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The Prevention of Homelessness Revisited

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Conceptual and methodological problems plague efforts to prevent homelessness. Attempts to identify individuals at risk are inefficient, targeting many people who will not become homeless for each person who will. Such interventions may do useful things for needy people, but evidence that they prevent homelessness is scant. Subsidized housing, with or without supportive services, has ended homelessness for families and played a key role in ending it for people with serious mental illnesses. Other risk factors may be less important once housing is secured. But programs that allocate scarce housing may simply reallocate homelessness, determining who goes to the head of the line for housing, not shortening the line itself. We recommend reorienting homelessness prevention from work with identified at-risk persons to efforts to increase the supply of affordable housing and sustainable sources of livelihood nationwide or in targeted communities.

Anyone who has passed a person sleeping in a doorway, seen a family with belongings heaped in a shopping cart, observed makeshift dwellings under a

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An earlier, more detailed version of this article was presented at the Housing and Urban Development/Health and Human Services National Symposium on Homelessness Research: What Works and published in a volume of conference proceedings (Shinn & Baumohl, 1999). Although we acknowledge that some of them disagree with our conclusions, we thank James Hoben, Diane Hughes, David Krantz, Eric Lindblom, Julia Littell, Philip Mangano, Ruth Schwartz, Edward Seidman, Hirokazu Yoshikawa, and the organizers of the symposium for their insightful comments on earlier versions of this article.

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bridge, or visited a shelter where strangers lie warily on adjacent beds is likely to have thought that surely such scenes could be prevented. In our view, homelessness in the United States could be avoided, for the most part. And yet we are not sanguine about the prospects. A lack of resources is not the only obstacle, though it is the most formidable. In addition, current efforts to prevent homelessness are based largely on questionable premises. Tributes to their effectiveness are statements of faith that cannot withstand scientific scrutiny. (Most such efforts do useful things for needy people but have only a marginal impact on the prevention of homelessness.) In view of persisting conceptual and methodological quandaries and in light of the limited empirical evidence available, we recommend that homelessness prevention be reoriented from efforts to work with identified at-risk persons to projects aimed at increasing the supply of affordable housing and sustainable sources of livelihood.

The Logic of Prevention

Simply put, to prevent means to keep something that would have happened from happening in fact. At a minimum, the logic of prevention requires that we define clearly what is to be prevented, specify the intervention(s), and establish a causal (or at least correlational) connection between intervention and avoidance of the undesirable phenomenon. Other things equal, the more narrow the prevention goal, the more clearly specified the intervention, and the more rigorous the design of evaluation, the easier the task of determining effectiveness. The prototypical example is of a discrete disease entity (say, polio), preventable by vaccination (a simple, easily standardized intervention), where effectiveness can be demonstrated by comparing outcomes in vaccinated and unvaccinated samples.

Alas, most unwanted phenomena are more like suicide than polio: they are ambiguously defined, multiply caused, questionably responsive to interventions, and difficult to assess. Moreover, most interventions are complex and difficult to standardize and may reshape the outcome of interest. (A "right to shelter" provision may cause some people living in crowded or deficient housing to present themselves at shelters, thus redefining their circumstances and the nature of what we call homelessness.) Only in the most strained metaphors are social interventions anything like vaccinations.

Note, too, that prevention involves predicting the future. To determine whether an intervention is successful, we must know the likelihood that the unwanted will occur, so that we may compare this likelihood with the actual outcome following intervention. (Not everyone will get even an easily transmissible disease; if it is rare, few will be affected.) Thus, to allocate resources efficiently or ration scarce ones, prevention programs often *target* subjects who have been "exposed" (in the language of disease) or who are, by some theoretically plausible or empirically determined criteria, "at risk" of being affected. A simple,

inexpensive blood test, shortly after birth, accurately identifies infants who lack the enzyme that metabolizes certain proteins and are at risk of mental retardation due to phenylketonuria (PKU). Such children can be treated successfully with special diets low in the amino acids that give rise to phenyls.

