

HOMELESSNESS PREVENTION: KEY PRINCIPLES AND BEST PRACTICES

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INTRODUCTION

Homelessness prevention is considered not only the most humane, but also the most cost-effective way to help those at risk of losing their housing. The indignity and marginalization that comes with falling into homelessness is deeply damaging, and exacerbates other barriers and needs that an individual or family faces. The services costs necessary to help people back into housing and to overcome the economic, social, mental, and physical damages caused by experiencing homelessness are much higher than the costs of simply preventing its occurrence. Thus, since most households can successfully avoid homelessness with limited assistance, the cost savings generated by an efficient prevention program can both reduce a Continuum of Care (CoC)'s need for and reliance upon emergency solutions (i.e., shelter), allowing the community to reallocate time and resources towards other types of projects, such as addressing the needs of persons with more severe housing barriers.

This memo discusses key principles and best practices for homelessness prevention, with an emphasis on developments following the expiration of the federal Homelessness Prevention and Rapid Rehousing Program (HPRP), which ended in September 2012.

KEY PRINCIPLES OF HOMELESSNESS PREVENTION

WHO SHOULD RECEIVE HOMELESSNESS PREVENTION?

Prevention is appropriate for individuals and families who are currently housed but are at imminent risk of becoming homeless; e.g.:




- Persons renting a unit and facing eviction for nonpayment of rent and/or utilities
- Persons living in housing that has been condemned or declared uninhabitable
- Persons that are doubled-up with friends/family or couch-surfing
- Persons staying in a hotel/motel (for which they are paying)

Under certain federal programs, such as the Emergency Solutions Grants, homelessness prevention assistance can be given to individuals and families that fall in this category, have income below 30% AMI, and lack resources and support networks that would prevent them from moving into an emergency shelter, etc.

WHAT ACTIVITIES CONSTITUTE HOMELESSNESS PREVENTION?

Homelessness prevention covers all efforts to prevent homelessness, including financial assistance and supportive services that address both the root causes and immediate triggers for homeless services. Many of these strategies and practices are enumerated in the section below.

However, certain federal programs, such as the Emergency Solutions Grant, significantly limit eligible costs for homeless prevention as follows¹:

| ELIGIBLE ACTIVITIES: RAPID RE-HOUSING AND HOMELESSNESS PREVENTION COMPONENTS | |
|---|--|
|  | <p>Rental Assistance* 24 CFR §576.106</p> <ul style="list-style-type: none"> • Short-term rental assistance (0-3 months) • Medium-term rental assistance (4-24 months) • Rental arrears (One-time payment for up to 6 months of rent in arrears) <p><i>Any combination of the above types, so long as the total amount of assistance does not exceed 24 months</i></p> <p><small>*Rental assistance can be project-based or tenant-based.</small></p> |
| <p>Housing Relocation and Stabilization Services</p> | <p>Financial Assistance 24 CFR §576.105</p>  <ul style="list-style-type: none"> • Rental Application Fees (when charged by owner to all applicants) • Security Deposits (no more than 2 month's rent) • Last Month's Rent (applies to 24-month cap) • Utility Deposits (when required by utility company for all customers) • Utility Payments (up to 24 months of payments per service, including up to 6 months of arrears per service) • Moving Costs (e.g., truck rental, moving company, up to 3 months of storage) |
| | <p>Services 24 CFR §576.105</p>  <ul style="list-style-type: none"> • Housing Search and Placement • Housing Stability Case Management • Mediation • Legal Services • Credit Repair (e.g., budgeting/ money management) |

KEY PRINCIPLES OF PREVENTION

In its Homelessness Prevention toolkit,² the National Alliance to End Homelessness (NAEH) identified five key principles for prevention:

1. Crisis Resolution: Any situation that could result in homelessness qualifies as a crisis for the person(s) experiencing it. Crisis response efforts should include rapid assessment and triaging based on urgency; an immediate focus on personal safety as the top priority; de-escalation of the

¹ HUD, *Eligible Activities for ESG Homelessness Prevention and Rapid Re-Housing Components*, <https://www.onecpd.info/resources/documents/SNAPS-Shots-ESG-Eligible-Activities-Homelessness-Rapid-Re-Housing.pdf>

² National Alliance to End Homelessness, *Homeless prevention: creating programs that work* (2009), http://b3cdn.net/naeh/e151d425e2742e3e3b_0rm6btoc6.pdf

person's emotional reaction; concrete action steps the individual can successfully attain; support for actions the individual is temporarily unable or unwilling to attempt; and helping the person reclaim agency over his or her own problem-solving.

