A Prevention-Centered Approach to Homelessness Assistance:

A Paradigm Shift?

Dennis P. Culhane

University of Pennsylvania

Stephen Metraux

University of the Sciences in Philadelphia

& Thomas Byrne

University of Pennsylvania

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Dennis P. Culhane, Stephen Metraux & Thomas Byrne

Introduction

Prevention, or shutting the "front door" to homelessness, has been often hailed as a necessary component of any strategy to end homelessness (National Alliance to End Homelessness 2000). However, the difficulties inherent to implementing effective prevention initiatives (Shinn, Baumohl & Hopper 2001) has meant that responses to homelessness instead have retained an emphasis on tending to and accommodating those who have already lost their housing. This has led to a situation that Lindblom (1991) warned about nearly twenty years ago, one in which an absence of a prevention-oriented policy framework would lead to the institutionalization of homelessness.

In this paper, we outline a conceptual framework that might guide a transformation to a prevention-oriented approach towards homelessness, along with implications for program design and practice, and the need for new data collection standards to support program performance monitoring and evaluation. The recent passage of the *American Recovery and Reinvestment Act of 2009* (ARRA) promises to push mainstream homelessness policy towards prevention, a direction preceded by only a trickle of such efforts in the US. Among this vanguard are some promising approaches to providing prevention-oriented services. Prevention-oriented approaches in several European countries have also seen promising results with reducing homelessness, and will be examined. But while these programs have demonstrated the basic elements of effective prevention services, there is much about homelessness prevention that still needs to be understood.

Background

The recently passed ARRA includes $1.5 billion in funding over the next three years to help avert increases in homelessness during the current recession. Known as the "Homelessness Prevention and Rapid Rehousing Program" (HPRP), this initiative provides direct financial assistance to keep at-risk individuals and families from becoming homeless, and to move homeless households (i.e., individuals or families) into housing and other permanent living situations as quickly as possible. Specific types of assistance under the HPRP include short-term and medium-term rental assistance, and housing relocation and related stabilization services (National Alliance to End Homelessness 2009a). This indicates a redirection in the nation's homelessness assistance policies, as the

HPRP bypasses the shelter, transitional housing and other traditional homeless services that have been the mainstay of assistance to the homeless for the past two decades.

This new direction is fraught with uncertainty. For while there is some evidence from the research literature, as well as some policy experiments at the federal, state and local levels to guide this new initiative, much remains to be learned about how to organize an effective, efficient homelessness prevention and rapid rehousing system. Previous monographs on prevention outline the difficulties and challenges inherent to preventing homelessness as much as they identify the elements of homelessness prevention that work. Both what is known and what remains to be learned will be considered further in the rest of this section. This section is organized under a simple framework previously put forward by Burt, Pearson & Montgomery (2005) which states that, to be successful, homelessness prevention needs to be efficient as well as effective: efficient in that, like the proverbial ounce of prevention, prevention in the current policy context needs to realize overall cost benefits and reductions in demand for homeless services; and effective meaning that the measures work to provide a greater degree of housing stability to the point that literal homelessness is averted or reversed.

Efficiency

Previous frameworks used to organize efforts to prevent homelessness have borrowed a popular public health paradigm for conceptualizing prevention (Shinn, Baumohl & Hopper 2001; Burt, Pearson & Montgomery 2005). Three levels of prevention – primary, secondary and tertiary are distinguished. Primary prevention initiatives are those which prevent new cases; where efforts focus on reducing the risk for acquiring a particular condition. Secondary prevention identifies and addresses a condition at its earliest stages. Thus it does not reduce the number of new cases, but rather treats conditions close to their onset while they are presumably easier to counteract. Finally, tertiary prevention seeks to slow the progression or mitigate the effects of a particular condition once it has become established. Providing three distinct categories, however, is misleading. These prevention classifications should more be seen as ranges in a continuum, with boundaries between them being somewhat indeterminate. And, as shall be shown, in these gray areas lie the most practical intervention points for prevention initiatives.

With respect to homelessness, primary prevention measures target households before they experience some crisis that precipitates their loss of housing. Primary prevention for homelessness can be as broad as providing affordable and accessible housing to all; reducing or eradicating poverty; and preventing people from using addictive substances. Instituting a nationwide housing policy that includes an entitlement to decent, affordable housing, for example, would eliminate the need to provide homeless services. Even a substantial investment in subsidies could significantly reduce shelter demand. Recent history does not provide much basis for optimism that such a reform is forthcoming. The funding that has been allocated to increase the supply of permanent housing, through measures such as the McKinney-Vento Homeless Assistance Act, have fallen far short of providing a permanent housing solution to homelessness. With just under 6 million households identified as having “worst case housing needs” (HUD 2007), providing such a solution to homelessness would be but one part of a more general solution to the affordable housing crisis. And while there is much need for such broader

mainstream social welfare initiatives, including efforts to increase household incomes (through more adequate TANF and SSI payment levels; higher minimum wage, expanded EITC), they are beyond the scope of the resources available for homeless assistance.

Limitations to the *homelessness-specific* resources at hand means that primary prevention activities need to go farther downstream and target assistance to households who are very likely to become homeless without the assistance. Identifying such households is one of the primary challenges inherent to prevention activities. Consider again the nearly six million households with "worst case" housing needs. Such households have less than 50% of their area's median income and either pay over half of that income for housing or live in severely substandard housing. Each of these households is uncomfortably close to becoming homeless, yet the vast majority of them avoid this fate in any given year. The same is the case for other high risk groups, such as low-income persons who are discharged from institutions such as jails and hospitals – many become homeless but many more will not. So how does a program target assistance to households who would become homeless without the assistance while minimizing provision of assistance to those with similar characteristics and circumstances who could avoid homelessness without the program's assistance? This question is at the core of the efficiency issue, as savings realized through averting a case of homelessness could become washed out by the cost of assisting many "false positive" cases.

The results from two prevention programs further illustrate the challenges associated with the efficiency issue faced by primary prevention activities. In Montgomery County, Maryland, prevention efforts targeting at risk families showed that only two percent of the assisted households used an emergency shelter within the following year (Burt, Pearson & Montgomery 2005). Likewise, in Philadelphia, a community-based homelessness prevention intervention sought to assist families in three relatively small areas of the city that were responsible for 65% of the admissions to the family shelter system (Culhane, Lee & Wachter 1998). In results similar to Montgomery County, about three percent of the assisted households later became homeless (Wong et al., 1999). At first glance, these programs appear successful. Unfortunately, because neither intervention included a control group of similar households who didn't get the assistance, it's not clear what proportion of the households who got the assistance would have become homeless without the assistance (the counterfactual case). Thus, one cannot ascertain for sure in either of these studies whether or not the findings represent homelessness being successfully averted or aid going to families who are unlikely to have experienced homelessness anyway.

The evaluators of the Philadelphia study concluded by recommending that future efforts be targeted more closely to households who were actually presenting themselves at a shelter, effectively becoming more of a "shelter diversion" program, rather than a broader-based neighborhood based prevention effort. Instead of providing the assistance prospectively by virtue of an expected risk, and providing it to only those who show some further evidence of risk (eviction notice, etc.), the prevention targeting would presumably be much more efficient. At some point in this process, targeting would shift to assisting households that actually lost their housing, and thereby cross the threshold into secondary prevention services.

As has been pointed out, secondary prevention does not reduce homelessness, as at this point only homeless households are assisted. But secondary prevention can reduce the size of the homeless population in its ability to greatly expedite exits from homelessness, swiftly moving those who entered the "front door" of

homelessness out the "back door" back into housing. Longitudinal research on shelter use has consistently shown that, for most households, homelessness is a transitory condition (Kuhn & Culhane 1998; Culhane et al. 2007). The vast majority of households who enter shelters stay for less than two months, with a national median length of stay of 18 days for single adults and of 30 days for families (HUD 2009). Most leave by their own bootstraps, without formal housing search or placement assistance by the emergency shelter system. For this population, short-term assistance, if it is primary, will divert them from homelessness and, if it is secondary, will facilitate their rapid exit out of homelessness.

