Prescreen Questionnaire

Prior Prescreen Date [____]   Number of Prescreens [____]

Date: [_____]   County: [_____]

First Name: [_____]   Middle: [_____]   Last Name: [_____]   Suffix: [_____]

Household Size: [____]   # Adults: [____]   #Children: [____]   Are adults married ☐ Yes   ☐ No

Telephone # [_____]   ☐ Home/Land-line   ☐ Cell   ☐ Wi-Fi Phone   ☐ Message Phone

Mailing Address: [_____]   Best contact method: [_____]

E-Mail Address: [_____]

Where did you sleep last night? (i.e. automobile, staying with family, tent, motel paid by?, etc)

Where: [_____]   City/County: [_____]

How long can you stay there? [_____]   If motel, who paid? [_____]

Where are you planning to sleep tonight? [_____]

Are you living in legally condemned housing? ☐ Yes ☐ No   Do you have pets/service animal(s)? ☐ Yes ☐ No

Are you fleeing or attempting to flee Domestic Violence? ○ Yes ○ No   Is your rent subsidized ○ Yes ○ No

Does your household have a current Court-Ordered Eviction Notice? ○ Yes ○ No   If yes, Monthly Rent: [_____]

Bedrooms in Unit: [_____]   What utilities do you pay for? [_____]

Does household have a Past Due Utility Bill or Shut Off Notice? ○ Yes ○ No

Did you or a household member serve in the military? ○ Yes ○ No   Branch served in: [_____]

Type of discharge: ○ honorable   ○ dishonorable   ○ other than dishonorable   ○ still enlisted

Have you recently been discharged from jail or prison? ○ Yes ○ No   Institution: [_____]

Housing Status (check ONE):   Date of release: [_____]

○ **Literally Homeless** (_last night_ the client was living in places not meant for human habitation, shelter, exiting Transitional Housing, exiting hospital/institution but was homeless prior to admission, is a Veteran fleeing or attempting to flee DV - in or not in a DV shelter). **COMPLETE VISPDAT**

○ **Imminently losing their housing** (has c/o eviction, is in condemned housing, is fleeing or attempting to flee DV but is not in a DV shelter (non-Veteran), is in someone else's home but cannot stay more then 14 days (Non-Veteran) or 30 days (Veterans), self or friend/family paid for motel last night but no one can pay tonight). **COMPLETE PREVENTION VI-SPDAT**

○ **Does not meet either definition above** (at-risk due to high housing costs, conflict, or other conditions that put housing at risk and inadequate personal and financial resources. Danger is not immediate) **DO NOT COMPLETE ADDITIONAL ASSESSMENTS**

PROCESSING SECTION

[____] Family SPDAT (score)   [____] Prevention Tool (score)

☐ **RR Prioritization List**   CASE WORKER: [_____]   ☐ **Prevention Prioritization List**
☐ Remove from RR no longer eligible   ☐ Remove from prevention no longer eligible

☐ OI-PSH Range Prioritization List

☐ HM Referral   ☐ HCV   ☐ Motel   ☐ Denial [_____]

☐ #PIT Sub   ☐ IE for ESG/SSVF   Notes [_____]

☐ Entered into DBA   [_____]   ☐ Entered into HMIS   [_____]

☐ Uploaded to DBA   ☐ Placed on Call Log   ☐ Coordinated Entry   ☐ HMIS HM Referrals

Homeless & Housing Programs
Prescreen Questionnaire

<u>Reason for Contact</u> - (This should be in the caller's words)

How did you hear about this hotline: ☐ Flier ☐ Bulletin Board ☐ Person: _____ ☐ Agency: _____

<u>Income for all household members</u> (who has income, source of income, and amount last 30 days):

Who: _____ Source: _____ Amount: _____ ○ Wkly ○ Bi-Wk ○ Mo

Who: _____ Source: _____ Amount: _____ ○ Wkly ○ Bi-Wk ○ Mo

Who: _____ Source: _____ Amount: _____ ○ Wkly ○ Bi-Wk ○ Mo

Who: _____ Source: _____ Amount: _____ ○ Wkly ○ Bi-Wk ○ Mo

Total household income in the past 30 days? $_____ Is Household Income Eligible? ○ Yes ○ No

Received Food Assistance in the last 30 days? ○ Yes ○ No   Amount: _____

Who is included in your Food Assistance case?: _____

Have you applied at DHHS for Housing Assistance? ○ Yes ○ No   Received a determination? ○ Yes ○ NO

If yes, DHHS paying: _____ If denied, reason: _____

Other agency(ies) you are working with regarding this housing issue? _____

Do you have children in public schools? (including preschool, grade, & high school)   Yes   No

Can we refer you to the McKinney Vento Representative for potential services?   Yes   No

Household Characteristics: PIT Score (*) _____   School District: _____

add names below;

Medicaid _____

Medicare _____

VA _____

Work Related _____

None _____

☐ *Pregnancy Due Date* _____

Domestic Violence (names, last experience)*
Less than 3 mo/3-6 mo/6-12 mo/over one year ago

_____

_____

_____

Substance Abuse*
Alcohol Abuse*
Mental Illness*
Unemployed*
Veteran (Armed Forces)*
VET(Nat'lGuard/reserves)*
SSI/SSDI*
Disabled/Handicapped*

Characteristics *(ACES)*
These questions are for data collection purposes only. They will not affect your housing assistance.

Prior to the age of 18 how many of the following 10 items did you experience: _____

*Verbally Abused
*Physically Abused
*Sexually Abused
*Domestic Violence in the home

*Feel unloved by family
*Basic needsunmet
*Parent/Caregiver inprison

*Parent/Caregiver with mental illness
*Parent/Caregiver abused alcohol or drugs
*Parent/Caregiver separated or divorced

EightCAP, Inc.

VERBAL CONSENT FOR AGENCY SHARING

Housing Programs

I now need to obtain verbal permission from you to enter your information into required databases and share certain information that will better coordinate your housing needs. Understand that your verbal consent allows for pertinent information listed to be shared among authorized personnel and partnering agencies to assist with housing stability and to better coordinate your needs as it relates to self sufficiency. This consent may be revoked at any time, through a written statement.

Please answer yes or no. Do you understand the consent as just read to you, and agree with it?

Client Name: _____

Client responded: ___ Yes   ___No

Staff Initials: _____

Date Obtained: _____

MSHMIS HARA Screening Assessment

HOUSEHOLD INFORMATION

Answer this section for all persons in household (use additional sheets for larger families)

Full Name	Relationship to Head of Household	SSN	US Military Veteran *(Answer for adults 18+ only)*	Date of Birth mm/dd/yyyy	Gender	Race *(Select all that apply)*
☐ Full name ☐ Partial name ☐ Client doesn't know ☐ Client refused	☐ Self (Head of household)	**SSN Data Quality** ☐ Full SSN Reported ☐ Approximate or partial SSN reported ☐ Client doesn't know ☐ Client refused	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	**DOB Data Quality** ☐ Full DOB reported ☐ Approximate or partial DOB ☐ Client doesn't know ☐ Client refused	☐ Female ☐ Male ☐ Trans Gender ☐ Gender Non Conforming ☐ White ☐ Client doesn't know ☐ Client refused	☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White ☐ Client doesn't know ☐ Client refused
☐ Full name ☐ Partial name ☐ Client doesn't know ☐ Client refused	☐ Head of HH child ☐ Head of HH spouse or partner ☐ Head of HH other relation member ☐ Other: non-relation member	**SSN Data Quality** ☐ Full SSN Reported ☐ Approximate or partial SSN reported ☐ Client doesn't know ☐ Client refused	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	**DOB Data Quality** ☐ Full DOB reported ☐ Approximate or partial DOB ☐ Client doesn't know ☐ Client refused	☐ Female ☐ Male ☐ Trans Gender ☐ Gender Non Conforming ☐ White ☐ Client doesn't know ☐ Client refused	☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White ☐ Client doesn't know ☐ Client refused
☐ Full name ☐ Partial name ☐ Client doesn't know ☐ Client refused	☐ Head of HH spouse or partner ☐ Head of HH other relation member ☐ Other: non-relation member	**SSN Data Quality** ☐ Full SSN Reported ☐ Approximate or partial SSN reported ☐ Client doesn't know ☐ Client refused	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	**DOB Data Quality** ☐ Full DOB reported ☐ Approximate or partial DOB ☐ Client doesn't know ☐ Client refused	☐ Female ☐ Male ☐ Trans Gender ☐ Gender Non Conforming ☐ White ☐ Client doesn't know ☐ Client refused	☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White ☐ Client doesn't know ☐ Client refused

HOUSEHOLD INFORMATION continued…

Answer this section for all persons in household (use additional sheets for larger families)

