

HOMELESSNESS PREVENTION

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A growing evidence base is enabling communities to adopt and implement effective strategies that quickly move [families with children](#), [veterans](#), and [people with disabilities experiencing long-term or repeated episodes of homelessness](#) from homelessness to permanent housing. However, we also need to work upstream and prevent people from losing their homes in the first place to make homelessness a “rare, brief, and one-time” event.¹ Homelessness prevention programs aim to stop (or at least reduce) the inflow into the homeless services system and help vulnerable individuals and families maintain housing stability.

The most effective way to prevent homelessness in the U.S. would be to address the societal conditions that allow it to occur. Gaps in our social safety net make it difficult for poor people to access housing they can afford, and the United States does not provide sufficient housing assistance or income support to close these gaps. Structural factors transform individual circumstances such as mental illness, physical disability, substance abuse, domestic violence, and previous incarceration into vulnerabilities that heighten the risk of homelessness, and persistent racial discrimination compounds these vulnerabilities for minorities. Broader social changes would address these structural factors and strengthen the safety net for all households. The focus of this memo, however, is a narrower set of interventions that prevent homelessness among people at high risk.

The prevention programs considered here are designed to help vulnerable households find or maintain stable housing *before* an episode of homelessness has occurred. This brief sets forth criteria for determining whether an intervention is successful, and then describes the evidence base for the following prevention interventions:

- **Permanent deep rental housing subsidies**, which provide financial assistance that helps individuals and families cover housing costs;
- **Eviction prevention programs**, which can include financial assistance, legal representation, or mediation services to prevent displacement from rental units;
- **Community-based services**, which link clients to an array of supportive services that help them maintain stable housing – including eviction prevention and short-term financial assistance, education and job placement assistance, benefits enrollment, and child care assistance;

¹ The U.S. Interagency Council on Homelessness defines an end to homelessness as occurring when every community has a systematic response in place to ensure homelessness is prevented when possible or is otherwise a rare, brief, and one-time experience. ([Home, Together: The Federal Strategic Plan to Prevent and End Homelessness](#). U.S. Interagency Council on Homelessness. 2018.)

- **Critical Time Intervention**, which provides comprehensive case management to connect individuals with severe mental illness who are being discharged from a psychiatric facility with community-based supports; and
- **Proactive screening of populations at heightened risk of homelessness** with follow-up services and targeted support to help individuals and families maintain stable housing.

The brief also describes some other approaches to prevention about which we have little evidence so far but that communities have been starting to implement.

What does the evidence base tell us?

Assessing the success of homelessness prevention interventions

Interventions focused on homelessness prevention at any stage can be assessed in terms of two key criteria: **effectiveness** and **efficiency**.²

- Effective interventions help people who are at risk to find and maintain stable housing and avoid homelessness.
- Efficient interventions provide assistance to the people who are most likely to benefit from it, and minimize the extent to which resources are allocated to those who are unlikely to experience homelessness in the absence of any assistance.

Any assessment of homelessness prevention programs should account for both effectiveness and efficiency, and be careful to avoid conflating the two. A program that appears to be highly *effective* may actually be highly *inefficient* if it targeted people who wouldn't become homeless anyway. To differentiate between effectiveness and efficiency, we need to measure outcomes against a counterfactual—that is, what would have happened in the absence of the assistance.

In addition, it is not sufficient to look only at how homelessness prevention programs affect the individuals who benefit from them directly. We also need to look at community-wide impacts. For example, a prevention program may give priority access to rental housing subsidies to a subset of the population without increasing the number of families served. This intervention may reduce homelessness among the segment of the population that is served, but if there is no impact on the overall incidence of homelessness in a community, then it is simply “reallocating,” rather than preventing homelessness.

What factors predict homelessness?