Unfortunately, most unwanted phenomena are not much like PKU. No one factor accurately predicts them. Rather, a number of factors have predictive power, with risk increasing as risk factors multiply or are "bundled." Even so, the accuracy of prediction often is not particularly high. This results in poor targeting and consequent inefficiencies in prevention programs even when the interventions work as intended. But the example of PKU is instructive in one important respect: Although the problem in cases of PKU is the lack of an enzyme, the effective prevention measure does not replace the enzyme but modifies the child's diet instead. We will suggest that in the case of homelessness, as well, the solution may not always be isomorphic with the problem.

Prevention programs are of three ideal types (Mrazek & Haggerty, 1994, following Gordon, 1983). *Universal prevention* programs are available to the entire population, although they are sometimes targeted at people at a particular stage of life. Such programs may be narrow and inexpensive (childhood immunizations to prevent measles) or inclusive and expensive (old-age pensions to prevent poverty among the elderly; water treatment facilities to prevent water-borne disease). Prevention programs may strengthen individuals (a measles vaccine) or change the environment (water treatment). *Selected prevention* programs are aimed at people at risk because of membership in some group. No individual screening is required for participation (an educational program aimed at data entry clerks at risk of repetitive motion injuries). *Indicated prevention* programs are directed to people at risk because of some individual characteristic or constellation of characteristics, determined by individual-level screening (programs to mitigate the consequences of genetic diseases).[1]

Selected and indicated strategies may be more efficient than universal measures when it is easy to identify and deliver interventions to groups of people or individuals at risk for a particular condition. The *efficiency of targeting* is thus of fundamental importance to the design of prevention programs, and the costs of targeting must be compared with the costs of offering programs more broadly or allowing people to select themselves for universal programs attractive only to those with high levels of perceived need.

[1] Ideal types are heuristic devices, of course, and distinctions among types of prevention are often fuzzy. For instance, people discharged from mental hospitals comprise a group at risk of homelessness but also have the individual risk factor of prior mental hospitalization. A "universal" housing program may come with strings attached that make it attractive only to those who are poor (an individual risk factor).

Accurate and economical targeting is one thing, assessing program effectiveness quite another. Showing that most people who use a particular program do not become affected by the condition the program is supposed to alleviate is insufficient: they might not have been affected in any case; the condition merely may have been postponed, but not averted; or the ranks of those in need may simply have been reshuffled (those allowed to "jump the queue" simply push back others in line).

Finally, programs that focus on preventing new cases of something are said to do *primary prevention*. Those that concentrate on the early identification and treatment of current cases do *secondary prevention*. Secondary prevention efforts may reduce the prevalence of a condition (total number affected at any time), but they do not reduce the number of new cases.

Conceptual and Methodological Problems in Preventing Homelessness

Markers and Realities

For purposes of this review, people are homeless when they live without conventional housing or take up residence in shelters. People are "at risk" of homelessness when they have lost security of tenure in any residential setting, whether a household or an institution. Typically, homelessness prevention programs are concerned with preventing *shelter* entry, a criterion that is amenable to relatively easy measurement and encompasses a major public cost even if it fails to capture private burden. This definition is in accord with the conventions of the federal government, most survey researchers (see Burt, 1996), and most of the programs we review here.

Still, consider some important questions begged by this definition and how they bear on assessment of prevention. The size of the shelter population is largely driven by available beds and access rules (admitting criteria, limits on length of stay, restrictions on freedom, etc.; see, e.g., Culhane, Lee, & Wachter, 1996). If a shelter turns applicants away or evicts residents after some period, the official tally of homeless people may be lowered. But it is not clear that those refused access or put out are better off even if they do not end up on the street. Has homelessness been prevented if those denied shelter find some arrangement—no matter how makeshift—short of literal homelessness? Deterrence raises similar problems: if officials intentionally make entry into a shelter so costly (in terms of eroded dignity or cramped liberty) that people who would otherwise apply elect instead to stay in overcrowded or deficient housing, has homelessness been prevented?[2]

