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A prevention-centered approach to homelessness assistance: a paradigm shift?

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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, and Hopper 2001) has meant that responses to homelessness have instead 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.

Recently, however, there has been increasing policy focus, on all levels, on prevention-based initiatives to address homelessness. Most prominent among them is the $1.5 billion in the American Recovery and Reinvestment Act of 2009 (ARRA) that was allocated towards averting increases in homelessness during the current recession. Known as the "Homelessness Prevention and Rapid Re-housing

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Program'' (HPRP), this initiative provides funds for direct financial assistance designed 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 (American Recovery and Reinvestment Act of 2009). This new federal emphasis on prevention is also reflected in less heralded but more fundamental changes in the May 2009 reauthorization of the McKinney-Vento Act (National Alliance to End Homelessness 2009). As part of this 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. These two acts represent a fundamental 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.

In adopting prevention-oriented measures, the federal initiatives follow in the footsteps already taken by Western European countries such as Great Britain and Germany, which have reported substantial declines in homelessness among families (Busch-Geertsema and Fitzpatrick 2008; Pawson et al. 2007). And closer at hand, preceding HPRP were a handful of local prevention initiatives that have sought to either divert homeless households from shelters or facilitate their rapid exit from the shelter system. This includes programs in New York City (US HUD 2009a), which operates the largest municipal shelter system in the US, and statewide programs in Massachusetts (Massachusetts Commission to End Homelessness 2007) and Connecticut. But while these programs have demonstrated the basic elements of prevention services, there is much about homelessness prevention that still needs to be understood.

This shift toward prevention reflects a situation where policy and practice has run ahead of any clear model on which to build a policy agenda focused on homelessness prevention. 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 re-housing system. 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.

Background

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, and 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, and Hopper 2001; Burt, Pearson, and 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 are better seen as a continuum range on which 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. At its broadest, this would entail addressing the almost six million households identified as having "worst case housing needs" by the US Department of Housing and Urban Development (2007). On such a scale, preventing homelessness would entail addressing the current affordable housing crisis; 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, such as Khadduri's (2010) strategy for expanding Section 8 vouchers and other mainstream housing subsidies, could significantly reduce shelter demand. Beyond that, primary prevention could also be realized through other broad *mainstream* social welfare initiatives, including efforts to increase household incomes (through more adequate TANF and SSI payment levels, higher minimum wage, expanded EITC). Clearly, such initiatives are beyond the scope of the resources currently available for homeless assistance.

The absence of such overarching mainstream initiatives limits prevention activities to the *homelessness-specific* resources at hand. This means that primary prevention activities need to go farther downstream and target assistance to households who are likely to become imminently 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 receive less than 50 percent 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, and 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 percent of the admissions to the family shelter system (Culhane, Lee, and 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. 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.

A study by Shinn and her colleagues (1998) further illustrates this efficiency problem. Based on data from homeless families in New York City, they focused on targeting prevention assistance that was predicated on exceeding some threshold level for a household's risk of becoming homeless. Setting this risk threshold at a level so that prevention assistance would be directed to two-thirds of families who would become homeless in its absence would have necessitated also providing this assistance to a substantial number of families who would remain housed without it. More specifically, for every six families assisted under such a model, only one family would subsequently have become homeless without such assistance.

The evaluators of the Philadelphia study concluded that one way to increase efficiency was for prevention programs to be targeted more closely to households who were actually presenting themselves at a shelter and otherwise at imminent risk for becoming homeless. This would entail more "shelter diversion" and less broad-based neighborhood-based prevention. Instead of providing the assistance prospectively by virtue of an expected risk, providing it to only those who show evidence of imminent risk (eviction notice, etc.) would make prevention targeting much more efficient.

At some point in this process, targeting could also include 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 actually prevent 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 and 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 2009b). Most leave by their own bootstraps, without formal housing search or placement assistance by the emergency shelter system. For this population, short-term assistance would not be prevention, in a strict sense, but would 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 people's 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, and Hadley 2002; Rosenheck et al. 2003; Gilmer, Manning, and Ettner 2009; Larimer et al. 2009).

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. Thus, 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 shelters 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 the shadow of 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. Again using the front door-back door metaphor, 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

After households have been determined to be suitable for prevention assistance, the other key component to homelessness prevention is providing them with assistance that removes them from pending (or actual) homelessness. The success of prevention assistance at actually preventing (or mitigating) homelessness is effectiveness. 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. This approach is predicated on findings that the majority of homeless households are able to resolve their housing emergencies in a relatively brief time. Given this, providing such households time limited assistance either avoids or limits the private trauma and public expense of a homeless episode. Evaluators of British prevention initiatives pointed out the importance of having, first, flexibility in applying such assistance (cash or in-kind) to a variety of needs, and, second, for using this assistance to leverage other resources (Pawson et al. 2007). Where Burt, Pearson, and Montgomery's study focused on primary approaches, secondary prevention initiatives also employ interventions consistent with this approach (Einbinder and Tull 2005).