The remaining households, who have been homeless for a period beyond what can be considered an initial phase, become the target of tertiary prevention activities. While short shelter stays are most common, long-term homelessness is also a significant problem, not only because extended periods of homelessness are hazardous to peoples' health and well-being, but because long periods of homelessness are costly to society. Tertiary prevention measures, however, are directed at households not so much on the basis of the length of their homelessness as on the entrenched nature of it. In many instances the households with extended bouts of homelessness have other, intractable problems associated with their homelessness. This is particularly true among single adults, where research on "chronic" (including long-term "episodic") patterns of homelessness has consistently documented that disproportionate users of homeless shelter resources are also often frequent and costly users of acute care health, behavioral health and criminal justice systems (Culhane, Metraux & Hadley 2002; Rosenheck et al. 2003; Gilmer, Manning & Ettner 2009; Larimer et al. 2009).

Tertiary prevention initiatives need not require a minimum amount of time spent homeless to be proffered. Instead, tertiary assistance could intervene early on behalf of households who, without assistance, would likely remain homeless for an extended time period. The distinguishing feature of tertiary assistance would then be the profile of the households targeted – those who have various disabilities or service needs that complicate efforts to regain stable housing – and the more intensive, long-term assistance that such households would need. Targeting here is important, as all long-term homeless households do not need tertiary services to make lasting exits from homelessness. For example, recent research has found that families which stay in shelter the longest are not any more likely to have histories of intensive service needs than short-term homeless families (although they consume most of the homeless system resources), while the families with the greatest service needs are more likely to bounce in and out of shelters in series of short, episodic shelter stays (Culhane et al. 2007). Ideally, tertiary services (if needed) could be provided at the onset of a household's homelessness, at a point similar to where secondary prevention assistance is provided. Alternatively, households at risk of entrenched homelessness could be provided secondary prevention (relocation) assistance, with more ongoing supports provided as indicated by the households' continuing need over time (two models for engagement will be discussed later).

In the prevention framework just described, all three categories of prevention should converge towards the limited area between keeping imminently at risk households from becoming homeless and moving newly homeless households back into housing. Even with the new HPRP funds, the resources available for homeless prevention activities are limited enough so that primary prevention activities, in order to more accurately target households who are imminently at risk of homelessness, must necessarily focus activities closer to the point where

households are on the brink of becoming homeless. In other words, rather than a more systematic response to the precipitants of homelessness, the focus of primary prevention turns to averting homelessness in response to crises related to dynamics such as pending evictions, institutional discharges and strained or untenable co-housing situations. Here primary prevention initiatives spill into secondary prevention initiatives. On the other end, tertiary prevention initiatives should likewise creep towards secondary initiatives, as the ideal goal for tertiary prevention would be to assist persons long before they exhibit long-term homelessness. Expressed metaphorically, prevention then means both limiting entry through the front door (into homelessness) and showing homeless households out through the back door as quickly as possible.

Effectiveness

Limited attention has been given to the components that make homeless prevention programs effective. The first systematic study of prevention programs and their key facets was by Burt and her colleagues (2005) through their examination of six community-wide primary prevention initiatives that have implemented prevention-focused program models and have data which could inform the effectiveness of their efforts. This practice-based evidence, despite its limitations, offers valuable insight regarding prevention practices that can be replicated. The study outlined two basic approaches taken by the study sites towards prevention. The first approach identified households with short-term problems whose housing stability is threatened, and directed short-term solutions that were temporary and relatively inexpensive. Effective strategies in this approach included time-limited housing subsidies and emergency cash assistance, and mediation in housing courts. The second approach was used with households with longer term, more intractable, and often chronic conditions. This includes households with such conditions as psychiatric disability, substance abuse, and child welfare services involvement – situations where the effective prevention strategies primarily involved extended housing supports and ongoing support services. Fewer households require such assistance, but the costs associated with such prevention activities, which again are not limited to primary interventions, are substantially greater than the shorter term prevention approaches.

Elements of effective primary prevention programs such as time-limited housing subsidies and emergency cash assistance are often included in secondary prevention initiatives, which at times strongly resemble their primary prevention counterparts, with the distinction being that the former seeks to rehouse households as quickly as possible, while the latter seeks to keep them out of homelessness. Burt and her colleagues found several of their prevention programs provided similar assistance to both at-risk and homeless households (Burt, Montgomery & Pearson 2005). In another example, the City of New York utilizes diversion strategies to provide alternatives for families requesting shelter as well as a community prevention program that seeks to address housing problems from a community-based setting (City of New York 2004). One of the earliest pioneers in the development of such secondary prevention-based efforts was Beyond Shelter, an organization located in Los Angeles. The agency's Housing First Program aims to re-house and stabilize families as rapidly as possible. Once enrolled in the program, families have access to housing search assistance and move-in funds. Once settled in housing, families receive time limited, transitional in-home case management services whose primary aim is to connect families with mainstream programs that can meet their needs (Einbinder & Tull 2005).

Another review of secondary prevention practices is provided by the National Alliance to End Homelessness' (2006) *Promising Strategies to End Family Homelessness*. Findings from various locations that have experienced positive results from testing and implementing secondary prevention-oriented models form the basis for the study's list of key components of prevention efforts. First, successful communities have engaged in major efforts to rework their homeless assistance system and to customize their efforts to local factors including the size of the homeless population, the nature of the local housing market and funding constraints. Second is an emphasis on placing families in permanent housing faster. As such, Housing First programs, the provision of housing assistance, the targeting of services and the effective use of data have been common components of a prevention oriented approach to ending family homelessness. The third component is providing assistance to help families afford housing. Communities have experimented with a variety of funding streams on the federal, state and local level to provide housing assistance ranging from the payment of a security deposit to the provision of a long-term shallow housing subsidy. The type and level of housing assistance varies based on available resources, but in light of the success of communities with such programs, providing some form of rental assistance is a critically important part of successful prevention oriented approaches. Finally, the use of data, including geographic information systems, has helped in the targeting of prevention services and resources to families most at risk of becoming homeless.

Likewise, longer-term housing assistance coupled with support services was also described by Burt and her colleagues as effective in primary prevention programs targeting persons judged to be at risk for homelessness in the mental health systems of Philadelphia and Massachusetts. Housing First programs that provide a permanent housing subsidy, usually in conjunction with disability benefits, has been repeatedly shown to be effective (and cost effective) in facilitating high tenant retention (about 85% one year after placement) among persons who were considered to be among the most difficult to house (Tsemberis & Eisenberg 2000; Gulcur et al. 2003; Tsemberis, Gulcur & Nakae 2004; Culhane, Metraux & Hadley 2002; Rosenheck et al. 2003). Formerly homeless families have even higher rates of retention up to two years after placement, with a nine city study finding that 88% of families receiving both Section 8 vouchers and case management services remained in permanent housing after 18 months. (Rog, Gilbert-Mongelli, & Lundy 1998).

A prevention-oriented system will need to acknowledge the critical role of housing assistance. Given available resources to the homelessness assistance system, prevention services need to be predominantly temporary and emergency oriented. The object here is to stabilize households in crisis, and help them connect with longer-term sources of support, including programs that promote self-sufficiency, and, where necessary, longer term subsidies and supports. While some households will need permanent subsidies, the homeless system is not the appropriate place to dispense that assistance, being by its nature a stop-gap, emergency-oriented set of programs, for people who are mostly experiencing temporary housing loss. How this might be accomplished in the context of a limited supply of permanent housing subsidies will be considered further below.

Unfortunately, the research literature does not provide much evidence as to how a prevention-oriented system of temporary rental assistance should be organized. While the program studies cited earlier (Burt, Montgomery & Pearson 2004; National Alliance to End Homelessness 2006) had findings indicating the efficacy of housing assistance, little or no research exists that has systematically compared rental or cash assistance to shelter stays, or which has examined the relative efficacy of varying amounts and durations of temporary rental assistance and service supports for the various subpopulations among homeless families or single adults. Indeed, much

remains to be learned as to what forms of prevention and relocation assistance will be successful in averting or reducing homelessness and for whom. This is an area that will need substantial research attention over the next several years. Hopefully, new federal, state and local prevention initiatives, funded by the Homelessness Prevention and Rapid Rehousing program, will provide opportunities for evaluation and systematic inquiry into the approaches that work best and are most cost effective.

Likewise, the research literature is thin with regard to the role that services play in preventing homelessness. Research that has compared families who get services and those who do not, following placement in subsidized housing after a homeless spell, generally does not find that those services have an impact on the *housing* outcome (Weitzman & Berry 1994). In part, this can be explained by the very high rates of housing retention among households who do get a subsidy. With housing retention rates of 90% and more, there isn't much room for improvement, so the opportunity for services to show an incremental impact on the housing stability outcome is quite limited. A study by the Inspector General of the Department of Health Human Services of a homelessness prevention initiative compared families that received emergency rental assistance to those who received emergency rental assistance and case management; they did not find a difference in housing stability outcomes. Moreover, this study found that the provision of rental assistance alone was much more efficient, and could reach sixteen times as many families as the provision of rental assistance and case management services (US Department of Health and Human Services 1991).