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[2] In 1985, worried that hotel rooms drew people out of substandard housing and into the shelter system, New York City made congregate shelters—where scores of families lived in a single, large room with rows of cots—the entry point to the shelter system for families. Said New York's mayor at the time,

Studies that follow homeless "careers" over time show a persisting pattern of residential instability for some single adults, who "drift between atypical living situations and the street" (Sosin, Piliavin, & Westerfelt, 1990, p. 171). Has homelessness been prevented if people make the rounds of friends and family, repeatedly doubling up in unsustainable situations? And what about those with severe mental illnesses and substance abuse problems who travel "institutional circuits" that include mental hospitals, prisons, or jails as well as shelters, shared or doubled-up arrangements, and the street (Baumohl, 1989; Hopper, Jost, Hay, Welber, & Haugland, 1997; Milofsky, Butto, Gross, & Baumohl, 1993; Snow & Anderson, 1993; Spradley, 1970; Wiseman, 1970)? Has homelessness been prevented when they are shunted from one way station to another?

We rehearse these conceptual and evaluative quandaries to make a larger point that too often goes unvoiced. Like unemployment, homelessness is as much a matter of degree and discrimination as it is one of duress (Hopper & Baumohl, 1994). How pertinent distinctions are drawn bears substantially on our ability to assess any prevention effort. In the case of unemployment, for example, should part-time workers looking for full-time work be considered "employed," as they are presently? Should "discouraged workers" (those without work and not seeking it) be out of the equation altogether, as they are now?

The Problem of Targeting

Converging evidence from national telephone surveys (Link et al., 1994) and records of shelter admissions (Culhane, Dejowski, Ibanez, Needham, & Macchia, 1994) suggests that about 3% of Americans have been literally homeless over a 5-year period.[3] From a moral perspective, these numbers are far too high; empirically, they are small enough to make it hard to identify those most at risk. Many studies have identified factors that reliably distinguish people who are currently homeless from some comparison group. From this ex post facto comparative analysis, some have attempted to derive predictor variables. But only one study has examined the efficiency of targeting or forecasting the onset of homelessness (Knickman & Weitzman, 1989; Shinn et al., 1998), and its results are not encouraging. This New York City study examined 20 potential factors, including measures of demographic characteristics, persistent poverty, behavioral disorders, social

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Ed Koch, "We are going to, whenever we can, put people into congregate housing like the Roberto Clemente shelter—which is not something people might rush into, as opposed to seeking to go into a hotel" (Basler, 1985). Since 1996, New York city has required shelter requesters to prove that they are truly homeless, resulting in many being turned away. "I can't screw the front door any tighter," said the city's Commissioner of Homeless Services (Bernstein, 2001).

[3] See the National Coalition for the Homeless fact sheets at <http://www.nationalhomeless.org/facts.html> for a discussion of the prevalence of homelessness over different periods and with different definitions.

ties, and housing, that might distinguish families on welfare who requested shelter from other families in the public assistance caseload. (Families who had used shelter previously were excluded from both groups.) Although 18 factors were related to homelessness, taken one at a time, the "best" multivariate model included 10 predictors that reliably contributed to the prediction of homelessness in the context of the other variables in the model.[4]

The model yielded a summary score of "homeless risk" for each family. Determining who should be eligible for a prevention program corresponds to choosing some cutoff for risk scores. A liberal cutoff score selected to deliver prevention services to a large portion of those who would otherwise become homeless also targets many families who would not become homeless in the absence of services ("false alarms"). A conservative cutoff yields fewer false alarms but also has a lower "hit rate"; that is, it reaches fewer of those who would become homeless without preventive efforts. Thus, a plot of hit rates versus false-alarm rates for different predictive models is a useful policy tool (Camasso & Jagannathan, 1995; Swets, 1973; Swets, Dawes, & Monahan, 2000). Shinn et al. (1998) found that the best model was able to correctly "hit" 66% of welfare families who requested shelter with a false-alarm rate of 10%.

