A Prevention-Centered Approach to Homelessness Assistance:

A Paradigm Shift?

Corresponding Author:

Dennis P. Culhane, PhD
Professor
School of Social Policy & Practice
University of Pennsylvania
3815 Walnut St.
Philadelphia, PA 19104
215-349-8705
culhane@mail.med.upenn.edu

Stephen Metraux, PhD
Associate Professor
Dept. of Health Policy & Public Health
University of the Sciences in Philadelphia
Philadelphia PA
215-596-7612
s.metraux@usp.edu

Thomas Byrne, MSW
Doctoral Student
School of Social Policy and Practice
University of Pennsylvania
Philadelphia PA
617-285-8914
byrnet@sp2.upenn.edu

Manuscript Date: 1/13/10

Acknowledgements

Abstract

Prevention has long been cited as an important part of any strategy to end homelessness. Nonetheless, effective prevention initiatives have proven difficult to implement in practice. The lack of a prevention-oriented policy framework has resulted in responses to homelessness that focus primarily on assisting those who have already lost their housing and consequently to the institutionalization of homelessness. Recent Federal legislation, however, signals an emergent paradigm shift towards prevention-based approaches to homelessness.

This paper explores the conceptual underpinnings of successful prevention initiatives and reviews practice based evidence from several successful prevention-oriented approaches to homelessness in the United States and Europe. We then outline a conceptual framework for a transformation of homeless assistance towards prevention-oriented approaches, with a discussion of relevant issues of program design and practice, data collection standards, and program performance monitoring and evaluation.

Keywords

Homeless, HUD, Legislation, Policy,

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" (US Department of Housing and Urban Development 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 1996). 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 (US Department of Housing and Urban Development 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).

In contrast to a definition of tertiary prevention as being targeted to households that have been homeless only for an extended time period, in the context of homelessness tertiary prevention initiatives should not require a minimum amount of time spent homeless. Instead, tertiary assistance would 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 household 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.

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

Little research has focused on effective components of homeless prevention programs. A useful framework for assessing effective practices comes from Burt and her colleagues (2005), who conducted the first systematic study of prevention programs with an examination of six community-wide primary prevention initiatives. The study distilled these initiatives into two basic approaches: low-cost, time limited interventions that are appropriate for the majority of at-risk households, and costlier, more extended interventions for a more select set of households with more intractable problems related to their housing instability.

The first approach targets households with temporary, crisis-generated housing instability, and uses short-term, relatively inexpensive interventions such as time-limited housing subsidies, emergency cash assistance, and mediation in housing courts. Successful programs using this approach will stabilize households in crisis, and help them connect with longer-term sources of support. Where Burt et al. focus on primary approaches, secondary prevention initiatives also employ interventions consistent with this approach (Einbinder & Tull, 2005).

The second approach targets households with longer term, more intractable housing instability related to problems and conditions such as psychiatric disability, substance abuse, and child welfare services involvement. In these situations, effective prevention strategies involve extended housing supports and ongoing support services. The cost of this approach is considerably greater than that of the first approach, but the costs associated with homelessness for such households are great as well. Such an approach can also be directed to persons who are already homeless as tertiary prevention assistance. Housing First programs, which provide a

permanent housing subsidy and ongoing support services are examples of this, and have repeatedly been shown as 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).

In both approaches, much remains to be learned as to what specific mechanisms are successful in averting or reducing homelessness and for whom. Research needs to compare the effectiveness of rental or cash assistance to shelter stays, and 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. And 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 this. For families, studies have found that services, when combined with housing, contribute little to improved housing stability (Weitzman & Berry 1994; US Department of Health & Human Services 1991), although case management and other services can facilitate improved, non-housing outcomes (Bassuk & Geller 2006). For single adults, Hurlburt, Hough & Wood (1996) found that support services associated with subsidized housing made little difference in housing stability, while other studies have found support services to be important, but not as important as the provision of a housing subsidy (Goldfinger et al. 1999; Siegel et al. 2006; Lipton et al. 2000; Tsemberis & Eisenberg 2000; Rosenheck et al. 2003).

When services are provided, there is no reason to believe they should be differentially delivered for people with a prior homelessness experience, or that these services should not be community-based. Research on the dynamics of homelessness suggests that most households that become homeless are only incidentally in contact with the homelessness system. (Kuhn & Culhane 1998; Culhane et al. 2007; US Department of Housing and Urban Development 2009**).** For such households, there should be a priority on providing assistance that stabilizes their housing in the community, and connects people to 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.

