INDIANA HPRP-FUNDED PREVENTION PROGRAM

With funding from HUD's Homelessness Prevention and Rapid Re-housing Program (HPRP), the state of Indiana provided financial assistance in rental and utility payments as well as arrearages and case management services to more than 1,600 households through September 2010. Households accessed homelessness prevention services through 16 community agencies across 17 HPRP regions. Program staff at each agency administered HPRP screening through a Web-based screening tool. To determine eligibility for homelessness prevention services, program staff examined an applicant's income, current living location, history of homelessness, and current rent or eviction notice. Length of stay in the program averaged 247 days, with a median 267 days.

Community Description

Indiana has an estimated population of 6.3 million. According to the U.S. Census Bureau, approximately 13 percent of the general population and 11.5 percent of people over the age of 18 are below the federal poverty level.[74] During the most recent point-in-time count, the Indiana Balance of State Continuum of Care (CoC) homeless service system[75] identified 1,948 persons in emergency shelters, 1,542 persons in transitional housing, and 499 unsheltered persons (i.e., living in places not meant for human habitation, such as cars, encampments, or parks). Of these 3,989 people, 45 percent were persons in families and 55 percent were individuals or unaccompanied youth.

The Indiana Balance of State CoC has more than 200 different homeless assistance programs across 16 state regions. Each region has a homeless planning council that includes governmental officials, program administrators, and other stakeholders. In 2009, the Indiana Housing and Community Development Authority (IHCDA) renamed the state's Inter-Agency Council on Homelessness the Indiana Planning Council on the Homeless. This council, comprising members from across the state, creates strategies and initiatives aimed at ending homelessness in Indiana.

Specifically, the Indiana Balance of State CoC has 102 emergency shelter programs, including 28 programs for victims of domestic violence, that result in more than 2,600 beds; 95 transitional housing programs resulting in roughly 1,900 beds; and 49 permanent supportive housing programs resulting in 931 beds. Of these homeless assistance programs, 8 permanent supportive housing programs are currently under development. No emergency shelters or transitional housing programs are under development in the Balance of State.

Indiana does not have a *statewide* ten-year plan to end homelessness. However, most regions have plans highlighting issues that affect the region's population, and most focus on addressing chronic homelessness. Of the subgrantees we interviewed, each had a regional plan for addressing homelessness but in the past had not focused on homelessness *prevention*. IHCDA believes that experiences from HPRP will influence the continuing development and updating of ten-year plans.

Before HPRP funding, Indiana had no homelessness programs. However, in the state of Indiana, township trustees have funding they can use for prevention-like activities. Indiana's approximately 1,100 township trustees are elected officials who serve 4-year terms. Indiana law mandates that trustees

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[74] Data on poverty were obtained from the U.S. Census Bureau, American Community Survey (2005–09).
[75] The Indiana Balance of State CoC covers all areas of Indiana except Indianapolis and South Bend.

provide township residents and local businesses with critical services, which may include assisting residents or businesses during a financial or housing emergency. Across townships, trustees do not have a consistent method or process for using their resources to address homelessness prevention or implement antipoverty activities. Most spending of these resources is ad hoc.

DESIGN AND SETUP OF HPRP PREVENTION

IHCDA was the state agency designated as the HPRP grantee for the Indiana Balance of State CoC. Over the 3-year course of HPRP, the agency administered a total of $16,883,827.

The CoC divides Indiana into 16 regions but, since one region covers a large area, IHCDA split it for the purposes of HPRP. This resulted in 17 distinctive HPRP regions.

IHCDA had 16 subgrantees covering the 17 HPRP regions. Two subgrantees acted solely as fiscal agents to IHCDA. These agents passed funds to sub-subgrantees and vendors delivering services in the agents' regions. The remaining 14 subgrantees provided clients with a variety of direct services, including mental health assistance, supportive housing and job search programs, and life skills classes. Before HPRP, approximately 85 to 90 percent of subgrantees provided their regions with homeless services.

Exhibit E.5: Indiana Housing and Community Development Authority, Homelessness Prevention and Rapid Re-housing Program Subgrantees		
Region	**Agency (Subgrantee)**	**Award**
1	Housing Opportunities Inc.	$877,729.00
1A	Health Visions Midwest	$1,049,522.00
2	Center for the Homeless Inc. and Community Action of Northeast Indiana	$582,000.00
2A	Center for the Homeless Inc.	$507,233.05
3	Community Action of Northeast Indiana Inc.	$1,536,396.00
4	Area IV Agency on Aging and Community Action Programs Inc.	$857,136.00
5	Center Township of Howard County	$674,751.00
6	Bridges Community Services Inc.	$1,488,540.15
7	Housing Authority of the City of Terre Haute	$913,891.00
8	Aspire Indiana Inc.	$582,000.00
8A	United Way of Central Indiana Inc.[a]	$2,309,237.00
9	Dunn Mental Health Center Inc.	$582,000.00
10	Centerstone of Indiana Inc.	$640,229.85
11	Human Services Inc.	$834,320.85
12	Aurora Inc.[b]	$1,472,609.00
13A	Blue River Services Inc.	$793,329.00
13B	Community Mental Health Center Inc.	$704,333.00
	Total	**$16,405,256.90**

Source: Indiana Housing Community Development Authority. November 2011.

