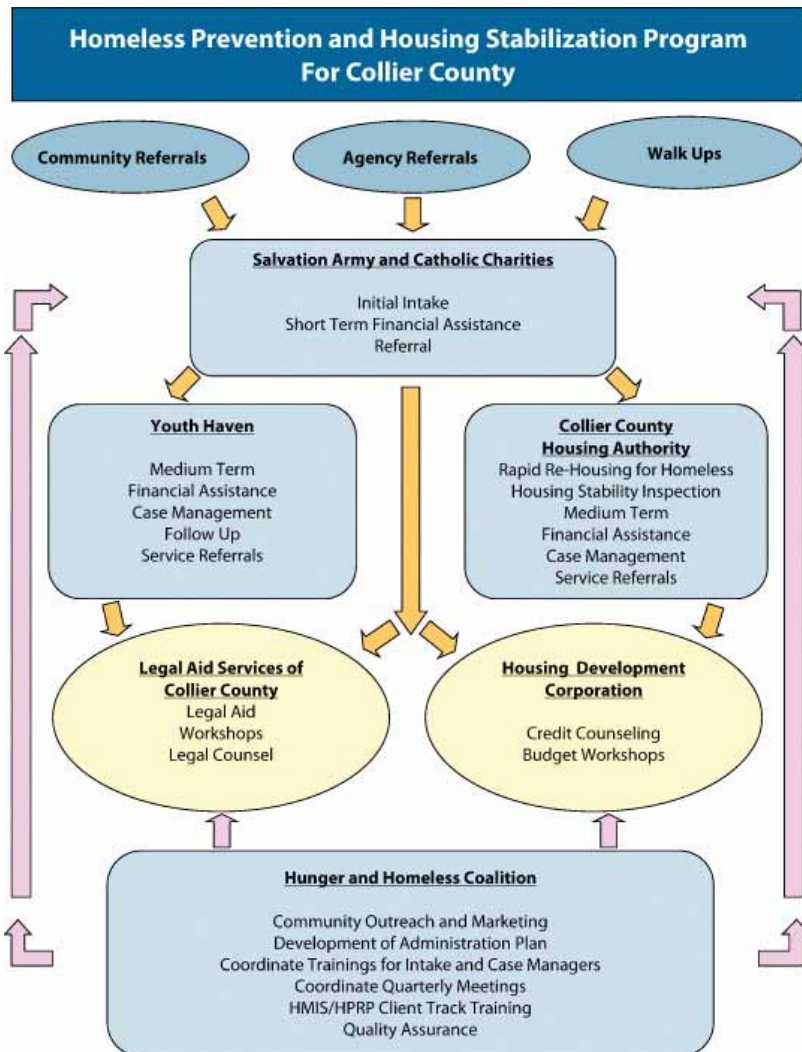
Issues

The HPRP model has not operated at capacity to date in Collier County. This is for the following reasons:

- **Cumbersome Model**

The Collier County model is difficult for homeless and potentially homeless individuals to navigate. The model requires a potential client to enter a non-profit agency, request services and then be referred to a participating agency. If the person who greets them is not familiar with the program, the potential client may not get served. If the greeter refers them to the wrong place, the potential client will lose time going to the wrong agency.

A survey was done to determine how well members of the Coalition and Continuum of Care understood the HPRP system. According to survey results, 52.8% of the respondents felt they understood the HPRP somewhat and only 33.3% of the respondents felt they understood it completely and could refer clients within the system. These were individuals who actually work within the HPRP system. These service providers don't completely understand the system or know whom they are supposed to make referrals to. The system relies on the staff member to guide clients through the process. However, the staff member's understanding of the system is most likely even less than that of the participants surveyed.



"The earlier a program intervenes in a housing crisis, the lower the cost. The outcomes may look impressive, but research shows that most people who receive prevention assistance would not have become homeless even without assistance. The later the intervention, the more costly and the lower the success rate. But at the latest stages of an individual's housing crisis, it is virtually certain she or he would have become homeless without assistance. Good prevention programs strive to target people who have the highest risk of becoming homeless but who also have a good chance of remaining housed if they receive assistance." Homeless prevention: Creating Programs that Work, National Alliance to End Homelessness Website.

- **Lack of centralization of information and services**

A related issue is the lack of centralization of homeless services in Collier County. There is no single place a homeless or potentially homeless person can go to in order to receive services or information in Collier County. At this point neither homeless services nor information about the services are centralized. Thus, the amount of time necessary to access services is more than likely higher in Collier County than desirable.