That said, services may have an impact on other domains, especially those domains that may be targeted by services, including child welfare interventions, self-sufficiency programs, and behavioral health. Research in the homelessness area has less often examined the impact of services on non-housing outcomes among families. A recent review of research on the role of housing and services for homeless families (Bassuk & Geller 2006) underscored the lack of research examining the effect of services independently from housing subsidies and noted the ambiguity in how services are defined by existing studies. Nonetheless, the review found evidence that case management and other services contribute to positive non-housing outcomes such as family preservation and reunification as well as maternal and child well being.

Other research, on housed populations, has examined the impact of services on outcomes, and, generally speaking, domain-specific services improve family functioning, employment, mental health, and substance avoidance. There is no reason to believe that similar outcomes would not be achieved for families who have experienced homelessness. But, as yet, there is also no reason to believe that those services can or should only be provided as part of families' participation in homelessness programs, including shelters or transitional housing. Like other poor families, families who have had a homelessness experience need to be connected to supportive services, particularly as part of an effective strategy to stabilize such families in conventional housing. Thus, housing stabilization may include coordinating or connecting families to community-based support systems, and may even include obtaining priority access to such services as part of the resolution of a housing crisis. Social and health services should be based on evidence-based practices in their own respective domains; they should not be expected to be different for people with a recent homelessness experience.

Among single adults who are formerly homeless and who have been placed in subsidized housing, most of whom have histories of chronic homelessness, severe mental disability and/or substance use disorders, the presumption has been more widespread that adaptive service supports are necessary for people to be able to

maintain their housing. A few studies have varied the levels and types of support services associated with placement in subsidized housing. Hurlburt, Hough & Wood (1996) found no difference in the housing outcomes between persons provided with a Section 8 voucher and more comprehensive case management and those provided with a Section 8 voucher and less comprehensive case management. A number of additional studies (Goldfinger et al. 1999; Siegel et al. 2006; Lipton et al. 2000; Tsemberis & Eisenberg 2000; Rosenheck et al. 2003) have compared different combinations of housing subsidies and case management services. Generally speaking, this body of research finds that support services are important, but that the provision of a housing subsidy is more important in terms of improving residential outcomes

Taken together, while there is good reason to believe that services make a difference in relevant outcomes and domains for homeless households, the research literature has largely failed to support that there is a differential impact on the *housing* outcome. Little research exists on the specifics of services provision, such as the type and degree of services that are needed to stabilize housing. Most services provided in conjunction with housing stabilization programs are likely to function well on a time-limited basis, although some situations and service domains likely require services that are provided on a more long-term basis. From a homelessness prevention perspective, the priority should be to provide assistance that stabilizes peoples' housing in the community, and connects people to community-based services as necessary, including making sure that such persons are getting access to the services they may need to stay housed and achieve self-sufficiency. This stands in contrast to a shelter system that is organized around a "continuum of care" approach, which recreates community-based service systems inside the homelessness system, and often functions to extend peoples' homeless spells through service-enriched transitional housing programs, including programs designed to sustain periods of homelessness for up to two years.

This emphasis on prevention is perhaps the most significant break from the mainstream homeless policy. As part of this, the HPRP initiative focuses on the persons currently experiencing homelessness or in imminent danger of becoming homeless. As such, it is limited in its reach, yet its target population is large. Implementing HPRP will necessitate decisions that prioritize and ration available assistance: attempting to reach as many of the diverse populations as possible, at the most reasonable cost, while recognizing that not all persons at risk can be kept from homelessness. Identifying the various interventions, their critical components, and relative cost-effectiveness, is the next step. Thus, a critical task is to identify and strengthen the most effective homelessness prevention and rehousing programs; in doing so, more resources will be available to those at risk or currently homeless.

Encouraging evidence from Europe

Faced with rising levels of family homelessness, Germany and England have launched deliberate reorganizations of homeless services around a new "prevention" paradigm. In a recent study of their results, both countries report substantial declines in homelessness among families, including a 50% decline in family homelessness in England from 2003 to 2006. The researchers attribute the success of these interventions to the creation of more effective administrative structures and the targeting on key "triggers" of homelessness such as the breakdown of relationships (e.g. between domestic partners or between parents and children) and eviction (Busch-Geertsema & Fitzpatrick 2008). In both cases, the national government adopted homelessness prevention

as a cross-system priority, to be implemented across sectors --- not just within the homelessness assistance system. They caution that while reductions in homelessness can to some extent be attributed to prevention programs, there are other factors (e.g. local authority gatekeeping in England and a slackening housing market in Germany) that have played a role. Moreover, there is little specific knowledge about the relative effectiveness of various prevention measures.

In a separate process evaluation of the English reform (Pawson, Netto, Jones et al., 2007), evaluators observed that successes were achieved in local communities in a variety of areas, including improved housing "advice," facilitating access to private rental units, providing family mediation services, improved in-home support for domestic violence victims, in-reach to prisons to prevent homelessness among people awaiting discharge, and expanded tenancy sustainment services. While the researchers did not conduct full cost-effectiveness studies or have comparison groups, they argue that the prevention interventions were cost-effective, relative to the costs of "temporary accommodation." Definitive research would need to more rigorously compare what happens to people absent these interventions; however, given the adoption of this policy across England, withholding the service would not have been ethically possible at that point.

The English evaluators also highlight three factors which they attribute as key to the success of prevention there: 1) the availability of flexible cash assistance, that was not rigidly proscribed, but which was available to fill gaps in the variety of places that families' needed to avert homelessness; 2) cross-sectoral cooperation from the other "mainstream" service agencies who were under national direction to examine how their service delivery systems could support the objectives of homelessness prevention, and 3) timeliness of assistance, getting the resources to people early in their crisis was almost always associated with higher rates of success and lower costs per case.

Of course, the English and German situations, as in much of Europe, are not fairly comparable to the circumstances in the US. Most European countries have more generous housing subsidy programs, available to all or at least most renters who qualify. Their housing markets are also substantially different than in the US, with generally higher proportions of the rental market supported by public sector financing, or publicly owned. Moreover, prevention of homelessness in England had particular importance, relative to what might be the case in the US, insofar as identification of a household as "homeless" in England automatically triggers eligibility for a social housing placement. But eligibility doesn't mean that people get immediate access to such housing; they must wait in temporary accommodation, at public expense, until it is available. Preventing a "homelessness" designation in such cases consequently has added importance in the English system. It has also led to accusations that local authorities are using prevention programs as a means of "gatekeeping," or as a way of keeping people from entering the subsidized housing queue. A comparable situation does not exist in the US given that homelessness does not carry with it any special entitlement (except perhaps as shelter provision is mandated by the courts in New York City). Another aspect of the English system that bears noting is that because housing assistance is needed by so many people of low income in the UK, the concept of "priority need" has also been adopted. Accordingly, the national government has identified certain groups, including families, youth exiting foster care, and others, as "priority need" groups, for whom prevention resources are prioritized. Given the limited resources available in the US for these purposes, this may well foreshadow how the US may need to decide to allocate prevention for "most at-risk" populations, as opposed to all otherwise eligible low income households.

Summary

The research literature provides some support for a shift in US policy toward a prevention and rehousing orientation to homelessness assistance. However, while research on the dynamics of homelessness suggests that most people have short homelessness spells – spells that could be avoided, or shortened even further, by trying to help people deal more directly with their housing instability, homelessness prevention efforts must strive for both efficiency and effectiveness. In terms of efficiency, the public health model of prevention, as well as some experiences in the homelessness field suggest that targeted strategies to prevention will be more viable than broader population-based approaches. While research has shown that housing assistance is the necessary ingredient to addressing peoples' homelessness and housing instability, although sufficient amounts of permanent housing assistance are not available to support all households who are homeless or at-risk of homelessness on a long-term basis. Thus, the opportunity presented by the new federal HPRP program is to test temporary forms of rental assistance and varying levels of additional services, and to see for whom and for how long such forms of assistance and services can be successful. The successful shift towards a prevention-based homeless assistance system in some European countries suggests that the US should establish prevention as a multi-sector responsibility, across federal and state agencies, and that assistance should be flexible and timely. The European experience also affirms that targeting is also likely to be necessary in a world of limited resources. Finally, future research is needed that tests various intervention models by various target populations, including the amount and duration of assistance needed, the expected rates of success, the cost and cost-effectiveness of various efforts, and identification of the households for whom prevention efforts alone are not sufficient to end their housing instability. With such research, policymakers would be in a stronger position to request expanded funding, which in turn could enable broader access and success in homelessness prevention programs, and, ultimately, in the continuous progress toward the eradication of homelessness in the US.