[a] United Way of Central Indiana was a HPRP subgrantee to both the state of Indiana and the city of Indianapolis. The agency fully designated its state HPRP funding to rapid re-housing services and its city money to homelessness prevention services. Therefore, United Way of Central Indiana did not use any state HPRP funding to provide homelessness prevention services.

[b] Aurora Inc. was an HPRP subgrantee to both the state of Indiana and the city of Evansville. The agency fully designated its state HPRP funding to rapid re-housing services and its city money to homelessness prevention services. Therefore, Aurora did not use any state HPRP funding to provide homelessness prevention services.

Each subgrantee acted as the lead HPRP agency within its region, coordinating services and client referrals with other providers in the area. Subgrantees administered HPRP screening and client assessments, as well as financial assistance and case management, and entered client information into the homeless management information system (HMIS). Staff members at each subgrantee usually relied upon their regional homeless planning councils for strategies and direction to address homelessness. For HPRP, however, subgrantees looked to IHCDA for leadership, technical assistance, guidance, and training. IHCDA staff were available for and responsive to subgrantees' questions and requests.

IMPLEMENTATION

Outreach

Subgrantees worked with their homelessness regional planning committees as well as other service providers and mainstream service agencies to disperse information about HPRP services. However, subgrantees did not need to market HPRP aggressively because information about HPRP assistance spread rapidly by word of mouth.

Point of Entry

Service providers and mainstream agencies referred clients who might be eligible to the region's HPRP subgrantee. Clients could only access HPRP services through the designated subgrantee in each region, allowing a one-door point of entry into the program.

Intake: Eligibility and Assessment

IHCDA's subgrantees followed HUD's HPRP eligibility criteria. To be eligible for assistance, a household needed an income below 50 percent of area median income (AMI) and must been at imminent risk of homelessness. Each subgrantee served HPRP-eligible households in its specified region.

To establish eligibility for homelessness prevention services, subgrantees examined a client's income, current living location, history of homelessness, and current rent or eviction notices as defined below.[76]

- Income:
    - Any income at or below 50 percent AMI;
    - No income, but currently employed or lost job less than 6 months ago; or
    - No income, but has been diagnosed with a documentable disability.

- Current living location
    - Staying with family or friends in a room, apartment, or house *or* renting an apartment or house *or* living in an institution *or* temporarily living in a self-pay hotel or motel *or* living in an owned apartment or house;
    - If in an institution, being required to leave in less than 2 weeks with written documentation;
    - Could stay in housing if client could pay some rent to family or friends;

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[76] These categories summarize the criteria used to determine eligibility for HPRP prevention assistance in the Indiana Housing Opportunity Planner and Evaluator (I-HOPE) screening tool. State subgrantees used I-HOPE to determine HPRP program eligibility.

- o Have to move from housing unit for reasons such as conflict, foreclosure, or insufficient income;
  - o If applicable, must move out in 2 weeks or less;
  - o If saying with family or friends, client's name is (or could be) on the lease;
  - o If renting, has received a notice to quit or court summons and must move in 2 weeks or less;
  - o If overcrowded, persons per room is greater than 1.5; or
  - o If staying in hotel or motel, can afford for 2 weeks or less.

- History of homelessness
  - o Homeless three times or less in last 3 years; or
  - o Homeless five times or less in last 3 years.

- Current rent or eviction notice
  - o Current monthly rent was 60 percent or less of current income; or
  - o Evicted two times or less in last 5 years.

Subgrantees used the Indiana Housing Opportunity Planner and Evaluator (I-HOPE) to screen for HPRP eligibility. I-HOPE was a Web-based screening tool designed by the Corporation for Supportive Housing in coordination with IHCDA to screen eligibility for homelessness prevention and rapid re-housing programs under HPRP. This tool was based on a decision-tree model. I-HOPE asked clients questions about income, current living location, rent, eviction status, experience with homelessness, and disability status to determine if they would be homeless "but for" HPRP prevention assistance.