Robust evidence on the factors that help to predict homelessness could help to inform and improve the efficiency of prevention efforts. In models used in New York City and Alameda County, California, with families and single adults who applied for community-based services to prevent homelessness, the single best predictor of eventual homelessness is having previously been in a shelter. Other important predictors

² Burt, Martha R., Carol Pearson, and Ann Elizabeth Montgomery. “[Community-Wide Strategies for Preventing Homelessness: Recent Evidence.](#)” *The Journal of Primary Prevention*. 2007; 28(3-4): 213-229.

include being doubled-up with another household or not being a leaseholder, having a pending eviction (whether a verbal threat or official notice), receipt of public assistance, and high levels of rent arrears or debt.³

The similarity of risk factors on both coasts and for different household types has important implications for the development of a general model to predict homelessness. However, it is also important to acknowledge differences. For families, but not single individuals in New York City, for example, adverse childhood experience and discord in the current living situation also appear to be risk factors, as do pregnancy, having a young child, and previous involvement with child protective services. These factors either did not appear to matter or were not asked in a mixed sample of families and single individuals in Alameda County.

Statistical screening models help to take some of the guesswork out of determining which vulnerable households will eventually become homeless – improving efficiency and increasing the likelihood that the most vulnerable individuals and families get the assistance they need to stay housed. These models add objectivity to a decision more often made by intake workers, whose intuition is not infallible and may be based on flawed or inaccurate hypotheses. The HomeBase study found that use of a screening model based on data would have reduced the share of “misses”—that is, applicants who were turned down for prevention assistance but eventually entered shelter—from 28.4 percent to 8.1 percent.⁴ (To the extent that prevention programs are relatively inexpensive, tight targeting is less important. Service providers can help people who might avoid homelessness on their own, while still reaching those at highest risk.)

Unfortunately, although statistical models can help to predict and certainly improve on caseworker judgement, they do not do as well as we might hope. Most people who appear to be at high risk manage to avoid entering shelter, even without services. For example, one analysis used detailed data gathered during intake interviews to divide families applying for homelessness prevention services in New York City into 10 risk categories. As might be expected, the proportion of families who entered shelter over the next three years increased as risk level went up. However, even among those considered to be in the highest-risk categories, the majority of families did not enter shelter.⁵ Moreover, homelessness often arises from unpredictable events among people who are at high risk.⁶ These events are not accounted for

³ Shinn, Marybeth, Andrew L. Greer, Jay Bainbridge, Jonathan Kwon, and Sara Zuiderveen. “[Efficient Targeting of Homelessness Prevention Services for Families.](#)” *American Journal of Public Health*. 2013; 103(S2): S324-S330; Greer, Andrew L., Marybeth Shinn, Jonathan Kwon, and Sara Zuiderveen. “[Targeting Services to Individuals Most Likely to Enter Shelter: Evaluating the Efficiency of Homelessness Prevention.](#)” *Social Service Review*. 216; 90: 130-155; Greer, Andrew L. “Preventing Homelessness In Alameda County, CA and New York City, NY: Investigating Effectiveness And Efficiency.” 2014. Unpublished dissertation, Vanderbilt University.

⁴ The calculation assumes that the same number of people would be served. Shinn, Marybeth, Andrew L. Greer, Jay Bainbridge, Jonathan Kwon, and Sara Zuiderveen. “[Efficient Targeting of Homelessness Prevention Services for Families.](#)” *American Journal of Public Health*. 2013; 103(S2): S324-S330.

⁵ Shinn, Marybeth, Andrew L. Greer, Jay Bainbridge, Jonathan Kwon, and Sara Zuiderveen. “[Efficient Targeting of Homelessness Prevention Services for Families.](#)” *American Journal of Public Health*. 2013; 103(S2): S324-S330.

⁶ O’Flaherty, Brendan. “[Wrong person and wrong place: For homelessness, the conjunction is what matters.](#)” *Journal of Housing Economics*. 2004; 13: 1-15; O’Flaherty, Brendan. “Homelessness as bad luck: Implications for research and policy.” In Ingrid Gould Ellen & Brendan O’Flaherty (Eds.), *How to House the Homeless*. 2010. New York: Russel Sage.

by models, which can include only topics about which clients were asked, in particular places, and at particular points in time. Additional factors may be important but not included on intake questionnaires, and different factors may be more important at different times or in different places.