First Name (Answer for All Persons in HH)	Ethnicity	Does the client have a disabling condition?	If client has a disabling condition, please answer the following sub-assessment questions:			
			Disability Type (Select all that apply)	Disability Determination	If Yes, to be long-continued and indefinite duration and substantially impairs ability to live independently?	Long Term (Yes/No)
	☐ Non- Hispanic/ Non-Latino ☐ Hispanic/Latino ☐ Client doesn't know ☐ Client refused	☐ Yes ☐ No ☐ Client doesn't Know ☐ Client refused	☐ Alcohol Use Disorder ☐ Both Alcohol & Drug Use Disorder ☐ Chronic Health Condition ☐ Developmental ☐ Drug Use Disorder ☐ HIV/AIDS ☐ Mental Health Disorder ☐ Physical	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	☐ Yes ☐ No	☐ Yes ☐ No
	☐ Non- Hispanic/ Non-Latino ☐ Hispanic/Latino ☐ Client doesn't know ☐ Client refused	☐ Yes ☐ No ☐ Client doesn't Know ☐ Client refused	☐ Alcohol Use Disorder ☐ Both Alcohol & Drug Use Disorder ☐ Chronic Health Condition ☐ Developmental ☐ Drug Use Disorder ☐ HIV/AIDS ☐ Mental Health Disorder ☐ Physical	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	☐ Yes ☐ No	☐ Yes ☐ No
	☐ Non- Hispanic/ Non-Latino ☐ Hispanic/Latino ☐ Client doesn't know ☐ Client refused	☐ Yes ☐ No ☐ Client doesn't Know ☐ Client refused	☐ Alcohol Use Disorder ☐ Both Alcohol & Drug Use Disorder ☐ Chronic Health Condition ☐ Developmental ☐ Drug Use Disorder ☐ HIV/AIDS ☐ Mental Health Disorder ☐ Physical	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	☐ Yes ☐ No	☐ Yes ☐ No

MSHMIS HARA Screening Assessment

HOUSEHOLD INFORMATION

Answer this section for all persons in household (use additional sheets for larger families)

Full Name	Relationship to Head of Household	SSN	US Military Veteran	Date of Birth mm/dd/yyyy	Gender	Race (Select all that apply)
☐ Full name ☐ Partial, street or code name ☐ Client doesn't know ☐ Client refused	☐ Head of HH child ☐ Head of HH spouse or partner ☐ Head of HH other relation member ☐ Other: non-relation member	**SSN Data Quality** ☐ Full SSN Reported ☐ Approximate or partial SSN reported ☐ Client doesn't know ☐ Client refused	*(Answer for adults 18+ only)* ☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	**DOB Data Quality** ☐ Full DOB reported ☐ Approximate or partial DOB ☐ Client doesn't know ☐ Client refused	☐ Female ☐ Male ☐ Trans Gender ☐ Gender Non Conforming ☐ Client doesn't know ☐ Client refused	☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White ☐ Client doesn't know ☐ Client refused
☐ Full name ☐ Partial, street or code name ☐ Client doesn't know ☐ Client refused	☐ Head of HH child ☐ Head of HH spouse or partner ☐ Head of HH other relation member ☐ Other: non-relation member	**SSN Data Quality** ☐ Full SSN Reported ☐ Approximate or partial SSN reported ☐ Client doesn't know ☐ Client refused	*(Answer for adults 18+ only)* ☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	**DOB Data Quality** ☐ Full DOB reported ☐ Approximate or partial DOB ☐ Client doesn't know ☐ Client refused	☐ Female ☐ Male ☐ Trans Gender ☐ Gender Non Conforming ☐ Client doesn't know ☐ Client refused	☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White ☐ Client doesn't know ☐ Client refused
☐ Full name ☐ Partial, street or code name ☐ Client doesn't know ☐ Client refused	☐ Head of HH child ☐ Head of HH spouse or partner ☐ Head of HH other relation member ☐ Other: non-relation member	**SSN Data Quality** ☐ Full SSN Reported ☐ Approximate or partial SSN reported ☐ Client doesn't know ☐ Client refused	*(Answer for adults 18+ only)* ☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	**DOB Data Quality** ☐ Full DOB reported ☐ Approximate or partial DOB ☐ Client doesn't know ☐ Client refused	☐ Female ☐ Male ☐ Trans Gender ☐ Gender Non Conforming ☐ Client doesn't know ☐ Client refused	☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White ☐ Client doesn't know ☐ Client refused

HOUSEHOLD INFORMATION continued…

Answer this section for all persons in household (use additional sheets for larger families)

First Name (Answer for All Persons in HH)	Ethnicity	Does the client have a disabling condition?	If client has a disabling condition, please answer the following sub-assessment questions:			
			Disability Type (Select all that apply)	Disability Determination	If Yes, to be long-continued and indefinite duration and substantially impairs ability to live independently?	Long Term (Yes/No)
	☐ Non- Hispanic/ Non–Latino ☐ Hispanic/ Latino ☐ Client doesn't know ☐ Client refused	☐ Yes ☐ No ☐ Client doesn't Know ☐ Client refused	☐ Alcohol Use Disorder ☐ Both Alcohol & Drug Use Disorder ☐ Chronic Health Condition ☐ Developmental ☐ Drug Use Disorder ☐ HIV/AIDS ☐ Mental Health Disorder ☐ Physical	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	☐ Yes ☐ No	☐ Yes ☐ No
	☐ Non- Hispanic/ Non–Latino ☐ Hispanic/ Latino ☐ Client doesn't know ☐ Client refused	☐ Yes ☐ No ☐ Client doesn't Know ☐ Client refused	☐ Alcohol Use Disorder ☐ Both Alcohol & Drug Use Disorder ☐ Chronic Health Condition ☐ Developmental ☐ Drug Use Disorder ☐ HIV/AIDS ☐ Mental Health Disorder ☐ Physical	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	☐ Yes ☐ No	☐ Yes ☐ No
	☐ Non- Hispanic/ Non–Latino ☐ Hispanic/ Latino ☐ Client doesn't know ☐ Client refused	☐ Yes ☐ No ☐ Client doesn't Know ☐ Client refused	☐ Alcohol Use Disorder ☐ Both Alcohol & Drug Use Disorder ☐ Chronic Health Condition ☐ Developmental ☐ Drug Use Disorder ☐ HIV/AIDS ☐ Mental Health Disorder ☐ Physical	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	☐ Yes ☐ No	☐ Yes ☐ No

Homeless History Interview

Chronic status is determined by a client's history of homelessness, disability status, and the length of time spent on the street, in an emergency shelter or safe haven. Requires a substantiated disability and, continuously homeless for past 12 months to qualify or 4 separate occasions in the past 3 years as long as the combined occasions total at least 12 months. Intake workers should not instruct the client on the length of time/# of episodes necessary to qualify as chronically homeless. Questions should be asked in the exact order they are presented below.

Describe the client's living situation (immediately) prior to project entry?
(Select one Living Situation and answer the corresponding questions in the order in which they appear)

	Literally Homeless Situation	Institutional Situation	Transitional/Permanent Housing Situation	Don't Know/ Refused
SECTION I	☐ Place not meant for habitation (e.g. a vehicle, abandoned building, bus/train/subway station, airport, anywhere outside).	☐ Foster care home or foster group home	☐ Hotel or motel paid for without emergency shelter voucher	☐ Client doesn't know
		☐ Hospital or other residential non-psychiatric medical facility	☐ Owned by client, no ongoing housing subsidy	☐ Client refused
	☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher.	☐ Jail, prison or juvenile detention facility	☐ Owned by client, with ongoing housing subsidy	
		☐ Long-term care facility or nursing home	☐ Permanent housing (other than RRH) for formerly homeless persons (such as CoC Project)	
	☐ Safe Haven	☐ Psychiatric hospital or other psychiatric facility	☐ Rental by client, no ongoing housing subsidy	
	☐ Interim Housing (e.g. client applied for permanent housing and a unit/voucher has been reserved but client is not able to move in immediately).	☐ Substance abuse treatment facility or detox center	☐ Rental by client, with on going housing subsidy	
			☐ Rental by client, with GPD TIP subsidy	
			☐ Rental by client, with RRH or equivalent housing subsidy	
			☐ Residential project or halfway house with no homeless criteria	
			☐ Staying or living in a family member's room, apartment or house	
			☐ Staying or living in a friend's room, apartment or house	
			☐ Transitional housing for homeless persons (including homeless youth)	

SECTION II

Length of Stay in Prior Living Situation (i.e. the literally homeless situation identified above)?

- ☐ One night or less
- ☐ Two to six nights
- ☐ One week or more but less than one month
- ☐ One month or more but less than 90 days
- ☐ 90 days or more but less than one year
- ☐ One year or longer

Length of Stay in Prior Living Situation (i.e. the institutional situation identified above)?

- ☐ One night or less
- ☐ Two to six nights
- ☐ One week or more but less than one month
- ☐ One month or more but less than 90 days
- ☐ 90 days or more but less than one year
- ☐ One year or longer

Did you stay in the institutional situation less than 90 days?

- ☐ Yes (**If YES – Complete SECTION III**)
- ☐ No (**If NO- End Homeless History Interview**)

On the night before entering the institutional situation did you stay on the streets, in emergency shelter or a safe haven?

- ☐ Yes (**If YES – Complete SECTION IV**)
- ☐ No (**If NO- End Homeless History Interview**)

Length of Stay in Prior Living Situation (i.e. the housing situation identified above)

- ☐ One night or less
- ☐ Two to six nights
- ☐ One week or more but less than one month
- ☐ One month or more but less than 90 days
- ☐ 90 days or more but less than one year
- ☐ One year or longer
- ☐ Client doesn't know
- ☐ Client refused

Did you stay in the housing situation less than 7 nights?

- ☐ Yes (**If YES – Complete SECTION III**)
- ☐ No (**If NO – End Homeless History Interview**)

On the night before entering the housing situation did you stay on the streets, in emergency shelter or a safe haven?

- ☐ Yes (**If YES – Complete SECTION IV**)
- ☐ No (**If NO – End Homeless History Interview**)
- ☐ Client doesn't know
- ☐ Client refused

SECTION III

N/A
Complete SECTION IV Below

Have the client look back to the date of the last time s(he) "had a place to sleep **other than** the streets, ES, or SH".