The National Alliance to End Homelessness states that the centralization of services and outreach efforts is a best practice. They point to specific examples such as the case of Norfolk VA, which benefitted from centralization. "Through the introduction of a Housing First program, the centralization of the family intake process, and expansion of the permanent supportive housing stock, homelessness in Norfolk dropped by 25 percent between 2006 and 2008" (Local Progress: Norfolk, VA)

The National Alliance to End Homelessness also points out that, "An important role in ending homelessness is outreach to people experiencing homelessness. A key ingredient to this outreach is the ability to connect the homeless population to housing and services." (http://www.endhomelessness.org/section/solutions/ten_essentials Retrieved Aug 25, 2010) Ten Essentials, Alliance to end Homelessness Website

- **Use of HMIS Inconsistent**

The single most important way to monitor and evaluate the effectiveness of the HPRP program in Collier County, would be for all the service providers to consistently use the HMIS system. Data collected during the interviews was higher than the data entered into the HMIS system. Specifically, half of the number of clients served by one of the Short Term Prevention Agencies leading was reported in the HMIS system to the conclusion that the data entry was inconsistent. The County has not been monitoring the use of HMIS by service providers due to a lack of a staff position in charge of HMIS. However, staff is now in place and will need to take responsibility for ensuring that the service providers utilize the system. Use of HMIS is a contractual obligation, both of the County and the service providers. Underuse or misuse of HMIS leads to an inability to adequately track the necessary metrics of evaluation.

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Khadduri (2005) predicted the increased use of HMIS by state, local and federal governments in "Measuring the Performance of Programs that Serve Homeless People." The author explores the benefits associated with using HMIS for tracking and ongoing evaluation of homeless programs. According to Khadduri (2005), "For all the reasons stated – client level data with clear definitions, longitudinal capability, and capability to be used for other programs and linked to other data sets – the HMIS data

platform will create opportunities for local performance measures that are well designed and accurately measured (pg. 9).”

For an accurate representation of the need for homeless and rehousing services in Collier County is it necessary that all the HPRP service providers use the HMIS system consistently. By using the HIMIS system, service providers can track those seeking services as well as those that actually receive them The County will then be able to accurately represent the need to the federal government, which will then lead to the ability to potentially receive the proper amount of aid to the area.

By utilizing the HMIS system clients can be tracked even when they are referred to another agency for services. Related to the centralization problems, is the need for an improved referral system. Since the HPRP program is split between six service providers, the model is heavily dependent on referrals. These referrals are accomplished by either phone or fax. However, this process could be expedited by utilizing the referral feature in the HMIS system. This would allow for the more complete transferal of case information between service providers.

- **Administration is shared, the ultimate responsibility and authority for outcomes is not clear.**

Because the HPRP program is co-administrated by the Coalition and the County, there is no definite delineation of responsibility for monitoring outputs to meet the deliverables outlined in the grant. Therefore, the accountability for the program outcome measures is vague. The County is the fiscal agent for the grant and is therefore responsible for the deliverables outlined in the grant. Regardless, of the role of the Coalition’s as shared administrator, the County needs to take leadership of the HPRP program and responsibility for ensuring that the deliverables are met.

- **Evaluation Parameters Not Specific**

Evaluation techniques and practices were not built into the project from the beginning. The federal government released evaluation information after the RFP, applications and contracts were signed. Therefore, the evaluation needs for the program were not discussed and agreed to by all parties from the outset. Consequently, data necessary for a comprehensive evaluation was not tracked and thus could not be analyzed.

The service providers, Coalition and the County need to agree upon what qualifies as program success and then set up benchmarks to achieve those results. Currently the follow-up time frame to determine client stabilization in order to measure program success is insufficient. Program follow-up has been recorded at the three month mark however there is no long-term tracking to determine recidivism rates.

In addition, it appears that the grant requirement to spend HPRP funds within an allotted time frame was not adequately communicated to the service providers, Since the grant covers a three year time period service providers may have been budgeting for the whole three years instead of spending the funds during the first part of the grant. In contrast other counties have spent their funds quickly in order to be eligible to re-apply for additional funding.