Although this ratio of hits to false alarms may sound good, the population to which the false-alarm rate refers is far larger than the group who will end up in shelter. At the time the data were collected, there were about 270,000 families on welfare in New York City, over the course of a year, excluding families with previous shelter stays, and about 90% of the approximately 10,000 families who first entered shelter over the course of the year came from the welfare caseload. Thus, to correctly reach 6,000 families (90% of 66% of 10,000), a primary prevention program would have to offer services to 27,000 families (10% of 270,000) who would not become homeless. With respect to preventing shelter entry, over 80% of the services would be wasted (although such help might be valuable to families for other reasons). A more narrowly targeted prevention program that confined false alarms to 2% of the public assistance caseload and reached only 36% of those

[4] The 10 were race/ethnicity (African Americans were at greater risk than Latinos or others), being pregnant or having an infant under the age of 1 year, childhood poverty, being married or living with a partner (surprisingly, marriage increased risk for homelessness), domestic violence in adulthood, family disruption in childhood (a scale that included foster care or other types of separation from the family in childhood or childhood abuse), and four housing factors (doubling up with others, lack of subsidized housing, frequent moves, and overcrowding). Unrelated, in the context of other variables, were youth, education, work history, having been a teen mother, positive social ties, mental illness, substance abuse, health problems, imprisonment, and building problems. (Note that youth was related to homelessness taken alone, but not after housing factors were entered in the equation, suggesting that youth affected homelessness primarily via access to the housing market.) At the univariate level, homeless mothers actually had stronger networks than housed mothers (80% had stayed with network members before requesting shelter). Building problems were severe for both groups. Mental illness, substance abuse, and imprisonment were relatively rare for both.

applying for shelter would still "waste" three-fifths of its services (correctly identifying 3,600 families against 5,400 false alarms). In addition to the problem of wasting services on those who will not become homeless, there is the problem of failing to serve those who will become homeless. Even a targeting cutoff that wastes 80% of services misses 34% of families who in fact become homeless. ("Waste" here simply means that families would have avoided homelessness in any case, not that their circumstances are untroubled.)

The best predictive model includes some risk factors (such as childhood abuse) that might prove hard to verify. If access to an attractive prevention program (such as subsidized housing or valued social services) depended on such risk factors, and the prediction formula became even roughly known (as it inevitably would), the targeting effort would create incentives for people to dissemble in order to obtain services and could create an adversarial relationship between clients and service providers charged with certifying eligibility. In that event, reports of the key risk factors would increase, more people would be deemed eligible for services, and the predictive power of the model would decline.[5]

Most targeting programs use a single criterion, such as eviction. From the New York city data, we estimate that a program that targeted welfare families facing eviction would serve four families who would not in fact enter shelter in the absence of the program while reaching only one-fifth of the shelter population.[6] This one- predictor model correctly identified less than one-third as many families as the multivariate model, at a constant false alarm rate (80%).

The salient lesson is that a prevention program aimed at people with any single characteristic, such as those being evicted, is likely to target only a small portion of all who become homeless. Even sophisticated multivariate models with very narrow targeting (which therefore reach a very small proportion of those who become homeless) are likely to have far more false alarms than hits.[7]

If the outcome criterion to be predicted were months in shelter (which is more closely associated with costs than is simple shelter entry), it might be possible to develop more efficient predictive models. Culhane and Kuhn (1998) showed that in New York city, 18% of single-adult, first-time shelter users accounted for 53% of the total days in shelter for first-time users in their first year; in Philadelphia, 10% accounted for 35% of these days. The authors described several individual

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[5] Interestingly, a model with only seven easily verified predictors did almost as well as the full model at intermediate levels of risk (65% versus 66% hits at 10% false alarms, among families on public assistance). The model included race/ethnicity, pregnancy/newborn and all five housing variables. However, this model did less well for narrow targeting and includes one factor (race) on which it would be illegal to base access to services.

[6] For this calculation and an explanation of why an alternative calculation by the New York State Department of Social Services (1990) is erroneous, see Shinn and Baumohl (1999).