If the client knows the month and year but not the day, the worker may substitute the day of the month with the same day of the month as project entry.

What Counts as a Break in Homelessness?

As the client looks back, there may be breaks in their stay on the streets, ES, or SH. A break in homelessness is considered to be:

- **7 or more consecutive nights in a Housing Situation** (see Section II above).
- **90 or more consecutive days in an Institutional Situation** (see Section III above)

Follow-up questions:

1. *"Did you stay anywhere other than on the streets, in emergency shelter, or safe haven for less than 7 nights"* (if not an institution), or
2. *"Were you in jail/hospital/other Institution less 90 days"* (if break is an institution).

If 1 or 2 is yes, include all those days in the client's total number of days homeless and continue back to the next break in homelessness.

SECTION IV

Total number of months homeless (on the street, in emergency shelter or safe haven) in the **past 3 years**?

(e.g. **# of cumulative, but not necessarily consecutive months spent homeless**)

- ☐ One month (this time is the first month)
- ☐ 2 – 12 months ➜ **Must specify # months** _____
- ☐ One month (this time is the first month)
- ☐ More than 12 months

Approximate date homelessness started: _____
(M/D/YYYY)

Regardless of where they stayed last night -- **Number of times the client has been on the streets, in ES, or SH in the past three years, including today**

- ☐ One Time
- ☐ Two Times
- ☐ Three Times
- ☐ Four or more Times
- ☐ Client doesn't know
- ☐ Client refused

Housing Status

☐ Category 1 - Homeless
☐ Category 2 – At imminent risk of losing housing
☐ Category 3 – Homeless only under other federal statues
☐ Category 4 – Fleeing domestic violence
☐ At-risk of homelessness
☐ Stably Housed

☐ Client doesn't know
☐ Client refused

Zip Code of Last Permanent Address:

Current City of Residence:

Current County of Residence: _____ **Current Zip Code**

How we might reach you even as your circumstances are changing.

Contact's Name

Contact Type (Relationship to Client)

Phone Number

Second Phone Number

Homeless Prevention Screening Tool

Screening Date: _____   County: _____

Head of Household: _____

Targeting Criteria Using the following criteria to identify the eligible household is a priority for ESG Prevention assistance. Check each condition that is true for the Household.	Check if applicable	Point Value	Total Points (enter value for each box that is checked

Urgency of Housing Situation

(May indicate more urgent need for homelessness prevention assistance)

Current Housing loss expected within:	xxxxxxxxx	xxxxxxx	xxxxxxxxxxxxxxxxxxxx
0-6 days (includes those attempting to flee dv)		5	
7-13 days		4	
14-21 days		3	

Potential Barriers and Vulnerabilities

(May impact ability to quickly secure housing and resolve literal homelessness independently if household is not assisted and becomes literally homeless

Current household income is 0 (i.e. not employed, not receiving cash benefits, no other income)		5	
Annual Household gross Income Amount	xxxxxxxxx	xxxxxxx	xxxxxxxxxxxxxxxxxxxx
0-14 % AMI for household size		4	
15-30% AMI for household size		3	
Sudden and significant decrease in cash income AND/OR unavoidable increase in nondiscretionary expenses (rent or medical expenses) in past 6 months		3	
Major change in household composition (death of family member, separation/divorce, birth of new child) in past 12 months		3	
Legal Rental Evictions in past 7 years that resulted in housing loss	xxxxxxxxx	xxxxxxx	xxxxxxxxxxxxxxxxxxxx
4 or more		5	
2-3		4	
1		3	
History of literal homelessness in past 3 years (street/shelter/transitional housing)	xxxxxxxxx	xxxxxxx	xxxxxxxxxxxxxxxxxxxx
4 or more times or total of 12 months		5	
2-3 times		4	
1 time		3	
Head of household has a disabling condition that directly affects ability to secure or maintain housing		3	

Criminal record for arson, drug dealing or manufacturing, or felony offense against persons or property		4	
Registered sex offender		5	
At least one dependent child under 6 years		3	
Single parent with minor child(ren)		3	
Household size of 5 or more requiring at least 3 bedrooms		3	
Active military service with dishonorable discharge		3	
TOTAL	xxxxxxxxxx	xxxxxxx	

Targeting Threshold

☐ **Meets Target Threshold of 10; Put on Prevention Service List**

☐ **Does Not Met Target Threshold of 10; Give Resources**

Staff's Name:

FAMILIES

Administration

Interviewer's Name	Agency	◉ Team
_____	_____	◉ Staff
		◉ Volunteer
Survey Date	**Survey Time**	**Survey Location**
DD/MM/YYYY ____/____/_____	__ __ : __ __	_____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

PARENT 1

First Name	Nickname	Last Name
_____	_____	_____

In what language do you feel best able to express yourself? _____

Date of Birth	Age	Social Security Number	Consent to participate
DD/MM/YYYY ____/____/_____	_____	_____	◉ Yes ◉ No

☐ No second parent currently part of the household

PARENT 2

First Name	Nickname	Last Name
_____	_____	_____

In what language do you feel best able to express yourself? _____

Date of Birth	Age	Social Security Number	Consent to participate
DD/MM/YYYY ____/____/_____	_____	_____	◉ Yes ◉ No

IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.

SCORE: ____

FAMILIES

Children

1. How many children under the age of 18 are currently with you? _____ ☐ Refused

2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed? _____ ☐ Refused

3. *IF HOUSEHOLD INCLUDES A FEMALE:* Is any member of the family currently pregnant? ◉ Y ◉ N ◉ Refused

4. Please provide a list of children's names and ages:

First Name	Last Name	Age	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

	SCORE:
IF THERE IS A SINGLE PARENT WITH 2+ CHILDREN, AND/OR A CHILD AGED 11 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**. IF THERE ARE TWO PARENTS WITH 3+ CHILDREN, AND/OR A CHILD AGED 6 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**.	0

A. History of Housing and Homelessness

5. Where do you and your family sleep most frequently? (check one)
   - ◉ Shelters
   - ◯ Transitional Housing
   - ◯ Safe Haven
   - ◯ **Outdoors**
   - ◯ **Other (specify):**
   - _____
   - ◯ **Refused**

	SCORE:
IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.	0

6. How long has it been since you and your family lived in permanent stable housing? ____ Years ☐ Refused

7. In the last three years, how many times have you and your family been homeless? _____ ☐ Refused

	SCORE:
IF THE FAMILY HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.	0

FAMILIES

B. Risks

8. In the past six months, how many times have you or anyone in your family…

    a) Received health care at an emergency department/room?   ____ ☐ Refused

    b) Taken an ambulance to the hospital?   ____ ☐ Refused

    c) Been hospitalized as an inpatient?   ____ ☐ Refused

    d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?   ____ ☐ Refused

    e) Talked to police because they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them that they must move along?   ____ ☐ Refused

    f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between?   ____ ☐ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.

SCORE: 0

9. Have you or anyone in your family been attacked or beaten up since they've become homeless?   ◉ Y   ◉ N   ◉ Refused

10. Have you or anyone in your family threatened to or tried to harm themself or anyone else in the last year?   ◉ Y   ◉ N   ◉ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.

SCORE: 0

11. Do you or anyone in your family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live?   ◉ Y   ◉ N   ◉ Refused

IF "YES," THEN SCORE 1 FOR LEGAL ISSUES.

SCORE: 0

12. Does anybody force or trick you or anyone in your family to do things that you do not want to do?   ◉ Y   ◉ N   ◉ Refused

13. Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they don't know, share a needle, or anything like that?   ◉ Y   ◉ N   ◉ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.

SCORE: 0

FAMILIES

C. Socialization & Daily Functioning

14. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money?   ☑ **Y**   ☑ N   ◉ Refused

15. Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?   ☑ Y   ☑ **N**   ☑ Refused

IF "YES" TO QUESTION 14 OR "NO" TO QUESTION 15, THEN SCORE 1 FOR **MONEY MANAGEMENT.**	SCORE: 0

16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled?   ☑ Y   ☑ **N**   ◉ Refused

IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY.**	SCORE: 0

17. Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?   ☑ Y   ☑ **N**   ☑ Refused

IF "NO," THEN SCORE 1 FOR **SELF-CARE.**	SCORE: 0

18. Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused your family to become evicted?   ☑ **Y**   ☑ N   ☑ Refused

IF "YES," THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS.**	SCORE: 0

D. Wellness

19. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family?   ☑ **Y**   ☑ N   ☑ Refused

20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart?   ☑ **Y**   ☑ N   ☑ Refused

21. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family?   ☑ **Y**   ☑ N   ☑ Refused

22. Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?   ☑ **Y**   ☑ N   ☑ Refused

23. When someone in your family is sick or not feeling well, does your family avoid getting medical help?   ☑ **Y**   ☑ N   ☑ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH.**	SCORE: 0

24. Has drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past?   ◙ **Y**   ◙ N   ◙ Refused

25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing?   ◙ **Y**   ◙ N   ◙ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE.**	SCORE:
	0

26. Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

    a) A mental health issue or concern?   ◙ **Y**   ◙ N   ◙ Refused

    b) A past head injury?   ◙ **Y**   ◙ N   ◙ Refused

    c) A learning disability, developmental disability, or other impairment?   ◙ **Y**   ◙ N   ◙ Refused

27. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed?   ◙ **Y**   ◙ N   ◙ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH.**	SCORE:
	0

28. *IF THE FAMILY SCORED 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH:* Does any single member of your household have a medical condition, mental health concerns, **and** experience with problematic substance use?   ◙ **Y**   ◙ N   ◙ N/A or Refused

IF "YES", SCORE 1 FOR **TRI-MORBIDITY**.	SCORE:
	0

29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking?   ◙ **Y**   ◙ N   ◙ Refused

30. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication?   ◙ **Y**   ◙ N   ◙ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **MEDICATIONS.**	SCORE:
	0

31. *YES OR NO:* Has your family's current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced?   ◙ **Y**   ◙ N   ◙ Refused

IF "YES", SCORE 1 FOR **ABUSE AND TRAUMA.**	SCORE:
	0

FAMILIES

E. Family Unit

32. Are there any children that have been removed from the family by a child protection service within the last 180 days?　☑ **Y**　☑ **N**　☑ Refused

33. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing?　☑ **Y**　☑ **N**　☑ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **FAMILY LEGAL ISSUES.**	SCORE:
	0

34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation?　☑ **Y**　☑ **N**　☑ Refused

35. Has any child in the family experienced abuse or trauma in the last 180 days?　☑ **Y**　☑ **N**　☑ Refused

36. *IF THERE ARE SCHOOL-AGED CHILDREN:* Do your children attend school more often than not each week?　☑ Y　☑ **N**　☑ N/A or Refused

IF "YES" TO ANY OF QUESTIONS 34 OR 35, OR "NO" TO QUESTION 36, SCORE 1 FOR **NEEDS OF CHILDREN.**	SCORE:
	0

37. Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that?　☑ **Y**　☑ **N**　☑ Refused

38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed?　☑ **Y**　☑ **N**　☑ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **FAMILY STABILITY.**	SCORE:
	0

39. Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that?　☑ Y　☑ **N**　☑ Refused

40. After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult...

    a) 3 or more hours per day for children aged 13 or older?　☑ **Y**　☑ **N**　☑ Refused

    b) 2 or more hours per day for children aged 12 or younger?　☑ **Y**　☑ **N**　☑ Refused

41. *IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER:* Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that?　☑ **Y**　☑ **N**　☑ N/A or Refused

IF "NO" TO QUESTION 39, OR "YES" TO ANY OF QUESTIONS 40 OR 41, SCORE 1 FOR **PARENTAL ENGAGEMENT.**	SCORE:
	0

FAMILIES

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	0 /2	
A. HISTORY OF HOUSING & HOMELESSNESS	0 /2	**Score: Recommendation:**
B. RISKS	0 /4	0-3 no housing intervention
C. SOCIALIZATION & DAILY FUNCTIONS	0 /4	4-8 an assessment for Rapid Re-Housing
D. WELLNESS	0 /6	9+ an assessment for Permanent Supportive Housing/Housing First
E. FAMILY UNIT	0 /4	
GRAND TOTAL:	0 /22	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ___ : ____ or **Night**
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (_____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	☑ Yes ☑ No ☑ Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning

NMCAA Eviction Diversion Cheat Sheet

When a Landlord Calls CE

If a landlord calls….refer to HP case manager/supervisor based on where the landlord **tenant** lives. (not where the landlord lives) That is all that needs to be done for landlord calls at this time.

Wex/Miss/Man…. goes to Adam and Nichole

Char/Emm …..goes to Adam and Libby

Greater GT…. goes to Madison and Sarah

(same referrals when a tenant calls)

When we (supervisors and case managers) reach out to landlord, we may have the landlord instruct the tenant to call CE to do the HARA screening, or we may have our case managers handle the HARA screening with the tenant. This will be based on call volume.

When a Tenant Calls

Make sure tenant has at least a "7 day notice to quit" from landlord. A "court summons" or "court judgement" is acceptable also. If they do not have said documents, please explain they need to get them to receive help from NMCAA.

If they have said documents, give out the number for legal aid for them to get legal assistance. (1-888-941-9599) (other phone number??) This is not a requirement for the tenant, but explain that calling legal aid will help them greatly with the eviction process.

Next, perform the HARA screening in HMIS in correct Provider Page. Please be as thorough as possible in case notes in HMIS and in the email referral. No need to send an EDP referral through HMIS, just Outlook.

Last, refer to appropriate case manager via email.

Side note…..please write EDP somewhere in the subject line when sending email.

Ex…EDP client, EDP landlord.

Just as long as "EDP" is in it so it is easier to search for in Outlook.

This is a working document….please let me know if you have questions and please be prepared for the document to change if needed. I'll still be working on the document. I just want to get the first draft out to you sooner than later.

Thanks!!

United Way of the Virginia Peninsula

Determined Risk Level _____

Community Assistance Network (CAN)
Eviction Risk Assessment Tool

Please complete this assessment tool for **any household seeking housing-related financial assistance** to estimate the household's likelihood of future evictions. Please check all risk factors that apply in either category for the household. Total the number of risk factors for each category. The category with the most checks determines the level of risk. If both categories have the same number of identified factors, the determination will be High Risk.

Recommendation: Complete this Risk Assessment Tool to determine eligibility *after* completing the intake/application form.

High Risk Factors (check all that apply)

	Lives in Newport News or Hampton
	Severely Housing Cost Burdened (spends 50%+ of income on housing)
	Head of household African American or Hispanic
	Single female head of household, with children
	Head of household age 18-24 or 65+
	3+ children and/or dependent adults in household
	Law enforcement present at home in last 12 months, Number of times: _____
	Engaged with CPS in last 12 months
	Has no lease or formal rental agreement
	Experienced homelessness (shelter, street) in the last 3 years, Number of times: _____

Total Number of Risk Factors _____

Moderate Risk Factors (check all that apply)

	Lives in Williamsburg City (high poverty rate)
	Moderately Housing Cost Burdened (spends 30%-49% of income on housing)
	Head of household age 25-44
	Domestic Violence Survivor
	1-2 children and/or dependent adults in household
	1+ household members currently or formerly in foster care, Number of people: _____
	Has an informal rental agreement
	Lives in apartment complex or other multi-family property
	Has had more than one eviction or loss of housing in the last 3 years, Number of times: _____

Total Number of Risk Factors _____

If less than 5 risk factors apply, household NOT eligible for Peninsula Eviction Reduction Pilot funds.

Head of Household (last, first) _____ Assessment Date _____

Unique Household Identifier _____ Assessor Initials _____

Supportive Services for Veteran Families
Homelessness Prevention Screening Form   *(v.7 2022)*

SCREENING DATE (e.g., 10/1/2021)

	/		/	

APPLICANT HEAD OF HOUSEHOLD (IDENTIFY VETERAN MEMBER OF HOUSEHOLD)

Name _____ HMIS ID (if applicable) _____

The SSVF Program Office requires all grantees to ensure an adequate level of training, based on guidance and materials provided on an ongoing basis, for any staff performing eligibility screening and housing problem-solving efforts, including for homelessness prevention, diversion efforts, rapid exit, and rapid rehousing. For detailed guidance, and training materials, please refer to the ***Supportive Services for Veteran Families (SSVF) Homelessness Prevention (HP) Screening Tool Companion Guide***.

The SSVF program's HP services are available to those eligible Veterans who "but for" SSVF assistance will become literally homeless in the next 30 days* and where the local SSVF Grantee has the capacity to provide such services. Eligible Veteran households may be enrolled in SSVF immediately based on the Stage 1 screening if the grantee maintains sufficient capacity to meet local Rapid Rehousing (RRH) demand. SSVF Grantees are expected to conduct Stage 1 HP Screening at the first contact with any Veteran seeking or presenting a need for HP assistance. Eligible Veterans actively seeking or in need of shelter and Veterans living in places not meant for human habitation should be considered for Emergency Housing Assistance (EHA) through SSVF Rapid Re-housing if they cannot be diverted and no other viable, safe shelter, or transitional housing option is available. If a Veteran is fleeing or attempting to flee domestic violence and they have nowhere else safe to stay tonight, they are considered literally homeless and should be immediately supported in accessing appropriate shelter and SSVF Rapid Rehousing or other housing assistance. Veteran families/households found to be eligible for SSVF should be enrolled and immediately engaged in a trauma-informed Housing Problem-Solving (HPS) conversation to better identify the specific housing barriers that exist, the urgency of the housing crisis, and whether HPS strategies and SSVF Rapid Resolution (RR) services (mediation, referrals, resource coordination, targeted Temporary Financial Assistance (TFA)) can help prevent the household from experiencing literal homelessness. Those Veterans who pass the Grantee's Stage 2 Threshold Score may be provided traditional Homelessness Prevention TFA. SSVF Grantees should ensure that HP targeting, planning, and outreach efforts promote equitable service delivery and outcomes.

*If the household indicates they will experience literal homelessness in the next 72 hours, expedite rapid resolution services to quickly identify 1) if the Veteran can receive a full suite of HP services and/or 2) can be supported to arrange alternative plans to avoid unsafe homeless situations.

Stage 1: Initial Eligibility Screening

"Yes" responses to *all three* eligibility domains are required for initial SSVF HP eligibility and enrollment in SSVF with Rapid Resolution services (limited TFA based on RR allowable activities).