2. Client choice, respect and empowerment: Since people in crisis may feel overwhelmed by the urgency and the potentially disastrous consequences of their situation, homelessness prevention services must help them recover a sense of control and empowerment to proactively overcome challenges. To empower clients, programs must constantly reinforce the client's objectives, decisions, and preferences; consistently show respect for their strengths; and highlight progress made.

3. Provide the minimum assistance necessary for the shortest time possible: Respecting clients requires "letting go" as soon as they have the resources, information, and capacity to live as they choose. Providing the minimum amount of support needed to prevent homelessness enables a program to assist many more people in crisis. This principle requires programs to direct resources to persons at-risk of losing housing and would otherwise end up on the street or in an emergency shelter before providing non-essential assistance for other needs.

4. Maximize community resources: Programs should utilize the mainstream programs intended to be the safety net of every community rather than creating redundant services for the sub-population of people at risk of homelessness, thereby wasting valuable and limited resources.

5. The right resources to the right people at the right time: The program must balance between two conflicting factors:

- a) Intervening timing: Intervening earlier in a housing crisis reduces the cost of assistance and increased likelihood of success, while later interventions are more costly and have lower success rates.
- b) Accuracy in identifying need for prevention assistance: Research shows that most people who received prevention assistance would not have become homeless even without assistance. Need for prevention assistance becomes clearer the nearer people are to homelessness.

Effective prevention programs are able to identify persons who have the highest risk of becoming homeless and a high likelihood of remaining housed if they receive assistance.

DISCUSSION QUESTIONS

1. Does your community engage in homelessness prevention efforts? Are they coordinated across the CoC or provided on an ad hoc basis by program and agency?
2. What prevention services are provided? What services are missing or insufficient?

3. Does your CoC use mainstream resources to provide prevention assistance? How can you better reduce duplicative services?
4. Who does your prevention efforts target? Are there subpopulations not receiving sufficient prevention assistance? How can you better reach these subpopulations?
5. How does your CoC balance between timing of intervention to ensure that the right amount of prevention services are provided to persons who really need the assistance to remain housed?

BEST PRACTICES FOR HOMELESSNESS PREVENTION

Analysis of the federal Homelessness Prevention and Rapid Re-Housing Program indicated that the best community-based prevention programs engaged in the following practices:

- Utilization of partnerships with providers, agencies, community leaders, and other mainstream entities that interact with people who may be at risk of homelessness
- Targeting people who are most likely to become homeless based on local HMIS or other data, or risk factors used by similar communities
- Performance improvement through constant review of shelter admission data to analyze who received prevention assistance but still became homeless and who was not provided assistance and became homeless
- Providing “just enough” resources to directly resolve a particular household’s specific and immediate barriers to getting or keeping housing, and to prevent its near-term recurrence

This section provides more information on best practices identified based on outcomes of recent homeless prevention programs.

TARGETING

Targeting individuals and families and providing only what homelessness prevention assistance is absolutely necessary to stabilize housing for the critical time is a core best practice. The shorter and more limited an intervention, the more households a program can serve.

- Imminence of the potential client’s housing crisis is a primary factor in determining whom an agency should serve.
- Creating a “catchment area” of all at-risk households within specific geographic boundaries indicates to the community where help is available and reduces service duplication.
- Involving consumers who recently experienced a housing crisis in planning can provide helpful perspectives to guide program design.

- Programs should develop a timely admissions protocol for screening that will determine eligibility and priority to most effectively prevent homelessness.

OUTREACH

The prevention program must engage in outreach to connect their services to appropriate clients. Prevention programs should determine where its potential clients will seek assistance (typically an emergency shelter) and ensure these access points will refer clients to them. By identifying and assisting persons diverted from emergency shelter, prevention programs can also determine the source of these persons and better focus outreach.