- **Employment is a pre-requisite for the receipt of funding. The system currently lacks any job seeking assistance component, which disqualifies many individuals from applying.**

The re-housing part of the HPRP program in Collier County uses employment as a qualifier for assistance. The case-managers are allowed discretion regarding the employment status. If the applicant has no job, but has either good prospects or a promise of a job, they may receive assistance, but currently the system does disqualify individuals based on lack of employment. The HPRP notice states that:

“The intent of these Recovery Act funds is to assist those persons who are most likely to be able to sustain housing on their own after HPRP assistance ends. However, providing proof of income or the ability to sustain housing when HPRP assistance ends is not an eligibility requirement for HPRP. Because HPRP is temporary in nature, grantees and subgrantees may consider the expected ability of the program participant to achieve and maintain stable housing (unsubsidized or subsidized) once the assistance ends. However, there are many different paths to stability. Just because an applicant does not have income at the time of application does not mean he/she will not be able to achieve stability during the term of assistance (particularly if the applicant has a stable employment history and marketable job skills but was recently laid off). HUD cautions grantees against creating barriers for persons in need of this assistance, or putting in place criteria that are so strict that they cannot find households to serve. Instead, case managers should be fully assessing each client’s situation (housing history, employment history/prospects, financial situation, etc.) and establishing a service plan that will help them become stabilized during the term of assistance” (www.HUD.gov, Retrieved September 2, 2010).

This qualifier for assistance may have influenced the number of individuals served by the program, as well as the reduced amount of funding expended. Related to this is the way the funding was capped for individuals. The system has time limits on the amount of funding available per client. Because a high number of clients are coming to the program with job loss that will require longer than short term funding portion will help, they are considered ineligible for the program.

Some of the other programs reviewed for comparison purposes also had employment as a qualifier, such as in Lee County. However, Lee County paired the HPRP program with an employment assistance program which helped applicants search for jobs.

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The National Alliance to End Homelessness states that “In order to maintain housing, people exiting homelessness must have income. Cash assistance programs are available through federal and state government, and career-based employment services can help formerly homeless people build the skills necessary to increase their income. Mainstream services, including the Workforce Investment Act, should be used for this purpose” (www.endhomelessness.org, Retrieved, September 4, 2010).

● **The Reimbursement Process**

The reimbursement process for the service providers is currently generating the largest problem related to HPRP. The process is burdensome due to the time delays in receiving payments from the County. As of September 1st, 2010, the service providers had spent a total of \$181,609.30. As of that date, the County had requested and paid out \$91,190.28. When asked about the large discrepancy in the amount, County staff replied that “There are additional Pay Requests in various stages of process at HHVS or at the Clerk of Court office but not paid to the subrecipients or drawn as of the 08-31-2010.” The subrecipients are non-profit service agencies. They cannot afford to pay for

the HPRP services in advance and wait excessive amounts of time to be repaid. It is not good fiscal practice on their part to do so, especially when the program does not provide benefit or support to them.

Delays have been attributed to a lack of clarification regarding the reimbursement packages. There has not been agreement on a standardized form for use by the agencies when submitting requests and there have been several changes to the reimbursement requirements over time made by the County and the Clerk's office. This has led to confusion and frustration on the part of the service providers. In some cases, the service providers are not able to continue services without payments from the County and have led them to suspend the program until they receive payment. Some measures have been taken to streamline the process. But there is skepticism among the agencies as to whether it will improve the reimbursement process.

Escambia County attributes one reason for their program's success to the decision to provide an influx of capital to their sole service provider at the program's inception. In the early stages of implementation, the service provider had difficulty balancing the needs of the program with balancing the budget. This led to the service provider denying new clients assistance while waiting for reimbursement for services already performed. Therefore, Escambia County decided to infuse the program with start up funds so that service providers had a buffer of capital to operate the program. After which, the reimbursement process flowed more smoothly.

● **Staffing**

The County is administering the HPRP program with no increase in staffing to manage it. The County staff have to manage 80 other grants. Efficiency might be improved by the hiring of one full time staff person to manage HPRP reimbursements. This may lead to shorter processing times and more funding being delivered to the public.

In addition, several of the agencies are piggybacking the HPRP program onto other existing programs with no increase in staffing. The demand for HPRP services has outstripped their ability to manage the caseloads. In some cases, the service providers have shut off intake of new clients because of their inability to manage the caseloads with such limited staffing.

Several agencies have undergone staff changes, which have severely impacted productivity of the program. In one situation, a turnover led to a six month lag time in providing service. There are inconsistencies of case management ability between the service providers. This leads to reduced ability to process clients in a timely manner.

● **Case Management Funding**

While minimal case management is required by the federal HPRP guidelines, the designers of the Collier County program utilize a strong case management component to attain client stability. Clients are provided access to resources and re-training, as they get stabilized. Funding to the service providers for prevention and re-housing has been made available, but minimal funding has been allocated for case management. Several agencies implementing the program have to use existing, already heavily-burdened staff to manage HPRP clients. Because they must implement HPRP as well as other existing programs, in some cases, they cap the number of HPRP clients they can serve in order to fulfill their other commitments. This severely limits the number of clients served by HPRP program.