Factor 1: Veteran Status	
Is the Veteran head of household confirmed to be an eligible Veteran, based on SSVF requirements?	Yes ☐ No ☐ Unknown ☐ (If Unknown, use SQUARES 2.0 for instant verification)
Factor 2: Very Low-Income Status (50% Area Medium Income)	
Number of people in the household	
Total gross qualifying income from all sources in the household:	$
50% of Area Median Income for household size:	$
Is the Veteran household confirmed, based on available documentation, to be income eligible for SSVF?	Yes ☐ No ☐ Unknown ☐ (If Unknown, consider self-verification and follow up for documentation prior to intensive services and TFA)

Factor 3: Imminently At-Risk of Literal Homelessness	
Does the Veteran household indicate they will experience literal homeless with no alternative safe housing options within the next 30days but for SSVF assistance (i.e., will enter emergency shelter, including EHA and Safe Haven, transitional housing, or a place not meant for human habitation)?	Yes ☐ No ☐ Unknown ☐ (Note: SSVF may enroll based on initial indication from Veteran but must use further conversations and Stage 2 Screener to determine level of services needed and what that Veteran need and is eligible for upon enrollment

STAGE 1 INITIAL ELIGIBILITY DISPOSITION	
Does the Veteran household meet all initial eligibility domains above?	Yes ☐ No ☐ Unknown ☐ (If Yes, Veteran household may be enrolled in SSVF with Rapid Resolution services, including services and eligible RR TFA. Continue with Housing Problem-Solving and **Stage 2 Prioritization Screening**; If No or Unknown, Veteran household may not be enrolled. Connect Veteran to other assistance.)

If Veteran meets the eligibility disposition, the household may be enrolled in SSVF with Rapid Resolution services, including services and eligible RR TFA. Continue with Housing Problem-Solving and Stage 2 Prioritization Screening.

Housing-Problem Solving Strategies and SSVF Rapid Resolution Services

All Veterans households who present to, or are engaged by, an SSVF grantee requesting or seemingly needing housing crisis services should be engaged in housing problem-solving conversations that aims to identify key resources, opportunities, family and community connections and barriers. This should be part of an immediate housing stabilization plan. These conversations are **not scripted**; however, staff should explore the true nature and urgency of the housing crisis to help inform SSVF's role in assisting the Veteran household to resolve their housing crisis with the least amount of assistance necessary. **Please provide some notes and insights about the Veterans individualized housing situation before completing the Stage 2 portion of the screener.**

Housing Problem-Solving Notes
Current housing situation and why Veteran is requesting assistance
Barriers identified to maintaining current housing situation

Housing and financial resources/opportunities identified

SSVF may enroll based on initial eligibility Veteran but must use further conversations and Stage 2 Screener to determine level of services Veterans needs and is eligible for once enrolled. The Stage 2 screening should be completed with all Veterans who qualify for SSVF prevention services to better understand needs and eligibility.

Stage 2: Prioritization and Threshold Screening

The factors below are used to further target and prioritize homelessness prevention resources when there is insufficient program funding or capacity to fully assist all eligible or enrolled households imminently at-risk of literal homelessness within 30 days "but for" assistance. Providers should review the *Supportive Services for Veteran Families (SSVF) Homelessness Prevention (HP) Screening Tool Companion Guide for more detailed instructions and guidance.*

Number	Screening Factor (Factors do not require collecting additional information if the Veteran has already shared necessary details to determine response and points)	Response Options	Point Value	Total Points
1	Housing loss expected within	1-6 days	12	
		7-13 days	8	
		14-21 days	4	
		More than 21 days	0	
2	*Current* household income	$0 (i.e., not employed, not receiving cash benefits, no other current income)	8	
		1-14% of Area Median Income (AMI) for household size	6	
		15-30% of AMI for household size	4	
		31-50% AMI	0	
3	History of literal homelessness (street/shelter/transitional housing) (any adult)	Most recent episode occurred in the last year.	17	
		Most recent episode occurred more than one year ago	15	
		None	0	

4a	Is not a current leaseholder (head of household)	Yes ☐ No ☐	6	
4b	Has never been a leaseholder (head of household)	Yes ☐ No ☐	4	
5	Currently at risk of losing a tenant-based housing subsidy or housing in a subsidized building or unit (household)	Yes ☐ No ☐	3	
6	Rental evictions within past 7 years (any adults)	2 or more prior rental evictions	9	
		1 prior rental eviction	7	
		No prior rental eviction	0	
7a	Criminal record for arson, drug dealing or manufacture, or offense against persons or property (any adults)	Yes ☐ No ☐	5	
7b	Incarcerated as adult (any adults)	Incarcerated two or more times	5	
		Incarcerated once	2	
		Not incarcerated	0	
7c	Discharged from jail or prison within last six months after incarceration of 90 days or more (any adults)	Yes ☐ No ☐	2	
7d	Registered sex offender (any household members)	Yes ☐ No ☐	3	
8	Disabling condition or symptoms (physical health, mental health, substance use) (head of household)	Yes ☐ No ☐	6	
9a	Currently pregnant (any household member)	Yes ☐ No ☐	3	
9b	Single parent household with minor child(ren)	Yes ☐ No ☐	2	
9c	Household includes young children (age six or under), or a child who requires significant care	Youngest child is under 1 year.	5	
		Youngest child is 1 to 6 years old and/or one or more children (any age) require significant care.	3	

		None	0	
9d	Household size of 5 or more requiring at least 3 bedrooms (due to age/gender mix)	Yes ☐ No ☐	3	
10	Household includes one or more members who identifies as an overrepresented population in the homelessness system when compared to the general population.	Yes ☐ No ☐	7	

Max Score: 100	*Total Score*	

STAGE 2 ELIGIBILITY DISPOSITION	
Based on the established local threshold score, does the Veteran qualify for SSVF financial assistance through homelessness prevention?	Yes ☐ No ☐ Unknown ☐ If Yes, Veteran household may be enrolled in SSVF including services and eligible TFA. If No or Unknown, explore opportunities to serve Veteran through Rapid Resolution (RR) or Service Directed Housing Interventions (SDHI).
Comments:	

SSVF Staff Certification

By signing below, I certify that I have screened the Veteran household and found that the Veteran household is eligible for SSVF services and will become literally homeless unless SSVF assistance is provided. Further, I certify that all required documentation for SSVF enrollment has been obtained and is contained in the participant's case file.

SSVF Staff Name:	
SSVF Staff Signature:	
Date:	

SSVF Staff Supervisor Certification

SSVF Staff Supervisor Name:	
SSVF Staff Supervisor Signature:	
Date:	

Prevention and Diversion Screening Tool

This should be administered as soon as a household enters a Coordinated Entry System access point to determine if they will need shelter or if they can be assisted and housed without having to enter the homeless assistance system.

Script: *Hi, my name is _____ and I work for _____ which is part of the _____ Coordinated Entry System. The purpose of this conversation is to assist you/your family with finding a safe place to stay. First, let me get your contact information.*

Contact information:

Name _____   **Contact #**_____

Script: *I'll need to ask you a few questions to better understand your current housing status.*

1. Are you currently homeless or do you believe that you will become homeless in the next 72 hours?   □ **Yes**   □ **No**

2. Are you currently residing with, leaving, or attempting to leave an intimate partner/someone you're living with that makes you feel unsafe?   □ **Yes**   □ **No**

(If yes, and in immediate danger, refer to law enforcement. If yes, refer to agency providing DV resources or to assessment site to complete VI-SPDAT) (If no, continue to next question)

3. Where did you stay last night?

	Outside/Park/Campground		Emergency or DV Shelter
	Shed/Garage or Outbuilding		Motel/Hotel paid by agency
	Vehicle		Hospital or treatment facility (less than 90 days)
	Public Building		Jail, Prison or Detention Center (less than 90 days)
Refer to emergency shelter and/or assessment site to complete VI/SPDAT			

	Own apartment/house/trailer
	With a family member or friend
	Motel/Hotel paid by self, family, friend
	Other:
Continue with screening	

4. Are you safe in your current situation? □ **Yes**   □ **No**

If no, admit or refer to emergency shelter.

5. Are you able to stay in your current situation?   □ **Yes**   □ **No**

If no, skip to question number 7.

6. If yes, how long are you able to stay in your current housing situation?

	Can no longer stay there	*Go to question #6.*
	2-7 days	*Refer to mainstream or prevention resources*
	1-3 weeks	*Refer to mainstream or prevention resources*
	Indefinite/Unknown	*Refer to mainstream or prevention resources*

7. If you are currently housed, why can't you stay in your current housing situation?

Late rent	
3 day notice to evict	*If checked, refer to appropriate mainstream resource to attempt prevention/diversion.*
Court eviction or foreclosure	
Utility shut-off	
Problems with landlord	
Overcrowding	*If fleeing violence, refer to DV resources or refer to assessment site to complete VI-SPDAT.*
Other: _____	
Domestic violence/sexual violence	

8. Is there anyone else you could stay with for the next 3-7 days?   □ **Yes**   □ **No**

No	Yes
If no, refer to emergency shelter.	If yes, please list where:
	What resources would you need to stay there?

Date of Birth: _____-_____-_____

Number of people in household (including head of household): _____

Is there another way we can contact you, besides by phone, to make follow-up referrals or obtain additional eligibility information?

Address: _____

E-mail: _____

Results of screening:

	Referred to emergency shelter	Shelter Name	
	Referred to assessment site to complete VI/SPDAT	Site Name	
	Referred to prevention resources	What resource?	
	Completed VI/SPDAT at pre-screen location	Score	
	Referred to mainstream resources	What resource?	
	Referred to DV resources	What resource?	
	Provided mediation service(s)	Outcome?	
	Provided case management	Outcome?	