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 may not be ethically possible at this 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 many 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, or by law for families in Massachusetts). 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 Federal Emergency Management Agency 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, 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, 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 (HUD) 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 nearly $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 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 Emergency Shelter Grants (ESG) program to create a much expanded prevention effort, the 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 ESG 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 people 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. [**Insert figure 1 about here]** 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.

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. [**Insert figure 2 about here]** 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.

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 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 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 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 needs should be the long-term responsibility of the homelessness 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 Troubled Asset Relief 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. However, some communities may choose to limit rehousing assistance to people with employment or with sufficient income to pay forward rent (however, it's not clear that keeping unemployed people in shelter until they find work is a feasible or

desirable alternative). 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 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). [**Insert figure 3 about here]** 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 up 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.

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 London 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, 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 were recently discharged from a treatment or penal institution (Metraux, Byrne & Culhane 2010). 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 for some period of time (30 or 60 days). 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 regulations and programs to be implemented at the state and local levels. 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.

If attempts at diversion or rapid rehousing have not succeeded within some threshold of a shelter stay, for example, 30 or 45 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 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 TANF. 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. 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, HUD recently issued new data definitions and standards that include newly required fields that will capture data relevant to the HPRP activities. 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 comply with federal reporting requirements, to conduct program monitoring, and to track some outcomes associated with the new initiative. Likewise, this should help communities to set 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 performance benchmarks and caseload expectations. It can also serve as a basic accounting framework for projecting cash flow through the programs.

The HMIS data capture should also enable some basic evaluation of program outcomes. While clients will not necessarily be tracked beyond their periods of assistance, the HMIS data should enable communities to distinguish different types of client groups, and the amounts of assistance they receive. Those subcategories could then be passively tracked through the HMIS

to measure which households renew for subsequent periods of assistance, and to measure which households enter or return to shelter despite the assistance provided. While these do not represent an optimal range of outcome measures, they are variables which will be tracked as part of program delivery, and so can be used as basic ways of measuring the success of assistance and various provider organizations.

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 (non-homeless) 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, their relative cost-effectiveness, and the benefits these agencies might incur 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 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 homeless today live without basic emergency shelter is a humbling statistic. We could try to fill that gap by building more shelter capacity. But where would that leave us, except with more people in shelter? The primary purpose of a prevention and rapid rehousing system is that it places the housing end-game squarely at the center of the purpose of our 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 on an emergency and temporary basis and for whom, and for whom do the mainstream systems need to do more? The present system of assistance hasn't forced us to ask 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.

References

Bassuk, Ellen L. and Stephanie Geller. 2006. The Role of Housing and Services in Ending Family Homelessness. *Housing Policy Debate* 17(4): 781-806.

Burt, Martha R., Carol Pearson, and Ann Elizabeth Montgomery. 2005. *Strategies for Preventing Homelessness.* Washington, DC: Department of Housing and Urban Development.

Busch-Geertsema, Volker and Suzanne Fitzpatrick. 2008. Effective Homelessness Prevention? Explaining Reductions in Homelessness in Germany and England. *European Journal of Homelessness* 2:69-95.

Culhane, Dennis P., Chang-moo Lee and Susan M. Wachter. 1996. Where the Homeless Come From: A Study of the Prior Address Distribution of Families Admitted to Public Shelters in New York City and Philadelphia. *Housing Policy Debate* 7(2): 327-365.

Culhane, Dennis P. and Stephen Metraux. 2008. Rearranging the Deckchairs or Reallocating the Lifeboats? Homeless Assistance and Its Alternatives. *Journal of the American Planning Association* 74(1):111-121.

Culhane, Dennis P., Stephen Metraux, and Trevor Hadley. 2002. Public Service Reductions Associated with Placement of Homeless Persons with Severe Mental Illness in Supportive Housing. *Housing Policy Debate* 13:107-163.

Culhane, Dennis P., Stephen Metraux, Jung Min Park, Maryanne Schretzman, and Jesse Valente. 2007. Testing a Typology of Family Homelessness Based on Patterns of Public Shelter Utilization in Four U.S. Jurisdictions: Implications for Policy and Program Planning. *Housing Policy Debate* 18(1):1-27.

Einbinder, Susan D. and Tanya Tull. 2005. *The Housing First Program for Homeless Families: Empirical Evidence of Long-Term Efficacy to End and Prevent Family Homelessness.* Los Angeles: Beyond Shelter Institute for Research, Training & Technical Assistance.

Gilmer, Todd P., Willard G. Manning, and Susan L. Ettner. 2009. A Cost Analysis of San Diego County's REACH Program for Homeless Persons. *Psychiatric Services* 60(4):445-450.