An Emergent Policy Shift in the US

"Prevention" has not been a strong thrust of homelessness policy in the US historically. Only recently has there emerged interest in moving toward a homelessness prevention policy by local, state and federal governments. Among targeted homelessness assistance at the federal level, homelessness prevention has been permitted as an eligible activity in the "Emergency Shelter Grant" program, and but only up to 30% of the allocated funds. The FEMA Emergency Food and Shelter Program also supports some modest homelessness prevention activities. Additional federal programs that are not specifically targeted for people who are homeless or at-risk of homelessness could also be construed as forms of emergency assistance that prevent homelessness, including the Low Income Home Energy Assistance Program (LIHEAP), Temporary Assistance to Needy Families (TANF), and the Community Services Block Grants, which can be used in part to provide "one-shot" emergency aid through community action agencies.

Lindblom's (1991) paper, "Toward a Comprehensive Homelessness Prevention Strategy," published nearly twenty years ago, provides a rather thorough assessment of federal and state programs that could be strengthened to prevent homelessness. Unfortunately, most of his recommendations, such as a much expanded

supply of affordable housing, reinvigorated and expanded eligibility for public assistance, and job creation and tax policies that would serve to strengthen poor families, were largely ignored, and, indeed, the country has moved in the opposite direction on many of those fronts. The major exception has been the expansion in the Earned Income Tax Credit program (EITC), one of the few parts of the safety net to grow in the intervening years. Yet Lindblom's paper remains an important guide and exemplar to policymakers interested in how to conceptualize a multi-departmental initiative to prevent homelessness, if indeed homelessness prevention is to become a core strategy of federal policy.

At a local level, communities have traditionally had many programs which are designed to help poor or low-income people to avert an involuntary loss of housing. Legal aid organizations, tenant advocacy groups, and community based social service organizations have provided emergency assistance to needy households for many years. However, rarely are these efforts organized into a coherent system, and in every case the available funds is quite limited. These are frequently modest programs functioning within larger agencies that have a much broader mission. It is also not clear that people who become homeless regularly access these programs in the course of their housing instability. Many seek assistance from the shelter system after it may be too late to restore a prior housing situation. Indeed, one of the reasons people presenting for shelter may have failed to stabilize their housing is that they have little or no knowledge, or limited access to the various forms of housing assistance that might have otherwise helped them to avert homelessness.

More recently, some jurisdictions have begun to reexamine the feasibility of a more systematic and coordinated prevention- and rapid rehousing-oriented system of homelessness assistance. Frustration with increasing demand for shelter, particularly among families, and a recognition of the mismatch between the federal "chronic homelessness" initiatives and the needs of residentially unstable families and people in rural areas, has led some communities to investigate new models for addressing nonchronic homelessness. In addition to the models from practice described in the preceding section, the policy strategies being designed by these jurisdictions may represent a foreshadowing of the kinds of policy and practice decisions that await many communities as they contemplate the implications of a prevention strategy.

- The City of New York, confronted with a burgeoning demand for shelter among families for much of the last decade, has been experimenting with a number of initiatives designed to reduce shelter entries, and the length of time people spend homeless. The most recent set of initiatives, includes a community-based homelessness prevention program called "Homebase." The program includes walk-in housing assistance to those facing imminent eviction or housing loss as well as a component that aims to rapidly rehouse families already placed in shelter. Additional rehousing programs under the "NY Advantage" rubric provide rehousing incentives for those already in shelter and target assistance to specific groups such as those who are employed or receive a fixed income, SSI for example. This set of programs is still relatively new, and evaluations are on-going as to their effectiveness, relative to the system as it had previously been operating.

- Confronted with a rising census in shelter and in hotels and motels, two years ago, the State of Massachusetts formed a legislative commission to examine the issue of homelessness. Their recommendations, released in January, 2008, argued for a system organized around prevention, "rapid rehousing" and "housing first." The Commission recommended distinguishing families and individuals based on their overall presenting needs, classifying them into four levels of self-sufficiency and creating a tiered system of response that would attempt to match households by need with an array of temporary

rental assistance and service supports. The Commission also called for the formation of "regional networks" that would coordinate mainstream social service agencies, housing counseling organizations, landlords, and homelessness assistance programs, to streamline the approach to preventing or rehousing individuals and families faced with homelessness. The state has since funded ten regional networks which are charged with carrying out the new policy. In support of this strategy, state contracts with shelter providers were recently rewritten to separate the accommodation costs from the services costs; the services costs are now to be paid on the basis of performance in expedited housing placement. The state has also recently shifted responsibility for homelessness assistance from the Department of Transitional Assistance (the agency responsible for TANF and Food Stamps), and placed it in the Department of Housing and Community Development; the hope is that closer coordination with housing agencies and programs will support the state's larger objective of preventing homelessness and reducing shelter stays.

- The State of Connecticut's lead homelessness advocacy organization, the Connecticut Coalition to End Homelessness (CCEH), also recently mounted a planning process to develop a rapid rehousing experiment to test the efficacy of temporary housing assistance and service supports in ending homelessness across the state. In contrast to the *a priori* matching proposed in Massachusetts, the Connecticut effort is considering a set of phased programs of support, each with increasing levels of assistance and service engagement. Families will initially be offered relatively short-term assistance (3 months) to address their housing crises, and will be provided more resources and more service supports, perhaps with increasing contingencies, as families demonstrate continuing need for support, up to an 18 or 24 month period.

In its 2008 budget, the US Congress also expressed interest in testing the potential efficacy and cost-effectiveness of a rapid-rehousing approach to homelessness among families in asking the Department of Housing and Urban Development to apply $25 million of the McKinney-Vento appropriation to fund a "rapid rehousing research demonstration program." HUD made awards to 23 communities in February 2009 in response to that request. Some communities, including Mercer County, New Jersey, and Philadelphia, Pennsylvania, launched their own pilot programs, or began in earnest to design the components of a program, in anticipation of this competition. In Philadelphia, the city allocated $1 million of its own resources to mount a pilot "rapid rehousing" effort, and in Mercer County, funds for rapid rehousing were sought both from the state legislature, and through a waiver for an existing emergency rental assistance program that would make homeless families eligible for the first time. HUD has also separately undertaken a randomized controlled trial to test various forms of emergency, transitional, rapid rehousing, and permanent housing assistance for families, again with the hope of identifying whether and what types of direct housing assistance and services provide the best outcomes and greatest efficiency and for which homeless families. In its FY 09 budget, the US Congress also funded the US Department of Veterans Affairs to work with HUD in piloting a homelessness prevention program for Veterans, funded at $26 million in 2010.

Of course, the most significant shift in federal interest in prevention came with the *American Recovery and Reinvestment Act* (ARRA) passed this past February, 2009, as part of the emergency legislation to address the current economic crisis. The Congress used the authority under the ESG program to create a much expanded prevention effort, dubbed the Homelessness Prevention and Rapid Rehousing Program (HPRP), and funded at $1.5 billion over the next three years. President Obama has also raised the visibility of homelessness prevention as an administration priority by charging the US Department of Veterans Affairs to have a "zero tolerance" approach to homelessness among veterans. A new and more secure place for homelessness prevention and rapid-rehousing

was also established in federal policy this past May, 2009 with the reauthorization of the McKinney-Vento Act (National Alliance to End Homelessness 2009b). As part of the reauthorization, the Emergency Shelter Grant program was renamed the Emergency Solutions Grant, and eligible activities under the new program include more prevention and re-housing activities. Funding for Emergency Solutions Grant increases to 20 percent of the amount available for homeless assistance, at least 40 percent of which are dedicated to prevention and re-housing efforts.

In summary, as evidence from research and from practice have begun to suggest the potential utility and effectiveness of a prevention orientation to homelessness assistance, so too have various local, state and federal policymakers begun to explore a parallel emphasis and redirection in homelessness assistance policy. In some respects, these initiatives were foreshadowed by the National Alliance to End Homelessness' *Ten Year Plan to End Homelessness* (National Alliance to End Homelessness 2000), which called for expanded prevention and rapid rehousing efforts, in addition to a focus on chronic homelessness. That document, in turn, had built on the pioneering work of Beyond Shelter in Los Angeles, and the "shelter diversion" policy innovations of the early 1990s from Hennepin County in Minnesota and in New York City. The new federal HPRP initiative, as well as the embedding of a much expanded and renamed prevention and rehousing program in the newly reauthorized McKinney-Vento Act, suggest that the time is ripe to more fully explore the opportunity for a newly invigorated prevention strategy to address homelessness in the US.