Who can benefit from homelessness prevention programs?

There does not appear to be a “peak risk level” beyond which homelessness prevention services cannot have an impact. In fact, programs that serve people who are at higher risk of homelessness often have larger effects, as indicated by larger differences in homelessness rates between people who do and do not get services as risk level increases.⁷ Relatively modest programs that serve the most vulnerable individuals may also have higher rates of failure – meaning that more people who are served eventually enter shelter. This means that failure rates and impact can rise in tandem. These patterns should be interpreted as a signal that the program is operating at a high level of efficiency and targeting the appropriate population. A failure rate of zero would likely indicate an inefficient program that targeted only people who would not have become homeless in the absence of the intervention.

Approaches to prevention for which we have strong evidence

There is strong evidence for the effectiveness of **permanent deep rental housing subsidies** in preventing homelessness among poor families. Experimental evidence comes from the Housing Vouchers for Welfare Families study, in which families who were eligible for or receiving Temporary Aid to Needy Families were randomly assigned to receive a voucher or placed on a waiting list. Over a four-year observation period, families who were offered a voucher were much less likely to experience homelessness than those who were put on a waitlist (3.3% vs. 12.5%), including everyone offered a voucher, whether or not they used it to lease housing. Among the 67 percent of families who *successfully used their voucher to lease housing*, homelessness was prevented entirely.⁸

Administrators sometimes worry that giving preference for housing subsidies to people experiencing homelessness will lead people to flock to shelters in order to obtain the subsidies. The only two studies of this issue suggest this is not much of a problem. Researchers looked at the relationship between the numbers of families placed from shelter into subsidized housing and the number entering the shelter system in New York City during two periods (1986 to 1993 and 1997 to 2003). During the earlier period, increased placements into subsidized housing did bring more families into the shelter system, but placements out of the shelter system more than compensated for the increased entries by a factor of 7 to 1. In the later period, placements into subsidized housing did not appear to have any effect on shelter entries (although they may have increased the number of shelter applicants who were not deemed eligible). In both periods, rather than creating a perverse incentive that led people to flood the shelters, a policy of

⁷ Evans, William, James Sullivan, and Melanie Wallskog. “[The Impact of Homelessness Prevention Programs on Homelessness](#).” *Science*. 2016; 353(6300): 649-699; Greer, Andrew L., Marybeth Shinn, Jonathan Kwon, and Sara Zuiderveen. “[Targeting Services to Individuals Most Likely to Enter Shelter: Evaluating the Efficiency of Homelessness Prevention](#).” *Social Service Review*. 2016; 90(1); Shinn et al., 2013.

⁸ Wood, Michelle, Jennifer Turnham, and Gregory Mills. “[Housing Affordability and Family Well-Being: Results from the Housing Voucher Evaluation](#).” *Housing Policy Debate*. 2008; 19(2): 367-412.

placing families experiencing homelessness in subsidized housing actually *reduced* the number of families in the homeless services system.⁹

Eviction prevention programs have also shown promise in preventing homelessness. These programs can be structured to provide different types of assistance, including financial assistance, legal representation, or landlord-tenant mediation. Some of the strongest evidence demonstrates the role of financial assistance in preventing homelessness. In Chicago, for example, researchers examined outcomes for nearly 4,500 renters who called the Homelessness Prevention Call Center from 2010 to 2012. Eligible callers are linked to agencies that provide modest financial assistance (up to \$1,500) to help prevent eviction. Those who called on days when funds were available were 76 percent less likely to enter a homeless shelter over the next six months, compared with callers on days when funds were not available. As in many eviction prevention programs, eligibility criteria skewed the provision of assistance to relatively low-risk callers (e.g., those whose risk of homelessness stemmed from a single incident rather than long-term poverty, and for whom limited financial assistance would be sufficient to resolve their housing crisis), so that only 2.1 percent of people who called when there were no funds available became homeless over the next six months compared to about half a percent who called when funds were available. Nevertheless, the program was especially effective among the lowest-income callers, indicating its potential for greater efficiency with more restrictive income targeting.¹⁰