Goldfinger, Stephen M., Russell K. Schutt, George S. Tolomiczenko, Larry Seidman, Walter E. Penk, Winston Turner, and Brina Caplan. 1999. Housing Placement and Subsequent Days Homeless Among Formerly Homeless Adults with Mental Illness. *Psychiatric Services* 50(5):674-679.

Gulcur, Leyla, Ana Stefancic, Marybeth Shinn, Sam Tsemberis, and Sean N. Fischer. 2003. Housing, Hospitalization, and Cost Outcomes for Homeless Individuals with Psychiatric Disabilities Participating in Continuum of Care and Housing First Programs. *Journal of Community & Applied Social Psychology* 13:171-186.

Hurlburt, Michael S., Richard L. Hough, and Patricia A. Wood. 1996. Effects of Substance Abuse on Housing Stability of Homeless Mentally Ill Persons in Supported Housing. *Psychiatric Services* 47(7):731-736.

Kuhn, Randall and Dennis P. Culhane. 1998. Applying Cluster Analysis to Test a Typology of Homelessness By Pattern of Shelter Utilization: Results from the Analysis of Administrative Data. *American Journal of Community Psychology* 26:207-232.

Larimer, Mary E., Daniel K. Malone, Michelle D. Garner, David C. Atkins, Bonnie Burlingham, Heather S. Lonczak, Kenneth Tanzer, Joshua Ginzler, Seema L. Clifasefi,

William G. Hobson, and G. Alan Marlatt. 2009. Health Care and Public Service Use Costs Before and After Provision of Housing for Chronically Homeless Persons with Severe Alcohol Problems. *Journal of the American Medical Association* 301(13):1349-1357.

Lindblom, Eric N. 1991. Toward a Comprehensive Homeless-Prevention Strategy. *Housing Policy Debate* 2(3): 957-1025.

Lipton, Frank R., Carole Siegel, Anthony Hannigan, Judy Samuels, and Sherryl Baker. 2000. Tenure in Supportive Housing for Homeless Persons with Severe Mental Illness *Psychiatric Services* 51(4): 479-486.

Massachusetts Commission to End Homelessness. 2007. *Report of the Special Commission Relative to Ending Homelessness in the Commonwealth.* Boston, MA: Author.

Metraux, Stephen, Thomas Byrne and Dennis P. Culhane. 2010. Institutional Discharges And Subsequent Shelter Use Among Unaccompanied Adults in New York City. *Journal of Community Psychology* 38(1):28-38.

National Alliance to End Homelessness. 2000. *A Plan Not a Dream: How to End Homelessness in Ten Years*. Washington, DC: National Alliance to End Homelessness.

National Alliance to End Homelessness. 2009a. *HPRP: Opportunities for Systems Transformation and Sustainability*. Washington, DC: National Alliance to End Homelessness.

National Alliance to End Homelessness. 2009b. *Summary of the HEARTH Act*. Washington, DC: National Alliance to End Homelessness.

National Alliance to End Homelessness. 2005a. *Hennepin County Community Snapshot*. Washington, DC: National Alliance to End Homelessness.

National Alliance to End Homelessness. 2005b. *New York City Community Snapshot*. Washington, DC: National Alliance to End Homelessness.

National Alliance to End Homelessness. 2006. *Promising Strategies to End Family Homelessness.* Washington, DC: National Alliance to End Homelessness.

Pawson, Hal, Gina Netto, Colin Jones, Fiona Wager, Cathie Fancy and Della Lomax. 2007. *Evaluating Homelessness Prevention*. London, England: Office of the Deputy Prime Minister, Communities and Local Government Publications.

Rog, Debra J., Ariana M. Gilbert-Mongelli, and Ezell Lundy. 1998. *The Family Unification Program: Final Evaluation Report*. Washington, D. C.: CWLA Press.

Rosenheck, Robert, Wesley Kasprow, Linda Frisman, and Wen Liu-Mares. 2003. Cost Effectiveness of Supported Housing for Homeless Persons with Mental Illness. *Archives of General Psychiatry* 60(9): 940-951.

Shinn, Marybeth, Jim Baumohl, and Kim Hopper. 2001. The Prevention of Homelessness Revisited. *Analyses of Social Issues and Public Policy* 1:95-127.

Siegel, Carole E., Judith Samuels, Dei-In Tang, Ilyssa Berg, Kristine Jones, and Kim Hopper. 2006. Tenant Outcomes in Supported Housing and Community Residences in New York City. *Psychiatric Services* 57(7): 982-991.

Tsemberis, Sam and Ronda F. Eisenberg. 2000. Pathways To Housing: Supported Housing for Street-Dwelling Homeless Individuals with Psychiatric Disabilities. *Psychiatric Services* 51(4): 487-493.