IHCDA thought using a common screening tool among subgrantees would be beneficial. The tool eliminated guesswork and subjectivity for case managers. To complete screening, clients needed identification, income verification, and an eviction notice or a utility shut-off notice.

As of fall 2011, 54 percent of clients screened through I-HOPE were eligible for HPRP services. This percentage includes clients screened for homelessness prevention and rapid re-housing services. However, the subgrantees we visited had higher percentages of clients determined eligible by I-HOPE (CMHC approved 79 percent; Blue River Services, 73 percent; and Human Services Inc., 72 percent). Staff confirmed that a high percentage of their clients screened through I-HOPE were eligible; case managers usually prescreened clients for HPRP over the phone, asking about income, employment and current living situation before initiating the I-HOPE screening. Prescreening was conducted because applicants in rural Indiana faced long travel distances and lacked public transportation options.

In addition to HUD's eligibility criteria, I-HOPE screened for employment history. IHCDA determined that clients with a "shaky" employment history would not be good candidates for prevention services and ultimately unable to sustain housing after prevention assistance ended. Across subgrantees we visited, staff would refer clients determined ineligible for HPRP services to other community services and programs.

Assessment

After determining a client was eligible, case managers in all subgrantees completed an HMIS intake form and housing assessment tool with clients. All except one subgrantee used these forms to complete the assessment. Both assessment forms were completed on paper; then data were entered into HMIS.

The housing assessment tool used information gathered in I-HOPE to address additional topics such as the ability to achieve housing and employment, financial stability, the ability to access and locate housing, the ability to maintain housing, and support systems to maintain housing. This tool also included a rent and utility calculation worksheet to determine if the household was paying a reasonable rent based on income, number of dependents, and allowances. Once the client and case manager finalized the housing assessment tool, they completed a housing plan. Subgrantees used the housing assessment tool and housing plan to document the services a client needed and to develop the client's housing goals.

"But For" and Sustainability Rules

Depending on available subgrantee funding, if I-HOPE determined a client was eligible for HPRP assistance, that client was served. After eligibility was determined, the case manager worked with the client to complete the housing assessment tool and housing plan to determine the amount of financial assistance and types of services provided.

Prevention Activities
Under Indiana's HPRP prevention program, clients could receive financial assistance for rental payments, security and utility deposits, rental and utility arrearages, utility payments, moving cost assistance, motel and hotel vouchers, and storage. Housing stabilization services included case management, referral to other community services and mainstream agencies, legal services, credit repair, housing location services, and landlord mediation. Case managers used information from I-HOPE, the housing assessment tool (including the rent and utility calculation worksheet), and the housing plan to determine what services and how much assistance to provide clients.

Financial Assistance. HPRP financial assistance included current rental and utility payments, as well as arrearages. IHCDA allowed subgrantees to provide up to 12 months of financial assistance, with the possibility of two 3-month extensions, not to exceed the 18 months of assistance allowed by HUD. Case managers determined the amount of financial assistance a client received based on the funding available and the rent and utility calculation worksheet. For each extension request beyond 12 months of assistance, subgrantees would submit an extension request form to IHCDA.

During the first year, HPRP clients at Community Mental Health Center Inc. (CMHC) discovered they could receive rental assistance for up to 12 months, as long as they continued to be eligible during reassessment. Staff felt that this enabled clients to "drift along" for the first year on assistance. Then, when clients knew their assistance would end, they started to look for ways to sustain housing independently. Since then, CMHC staff members altered their message to clients, specifying that eligible households were only guaranteed 3 months of rental assistance. At the end of those 3 months, staff would reassess clients for continued eligibility.

Blue River Services Inc. provided clients with rental assistance for an average of 9 months. This agency also capped the amount a client could receive for rental arrearages at 6 months. Alternatively, Human Services Inc. used the housing plan to determine the amount of time a client would need financial assistance.

Across subgrantees, assistance ended for clients at various times, including

- Clients exhausting the maximum amount of funding they could receive based on
    - The amount of funding subgrantees had available or
    - The maximum amount of time clients could receive funding defined by HUD;
- Clients not being eligible for assistance at reassessment, or
- Clients self-determining they no longer needed assistance.

Subgrantees provided financial assistance for utility expenses through HPRP. This included eligible households' current utility payments, arrearages, and deposits. Household allocations of utility assistance were determined on the rent and utility calculation worksheet. Subgrantees did not set a maximum amount for utility assistance that clients could receive.

Subgrantee staff members worked with clients to determine the overall cost of the utilities they needed. Some clients wanted to reside in single-family homes where utility costs such as sanitation or heating oil are expensive. Case managers helped clients determine if utility expenses were bringing them to at imminent risk of homelessness. If so, case managers would try to relocate clients to a more affordable living arrangement.