[7] A second lesson, perhaps less general, is that in the case of New York city families, targeting based primarily on housing variables did about as well as models that took into account less verifiable indicators of individual risk.

factors associated with longer stays and repeat use of shelter (age, mental health, substance abuse, and sometimes medical problems) but did not discuss how efficiently these high consumers can be identified, which is crucial to the practical application of such data.

The Problem of Effectiveness

After selecting people at risk for homelessness, based on a more or less sophisticated model, one must then determine what interventions will most readily prevent homelessness and at what cost. The best design for evaluating a prevention program is to randomly assign some proportion of people who meet some risk criteria to receive the specialized program. People who did not receive specialized services would remain free to use other services. Both groups would need to be followed for some reasonably long period of time (years rather than months) to determine meaningfully the number of cases or months of homelessness prevented. Remarkably few studies of prevention programs have used anything approximating this design. Many programs have no comparison group, much less one that is randomly assigned, and authors make implausible assumptions about the numbers of people who would have become homeless in the absence of intervention (typically 100%). Studies frequently have little or no follow-up to determine whether homelessness was prevented, merely postponed, or not affected at all, and often presume success rates of 100% for those who received services. Cost-benefit analyses derived from such studies present an illusion of specificity. Different and more plausible assumptions lead to conclusions markedly at odds with those offered.

The Problem of Queue Jumping

Some observers have likened homelessness to a game of musical chairs in which the players are poor people and the chairs are the housing units they can afford (McChesney, 1990; Sclar, 1990), or in a slightly more sophisticated analogy, the chairs represent the housing poor people can purchase or otherwise occupy by drawing on their personal networks (Koegel, Burnam, & Baumohl, 1996). Where there are more poor people than affordable housing units and where personal networks are attenuated or materially impoverished, some will be left homeless when the music stops. Although individual characteristics may determine who becomes homeless, it is resources relative to needs that determine overall prevalence rates (Koegel et al., 1996; S. Schwartz & Carpenter, 1999; Wright & Rubin, 1991). Thus, although homelessness can be prevented by creating resources or reallocating them from those who are not at risk to those who are, reallocation among groups at similar levels of risk is unlikely to affect overall prevalence rates.

Reshuffling resources determines who gets the housing units, not how many are left homeless when the music stops.

If housing subsidies or other services effectively prevent homelessness for particular individuals but are in short supply and must be rationed, prevention programs that offer the scarce goods risk reallocating homelessness. Program participants are less likely to become homeless, but those moved back in line or displaced from the queue may have been placed at increased risk. In a sample of families in shelters in New York city, two factors predicted receipt of subsidized housing: length of stay in shelter and assignment to a relatively small, nonprofit shelter rather than a congregate shelter or a welfare hotel (Shinn et al., 1998). Both factors signaled coming to the head of the housing line. "Months in shelter" reflected families' waiting time in that line; the success of the nonprofit shelters in obtaining subsidized housing for tenants reflected targeted advocacy on behalf of their families (queue jumping). Either way, the overall prevalence of homelessness was not changed by this reallocation of homelessness between those who were lucky enough to have advocates or durable enough to wait their turn in the shelter system and those who were not.

Allocation of resources poses a real dilemma for policymakers. Many cities have long waiting lists for public housing. If homeless people are put at the head of the queue, others on the verge of homelessness may be moved back and their risk elevated. Further, if entering shelter is seen as the quickest, most certain route to subsidized housing, shelter entry may be promoted by the promise of queue jumping.[8]

This amounts to a cautionary tale for evaluators of prevention programs: Even a carefully designed experiment, in which a group randomly assigned to receive preventive services experiences less homelessness than a control group, may not demonstrate *net* prevention (overall reduction in incidence or prevalence) if homelessness has merely been reallocated. At the individual level, homelessness has been held at bay for program participants, but at the population level, no net reduction in homelessness has occurred. Because overall prevalence rates are very hard to measure accurately and are influenced by many factors unrelated to the operation of a particular program in a particular area, accurate measures of reductions in the prevalence of homelessness and unassailable attribution of observed changes to intervention programs are both unlikely. Evaluators must instead consider what is in effect the ecological null hypothesis—that homelessness has merely been reallocated—on whatever logical or empirical grounds are available. This is most plausible when the evaluated program involves advocacy for or assignment of existing resources to particular groups. Still, even where the reallocation hypothesis seems persuasive, the program may show that net homelessness would truly be prevented if critical resources were more widely available.