Toward a Conceptual Framework

A prevention and rapid-rehousing program strategy may invite a rethinking of the overall framework for best responding to homelessness. Such a framework, with its emphasis on a new set of prevention activities, could bridge gaps in homelessness assistance policy that were left unaddressed by past approaches such as the "continuum of care" and the focus on chronic homelessness during the Bush Administration. Specifically, the continuum of care policy lacked a programmatic focus on the "end-game" of housing stabilization. The chronic homelessness solution of permanent supportive housing does not apply to the typical experience of homelessness among families, adults or youth, most of whom are homeless for relatively brief periods of time. Neither of these approaches effectively addresses the acute housing problems of people in rural areas, where there may be minimal infrastructure for traditional forms of shelter and transitional housing. A prevention-based approach may also mitigate some of the contentiousness regarding the federal definition of homelessness, as many people who are not literally homeless by federal standards at HUD would be eligible for these new resources.

Systems Change: Turning the Continuum of Care Inside Out

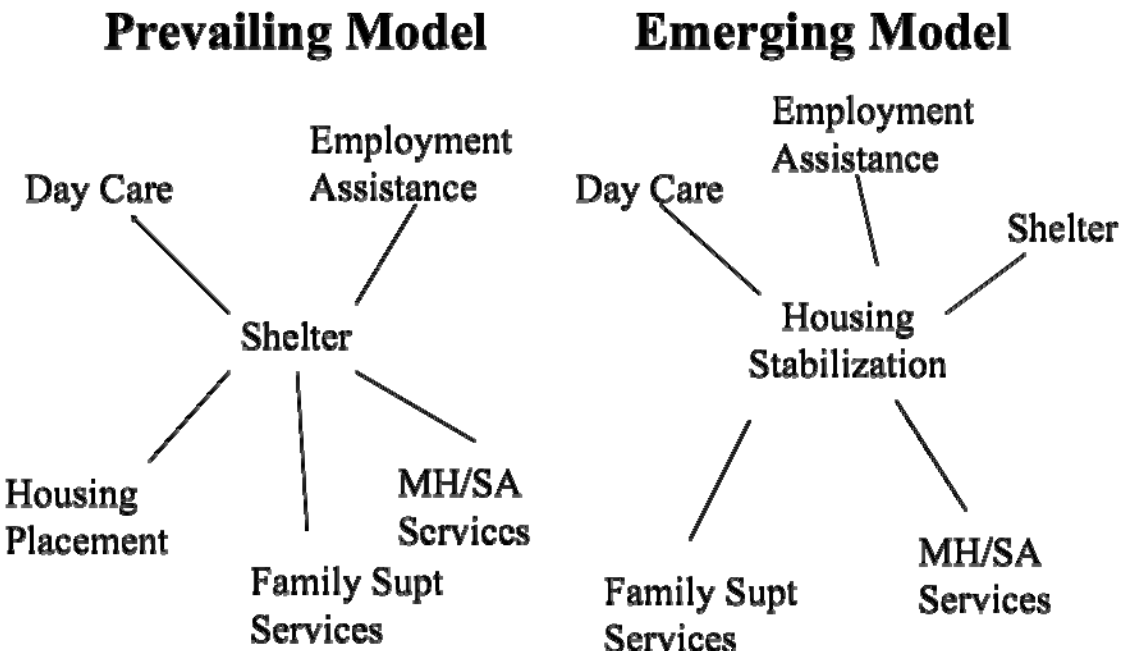
Homelessness assistance in the United States did not evolve in the context of a theory about the problem, nor was it informed by a literature of rigorously tested program models. Instead, homelessness programs typically started as the altruistic activities of charitable organizations who sought to address a critical problem that few others seemed to care about. Services got attached to bare-bones facilities as more funds became available. New programs were spun off to meet the needs of special populations. Service-enriched residential facilities were created at the behest of federal program priorities. The hodge-podge array of programs that resulted, if it ever

constituted a "system" was a fragmentary one at best. The pronouncement in 1994 that federal funding would be disseminated via local "continuums of care" functioned to bring some formalization to these localized patchworks of programs, but major gaps both in the populations covered and in the adequacy of the services and supports remained.

In acting as a mechanism to identify and cover identified gaps in local homeless assistance networks, local continuums could take credit for an expanded and broader array of services. But the allocated resources were never sufficient to meet the need for emergency shelter (half of the unaccompanied adults in the US who are homeless on a given night are *unsheltered*), let alone the special service needs of such a poor and marginalized population. And as these continuums expanded, they became more insular and removed from more community-based supports. This sometimes supplanted the use of community based programs, and disrupted ties that homeless households may have had with community support systems. This shift, combined with the short shelter stays so typical of households who become homeless, is incompatible with households' needs for continuity with their local service providers and schools, and is ultimately disruptive to households in pursuit of residential stability. This is not to say that all homeless households are able to access services either through the homelessness system or in the community, but it poses the question of where is the most appropriate place to engage clients with services – in the temporary system of shelters or within the community-based programs they are likely to need upon exit from homelessness?

An emphasis on housing stabilization and relocation would shift the primary focus of the homelessness assistance system from shelters and the continuum of services therein to the *network* of services people will need to access in order to attain and maintain stable housing (see Figure 1). Shelter is one resource in this new model, accessed when necessary, but only as part of a broader set of supports. Instead the new model has two primary features: a primary focus on attaining housing stability and maintaining ties with community-based social and health services delivery networks. This turns the continuum of care "inside-out" in that the housing stabilization services at the center interface directly with the network of community based services, not with a proxy system of support services that are located within homelessness facilities.

Figure 1-Prevailing and Emerging Models of Homeless Assistance



To be sure, the continuum of care's service system evolved in response to homeless households having problems with accessing community-based services. Moreover, the mainstream systems in the community have often contributed to the homelessness problem by discharging or referring clients with housing problems to homeless programs, and by ignoring their clients' housing and service needs while they are in the homelessness system. Getting these same agencies to change their frame of reference toward homelessness and housing instability issues will require changes in agencies' policies and practices, and may well require federal and state leadership.

This engagement in homelessness prevention by agencies and services systems that did not see their mission as addressing homelessness was a critical component in the English reform and represents a key challenge to creating a prevention-based approach in the US. Such an orientation would mean, for example, that emergency or temporary housing placement would become a criminal justice or substance abuse treatment obligation insofar as these systems would assume responsibility for persons' transition from institutional or residential care back to the community. Similarly, child welfare agencies would have to develop sufficient housing support and independent living plans for emancipating youth. Service providers in these and other systems would also be expected to provide priority access to services for people who are at imminent risk of homelessness or who are homeless, and for whom a housing stabilization intervention is undertaken. In sum, homelessness prevention requires systems change that includes rather than avoids mainstream agencies and other community partners.