Department of Commerce
Effective Date July 2019

Consolidated Homeless Grant
Targeted Prevention Eligibility Screening

Head of Household Name:		Date:	

Homelessness Prevention Minimum Eligibility

Household must meet both of the following criteria:

☐ At imminent risk of homelessness:

   ✓ Losing primary nighttime residence within 14 days

   ✓ No subsequent residence identified

   ✓ Lacks resources /support networks need to obtain other housing

☐ At or below 30% AMI **OR** HEN referral

A. Household Income (Check ONE that applies to the household.)

☐ No Income…………………………………………………………………………10 points

☐ Income at or below 15% AMI…………………………………………………5 points

SCORE (0-10): _____

Fill in the chart below by finding your county's AMI here. Take the 30% (Extremely Low Income) column and divide in half to get 15%.

Family Size	1	2	3	4	5	6	7	8
15% of AMI								

B. Re-Housing Challenge Factors (Check all that apply to any adult household member.)

☐ Eviction history……………………………………………………………………3 points

☐ Felony likely to impact housing (drug, sex crime, arson, etc.)……………3 points

SCORE (0-6): _____

C. High Risk of Homelessness Factors (Check all that apply to any adult household member.)

☐ Experienced homelessness[1] in past 3 years……………………………………15 points

☐ Severe or life-threatening health condition……………………………………10 points

☐ Disabling[2] condition or conditions……………………………………………5 points

☐ Experienced domestic violence[3] ………………………………………………5 points

☐ Temporarily staying with friends or family……………………………………5 points

☐ Exited a system of care or institution within past 90 days…………………5 points

SCORE (0-45): _____

D. Eligibility Determination

☐ Approved: score of 15 points or more

☐ Not Approved

TOTAL SCORE (0-61): _____

Staff Signature		Date	

Override Approval I approve override for this household. **Attach justification.**

Supervisor Signature		Date	

---

[1] Unsheltered or resided in a temporary housing program (CHG Guidelines Section 4.3.1)

[2] Disability includes: a physical, developmental, mental, or emotional impairment, including impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury. A person with HIV or AIDS is considered disabled. (CHG Guidelines Section 4.9)

[3] People fleeing or attempting to flee domestic violence are unsheltered homeless and are not required to complete the Targeted Prevention Screening. (CHG Guidelines Section 4.3.1.1)

Homelessness Prevention Assessment Tool (HPAT)

This tool was created from review of other homelessness prevention assessment tools, as well as feedback from program participants and service providers. One of the tools referenced when creating this assessment was the Prevention / Re-Housing Vulnerability Index - Service Prioritization Decision Assistance Tool (PR-VI-SPDAT) created by OrgCode Inc. and Community Solutions.

Assessment Administration -

Interviewer's Name:	Agency:	Assessment Date: MM/DD/YYYY
		_ _ _ _ _ _ _ _

Opening Script -

Every assessor using the HPAT should use the same introductory script. In that script you should highlight the following information:

- Your name and affiliation (organization where you work or volunteer, etc.)
- Why you are conducting the survey.
- The survey questions are very personal. The reason you ask them is that the answers help you understand the risk factors and challenges that the family is facing, and will help you determine if they are eligible for assistance.
- The questions only require a Yes/No or one word answer. No additional detail is needed.
- The participant can skip or refuse to answer any question. However, skipping multiple questions could impact the accuracy of the assessment.
- If the participant does not understand a question, clarification can be provided.
- Participants should do their best to answer all of the questions as honestly and accurately as possible.
- Tell the participant where the data will be stored (for example, HMIS or other database that you use).
- The participant should answer the questions for themselves and everyone in their household.

Head of Household Information –

H1	First Name:	Last Name:	
	Nickname:	Date of Birth: MM/DD/YYYY _ _ / _ _ / _ _ _ _	Age: _____
	What is your preferred language? _____		

☐ **No other adults currently part of the household,**

OR

☐ **Continue below with Family Head 2**

H2	First Name:	Last Name:	
	Nickname:	Date of Birth: MM/DD/YYYY _ _ / _ _ / _ _ _ _	Age: _____
	What is your preferred language? _____		

For completing head of household information, everyone scores 2.7 points

Household Composition –

I want to start by asking you about your household.

1. Has the number of people in your household changed in the last 6 months, due to things like an adoption or birth or death, someone moving in, someone moving out, someone going to jail or prison, someone going off to college, or anything like that?

If YES, then score 2.6 points	Refused

Current Financial Situation –

Now I'd like to better understand your financial situation.

2. Is there any person or company that thinks you or anyone in your household owes them money? For example, a landlord, utility company, loan provider, creditor, bookie, dealer, or government group like the IRS.

Refused

If YES, then score 2.8 points

3. Do you or anyone in your household owe any of your family or friends money that they have lent you in the last three years to help you stay housed (for current or past due rent, for utilities to prevent shut offs, or other household needs)?

Refused

If YES, then score 1.4 points

4. Do you have a poor credit history or no credit history?

Refused

If YES, then score 1.1 points

Current Health –

Now I will ask you questions about your health.

5. In the past six months, how many times have you or anyone in your household received care at an emergency room?

Refused

If YES, then score = 0.5 x number of times	0	Times

The following question is long. Please let me know if after reading it to you the first time you would like me to read the question again.

6. Do you or anyone in your household have any developmental disability or chronic physical or mental health issues that can sometimes make it difficult to stay housed or to work?

Refused

7. Do you or anyone in your household have any chronic health issues for which you are not accessing appropriate care? You do not need an official medical diagnosis.

If YES to any of the above, then score 2.0 points	Refused

Housing History and Other Factors -

Now let's examine some of the other life areas that might affect your housing stability.

8. Have you or anyone in your household experienced violence or threats of violence in the last twelve months that make you feel unsafe in your home or the area where you live?

If YES, then score 2.5 points	Refused

9. In the last three years, what is the total number of times you have been homeless? For example, sleeping on the street, in a car, a garage, a mobile unit/RV, or in a shelter or safe haven, or temporarily staying with friends or family.

Refused

If YES, then score = 0.9 x number of times	0	Times

10. Do you or anyone in your household have any legal issues going on right now that make it difficult to maintain your housing? For example, having to pay fines that make it difficult to pay rent, legal issues that could result in going to jail or prison, or legal restrictions on where you can live.

Refused

If YES, then score 2.4 points

Additional Local Questions –

Please complete the following additional questions. These questions are not part of the HPAT assessment, but are required to be answered for every household. These questions do not provide any additional points. They are used to help us better understand the circumstances and experiences of people at risk of homelessness in Santa Clara County.

1. In your lifetime, what is the total length of time that you have been homeless?

2. Which city do you currently live in?

3. If you are employed, in which city is your workplace?

4. If you or your children go to school, in which city is the school?

5. In which city do you spend most of your time?

6. Have you ever been in foster care? ◯ Yes ◯ No ◯ Don't Know   ◯ Refused

7. Have you ever been in jail?   ◯ Yes ◯ No ◯ Don't Know   ◯ Refused

8. Have you ever been in prison?   ◯ Yes ◯ No ◯ Don't Know   ◯ Refused

9. Do you have a permanent physical disability that limits your mobility? (e.g., amputation, unable to climb stairs, use a wheelchair?) ◯ Yes   ◯ No ◯ Don't Know ◯ Refused

10. If you have health insurance, what type of health insurance do you have?
    ☐ Medicaid   ☐ Private Insurance   ☐ Medicare
    ☐ VA Medical   ☐ Other   ☐ No Health Insurance

On a regular day, where is it easiest to find you and what time of day is easiest to do so? (Please include address and phone number if possible.)

Is there someone that you trust and communicate with regularly that we can contact when we look for you? (Please include name and phone number if possible.)

Score Calculations   **Total**

	HoH	0
1.	Q1	0
2.	Q2	0
3.	Q3	0
4.	Q4	0
5.	Q5	0
6.	Q6&Q7	0
7.	Q8	0
8.	Q9	0
9.	Q10	0

0

The severe economic impact of COVID-19 has created a tremendous need for housing assistance for low-income people. Federal, state, and local governments have responded with resources available for homelessness prevention. This document is designed to help communities create homelessness prevention programs that are **effective and efficient** in the current moment. It describes concepts that are used in homelessness prevention and public health contexts, and it describes factors that communities should consider as they develop homelessness prevention programs. However, it is not a comprehensive guide to homelessness prevention, nor is it designed to provide guidance on federal policy.

Prevention programs reduce homelessness when they are both effective and efficient. 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 experience homelessness if they do not receive assistance and minimize the extent to which resources are provided to those who are unlikely to experience homelessness.[1]

This document explains commonly used categories of homelessness prevention to guide decisions that promote being effective and efficient. These categories include:

- Primary prevention strategies that attempt to mitigate the direct factors that lead to homelessness.
- Secondary prevention strategies that help people find safe alternatives when they are seeking shelter or are likely to have to stay in an unsheltered location.
- Tertiary strategies that provide stabilization assistance to people who have already experienced homelessness to mitigate the impact of their homelessness and prevent another occurrence.

For each type of prevention, the following chart provides more description and factors communities should address if they are designing those kinds of prevention. In practice, these categories are fluid, and prevention programs often cross over between different categories.