This short-term assistance seeks to spread available resources to the largest number of families. The assistance may not be enough to cover all needs, but can often act as a means to leverage existing income and supports and permit the recipients to maintain housing. One means to stretch this assistance is to provide "shallow" subsidies to specific populations, as opposed to the more comprehensive subsidies provided by programs like Section 8. An evaluation of a program that provides a shallow rent subsidy (between $200 and $400 per month) to persons with HIV/AIDS found that persons who received the subsidy were far more likely to maintain independent housing and to have lower rates of homelessness than those who did not (Dasinger and Speiglman 2007).

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 greater 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 percent one year after placement) among persons who

were considered to be among the most difficult to house (Tsemberis and Eisenberg 2000; Culhane, Metraux, and Hadley 2002; Gulcur et al. 2003; Rosenheck et al. 2003; Tsemberis, Gulcur, and Nakae 2004). Formerly homeless families have even higher rates of retention up to two years after placement, with a nine city study finding that 88 percent of families receiving both Section 8 vouchers and case management services remained in permanent housing after 18 months (Rog, Gilbert-Mongelli, and 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 (US Department of Health and Human Services 1991; Weitzman and Berry 1994), although case management and other services can facilitate improved non-housing outcomes (Bassuk and Geller 2006). For single adults, Hurlburt, Hough, and 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; Lipton et al. 2000; Tsemberis and Eisenberg 2000; Rosenheck et al. 2003; Siegel et al. 2006).

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 and Culhane 1998; Culhane et al. 2007; US Department of Housing and Urban Development 2009b). For such households, there should be a priority on providing assistance that stabilizes their housing in the community, and connects people to whatever 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 people's homeless spells through service-enriched transitional housing programs, including programs designed to sustain periods of homelessness for up to two years.

Efficiency and effectiveness: sketching a prevention-oriented research agenda

This section has outlined the two key components of homelessness prevention initiatives – efficiency and effectiveness. While both of these components are informed to some degree by research, there remain substantial gaps in our knowledge for implementing successful prevention programs with respect to both targeting at-risk households (efficiency) and providing assistance (effectiveness). To that end, this section concludes this section with a brief research agenda for establishing a base of evidence to more comprehensively inform this process.

Most research on efficiency in homelessness prevention lays out pitfalls in accurately predicting which households will become homeless. Short of situations where households are imminently at risk of homelessness or are already homeless,

procedures that identify households who will become homeless will also identify many more households that have similar risk profiles but will manage to avoid homelessness. As a result, current best practices target resources to households facing an imminent risk of becoming homeless. A better understanding of the dynamics related to who among at risk groups becomes homeless and who will not will enable targeted intervention programs to move farther back from the point where homelessness appears imminent, a point where averting homelessness may also be easier as the housing crisis will not yet be fully developed.

There is more research that examines the effectiveness of various types of assistance to prevent or mitigate homelessness. Particularly among extended housing supports and ongoing support services, research described earlier has documented the effectiveness of housing first and other long-term housing initiatives, both in terms of tenancy and cost offsets. Despite such successes, the expense of such initiatives limits their availability to households with the greatest service needs. Finding out which components of this intensive assistance works in which situations and for which households would enable a more graded spectrum of assistance be available than the bifurcation in assistance types that was described earlier.

Research examining the relative efficiency and effectiveness of prevention programs need not be conducted separately. Indeed, examining the housing outcomes of several at-risk groups receiving prevention assistance of varying type, intensity, and duration within the context of a single study could contribute substantial insight about both the efficiency and effectiveness of prevention initiatives. With the implementation of HPRP, different types of prevention programs will proliferate in virtually all jurisdictions, potentially providing a laboratory for examining what works. Such evaluation research is essential, for while current policy favors prevention initiatives, this favor will only continue if prevention programs show results.

Toward a new conceptual framework

In this section we propose a prevention-based model for homeless services where the primary focus of homelessness assistance shifts away from shelters and related homeless services, and to the community-based network of services that is better suited to help people attain and maintain stable housing. In so doing, this model breaks from previous policy frameworks which maintained a large, parallel, *ad hoc* services system for the homeless population and which focused most of its resources on the persons and families who have been homeless the longest.