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[8] See Culhane (1992) for a discussion of the perverse incentives created by preferential placements of homeless families.

The Problems of Locality and Time

Any model for targeting those at risk of homelessness will be based on local data that may not apply elsewhere. For example, both the percentage of homeless families who have been evicted and the percentage of families who are evicted but never become homeless vary by location. Weitzman, Knickman, and Shinn (1990) found that 22% of first-time shelter users in New York city had been evicted, compared to 6% of the public assistance caseload. Bassuk et al. (1997) found that 26% of homeless families in Worcester—and 17% of housed poor families—had been evicted or locked out, suggesting that a prevention program based on evictions would have even more false alarms for every case of homelessness prevented than such a program in New York. In other cities, reported percentages of homeless families who had been evicted ranged from 14% to 57%, with the high figures sometimes including other housing problems (Bueno, Parton, Ramirez, & Viederman, 1989, pp. 8–9).

Even where local contingencies can be taken into account, data must be continuously renewed because, unlike the cases of PKU or polio, the correlates of homelessness shift over time. The phenomenon itself changes (homelessness today is not like the mass dispossession of the Great Depression or the more ambiguous homelessness of postwar skid rows). Routes to shelter also change (very few arrivals on skid row came from psychiatric hospitals), thus reconfiguring the populations found there (Hopper & Baumohl, 1994, 1996). Any predictive model, then, is in jeopardy of becoming rapidly outdated and progressively inefficient. Most of what we know about correlates of homelessness today comes from studies conducted a decade ago, when economic conditions, for instance, were very different. Today's knowledge may not apply tomorrow when, for example, a smaller fraction of the poor is eligible for welfare support. Exit predictors, too, need to be contextualized. Even if one can specify "heavy users" of shelters, for example, using "months in shelter" as an outcome variable is problematic because of local choices that channel scarce resources and bias likelihood of exit in favor of certain groups. In Philadelphia, people with severe mental disorders were found to exit more quickly from shelters, probably because those with serious disorders were eligible for specialized services (Culhane & Kuhn, 1998). As noted above, for families in New York city, months in shelter predicted subsequent stability in housing, because a long shelter stay signified movement to the top of the queue for subsidized housing (Shinn et al., 1998). These and other apparent anomalies reinforce a more general point: Homelessness is a dynamic phenomenon, chased but never really captured by research.

A Review of Prevention Programs

Most actual programs to prevent homelessness are indicated programs using simple targeting mechanisms. Because of the inefficiencies of such programs and

their failure to reach many in need, we discuss universal and selected prevention strategies as well, although we recognize that the evidence for these strategies is often indirect or speculative.

Universal Prevention Strategies

The Interagency Council on the Homeless (1994) argued for universal prevention strategies. It noted that for most people, homelessness is a manifestation of extreme poverty and that ending homelessness will, in the long run, require combating poverty with "more opportunities for decent work, job training that leads somewhere, necessary social services, better education, and affordable housing [all as] components of comprehensive community planning and economic development" (p. 84). The nearly 4,000 providers of homeless assistance, local officials, and homeless and formerly homeless people it queried rated more affordable housing as the top priority (out of 15 options) for a federal plan to address homelessness (p. 61). Such a plan exists, in the form of the National Housing Trust Fund bills before both houses of Congress (http://www.nhtf.org). The bills provide for the production, preservation, and rehabilitation by 2010 of 1.5 million rental units targeted to low-income households. (See Jahiel, 1992, and Lindblom, 1991, for additional proposals.)