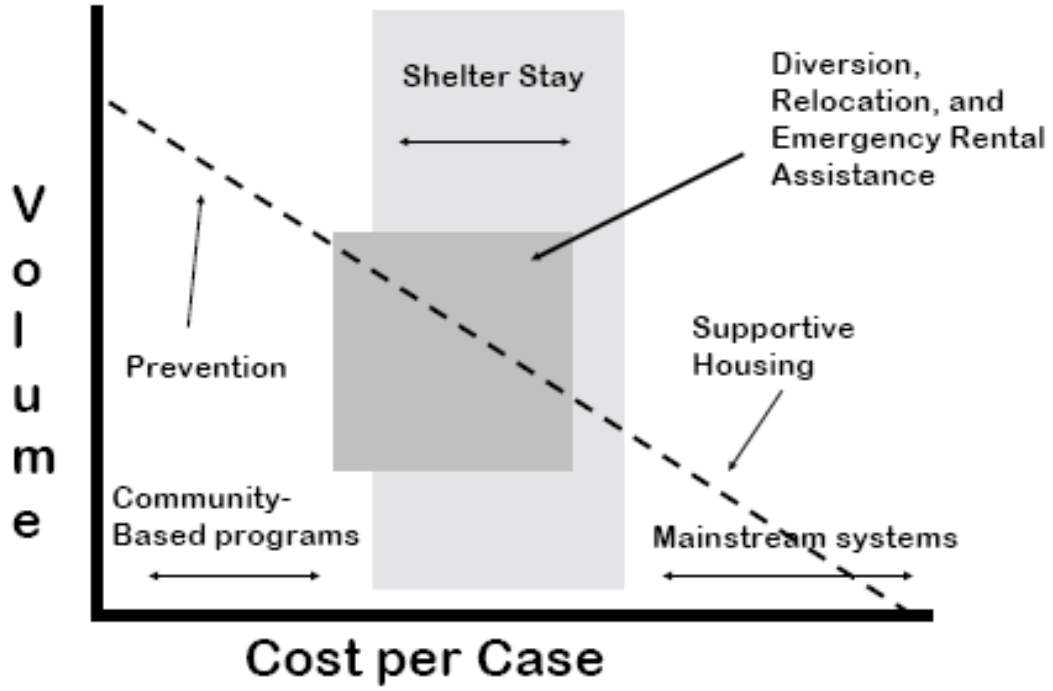
Cost by Volume Model

Another key component to a prevention-based approach lies in a system of graduated interventions based on cost. Here the system is designed so that most of the assisted households use the least expensive services necessary to regain housing stability. This is shown by the negatively sloping line in Figure 2. In this model, the highest volume of households would get relatively inexpensive, primary prevention services such as one-time emergency assistance or tenant-landlord mediation. On the other end of this model, the few households with more difficult circumstances would get supportive housing and other long-term interventions that would typically feature the involvement of one or more mainstream systems such as public mental health or criminal justice services. An intermediate space is occupied by emergency and transitional shelter, although these too are expected to be used within the same gradient of "service users by cost," with most people leaving relatively quickly, and fewer staying for longer, more expensive stays (as occurs presently).

On the left side of shelter entry, it is presumed that community-based services are playing the primary role, providing emergency assistance, one-shot rent arrears payments, legal aid to avoid evictions, or assistance with avoiding or restoring utility shut offs -- activities that are not typically under the auspices of the continuum of care. Unfortunately, these prevention services are not usually organized in a coherent way, and are not commonly accessed by the people who present to shelter. A better organized community-based prevention system should attempt to address these problems by improving coordination and systems of referral, and gathering some common data to understand who is and is not being served by these agencies. In addition, these systems need more resources, as they generally expend their allotted funds relatively quickly, and are unable to dispense assistance for significant periods of their operating year.

Until the HPRP initiative, another missing component has been a programmatic focus on housing stabilization *within* the homelessness assistance system. In Figure 2, that function is represented by the overlaid box. The housing stabilization box partly covers the period prior to shelter entry to reflect attempts to divert people at the "front door" of shelter from imminent homelessness. Such diversion activities would include resolving a housing emergency with family, friends or a landlord, or assisting persons about to be discharged from a treatment program with gaining access to housing in the community. The box extends over the shelter stay to illustrate the stabilization services could also be used to relocate people who are unable to avoid homelessness, and for whom efforts would be made for as timely relocation as possible (i.e., rapid rehousing). These stabilization services would entail more than just financial assistance for things like rent and move-in costs; they would also address housing access problems by cultivating relationships with landlords and acting as an ongoing intermediary (e.g., as co-signer on a lease or providing follow up crisis intervention services should a problem arise). In some situations the stabilization service would provide temporary rental assistance as a bridge to a more permanent housing subsidy.

Figure 2-A Model Service System for Addressing Housing Emergencies



The stabilization services are distinct from community-based prevention (on the left) and long-term stabilization services (on the right) for a few reasons. First, it is assumed, as reflected with HPRP, that the "homelessness system" will administer some prevention resources, and that the goal of those resources is to reduce both the number of persons becoming homeless and the time households remain homeless. To achieve those goals, as suggested in the literature review, the resources need to be narrowly targeted to people who have either requested shelter (or are otherwise at some narrowly defined threshold of imminent risk) and to people who have actually entered the shelter system. Second, presumably the larger community-based system of prevention, which has separate funding sources (and whose funding base for these activities needs to grow), is focused on providing shallow assistance to a much broader array of households who are theoretically "at risk" of homelessness, but not among the "most at-risk." Although many of these households would not have become homeless without the assistance, the interventions nevertheless serve an important stop-gap function to stabilize households during a housing emergency.

A third reason for the restricted scope of the stabilization "box" is that the long-term housing and support services for people on the far right of this distribution should also be the responsibility of mainstream or community-based sources. Just because a household was in the homeless system at some point – even for a long time – does not mean that keeping the household housed in the community should come at the expense of the

homelessness assistance system. Indeed, to be effective, the homelessness assistance system needs to have its resources accessible for the new households who enter the system. Long-term housing and attendant services are best provided by community-based social welfare agencies, which served these populations before their homelessness and perhaps intermittently during their homelessness. From the perspective of this model, the homelessness system's jurisdiction is limited to the relatively narrow period of housing loss and housing stabilization. Permanent subsidized housing opportunities are primarily administered by local housing authorities, and these agencies will have to develop risk management approaches to determining who is eligible, and for what forms of assistance. But no one's permanent housing or service needs should be the long-term responsibility of the homelessness assistance system.

Implications for Policy and Program Planning

"Triage" or "Progressive Engagement"

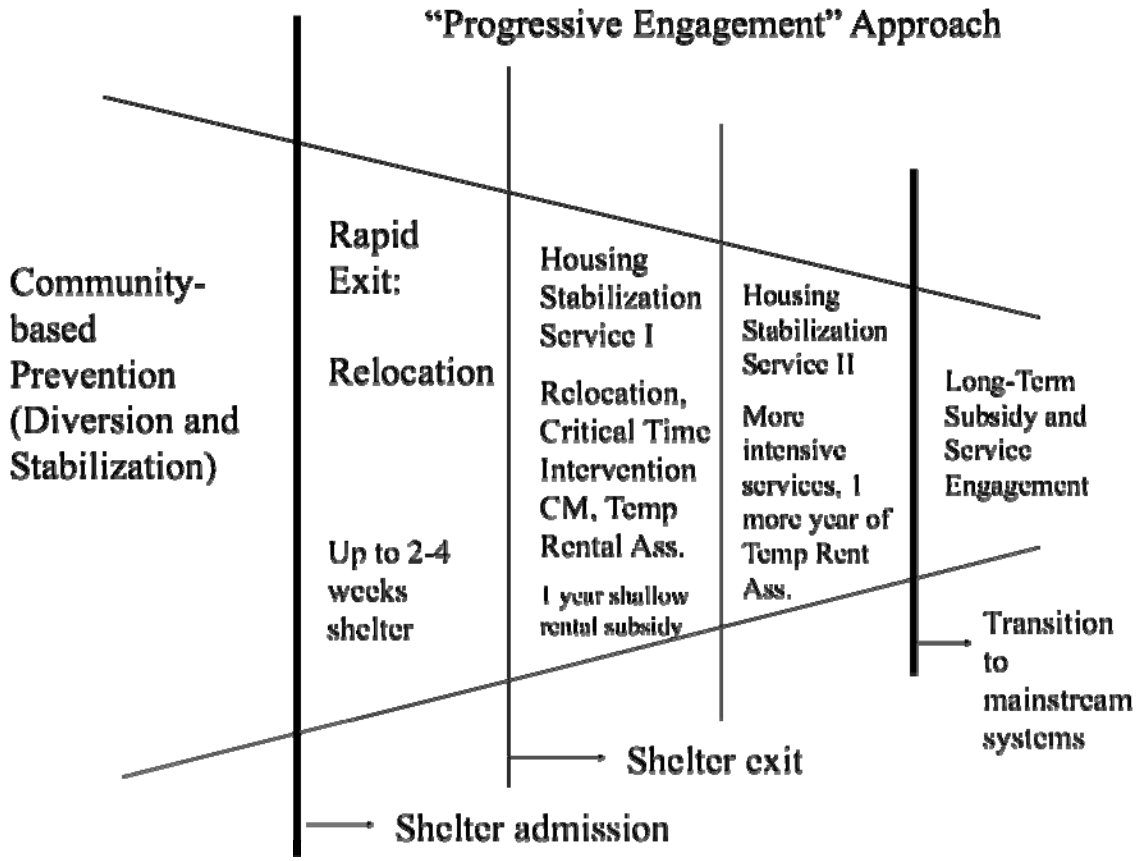
A basic problem with any insurance program is the threat of moral hazard – where the availability of insurance may encourage people to engage in risky behavior or to make a claim for need when they might otherwise not have, absent the program. Moral hazard was one of the concerns recently raised by the federal TARP rescue plan, because it was feared that banks and other financial institutions would have an incentive to present themselves as in a state of hardship just to access the assistance. Moral hazard is likewise an issue for social programs, and programs consequently rely on a few tools to limit their liabilities. In health and social services, those tools are primarily an eligibility determination process, and limits on the size of the benefit package. Other "cost containment" mechanisms are used to limit utilization by people who are otherwise already deemed eligible for a set of proscribed benefits. Regardless of the mechanisms, these controls are put in place because resources are limited, and because the resources available will be needed to assist as many households as possible, including, in some cases, all households with a legitimate claim.