Tsemberis, Sam, Leyla Gulcur, and Maria Nakae. 2004. Housing First, Consumer Choice, and Harm Reduction for Homeless Individuals with a Dual Diagnosis. *American Journal of Public Health* 94(4): 651-657.

U.S. Department of Health and Human Services. 2003. *Ending Chronic Homelessness: Strategies for Action.* Washington, D.C.: U.S. Department of Health and Human Services.

U.S. Department of Health and Human Services, Office of the Inspector General. 1991. *Homeless Prevention Programs*. Washington, D.C.: U.S. Department of Health and Human Services.

U.S. Department of Housing and Urban Development. 2005. *Strategies for Preventing Homelessness*. Washington, D.C.: Department of Housing and Urban Development, Office of Policy Development and Research.

U.S. Department of Housing and Urban Development. 2007. *Affordable Housing Needs 2005: A Report to Congress*. Washington, D.C.: U.S. Department of Housing and Urban Development.

U. S. Department of Housing and Urban Development 2009. *The 2008 Annual Homelessness Assessment Report: A Report to the US Congress*. Washington, D.C.: U.S. Department of Housing and Urban Development.

Weitzman, Beth C., and Carolyn Berry. 1994. *Formerly Homeless Families and the Transition to Permanent Housing: High-Risk Families and the Role of Intensive Case Management Services. Final Report to the Edna McConnell Clark Foundation*. New York: New York University, Robert F. Wagner Graduate School of Public Service, Health Research Program.

Wong, Irene, Meg Koppel, Dennis P. Culhane, Stephen Metraux, David E. Eldridge,

Amy Hillier, & Helen R. Lee. 1999. *Help in Time: An Evaluation of the Philadelphia City's Community-Based Homelessness Prevention Program*. Philadelphia, PA: City of Philadelphia Office of Housing and Community Development.