Selected Prevention Strategies

Selected prevention strategies might target low-income people who have difficulty affording housing, poor people at particular life stages, or neighborhoods from which large concentrations of homeless people come.

Primary Prevention

Means-tested subsidies. With respect to housing affordability, the Department of Housing and Urban Development (HUD) considers unsubsidized renters with incomes below 50% of the area median who pay more than 50% of their income for housing costs as having "worst-case" housing needs. These households may be at substantial risk of homelessness. One way to estimate the costs of preventing homelessness by attacking housing affordability directly is to calculate the difference between the amount that worst-case households can afford to pay and the actual costs of their units (including rent and utilities other than telephone) per annum. The total gap between 50% of the incomes of worst-case households and housing costs was $14.3 billion in 1995. If we use the HUD standard that households should pay no more than 30% of their income for rent and utilities, the gap for worst-case households was $22.5 billion in 1995. A more generous program to

subsidize all households with incomes less than 50% of the area median and paying over 30% (rather than 50%) of income for rent and utilities would cost more.[9]

Life stage subsidies. Selected strategies might also target poor people at particular life stages. Studies have consistently shown that homeless families are younger than other poor families (Shinn & Weitzman, 1996). In New York city, 53% of mothers in families in a cohort entering shelter for the first time were pregnant or had given birth within the previous year (Shinn et al., 1998); almost half had never had an apartment of their own. Culhane and colleagues (unpublished papers cited in Culhane & Lee, 1997) found that over a 1-year period, approximately 10% of poor children under the age of five in Philadelphia and New York city stayed in a public shelter, including 16% of poor African American children. The cost of starting out in a new apartment (moving costs, first month's rent, security deposit, furnishings) may be prohibitive even for people who could afford to maintain the housing. A program of loans or assistance directed at first-time renters might permit more young people to make the transition to independent housing, particularly if such a program included work. (We are not aware of any research on such a program.) Assistance to pregnant women and new mothers, beginning with full funding of WIC (the Women, Infant, and Children Food and Nutrition Information Program), might also help young women weather the transition to parenthood.

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[9] Figures estimated by Cushing N. Dolbeare from the 1995 American Housing Survey (AHS) data (personal communication, September 7, 1998). Dolbeare points out some problems with these estimates. First, AHS data underrepresent incomes, sometimes substantially, thus inflating the estimates of costs. Second, actual housing costs total something more than fair-market rents, but not a great deal more. On the other hand, homeless households are excluded from the AHS data, thus deflating the estimate.

These numbers assume that renters could stay in their current units and simply receive help with the rent. Jahiel (1992) calculated that a much smaller program to provide 840,000 units a year would cost $50 billion to $67 billion annually (as of 1992), on the assumption that units would need to be built or rehabilitated. In areas with low vacancy rates, more new construction might be necessary. A program to subsidize renters in existing units would, by itself, do little to ease problems of overcrowding or substandard building conditions. These problems are widespread, but less severe than basic affordability problems. According to AHS data for 1995, 82% of poor renters (representing six million households) spent at least 30% of their income on rent and utilities, 59% spent more than half of their income, 14% lived in housing with moderate or severe physical problems, 10% lived in overcrowded housing, and 6% were doubled up (Daskal, 1998, pp. 12, 21). These percentages overlap. Note that poor renters are a smaller group than renters with incomes below 50% of the area median.

These costs are substantial but far smaller than the tax expenditures that subsidize home ownership, the benefits of which accrue predominantly to wealthier members of society (Dolbeare, 1996). In 1997, homeowners' tax deductions for mortgage interest alone totaled $49.1 billion. If property tax deductions, capital gains deferral, and capital gains exclusions on homes are included, homeowner deductions totaled $90.7 billion (Dolbeare, personal communication, September 7, 1998). To put these numbers in further perspective, note that the Interagency Council on the Homeless (1994, p. 85) observed that if the HUD budget had increased at the rate of inflation after 1980, the department's budget authority in 1994 would have been $65 billion; HUD's actual 1994 appropriation was $26 billion. The difference would cover the cost of subsidies to all worst-case households. For Dolbeare's graphs showing budget outlays versus tax expenditures and the subsidies available to higher income and lower income Americans, see http:// www.nlihc.org/bookshelf/trustfun.htm.