In the case of a homelessness prevention initiative, eligibility will need to be determined on the basis of clearly delimited criteria. For persons who are currently literally homeless, eligibility may be less of an issue because being homeless would presumably be considered a primary inclusion criterion. For persons "at risk" of homelessness, the degree of risk or the level of "imminent" risk will have to be determined by regulation (federal, state or local) or program rules. The case has been made here that with respect to eligibility for homeless-system funds, the level of imminent risk should be narrow, including people presenting for shelter, and/or with evidence of an actual or threat of immediate housing loss, recognizing that these criteria may have to be more flexibly interpreted in the case of rural areas. In an ideal world, people with less imminent circumstances could be referred to community-based prevention programs. An additional or alternative eligibility category could apply to people who fit some criteria for the "most at-risk" profile, including people with prior homelessness experience, young adults with recent foster care experience, people exiting institutional care, etc. This would be consistent with England's "priority need" approach.

Once eligibility is determined, clients will have to be provided assistance on the basis of some set of program rules. Two common program decisions involve an assessment of clients' needs and the assignment of clients to various program types. Two models might be considered in this regard: "triage" and "progressive engagement" approaches. In a "triage" model, a full assessment is conducted of everyone deemed eligible for the program. On the basis of the assessment, a household's self sufficiency status or potential is measured, and they are assigned a predetermined level (could be a "ceiling") of assistance, including some amount of financial aid, and some level of case management. Alternatively, in a "progressive engagement" model, instead of classifying clients *a priori* on the basis of a full assessment, clients are screened for their needs for assistance on a phased basis, and assistance is likewise provided in a sequential process. For example, all clients may initially be screened for housing barriers in association with a limited relocation or short-term rental assistance program. If they continue to need assistance beyond this period, they may go through a further and more intensive assessment as part of determining their need and eligibility for extended assistance. Multiple phases of assessment and intervention could thus be envisioned as part of this process. It is also possible that continued assistance beyond a certain threshold will require compliance with a treatment or self-sufficiency plan.

An example of the triage or *a priori* matching approach can be found in the Massachusetts Commission to End Homelessness report (Massachusetts Commission to End Homelessness, 2007**)**. The report identifies four levels of client self-sufficiency, separately for families and singles, and then argues for matching clients to different intensities of housing and services on the basis of that assessment. An example of the "progressive engagement" approach is shown in Figure 3, in which clients face successive phases of intervention, and where advancement through the process requires both deeper assessment and more intensive service engagement (and possible contingencies). As in the volume by cost model, however, at some point the homelessness-specific intervention reaches its limited liability (here, two years). The new federal HPRP is roughly consistent with this approach, as rental assistance is approved for three month increments, up to a maximum of 18 months. Eventually, however, the mainstream housing and services support systems are expected to assume responsibility for long-term or on-going needs. Again, this "back stop" to the homeless system is essential if the homeless system is going to be able to keep spending its resources on the inflow of new cases.

Figure 3-A Progressive Engagement Approach



In addition to these basic ideas on structuring the relationship between assessment and level of assistance, programs can use other mechanisms for administering benefits. Communities may choose to provide temporary rental assistance on a declining basis, to avoid "cliff effects" or dramatic drops in assistance once a time-limit is reached. Communities may also choose to make available a defined amount of assistance, such as an overall dollar amount, and permit clients to access this "emergency account" on a flexible basis, including perhaps gaps in usage over a given period of time. One could even envision a "defined benefit" that included access to

"one-shot" assistance every two years, a given number of shelter days, relocation assistance, and flexible rental assistance, up to a certain dollar limit. Such a benefit could be administered as part of an "emergency assistance" program under TANF or General Assistance programs, and/or the benefit could be accessed in partnership with authorized community-based housing stabilization providers. In short, while a variety of possible policies would presumably govern overall access and benefits in a prevention and relocation program, all of the approaches offer assistance in a finite, time-limited fashion. How to best provide such assistance is an area in need of research to test different models to identify efficient and effective policy strategies.

Program Activities

A prevention-oriented homelessness assistance system will offer a very different set of activities than the continuum of care process. Whereas the continuum of care emphasized outreach, shelter, transitional housing, and permanent supportive housing, a prevention approach will involve earlier intervention and more direct assistance with resolving housing problems. In addition, whereas a continuum of care approach would emphasize provision of services as part of a facility-based system of temporary housing or outreach, a prevention and housing stabilization approach would emphasize provision of the housing stabilization services by the homelessness assistance system, and the provision of health and social services through a network of community-based providers.

For people seeking admission to shelter, or for people who recently entered shelter, crisis intervention services should first seek to resolve a conflict between the displaced household and the prior housing arrangement, where such resolution would not jeopardize personal safety. This could include family/friend mediation, for people coming from a secondary tenant situation, or landlord-tenant mediation for people who were primary tenants. It might also include something less than formal mediation, such as a home visit that provides housing counseling to the parties about the alternatives to shelter admission ("housing advice" in the English model). The goal of crisis intervention would be to try to negotiate the terms by which a household could return to housing, even if for a limited period. In the English evaluation, for example, one mechanism described was a 28-day agreement among the primary and secondary tenants and the prevention service, documenting that the parties agree that an intervention would be agreed upon and commenced in that period. This was one way of "buying time" and of getting the parties to agree to avoid an eviction of the secondary tenant. As part of the mediation or housing counseling services, the program might also agree to provide the household with training in money management or other household skills. The stabilization program may also be able to help make the housing situation more tenable by providing some payment for arrearages, or for a limited period of forward rent. An assessment might also indicate a need for social services or day care, which can be arranged by referral. As more assistance is provided, mandatory services contact may be set as part of the intervention or as a condition for continuation with the housing stabilization plan.

For people exiting treatment or criminal justice programs, discharge planning should begin as early as possible prior to discharge. Nearly one-third of adults entering shelter for the first time were recently discharged from a treatment or penal institution (Metraux, Byrne & Culhane in press; HUD 2009). A discharge plan that

identifies a high risk of homelessness should trigger assessment for a set of programs administered by the treatment agency, or its funders. These treatment agencies could have a relationship with the housing stabilization program which could facilitate negotiating a housing arrangement for the person being discharged. Alternatively, the discharging agency may decide to fund its own staff in making these arrangements, as it may have relationships with community-based halfway houses or other programs with which they work. In either case, the transition to community should be a funded activity, and should result in a housing placement plan. If a temporary housing placement is necessary, including use of an emergency shelter, it should be done with a clear sense of continued engagement and obligation by the service provider that a housing relocation and service plan is in process. Ideally, the treatment agency or funder of that agency could be obligated to pay for temporary housing or the services that accompany the temporary housing for some period of time (30 or 60 days). Existing shelters could be repurposed to serve in this capacity, and to operate on a 24-hour basis (in contrast to being a night-only facility now) with day programs focused on recovery and self-sufficiency for the target populations, and funded by the discharging agencies. Implementing a prevention-oriented system with a new set of obligations for criminal justice and treatment programs would likely require significant federal leadership, and possibly a new set of laws, regulations and programs to be implemented at the state and local levels.

If attempts at diversion or rapid rehousing have not succeeded within some threshold of a shelter stay, for example, 45 or 60 days, this may then trigger a deeper assessment along with a more concerted relocation plan. For such persons, assistance will include not only relocation, but some period of emergency or transitional rental assistance. Rental assistance can be provided as a shallow subsidy, for defined periods of time, as a declining share of rent, or as otherwise flexibly determined and debited from a given account or benefit limit. A variety of approaches may be considered, along with behavioral contingencies, repayment plans, etc. The optimal approaches to providing temporary rental assistance will need to be studied carefully, including determining those populations for whom temporary assistance will be insufficient as a bridge to self-sufficiency.