RETAINING CURRENT HOUSING

Once clients have been identified for prevention assistance, the most effective strategy of preventing homelessness is helping them remain in their current housing situation through the following methods:

- **Housing Advice:** Some clients only need advice about how to address a tenancy situation; an explanation of tenant rights and responsibilities may resolve a conflict that otherwise would escalate into an eviction.
- **Credit Repair and Budgeting:** Credit repair and help with budgeting might not resolve an immediate housing crisis, but can help a household sustain housing once arrears are paid.
- **Employment Assistance:** Since earned income is typically central to housing stability and reduction/elimination of work is often the cause of crisis, helping clients understand and obtain employment opportunities or training and placement services is a primary component of effective prevention programs.
- **Financial Assistance:** This is a key mechanism since inability to pay rent results in housing loss, which ultimately leads to homelessness.
 - **One-time assistance with rental and/or utility arrears:** By the time a household finds a prevention program, the rent (and often the utilities) may be several months overdue. Landlords may give a renter a grace period to pay the arrears and/or negotiate a settlement to avoid costly eviction proceedings. Programs can try to connect renters to public, private non-profit, or faith community sources that can help with back rent.
 - **Rental Assistance:** Prevention programs that offer ongoing rental assistance should provide only temporary assistance. The goal is to provide the shortest and shallowest subsidy necessary to prevent homelessness. Although programs should tailor the structure of the rental assistance to each individual situation, they should have guidelines for the length and depth of assistance to ensure households are treated fairly and funds are used efficiently.
- **Public Assistance Programs:** Since many households may not realize they qualify for public assistance, prevention programs should screen them for eligibility for benefits which may resolve their financial crisis.

- **Resolving a Conflict that Could Lead to Homelessness:** Programs can mediate and/or provide skills training to help clients resolve conflicts ranging from landlord-tenant conflict and host-guest conflict resulting from a doubled-up situation to intra-household problems, i.e. parent-youth or spouses/partners conflict.

Prevention programs should expect that clients use their own resources first. Even if cash assets are rarely available by the time a client asks for help, other resources may still resolve the crisis.

Programs should create a housing plan that starts from the end goal of retaining housing or, where necessary, relocating to new and sustainable housing, and works backwards, through the steps the client and the program will take to accomplish that goal.

ENHANCE DISCHARGE PLANNING EFFORTS

Continuums of care should support programs that improve discharge planning for persons leaving the criminal justice system, foster care, hospitals, mental health programs and drug and alcohol treatment programs to ensure that they are not released into homelessness.

OTHER CONSIDERATIONS

The following additional considerations are critical in establishing effective homelessness prevention assistance:

- **Housing Stabilization:** Although a household may no longer need prevention assistance once an immediate crisis is solved, some households may have additional housing barriers that require ongoing but limited assistance from the prevention program or a referral to other community-based services.
- **Assessing Housing Barriers:** Before completing a program application, the prevention program staff should assess the client's likelihood of passing local tenant screening criteria.
- **Recruiting Landlords:** Prevention programs should build relationships with landlords who will agree to rent to program clients who would otherwise be screened out.

DISCUSSION QUESTIONS

1. Which of these best practices do your programs incorporate?
2. Which practices do you plan to add?
3. Which practices have you found the most effective? Least effective?

RESOURCES

- National Alliance to End Homelessness, *Prevention and Diversion Toolkit*, <http://www.endhomelessness.org/library/entry/prevention-and-diversion-toolkit>
- National Alliance to End Homelessness, *Homeless prevention: creating programs that work* (2009), http://b.3cdn.net/naeh/e151d425e2742e3e3b_0rm6btoc6.pdf

- HUD, *Homelessness Prevention and Rapid Re-Housing Program Implementation: Promising Practices in Homelessness Prevention*, https://www.onecpd.info/resources/documents/HPRPPrevention_PromisingPractices_Presentation.pdf
- Jocelyn Apicello, "A Paradigm Shift in Housing and Homeless Services: Applying the Population and High-Risk Framework to Preventing Homelessness," *Open Health Services and Policy Journal*, 2010, <http://homeless.samhsa.gov/ResourceFiles/Documents/hrcJournal/Paradigm.pdf>
- National Alliance to End Homelessness, *implementing HPRP in Rural Areas*, 2009, <http://www.endhomelessness.org/library/entry/implementing-hprp-in-rural-areas>

CASE STUDIES ON PREVENTION IN RURAL COMMUNITIES

Rural communities will find it necessary to adjust homelessness prevention programs to the challenges unique to their particular geography.