Case Management. Subgrantees took a case-by-case approach: some clients needed case manager contact daily, weekly, or monthly while others required less. IHCDA encouraged case managers to meet with clients once a month to check on progress and housing stability but acknowledged that this varied across subgrantees. Of the subgrantees that we visited, all provided case management services to their HPRP prevention clients. Human Services Inc. and CMHC required HPRP clients to participate in case management services at least once a month to receive financial assistance.

Case managers worked with clients to determine eligibility for services and benefits outside HPRP. In a few rural locations, subgrantees had difficulty addressing some clients' needs, and responded by creating programs within their agencies. For example, CMHC created a job club for clients to review their resumes with staff and participate in mock interviews.

In addition to in-office case management, some subgrantee staff offered telephone-based case management and home visits. Attending a case management appointment could be difficult for clients because of family responsibilities, travel distance, and the lack of transportation options. Subgrantees offered to continue clients' case management services after financial assistance ended, but many clients were not interested in this opportunity.

DATA AND MONITORING

All but three of Indiana's subgrantees were using HMIS before HPRP. IHCDA did not receive any resistance from subgrantees on collecting or entering clients' data into the HMIS. To help acclimate any new HMIS users to the system and ensure subgrantees understood data collection requirements, IHCDA staff conducted in-person training and webinars.

Subgrantee staff collected the HUD-required HMIS data elements on HPRP clients. Clients were not entered into HMIS until they completed an HMIS intake form and housing assessment, hence clients determined ineligible for HPRP were not entered into HMIS. The I-HOPE screening tool and IHCDA's HMIS system did not interface, so screening information from I-HOPE was not transferred into HMIS.

IHCDA staff generated data quality report cards for each subgrantee to assess collected HMIS elements. This encouraged subgrantees to enter data completely and correctly. Additionally, IHCDA staff examined clients' destinations at exit, change in income from entry to exit, and length of stay, to gauge whether exiting clients had successful outcomes upon program exit.

PLANS FOR THE FUTURE

As funding ended and subgrantees began to close out HPRP activities, Indiana did not plan to continue homelessness assistance. IHCDA instead planned to use additional Emergency Solutions Grant funding under Homeless Emergency Assistance and Rapid Transition to Housing primarily for rapid re-housing, which is more directly correlated with a reduction in homelessness. IHCDA would like to develop a more sophisticated and robust prevention program statewide, but were uncertain of their capability to do so. However, IHCDA would not be able to provide those clients with financial assistance. Across the state, providers returned to referring clients to township trustees for financial assistance.

Exhibit E.6: State of Indiana Prevention Overview, Homelessness Prevention and Rapid Re-housing Program				
	Persons		Households	
	#	%	#	%
Total served Year 1[a]	3,452	100	1,679	100
Persons in families	2,697	78	—	—
Adults without children	773	22	—	—
HPRP services				
Rental assistance	—	—	1,431	85
Case management	—	—	1,556	93
Security/utility deposits	—	—	775	46
Outreach and engagement	—	—	696	41
Utility payments	—	—	820	49
Housing search/placement	—	—	628	37
Legal services	—	—	34	2
Credit repair	—	—	265	16
Motel and hotel vouchers	—	—	13	1
Moving cost assistance	—	—	43	3
Destination[b]				
Total leavers	1,166	100	—	—
Homeless	123	11	—	—
Intuitional setting	17	1	—	—
Permanent housing with subsidy	95	8	—	—
Permanent housing without subsidy	778	67	—	—
Family or friends	36	3	—	—

Source: Indiana Housing and Community Development Authority Annual Performance Report Data, 2009 program start through September 30, 2011. Year 2 APR data is not included due to unresolved data inconsistencies and possible reporting errors..
— not available

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

[b] Destination numbers may not add to total leavers because the "other," "hotel/motel," "unknown," and "deceased" categories are not included in this table.
"Homeless" includes the following destinations: emergency shelter, TH for homeless persons, staying with friends (temporary tenure), staying with family (temporary tenure), place not meant for human habitation, safe haven, and hotel or motel paid by client.
"Institutional setting" includes foster care, psychiatric facility, substance abuse or detox facility, hospital (non-psychiatric), and jail or prison.
"Permanent housing" with subsidy includes housing owned by client with ongoing subsidy, rental by client with VASH subsidy, rental by client with other ongoing subsidy, and Permanent Supportive Housing for Homeless Persons.
"Permanent housing" without subsidy includes housing owned by client without ongoing subsidy and rental by client with no ongoing subsidy.
"Family or friends" includes living with family, permanent tenure or living with friends, permanent tenure.