Provider Organizations

From an organizational standpoint, each community will also have to identify appropriate entities for administering the new set of housing stabilization services. To some extent, the prevention and stabilization program types described here are refashionings of the former Emergency Assistance program within the old Aid to Families with Dependent Children (AFDC) program. As such, some jurisdictions may decide that these programs should be administered as part of the usual activities of public assistance agencies, which have the infrastructure for tracking eligibility and benefits already. In some communities, natural partners may already exist in the form of housing counseling groups, community action agencies, and tenant advocacy organizations. Some existing homeless service providers may also be well positioned to provide these services, including through a reprogramming of their case management services.

It is possible that housing stabilization and relocation priorities could compete with the operational practices of an emergency shelter, including competition for responsibility with the client's services plan. These issues will need to be resolved in a local context. But communities should carefully consider whether or not it makes sense to have housing stabilization operate as a freestanding service. Alternatively, if it is part of a shelter program, mechanisms should be in place to assure that it operates separately and has a clearly defined and distinct

relationship from the residential operations of the homelessness program. The English evaluation noted that some of their successes were attributable to bringing new organizations into the arena of homelessness assistance, who did not already have a mission focused on shelter or transitional housing, and who could fully focus on a housing stabilization effort.

Another organizational consideration will be mechanisms for funding these stabilization programs. Options may include a contract with specified expectations for units of services to be offered for some expected number of households; alternatively, a program may be paid on the basis of housing placements made (fee for service), or some set amount per household assisted. Future research will be needed to determine appropriate expectations for average caseload size, housing placement rates, and average hours of contact per household required prior to placement. Once programs have had a chance to operate and these metrics are determined, they should be evaluated on the basis of their performance, and future contracts awarded accordingly.

Data Collection, Performance Monitoring and Evaluation

One of the hallmarks of the chronic homelessness initiative was that it had a strong orientation toward data collection and research to support local planning, and to track outcomes and costs so as to demonstrate effectiveness. Numerous local studies were thus able to show the high costs of chronic homelessness to community stakeholders, which in turn garnered commitments of resources for housing (Culhane, Gross, Parker, Poppe & Sykes, 2008). In many cases, the housing initiatives were then evaluated to demonstrate cost-offsets or relative cost-neutrality, which in turn led to further support for more housing units. The US Congress has shown continued support to expand efforts on chronic homelessness because research has supported the cost effectiveness of the initiatives. A prevention-oriented system could learn from these experiences by committing itself to data collection, careful program monitoring, and rigorous evaluation and cost effectiveness research.

Like local continuums more generally, the Homeless Management Information Systems (HMIS) that track their activities were not configured to track prevention, diversion or rapid rehousing programs. Recognizing this, and in compliance with federal legislation, US HUD recently issued new data definitions and standards that include newly required fields that will capture data relevant to the HPRP activities (US Dept of HUD, 2010). Thus, data should be available in every community regarding who is receiving this assistance, their levels of need, the services and benefits they receive, and their reapplication or recertification for further assistance, including any subsequent shelter admissions. This should enable communities and researchers to conduct program monitoring, to develop performance benchmarks, to refine contract standards, and to conduct evaluation research into the cost effectiveness of the various intervention approaches.

In compliance with federal reporting requirements, communities will also have to submit quarterly reports on the number and types of households assisted, and the types of assistance provided. This should give communities some basic information on the volume and average costs of services for the different subpopulations being served and by the various provider organizations. This information can be used to establish some basic

provider performance standards and caseload expectations. It can also serve as a basic accounting framework for projecting cash flow through the programs.

More detailed evaluation research will require more careful tracking of samples of recipients, beyond the periods of assistance received and on more domains than merely returning to shelter or requests for more assistance. A community can choose to evaluate its programs by tracking a percentage of clients randomly selected from among those receiving assistance, and by interviewing them during and after their receipt of assistance regarding other services (nonhomeless) received, perceived outcomes and satisfaction with those services, employment, income, benefits received, housing stability, child health and well being, etc. Such research could also be used to document the costs of the various services received, as compared to the average costs of homeless services prior to the new interventions (i.e. reported service units received can be monetized based on average costs per unit of service). Ideally, communities would have some comparison groups to prospectively measure the relative cost effectiveness and outcomes of the people served by the prevention and rehousing services, including comparisons to people receiving "usual care" in the homelessness system, including randomly assigned groups whenever possible.

Other evaluation issues could be also be addressed through more qualitative methods. Given that many communities will be implementing or coordinating prevention and rehousing assistance for the first time, process evaluations may be particularly valuable to inform the types of organizational changes and implementation strategies that have been associated with the best operations and outcomes. For example, it has been suggested here that effective implementation will involve engagement of community-based service providers as both sentinels to identify people in need of assistance, and as priority settings for referral to services among people receiving stabilization assistance. Which approaches and configurations of these networks seem to work best? What are the various protocols or partnering agreements associated with maximum participation and cooperation? Communities could document their implementation approaches through a process evaluation, and thereby help to learn from their experiences and the experiences of others.

Sound data collection, performance monitoring, and evaluation research will make it possible to track process and outcome measures for prevention and rapid rehousing services. Specifically, are programs serving the people who most need it? Have the services improved over time? And, in the face of insufficient resources, have planned alternatives been established and funded? As current resources often will not be enough to serve everyone who is eligible, communities and researchers will have to work together to identify the model approaches and the most efficient methods. Systematic reform strategies are not likely to occur without a basis in research that demonstrates the effectiveness of targeting, the relative cost-effectiveness of various program models, and the benefits that agencies might gain should they adopt such strategies on a system-wide basis.

Conclusions

A homelessness assistance system that is prevention-oriented has the potential to transform the primary means of assistance to poor, unstably housed persons. Traditional forms of shelter or transitional housing will not necessarily go away, but they will be embedded in a larger and more proactively housing stabilization-focused network. People who experience homelessness should not feel as though they have fallen into an abyss, or landed

at a waystation to nowhere. Rather, they should be supported with the expectation and opportunity for re-establishing more stable housing arrangements in the community. Homelessness assistance should not be merely three hots and cot, nor a promise of services only should a person remain homeless; rather, the homelessness assistance system should help people to resolve their crises, access on-going sources of services support in the community, and provide basic safety net assistance such as emergency shelter, relocation, and temporary rental assistance as needed.

Of course, the model described here is the ideal case. As a nation, we are far from it. Models are important in that they can guide future investment decisions, program activities and goals; they can also be developed further based on our best knowledge and experiences. Success will also require new resources, such as is represented by the new HPRP, and in the similar program created by the newly reauthorized McKinney-Vento Act. But success will also require a new multi-agency commitment. Homelessness prevention by its nature will require more explicit identification and tracking of *sources* of homelessness by mainstream systems, and support and participation by those systems in the *resolution* of housing instability. The homelessness assistance system has not been and will never be the primary agency with which most of its clients interact, and it cannot therefore be the primary place for solutions. To be successful, the insularity of homelessness continuums of care will have to be traded for a broader connection to the mainstream community-based systems that are the backbone of antipoverty assistance and social services in our communities and in our country. While many of those systems have insufficiencies that contribute to homelessness, in the end, we cannot solve those problems by attempting to substitute for them in the homelessness continua. A new prevention-oriented system will mean making mainstream systems reforms part of the solution, not just part of the problem.

That nearly half of the unaccompanied homeless adults today live without basic emergency shelter is a humbling statistic, especially after 20 years of investment in homeless services under the McKinney-Vento Act. We could try to fill that gap by building more shelter capacity, and perhaps in some communities improved access to shelter is needed. But shelters should not be built or operated in isolation, rather as part of a strategy that engages people and the community in newly purposed solutions to homelessness. A prevention and rapid rehousing system places the housing end-game squarely at the center of the purpose of the homelessness assistance system. It incorporates not only the provision of assistance to people who would become homeless without it, but offers a pathway out of homelessness for those who slip in, and a bridge to long-term housing and supports for those who would otherwise experience chronic homelessness on the streets and in shelters. A reformed homelessness assistance system alone will not solve the underlying problems of housing affordability, income insecurity, and the inaccessibility of supportive services. But where it falls short, a housing stabilization system will force us to ask the important questions about what supports and services are sufficient to stabilize peoples' housing on an emergency and temporary basis and for whom, and for whom do the mainstream systems need to do more to secure a sustainable and stable housing outcome. The present system of assistance hasn't forced us to ask – or answer -- those questions, as it hasn't made those objectives a priority. That is the hopeful promise of a renewed and transformed system based on the principles of homelessness prevention.

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