Figure 1 illustrates how this new model turns the current homeless policy framework inside out. The continuum-of-care approach to homeless services was developed in the mid-1990s to coordinate the hodge-podge array of homeless programs that arose in response to a critical problem that few others seemed to care about. The pronouncement in 1994 that federal funding would be disseminated via local ''continuums of care'' (Interagency Council on the Homeless 1994) functioned to shape these fragmented collections of shelters and services into regionally-based homeless services systems. Each continuum-of-care coordinated homeless services within its geographical area, assessed and prioritized needs among its homeless population, and administered federal assistance to its member organizations.

In acting as a mechanism to identify and cover gaps in local homeless assistance networks, local continuums could take credit for a broader and richer array of

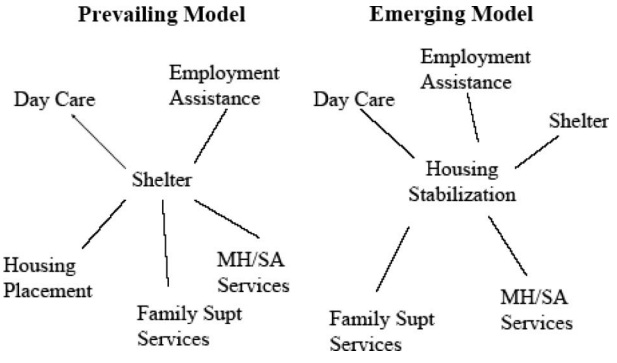

Figure 1. Emerging housing stabilization model.

services. But as these continuums expanded, they became more insular and removed from community-based supports. Here homeless households, upon entering the homeless services system, effectively became displaced from their communities (Fullilove 2004); school systems (Rafferty, Shinn, and Weitzman 2004); and local services systems. 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 the most appropriate place to engage clients with services would be – in the temporary system of shelters or within the community-based programs they are likely to need upon exiting homelessness.

Figure 1 illustrates how the role of shelter changes in the emerging, prevention-based model shelter from being the nexus of homeless services to being one resource, accessed when necessary, but only as part of a broader set of supports. The new model has two primary foci: 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.

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 policy and practice, as well as federal and state leadership.

In sum, homelessness prevention requires systems change that includes rather than avoids mainstream agencies and other community partners. This engagement in homelessness prevention by mainstream agencies and services systems was a critical component in the English reform (Pawson et al. 2007) 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 extend their responsibility beyond providing institutional or residential care

and into the community. Similarly, child welfare agencies would have to develop sufficient housing support and independent living plans as part of accepting responsibility for youth beyond when they reach adulthood. 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 is a system of graduated interventions based on cost. Here households start the assistance process by accessing 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 get relatively inexpensive, primary prevention services such as one-time emergency assistance or tenant-landlord mediation. Progressively fewer households then proceed to receive progressively more intensive (and expensive) services. Thus, at the other end of this model, the few households with the most 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. On the surface shelter appears to be a less expensive form of housing than certain prevention interventions including short-term rental subsidies for a market rate apartment. However, shelter and transitional housing are often more expensive than the fair market rent (US Department of Housing and Urban Development 2010). Nonetheless, when shelter services are necessary, shelter use would follow 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, community-based services take on the primary role in providing primary prevention services. These services include emergency assistance, one-shot rent arrears payments, legal aid to avoid evictions, and

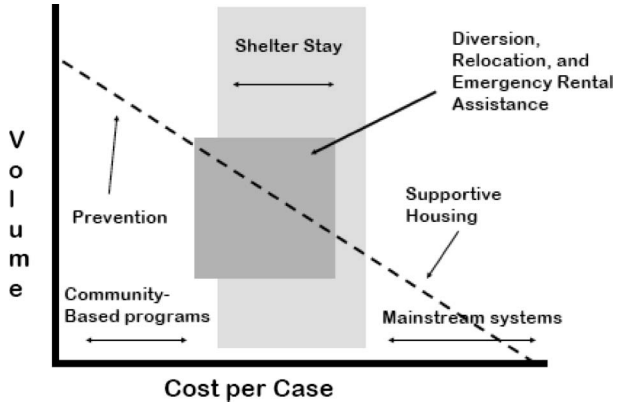

Figure 2. A model service system for addressing housing emergencies.

assistance with avoiding or restoring utility shut offs – activities that are not typically under the auspices of the continuum of care. These services are among the least expensive and, in seeking to avoid households becoming homeless, would be likely to aid considerable numbers of similarly needy households who nonetheless could have avoided homelessness without the assistance. Limiting assistance to households who present themselves as more imminently homeless (moving towards the center of Figure 2) would improve the efficiency of targeting for homelessness prevention, but will also increase the amounts of assistance required to avoid homelessness, as the presenting crises will be more acute.