Less direct evidence is available for the effectiveness of legal representation and landlord-tenant mediation in preventing homelessness. When poor tenants were provided with legal counsel in New York City's Housing Court, eviction orders were reduced by 77 percent – from 44 percent for tenants without representation to 10 percent.¹¹ While it's likely that reductions in evictions lead to reductions in homelessness, the relationship was not tested in this analysis. Another study looked at the impact of providing mediation services to people with serious mental illness who were facing eviction. Among 366 households who received services through the Western Massachusetts Tenancy Preservation Project over a 6-year period, about half (51%) preserved their tenancy, one-third (34%) moved to alternative housing, and 15 percent became homeless. Among a small comparison group of 21 households who had similar issues but were waitlisted and never served, only 24 percent were able to retain their tenancy.¹²

New York City's HomeBase program provides evidence for the role of **community-based services** in preventing homelessness. From local program offices located throughout the city, HomeBase provides referrals to a comprehensive array of homelessness prevention services. HomeBase also provides direct

⁹ Cragg, Michael and Brendan O'Flaherty. "[Do Homeless Shelter Conditions Determine Shelter Population? The Case of the Dinkins Deluge.](#)" *Journal of Urban Economics*. 1999; 46(3): 377-414; O'Flaherty, Brendan and Ting Wu. "[Fewer Subsidized Exits and a Recession: How New York City's Family Homeless Shelter Population Became Immense.](#)" *Journal of Housing Economics*. 2006; 15(2): 99-125.

¹⁰ Evans, William N., James X. Sullivan, and Melanie Wallskog. "[The Impact of Homelessness Prevention Programs on Homelessness.](#)" *Science*. 2016; 353(6300): 694-699.

¹¹ Seron, Carroll, Martin Frankel, Greg Van Ryzin, and Jean Kovath. "[The Impact of Legal Counsel on Outcomes for Poor Tenants in New York City's Housing Court: Results of a Randomized Experiment.](#)" *Law and Society Review*. 2001; 35(2): 419.

¹² Burt, Martha R. and Carol L. Pearson. [Strategies for Preventing Homelessness](#). May 2005. Washington, DC: U.S. Department of Housing and Urban Development.

assistance to help clients keep existing rental subsidies and maintain their current housing—including financial assistance to cover rent or rental arrears, help completing income recertifications, and mediation with landlords and others—as well as relocation assistance. Experimental and quasi-experimental studies show that assistance from HomeBase prevented families from entering shelters¹³ and reduced the rate of homelessness¹⁴ in the communities it served.

Targeted interventions and transition planning for special populations and people leaving institutional care also show some promise. The strongest evidence comes from studies of the **Critical Time Intervention** (CTI) model used with psychiatric patients at risk of homelessness following discharge from a psychiatric facility. CTI is a structured approach to homelessness prevention that goes beyond discharge planning to help people adjust over a “critical time” of transition. Clients receive intensive case management to connect with and build a network of long-term supportive services in the community. CTI services frequently include housing assistance and referral to other resources. Once the network has been established and the client can function independently with mainstream community services, CTI case management is terminated. In one study, veterans who were released from psychiatric hospitals in eight sites had more days housed and fewer institutional placements after a CTI model was put in place.¹⁵ A subsequent study of 150 people with severe mental illness who were discharged from inpatient transitional housing facilities to housing in the community compared outcomes among those who received CTI and those who did not. At the end of the 18-month follow-up period those in the CTI group were significantly less likely to have experienced homelessness.¹⁶

Proactive screening of populations at heightened risk of homelessness can help to identify housing instability and improve the targeting of prevention services. Suggestive evidence is available from use of a two-item screening tool with veterans who receive outpatient services from the Veterans Health Administration. The Homeless Screening Clinical Reminder asks whether veterans have been living in stable housing that they own, rent, or stay in as part of a household in the past two months; and if they are worried or concerned that they may not have stable housing that they own, rent or stay in as part of a household in the next two months. In the first year that the screen was used, 77,400 veterans (1.8% of respondents) screened positive, answering *no* to the first question on stable housing in the past two months or *yes* to the second question on concern they will not have stable housing in the next two months. These veterans were offered a referral to discuss their living situation further (and, potentially, to be