Note that future funding may be available for rural communities for homelessness prevention programs through the federal Rural Housing Stability Housing Program.³

RURAL HOMELESS VETERANS PILOT PROJECT

Three out of the 8 million veterans currently enrolled in the VA health care system live in rural areas and have significant challenges accessing the healthcare services they need. In October 2010, Atlas Research announced it would be conducting a project on rural homeless and homeless prevention services within Veterans Integrated Service Network (VISN) 5 (which serves Maryland, the District of Columbia, and parts of Virginia, West Virginia, and Pennsylvania), providing case management, outreach, and care coordination services to both homeless and at-risk veterans at four community-based outpatient clinics.

Program case managers work as part of the VA's Health Care for the Homeless team to foster partnerships among homeless programs, mental health service providers, community based outpatient clinics, and community stakeholders to determine ongoing service needs to enhance rather than duplicate existing efforts. The case managers work with rural communities to identify homeless veterans, enrolling them into the VA system, complete health assessments, and focus on locating, outreaching to, and educating homeless veterans on available services. The program has engaged in a significant array of rural health initiatives, including providing program support in managing and monitoring 75 nationally implemented rural health projects by VISNs and VHA program offices, helping develop a new rural health performance metrics system to evaluate and report on program outcomes and impacts on rural veteran populations, and supporting the development of a network of veterans rural health resource centers and developing guidance documents and strategic plans.

³ <http://portal.hud.gov/hudportal/HUD?src=/hudprograms/rural-housing>
 HomeBase | *Advancing Solutions to Homelessness*

For more information, see Atlas Research, “Establishing Homeless Programs for Veterans living in rural communities,”

<http://www.naco.org/about/leadership/Documents/Vets/Atlas%20Research%20Homeless%20and%20Rural%20Health%20Projects.pdf>, and “Announcing New Rural Homeless and Homeless Prevention Services,” 2010, <http://www.atlasresearch.us/news/announcing-new-rural-homeless-and-homeless-prevention-services>.

VETERANS HOMELESSNESS PREVENTION DEMONSTRATION PROJECT (VHPD) IN A RURAL SETTING

The Veterans Homelessness Prevention Demonstration Project (VHPD) implementation in rural New York indicated a range of rural-specific challenges, such as 1) lack of transportation, availability of services, and nutrition and food resources; 2) cultural and social emphasis on self- or family-reliance, and a stigma against receiving social services, as well as a distrust of outsiders and government; 3) greater acceptance of alcohol, marijuana, and methamphetamine use; 4) greater respect toward community stakeholders such as clergy and educators; 5) higher poverty rates and lower education rates and employer-based health insurance rates.

To overcome these challenges, the programs engaged in the following strategies: 1) collaboration with community partners such as veterans associations and the American Legion, hospitals, grassroots organizations, and religious organizations to reach out to homeless veterans; 2) advertising in local institutions such as libraries, schools, and gas stations; 3) engaging in mobile outreach to meet people where they are; and 4) using a “no wrong door” philosophy.

As a result, the program was able to reduce homeless recidivism, increase nutrition, increase income, increase safe and stable housing, improve information and referral to community resources, facilitate reconnections to family and friends, and improve access to healthcare for participants.

Department of Veterans Affairs & New York Veterans Outreach Center, “Veterans Homelessness Prevention Demonstration Project (VHPD) In A Rural Setting: Community Partnerships and Filling the Gaps,” http://www.nchv.org/images/uploads/Services%20to%20Veterans%20in%20Non-Urban%20Areas_%202%20of%202.pdf

RURAL HOMELESS INITIATIVE OF SOUTHEAST AND CENTRAL OHIO (RHISCO) PROJECT

This two-year project to help develop local and regional plans and foster regional coordination to end homelessness indicated that rural communities could effectively promote homelessness prevention efforts as part of developing local and regional plans and fostering regional coordination to end homelessness.

For more information, see HUD, “Community Spotlight: Homelessness Prevention Rural Homeless Initiative of Southeast and Central Ohio (RHISCO) Project,”

<https://www.hudexchange.info/resources/documents/RHISCO.pdf>

For the full report, see, Rural Homeless Initiative of Southeast and Central Ohio: A National Model for Planning to End Rural Homelessness, 2009,

http://b.3cdn.net/naeh/6b45ccdd8fa03d9713_wlm6bpf9s.pdf.