Type of Prevention	Description	Considerations
Primary Prevention: Universal Strategies	**Goal** Universal strategies broadly reduce the risk of housing instability and homelessness; examples include public housing, Housing Choice Vouchers, SSI, TANF, Head Start, unemployment benefits, Medicaid, legal aid, tenant rights policies, and affordable housing production. **Target Population** All households near or below the poverty line. **Activities** - Increase the income and assets of low-income households. - Provide housing assistance to low-income households. - Increase the availability of affordable housing. - Reduce physical or behavioral health problems that contribute to homelessness.	The target population for universal strategies is very large and to be effective, universal strategies should affect all or most of the target population. It is difficult to measure the impact of universal strategies on homelessness. Universal strategies have benefits for households beyond just preventing homelessness. Universal strategies serve a large number of people for every episode of homelessness they prevent. To be effective at reducing homelessness, universal strategies are almost always large programs with a high overall cost that serve a large number of households.

[1]http://www.evidenceonhomelessness.com/wp-content/uploads/2019/02/Homelessness_Prevention_Literature_Synthesis.pdf

	• Increase family stability. • Provide legal protections to people facing discrimination. • Ensure that households are benefiting from programs and policies by enrolling eligible households. • Ensure that universal prevention programs and policies are effectively implemented.	
Primary Prevention: Selected Group Strategies	**Goal** Selected prevention strategies aim to keep marginalized populations housed. The goal is to target housing assistance to households who face significant structural barriers that make the loss of housing more likely. **Target Population** Groups or populations that have a particularly high risk of homelessness, for example: • Households living in neighborhoods where a high percentage of residents lived before experiencing homelessness; • Individuals with criminal justice histories; • Households that moved frequently in the past year; • Households with children younger than two years old; and • Households involved with child protective services. **Activities** • Use local and national data to identify households at higher risk of homelessness. • Target resources to neighborhoods and communities with significant overrepresentation in your homeless system. • Provide housing and income assistance to high-risk households.	Use local data to determine which groups are most likely to experience homelessness; this will lead to greater effectiveness. If your community does not have localized data regarding risk of homelessness, selected group strategies are less likely to have an impact on homelessness. Selected group strategies can promote racial equity by enabling a community to target populations that are disproportionately more likely to experience homelessness. As with universal strategies, being able to serve all or most people in the target population is very important. If a program cannot serve a high proportion of people in the selected group, it will result in wasted resources in the program and more importantly, wasted time and frustration for program participants. ESG-CV and CDBG-CV funds may be a good resource for selected group strategies if there are enough resources available to serve most or all of the target population. Other useful sources of funding include Housing Choice Vouchers and TANF.
Primary Prevention: Indicated Group Strategies	**Goal** Indicated prevention strategies aim to keep people housed who are likely to have to stay in an emergency shelter or unsheltered location because of individual circumstances, or because they have experienced a crisis event (e.g. DV, health problem, lost housing) that is likely to lead to homelessness. **Target Population** Households with low incomes (typically below 30% or 50% of Area Median Income) who are experiencing a particular crisis that puts them at risk of an emergency shelter stay or needing to reside in an unsheltered location. For example: • Households who have eviction proceedings initiated;	It is important to identify both risk and protective factors to be efficient with indicated group strategies. For example, households that have family connections or who are able to live with friends or family are less likely to experience shelter stays or have to reside in unsheltered locations. On the other hand, those with family conflict or a lack of any family connections are more likely to become homeless. These strategies typically require the use of an assessment tool to determine who is most likely to experience homelessness. Working with other systems is very important for successful indicated group strategies. Many people who are at the highest risk of homelessness do not seek help, or they are

	• Households who make a housing hotline call for assistance; • Households who are losing their homes or have an eviction threat and recently lost employment in a sector impacted substantially by COVID-19 shutdowns; • Individuals who exit institutions like detention, jails, prisons, or hospitals; or • Individuals who age out of foster care. **Activities** • Identify factors that lead to homelessness that will be used to target assistance. Use risk and protective factors to indicate a high likelihood of sheltered and unsheltered homelessness. • Develop an assessment tool to determine who will be served by the program and what kind of assistance they will be eligible to receive. • Ensure that the program is designed to provide the assistance or services that will be needed to prevent homelessness for people at high risk (one-time assistance may be helpful, but many households will need more).	ineffective at seeking help. Often key partners (e.g. health clinics, schools, police, religious leaders) will be the first ones to know whether someone is at risk. Working with other systems is also important because you want to avoid encouraging other systems to reduce their level of care due to the existence of a prevention program. For example, a prison or hospital may fail to do adequate discharge planning and simply refer clients to your prevention program. ESG-CV funds can be a helpful resource for indicated group strategies. Other useful resources include CDBG-CV, SSVF and TANF.
Secondary Prevention	**Goal** Secondary prevention strategies are commonly referred to as diversion strategies. They aim to provide a safe alternative for people who are seeking shelter or are moving to an unsheltered location. Often, secondary prevention programs will identify short-term solutions, such as staying with a family member or delaying an eviction for a couple weeks while working with a participant on a more permanent solution. **Target Population** • Households that are already seeking shelter or facing unsheltered situations. • Households fleeing domestic violence, dating violence, sexual assault, stalking, or human trafficking. **Activities** • Create procedures at coordinated entry access points AND emergency shelters to implement a problem-solving approach. • Train staff on mediation techniques. • Identify flexible funding sources.	Because secondary prevention targets people with the highest risk of homelessness, it is more efficient at reducing the number of people who need shelter or who will stay in unsheltered locations. Secondary prevention programs typically have lower success rates because they serve people who are much closer to experiencing homelessness. Secondary prevention should be closely synchronized with coordinated entry systems and emergency shelters. Secondary prevention requires trained staff with good problem-solving skills. Secondary prevention can reduce homelessness regardless of whether they reach all or most of the people who would be eligible. By preventing stays in shelters with shared sleeping areas, secondary prevention plays a key role in reducing COVID-19 exposure and spread. ESG-CV is a good resource for secondary prevention. Other resources include the Emergency Food and Shelter Program, TANF, and SSVF.
Tertiary Prevention	**Goal** Tertiary prevention strategies aim to stabilize housing for people who have experienced	Tertiary prevention strategies should be built into homeless assistance programs whenever possible.

homelessness to both mitigate the impact of homelessness and prevent future episodes. **Target Population** • Households who have experienced homelessness. **Activities** • Work with landlords to identify when a household is at risk of losing their housing. • Work with households to increase income and reduce risk factors such as household conflict that could lead to a reoccurrence of homelessness.	Tertiary prevention can also be combined with indicated prevention strategies. Because people who experience homelessness have a greater risk of experiencing it again, tertiary prevention is usually an efficient approach.

Framework adapted from The Canadian Observatory on Homelessness' [*Homelessness Prevention: The Public Health Model*](#)

Key Points:

- When developing a homelessness prevention policy, you will need to understand the number of households you will be targeting and make sure you have the resources needed to serve most or all people in that target group. One common problem with homelessness prevention programs is that they have only enough resources to serve a small share of their target population. This leads to frustration among applicants who waste time applying for assistance that they are unlikely to receive. It also increases the cost because the program has to process applications for people who will ultimately never receive assistance.

- ESG-CV and other homelessness assistance program funding sources are best suited for prevention strategies where there is a high likelihood that the households being served will experience homelessness, especially secondary prevention. They are poorly suited for universal strategies because they typically do not provide enough resources to reach a large share of low-income people.

- The most common pathways into homelessness are exits from an institutional setting or from a doubled-up arrangement. People who have experienced homelessness in the past are more likely to experience it in the future. Other major risk factors include foster care involvement and criminal justice involvement.[2] Use this information about common pathways to inform how you might create targeted strategies.

- Households seeking shelter are the most likely to experience homelessness, while households who are facing eviction in the next 30 days are unlikely to experience sheltered or unsheltered homelessness. HUD's recent study on [Market Predictors of Homelessness](#) indicates that overcrowding has the highest anticipated effect on homelessness, followed by unemployment, and then evictions.

- It will be important to communicate to stakeholders which population is being targeted by prevention programs and what kinds of assistance are provided. Clear and transparent information will greatly improve a prevention program's effectiveness and efficiency.

- Although many homelessness prevention programs have little impact on homelessness, they can have other major benefits for recipients. Preventing an eviction has great benefit for a household, even if the household would not have experienced homelessness.

- Measuring the success of a homelessness prevention program is extremely challenging since both effectiveness and efficiency are part of the measure. Often, projects that claim high success rates (e.g. 95 percent of people served did not become homeless) are more likely targeting households that have a much lower likelihood of sheltered or unsheltered homelessness in the first place. In other words, these strategies are highly effective but inefficient. Programs that show lower rates of success may actually indicate better targeting and be highly efficient. The trick in prevention planning is to find the balance of doing enough targeting to be efficient but not to do so exclusively, or in a way that cannot respond to significant increases in households outside the target population criteria that are seeking shelter or assistance because they become unsheltered.

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[2] http://www.evidenceonhomelessness.com/wp-content/uploads/2019/02/Homelessness_Prevention_Literature_Synthesis.pdf

- This document provides [Five Things to Consider](#) when aligning resources in targeted prevention strategies.