¹³ Rolston, Howard, Judy Geyer, Gretchen Locke, Stephen Metraux, and Dan Treglia. [Evaluation of the HomeBase Community Prevention Program: Final Report](#). June 2013. Bethesda, MD: Abt Associates and Philadelphia, PA: University of the Sciences.

¹⁴ Goodman, Sarena, Petter Messeri, and Brendan O’Flaherty. [“Homelessness Prevention in New York City: On Average, it Works.”](#) *Journal of Housing Economics*. 2016; 31: 14-34.

¹⁵ Kaspro, Wesley J. and Robert A. Rosenheck. [“Outcomes of Critical Time Intervention Case Management of Homeless Veterans After Psychiatric Hospitalization.”](#) *Psychiatric Services*. 2007; 58(7): 929-935.

¹⁶ Herman, Daniel B., Sarah Conover, Prakash Gorroochurn, Kinjia Hinterland, Lori Hoepner, and Ezra Susser. [“Randomized Trial of Critical Time Intervention to Prevent Homelessness After Hospital Discharge.”](#) *Psychiatric Services*. 2011; 62(7): 713-719.

connected with housing and healthcare services to address their needs) and rescreened semiannually.¹⁷ Use of this screen coincided with a significant reduction in the rate of unsheltered homelessness among veterans; however, many other efforts to end veteran homelessness were underway at the same time, so it is impossible to know the extent to which the screen contributed to this outcome.

Where are the gaps?

More work is needed to improve the efficiency and effectiveness of homelessness prevention programs. Additional research may help to reduce the number of “false positives” (where assistance is provided to those who would avoid homelessness anyway) and the number of “misses” (where those who are unable to resolve a housing crisis on their own are not given priority access to assistance), although unpredictable factors and bad luck will limit improvements here.¹⁸ Additional research will also help us to better understand who experiences homelessness, and how well current approaches to prevention address their needs. Specific opportunities include:

- **Shelter diversion** is a strategy that aims to preserve the availability of shelter beds for those who have no other options by helping people identify a housing alternative such as staying with family or friends, or resolving a landlord dispute or rent arrears to prevent imminent eviction or re-establish lease terms. Intake workers at shelters use a structured interview form to collect basic information about the situation of those seeking assistance. Questions ask about where the person stayed the previous night, the circumstances that led to their housing crisis, and contacts who may be able to provide temporary housing. Once alternative housing has been found, diversion programs often provide additional assistance and supportive services referrals, including transportation assistance and/or limited financial assistance to cover back rent owed or move-in costs. A growing number of communities are experimenting with approaches to diversion, and organizations such as the National Alliance to End Homelessness have developed best practices to help standardize and advance the field. But so far we have no rigorous studies of diversion.
- **Permanent shallow rent subsidies.** Evidence on the potential effectiveness of permanent shallow subsidies comes from an evaluation of Project Independence in Alameda County, CA. Through this program, a group of very low-income renters living with HIV or AIDS received a permanent shallow rent subsidy and limited case management. After two years, nearly all (96%) of the assisted households were still independently housed, while only 10 percent of households in an un-assisted comparison group were still independently housed.¹⁹ These outcomes suggest

¹⁷ Byrne, Thomas, Jamison D. Fargo, Ann Elizabeth Montgomery, Christopher B. Roberts, Dennis P. Culhane, and Vincent Kane. “[Screening for Homelessness in the Veterans Health Administration: Monitoring Housing Stability through Repeat Screening.](#)” *Public Health Reports*. 2015; 130(6): 684-692.

¹⁸ O’Flaherty, Brendan. “Homelessness as bad luck: Implications for research and policy.” In Ingrid Gould Ellen & Brendan O’Flaherty (Eds.), *How to House the Homeless*. 2010. New York: Russel Sage.