Figure 1-Emerging Housing Stabilization Model

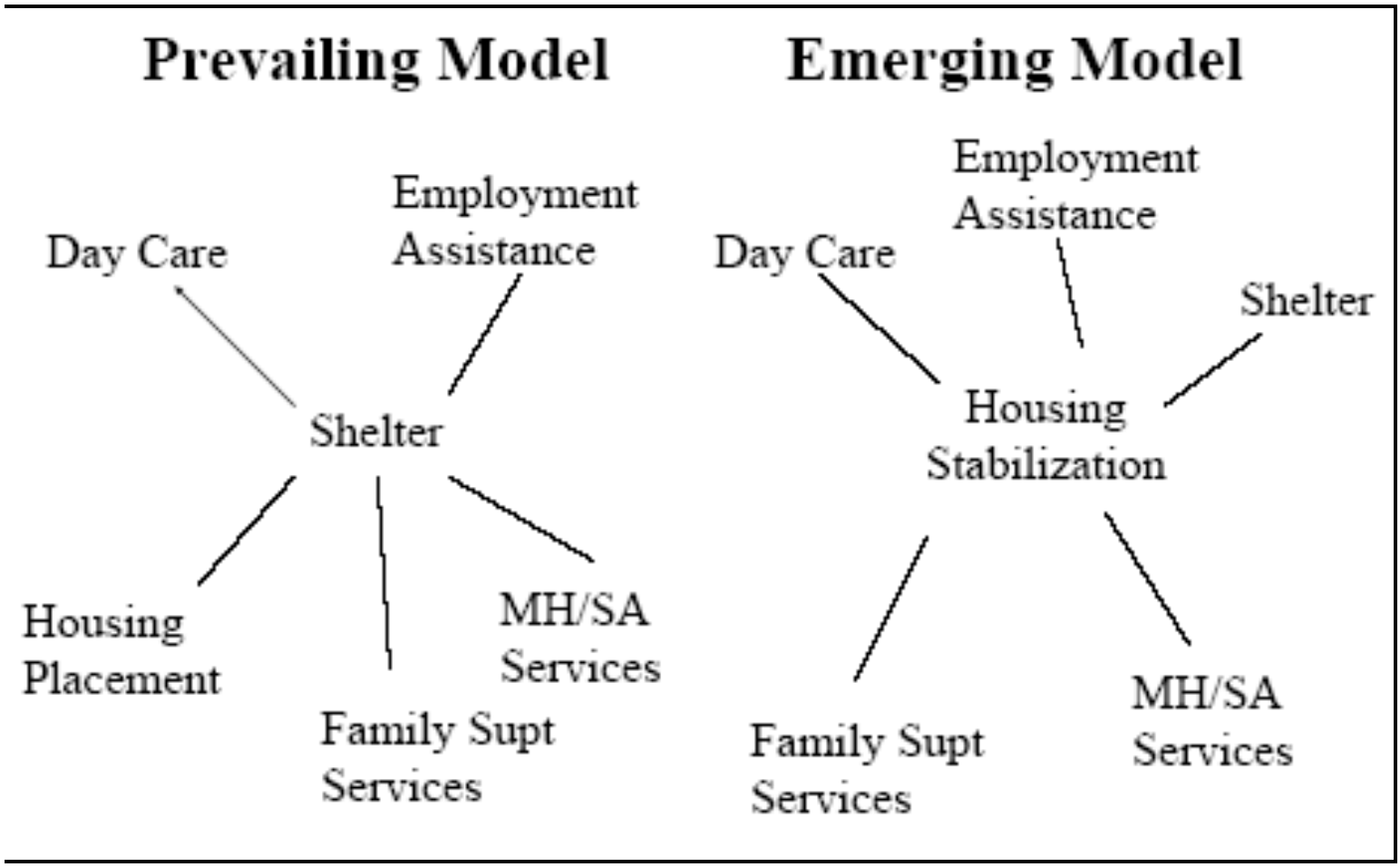

Figure 2 – A Model Service System for Addressing Housing Emergencies

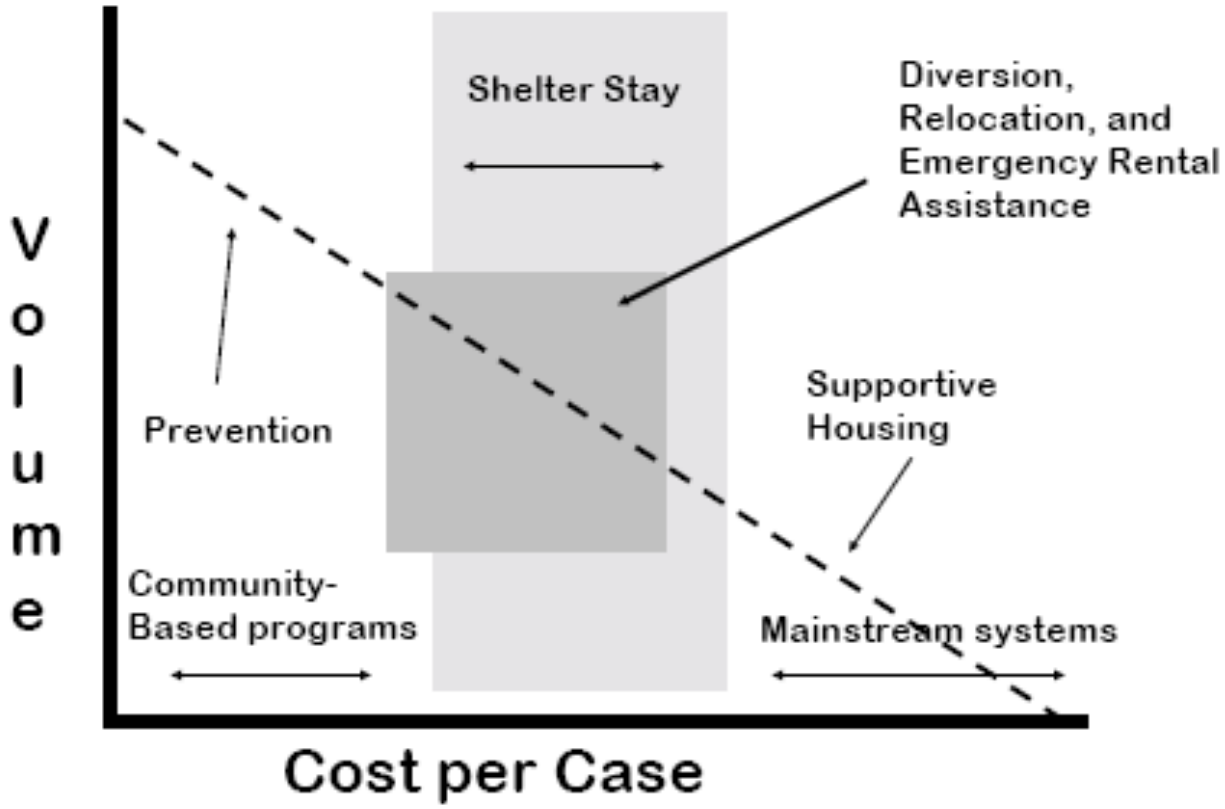

Figure 3-“Progressive Engagement” Approach