To read more about homelessness prevention, explore these resources:

- [Homelessness Prevention from the Evidence Based Center on Homelessness](#)
- [A New Direction: A Framework for Homelessness Prevention from the Canadian Observatory on Homelessness](#)
- [Predicting and Preventing Homelessness in Los Angeles from The California Policy Lab and The Poverty Lab](#)
- [Homelessness Prevention, Diversion, and Rapid Exit from USICH, HUD and VA](#)
- [A Prevention-Centered Approach to Homelessness Assistance: A Paradigm Shift?](#)

The severe economic impact of COVID-19 has created a tremendous need for housing assistance for low-income people. Federal, state, and local governments have responded with resources available for homelessness prevention. Households seeking shelter are the most likely to experience homelessness, while households who are facing eviction in the next 30 days are less likely to experience sheltered or unsheltered homelessness. The recent study by the U.S. Department of Housing and Urban Development (HUD) on market predictors of homelessness indicates overcrowding has the highest anticipated effect on homelessness, followed by unemployment, and then evictions. Before implementing an eviction prevention program, communities should consider their system design and where eviction prevention fits into a larger homelessness prevention strategy.

This document is intended to help communities quickly identify strategies to prevent evictions and keep people connected to stable housing whenever possible. Connecting households at risk of housing instability with problem-solving tools and other mainstream anti-poverty programs will increase their stability and safety while decreasing the likelihood they will have to enter the homeless system in the future. Targeted financial assistance can effectively and efficiently assist populations at the greatest risk for homelessness due to evictions. Community partnerships can strengthen universal and targeted eviction prevention programs, improve overall system performance, and help identify and reach out to marginalized groups.

Planning for Eviction Prevention

Nationally, landlords have been or are still under a wide variety of federal, state, and local moratoriums on evictions, late fees, and penalties related to nonpayment of rent. As those moratoriums are lifted or expire, communities should anticipate a rising demand for eviction prevention assistance as the COVID-19 outbreak continues and unemployment remains high. This rise in demand coincides with communities planning to implement federal allocations of Coronavirus Aid, Relief, and Economic Security (CARES) Act funding including Community Development Block Grants (CDBG-CV) and Emergency Solutions Grants (ESG-CV), in addition to state and local funding for rental assistance. Programs such as CDBG-CV, ESG-CV, Supportive Services for Veteran Families (SSVF), and Temporary Assistance for Needy Families (TANF) may be good sources of eviction prevention for *target* populations where there is a high likelihood the households being served will experience homelessness.

Section 4024 of the CARES Act imposed a temporary moratorium on evictions due to nonpayment of rent for 120 days from March 27, 2020, and applies to federal housing programs including ESG, Continuum of Care (CoC), HOME, Housing Opportunities for Persons with AIDS (HOPWA), Public Housing, and Housing Choice Vouchers. Tenants and landlords may not know whether the CARES Act moratorium or other state and local moratoriums apply to their property. Communities should prioritize education and communication addressing tenant concerns, current restrictions, applicability, and time periods for proactive communication with landlords, tenants, and providers. Communities with landlord engagement systems should ensure all providers are collaborating on this communication campaign. Regular communication with landlords, especially a landlord advisory group, can inform emerging vacancy trends and provide data on pending eviction actions and prevalence of tenants shorting or not making rent payments.

The following actions allow for design of an effective and efficient eviction prevention system:

- Engage with an inclusive group of stakeholders to plan your eviction prevention strategy. This group should include people with lived experience of homelessness as well as people of color.
- Ensure eviction prevention programs first include cross-system collaboration to connect people with eviction prevention services including tenant resources, tenant-landlord guides, legal representation, and mediation services before action reaches courts.
- Collect, review, and analyze data such as eviction rates by zip codes or demographics of households under court-ordered evictions (or, if that data is unavailable, examine demographics for existing eviction

prevention programs) to identify geographic concentrations or disparate impacts of evictions to inform targeting and outreach.

- Advocate for limited or reduced public access to housing eviction records.
- Create and use a screening tool to identify those individuals and families at high risk of homelessness to efficiently target your resources.
- Inventory and consolidate existing services with coordinated intake and access, typically via a central portal or hotline.
- Invest in increased capacity for existing housing counseling, public education, and direct outreach to tenants with eviction filings.
- Establish essential components such as on-site services available before and on the day of eviction proceedings, financial assistance, childcare, and staff trained in tenant-landlord law, and match funding and staff to each.

Targeted Prevention

If financial assistance for eviction prevention is offered universally, many more households will be eligible for assistance than can be served. Communities should determine how to prioritize eligible households who are at the highest risk and to incorporate this prioritization into local coordinated entry systems. Target financial assistance for eviction prevention to households who face significant structural barriers that make the loss of housing more likely. Use local and national data to identify households at higher risk of homelessness, target resources to neighborhoods and communities with significant overrepresentation in your homeless system, and provide housing and income assistance to high-risk households. Targeting strategies can promote racial equity by enabling a community to target populations that are disproportionately more likely to experience homelessness.

Groups or populations that have a particularly high risk of homelessness include:

- Households living in neighborhoods where a high percentage of residents lived before experiencing homelessness;
- Individuals with criminal justice histories;
- Households that moved frequently in the past year;
- Households with children younger than 2 years old; and
- Households involved with child protective services.

Further targeting or prioritization can prevent evictions from leading to homelessness. Households with low incomes (typically below 30 percent or 50 percent of Area Median Income) facing an eviction that puts them at risk of an emergency shelter stay or needing to reside in an unsheltered location include:

- Households who have eviction proceedings initiated;
- Households who make a housing hotline call for assistance;
- Households who are losing their homes or have an eviction threat and recently lost employment in a sector impacted substantially by COVID-19 shutdowns;
- Individuals who exit institutions like detention, jails, prisons, or hospitals; and,
- Individuals who age out of foster care.

Partnerships

The following community partners should be engaged in design and implementation of an eviction prevention system. Collaboration is crucial for successful targeted strategies. Many people at the highest risk of homelessness do not seek help or are ineffective at receiving assistance due to various barriers. Key partners will be the first ones to know whether someone is at risk for homelessness. These partnerships can also avoid encouraging other systems to reduce their level of care because of the existence of an eviction prevention program (e.g., a prison or hospital may fail to conduct adequate discharge planning and simply refer clients to your prevention program).

- Your local court system may already have an eviction prevention program in collaboration with your local legal aid or bar association or volunteer attorney program.
- Social service providers, immigrant and refugee organizations, childcare providers, and landlord and tenant associations have data as well as connections to people at risk of eviction or in unstable housing.

- Continuum of Care-funded providers and community action agencies typically have some form of eviction prevention funding.
- ESG recipients—either state or local government agencies—fund eviction programs.
- Faith-based organizations, as well as churches, temples, or other places of worship, often serve as the front door for families or individuals facing homelessness.
- Funders, such as state TANF, child welfare, and foster care, can bring funding to the table as well as data.
- United Way and local foundations can also contribute anti-poverty resources and connections to political leadership.

Community Examples

- Baltimore County COVID-19 Eviction Prevention Program
- City of Grand Rapids Eviction Prevention Program
- Columbus and Franklin County, OH IMPACT Community Action Rent/Mortgage Assistance
- Eleventh Judicial Circuit of Florida Tenant Resources
- Franklin County Ohio Self Help Resource Center
- Good Shepherd Mediation Program Landlord-Tenant Mediation Brief
- Montgomery County, MD Landlord-Tenant Handbook
- New York City Eviction Prevention and HomeBase
- Philadelphia Mayor's Report Taskforce on Eviction Prevention and Response
- Predicting and Preventing Homelessness in Los Angeles
- Virginia Legal Aid for Evictions
- Your Way Home Montgomery County Eviction Prevention and Intervention Coalition
- Washington State Targeted Prevention Eligibility Screening

Resources

- Changes to Coordinated Entry Prioritization to Support and Respond to COVID-19
- Coronavirus Aid, Relief, and Economic Security (CARES) Act
- COVID-19 Eviction Moratoria by State, Commonwealth, and Territory
- Economic Return on Investment of Providing Counsel in Philadelphia Eviction Cases for Low-Income Tenants
- Five Things to Consider When Investing ESG in Homelessness Prevention
- HUD Flyer on Addressing Tenant Concerns Regarding Rent and the Temporary Suspension of Evictions for Nonpayment of Rent
- HUD: HOPWA Program CARES Act Eviction Moratorium FAQS
- HUD: How Does the Federal CARES Act Eviction Moratorium Impact the ESG and CoC Programs?
- HUD: Public and Indian Housing FAQs for Public Housing Agencies
- Landlord Engagement Systems
- Market Predictors of Homelessness: How Housing and Community Factors Shape Homelessness Rates Within Continuums of Care
- NLIHC State and Local Rental Assistance Tracker
- Understanding ESG-CV Homelessness Prevention Assistance Eligibility During Eviction Moratoria
- SSVF Homelessness Prevention Screening Form
- Housing Trust Fund CARES Act Eviction Moratorium FAQs

Center *for*
Evidence-based
Solutions
to Homelessness

Homelessness
PREVENTION
A Review of the Literature

January 2019

HOMELESSNESS PREVENTION: A REVIEW OF THE LITERATURE

Marybeth Shinn, Vanderbilt University
Rebecca Cohen, Abt Associates

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;

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[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 include being doubled-up with another household or not being a leaseholder, having a pending eviction

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[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.

(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 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.

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[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.

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 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

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[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.

[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.

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 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 shelters[13] and reduced the rate of homelessness[14] in the communities it served.

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[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.

[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 Philadephia, 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.

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 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

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[15] Kasprow, 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.

[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.

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 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

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[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. Dasinger, Lisa K. and Richard Speiglman. "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.

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.

- 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.

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[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.