According to Tom Pierce, executive director for the Department of Children and Families for the State of Florida, the office that administers all homelessness funding

for the State of Florida, when asked which model was more effective - a county-led model or a continuum of care model, he indicated that either model can be effective, but the models that have been truly effective in Florida had sufficient funding allocated to case-management.

Summary

Efficiency vs. Effectiveness

In evaluating the HPRP program in Collier County, several factors must be considered, chief among them are whether the program is currently effective and whether the model is for the right model for Collier County . As previously mentioned, it is not possible to draw a direct correlation between homeless preventive services and the prevention of homelessness. When examining the rehousing portion of the program, the program has shown that 23% of potential clients were served. It is too early in the program cycle to determine if clients are being permanently stabilized. In this way the HPRP program has reduced the amount of homelessness in Collier County. But, compared to the over 1,000 homeless individuals in Collier County, it is clear that the program has challenges remaining toward eliminating homelessness in Collier County.

Ultimately, in determining if the current HPRP model is the best one for Collier County, it is necessary to examine past and current thinking and trends in homelessness programming.

One of the biggest challenges will be the fact that not enough funding was allocated for case-management. Because the service providers are providing HPRP funding without receiving the benefit of support for the staff that provides it, an undue burden is placed on them, especially when reimbursements are slow in coming. The participating agencies have taken on the program out of a desire to better serve the community, but the program needs to be re-examined to provide more benefit to the participating agencies. This will go a long way toward improving the long-term sustainability of the program.

Regarding whether this model is the best one for Collier County, clearly, all three comparison counties served more people and spent down their funds more quickly than Collier County did during the first year. However, it is not clear which model will ultimately end up being more effective - the County led model or the Continuum of Care model. In order to determine this, it would be necessary to first start collecting data on how many individuals seek services in Collier County and then follow up on applicants to determine if they remain stable.

Ultimately, in determining if the current HPRP model is the best one for Collier County, it is necessary to examine past and current thinking and trends in homelessness programming. In 1987, Congress passed the first federal law specifically addressing homelessness, the Stewart B. McKinney Homeless Assistance Act, later named the McKinney Vento Homeless Assistance Act. Initially, HUD did not impose systematic planning at the local level. But, since 1994, HUD has required that each community submit a single comprehensive Community of Care application rather than allowing applications from individual providers. The intention was to stimulate community-wide planning and coordination.

According to HUD, "the CoC planning process was designed to promote the development of comprehensive systems to address homelessness by providing communities with a framework for organizing and delivering housing and services. The overall approach is predicated on the understanding that homelessness is not caused merely by a lack

of shelter, but involves a variety of underlying, unmet needs- physical, economic and social” (HUD’s Homeless Assistance Programs: Continuum of Care 101).

While the original HPRP notice dated March 19, 2009 did not specifically require that applicants apply as a continuum of care, it did require that grantees coordinate with their local continuum of care. The recent amendment to the McKinney Vento Homeless Assistance Act, the Homelessness Emergency Assistance and Rapid Transition to Housing Act (Hearth) further reinforces the federal government’s emphasis on the continuum of care model. The Hearth Act provides for funding specifically to continuums of care and offers incentives for communities that demonstrate cooperation among entities, as well as other factors.

With this increased focus on continuums of care as the preferred method to manage homelessness, it makes sense for Collier County to continue with the current model, provided several aspects be strengthened and improved. Specifically related to HPRP, if the following aspects are not addressed, it is not clear whether the program will reach its goal of spending 60% of the funding within two years, for at the current rate, they will not achieve this requirement.

Recommendations

1. **Reimbursement Process**- The reimbursement process needs to be standardized and streamlined
2. **Centralization** - Determine a central point of intake for homeless services in Collier County
3. **Outreach** - Begin a centralized outreach campaign with clear, consistent messaging to alert homeless and potentially homeless individuals to central point of intake
4. **HMIS** - Ensure that all human service providers utilize HMIS system consistently
 - County to monitor the use of HMIS, as mandated by the federal government and the HPRP program
 - Increase HMIS training for service providers – allocate funding for such
5. **Evaluation** – Initiate an on-going evaluation process
 - Clarify leadership and ultimate responsibility for outputs and outcomes
 - Designate lead responsible for on-going evaluation
 - Clarify and disseminate metrics for evaluation to all service providers
6. **Employment** – Eliminate employment as a pre-requisite for eligibility or tie another supportive program to it
7. **Case Management** – Strengthen support for case-management
 - Reallocate funding to provide more case – management funding to service providers and to County
 - Increase training for case-managers and allocate funding for such