¹⁹ Loss of housing includes: “living with relatives/friends, in a hotel/motel, or in transitional housing, being homeless (in emergency shelter or on the streets), residing in a psychiatric, substance abuse treatment, hospital or other medical facility, residing in jail/prison, or “other” at last observation.” The comparison group was found using program records, and may not have been comparable to those who accessed subsidies in all respects.

that long-term shallow subsidies may be a promising approach to prevention among high-risk populations. Additional research is needed to better understand the relationship between shallow subsidies and homelessness (rather than maintenance of an independent rental unit – as measured in the Project Independence evaluation), and how large the subsidy would need to be. A much larger program in New York succeeded in stably housing people with HIV/AIDS, approximately half of whom had been literally homeless, and contributed in unknown proportion to the decline in homelessness among single adults in that city in the early 1990s.²⁰

- **Targeted interventions and transition planning for vulnerable populations.** Individuals who are exiting institutional care are particularly vulnerable to homelessness, but more research is needed to identify effective interventions to prevent homelessness – particularly among those being discharged from a correctional facility or leaving the foster care system. For example, the Critical Time Intervention model has been shown to be effective for people at risk of homelessness following release from psychiatric facilities, and could also be effective among people with mental illnesses leaving prisons or jails.²¹ See the related evidence base pages on [Youth](#) and [Criminal Justice Reentry](#) for more on these populations.
- **Intake worker judgment.** Recent developments in the design of statistical screening models show promise. However, more work is needed to refine these models for particular populations, locations, and times. Additional research could help to clarify the role that intake workers' discretionary judgement and option to "override" the model can play in supplementing and strengthening a statistical screening approach.²²

Implications for policy and practice

Strengthening the social safety net would be a key first step to preventing homelessness. In the absence of broader reforms -

- Consider adopting programs that follow the HomeBase model, adapted to local conditions, to provide outreach and services through program offices located close to where people live.
- Ensure that supportive services intended to help people maintain stable housing are easily accessible and targeted to address the specific needs of people in the community.

Dasinger, Lisa K. and Richard Speigman. "[Homelessness Prevention: The Effect of a Shallow Rent Subsidy Program on Housing Outcomes among People with HIV or AIDS.](#)" *AIDS and Behavior*. 2007; 11:S128-S139.

²⁰ Shubert, Virginia, Hillary Botein, Suzanne Wagner, Steve Poulin, and Dennis P. Culhane. [An Assessment of the Housing Needs of Persons with HIV/AIDS: New York City Eligible Metropolitan Statistical Area, Final Report](#). January 2004.

²¹ Draine, Jeffrey and Daniel B. Herman. "[Critical Time Intervention for Reentry from Prison for Persons with Mental Illness.](#)" *Psychiatric Services*. 2007; 58(12): 1577-1581.

²² Greer, Andrew L., Marybeth Shinn, Jonathan Kwon, and Sara Zuiderveen. "[Targeting Services to Individuals Most Likely to Enter Shelter: Evaluating the Efficiency of Homelessness Prevention.](#)" *Social Service Review*. 2016; 90(1); Shinn et al., 2013. Allowing overrides can improve the system in two ways. First it makes workers less likely to manipulate scores to get the outcome they think a particular client needs. Second, analysis of reasons for overrides can improve prediction in the future.

- Research the effectiveness of various housing subsidy models to prevent homelessness, because this important knowledge is lacking. While it may not be feasible to provide permanent deep subsidies to at-risk households, consider providing shallow permanent subsidies that can help people maintain stable housing and evaluating the programs' efficiency and effectiveness.
- Examine eviction prevention programs to determine whether more can be done locally to ensure households facing eviction have access to legal representation, mediation services, and financial assistance that can help them remain stably housed.
- Conduct program evaluations at the community level, in addition to the individual level, to ensure that homelessness is prevented and not simply reallocated to those who do not receive assistance.
- Update predictive models on an ongoing basis as conditions change.