For some households such assistance will be insufficient to keep them from homelessness, and they would move to the next line of prevention – housing stabilization. Before the HPRP initiative, this was a missing component in the homelessness assistance system. In Figure 2, that function is represented by the overlaid box. The housing stabilization box straddles the period immediately prior to shelter entry and the period of initial homelessness, reflecting attempts to divert people at the ''front door'' of homelessness. As mentioned earlier, such assistance would be more resource intensive and would thus 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.

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. Stabilization services could also 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.

Beyond this stabilization ''box'' is the long-term housing and support services located on the far right of the distribution in Figure 2. This assistance, which

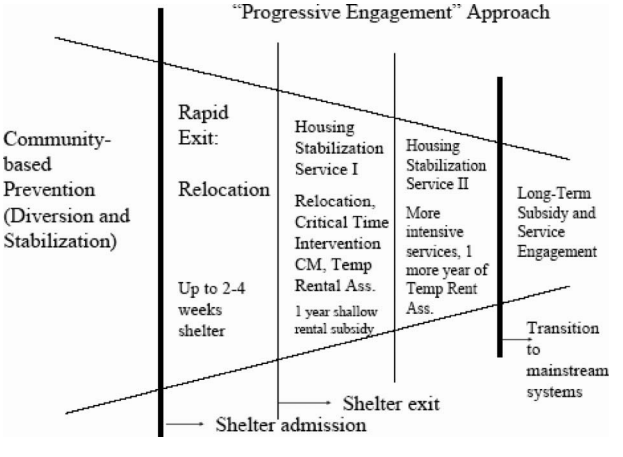

Figure 3. ''Progressive Engagement'' approach.

includes supportive housing-type interventions that are currently provided for the chronically homeless, is the most resource intensive of all the homeless assistance and should be reserved for only those whom community-based assistance and stabilization services did not mitigate homelessness. Candidates for this type of assistance would be among the most troubled – with involvement in the child welfare, criminal justice, mental health, and other mainstream services systems. Given this, it should be the responsibility of these mainstream systems to house these households and, in doing so, integrate the households into their systems of care.

This shifting of responsibility and cost to the mainstream systems would recognize that the homelessness system's jurisdiction is limited to the relatively narrow period of housing stabilization. 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. 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, a perennial concern in the health insurance industry, is likewise an issue for social programs, which rely on a few tools to limit their liabilities. These primarily include 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 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.

For persons "at risk" of homelessness, determining the degree of risk or the level of "imminent" risk will be a challenging process. As argued earlier in terms of efficiency, the level of imminent risk should be narrow, to include 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. Establishing criteria for a "most at-risk" profile could also with other high-risk characteristics. A model for this would be England's "priority need" approach, in which 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 (Pawson et al. 2007). 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.

Once eligibility is determined, clients would be provided with 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 would 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 cost by volume model, however, after some period of time has elapsed, we envision that the homelessness-specific intervention would reach its limited liability. There is limited information regarding the appropriate upper limit for the duration of such a progressive engagement approach, but we suggest that two years is within the correct realm of the homeless system's responsibility, as is the case for HUD funded transitional housing programs. The new federal HPRP is roughly consistent with this approach and time frame, 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.

A variety of possible policies could govern overall access and benefits in a prevention and relocation program, all of which would offer assistance in a finite, time-limited fashion. 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. The structures under which such assistance will ultimately get administered should, however, be evidenced based and calls for research to test different models to identify efficient and effective policy strategies.

Program activities

A prevention-oriented homelessness assistance system would offer a very different set of activities than the continuum-of-care process. Whereas the continuum-of-care emphasizes outreach, shelter, transitional housing, and permanent supportive housing, a prevention approach would involve earlier intervention and more direct assistance with resolving housing problems. In addition, whereas a continuum-of-care approach emphasizes the 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 might 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, 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, under a prevention model, 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, and Culhane 2010). A discharge plan that identified a high risk of homelessness would 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 it works. In either case, the transition to community should be a funded activity, and would result in a housing placement plan. If a temporary housing placement is necessary, including use of an emergency shelter, it would ideally 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 for the target population.

If attempts at diversion or rapid re-housing 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 might include not only relocation, but some period of emergency or transitional rental assistance. Rental assistance could 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. As has been noted, 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 would 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 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.

Mechanisms for funding these stabilization programs would need to be another organizational consideration. 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 ideally 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 re-housing 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 are adequate to 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 re-housing services, including comparisons to people receiving "usual care" in the homelessness system, including randomly assigned groups whenever possible.

Other evaluation issues could also be addressed through more qualitative methods. Given that many communities will be implementing or coordinating prevention and re-housing 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 re-housing 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 effectiveness and 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. In a prevention-oriented system, traditional forms of shelter or transitional housing

would not necessarily go away, but they would 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 way station 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 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, 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 re-housing 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 people's 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 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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