Place-based subsidies. Another approach would select individuals on the basis of the neighborhoods in which they live. Culhane et al. (1996) showed that in Philadelphia and New York city, between three-fifths and two-thirds of families entering shelter over an extended period came from identifiable clusters of census tracts. Rates of shelter admission were strongly related to an area's rates of poor, African American, and female-headed households with young children and with rates of particularly bad housing conditions. In Washington, D.C., rates of female-headed households, especially those with preschool children, and unemployed persons were found to be important.[10] Culhane and Lee (1997) suggested that such analyses make it possible to bring critical services to at-risk families before they enter or even apply for shelter, perhaps through indicated prevention strategies based on assessment of individual needs within specified neighborhoods.

The same types of strategies considered under the rubric of universal prevention could usefully be applied as selected prevention strategies to specific neighborhoods most in need, as judged by the incidence of shelter entry in those neighborhoods. Prevention efforts might include community development, housing construction or rehabilitation, efforts to maintain existing housing stock, job development and training programs, child care services that permit young mothers to take jobs, and efforts to increase social capital.[11] Such strategies might well avert shelter entry for many, although no research currently exists on the consequences of either selected or indicated neighborhood-based prevention strategies for homelessness. Surely they are worthy of exploration.

Secondary Prevention: Resolving Current Homelessness

There is some evidence that subsidized housing, even without other services, is likely to prevent homelessness for most families. In Philadelphia, the numbers of families admitted to shelter who had been in shelter previously dropped from 50% in 1987 to less than 10% in 1990 after a policy of placing families in subsidized

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[10] Of course, many of these factors, considered as individual characteristics, also predict entry into shelter, and their design (using census data to characterize neighborhoods with high rates of shelter entry) did not permit the authors to determine to what extent neighborhood characteristics predicted shelter entry above and beyond individual characteristics. Figures in the article do not permit calculation of the proportions of families in these high-risk areas that entered shelter.

[11] Social capital is defined in a variety of ways, but however defined, it is not a characteristic of individuals but of collectivities, whether personal networks or geographically bounded communities. As Coleman (1988, p. S98) phrased it: "Unlike other forms of capital [human and financial], social capital inheres in the structure of relations between actors and among actors. It is not lodged either in the actors themselves or in physical implements of production." Put another way, social capital "refers to the stocks of social trust, norms, and [formal and informal] networks that people can draw upon in order to solve common problems" (Lang & Hornburg, 1998, p. 4). Social capital, then, is implicated in the distribution of material resources and knowledge and the specific and diffuse, formal and informal influences gathered under the rubric of social control. Social capital is the lifeblood of communities that are both supportive and restraining; it promotes individual well-being and tolerable social order.

housing was adopted (Culhane, 1992). Similarly, Wong, Culhane, and Kuhn (1997) found a very low readmission rate (7.6%) among families discharged from shelter in New York City when they received subsidized housing. Shinn et al. (1998) found that New York City families who lived in subsidized housing were less likely to enter shelter in the first place than other families in the public assistance caseload. Further, subsidized housing was very nearly both necessary and sufficient to stabilize formerly homeless families. Five years after entering shelter, families who received subsidized housing were slightly more likely to have apartments of their own than were a random sample of the public assistance caseload who had never been homeless (97% vs. 92%), and the two groups were equally likely to be stable, defined as having been in one's own apartment without a move for at least a year (80% in both groups). Very few of the formerly homeless families received services other than subsidized housing (certainly they were not part of special case management programs). On the other hand, formerly homeless families who did not receive subsidized housing were very unlikely to be stable at the end of 5 years (38% in own apartment, 18% stable).

Although a variety of factors predicted which families in the public assistance caseload would enter shelter in the first place, only receipt of subsidized housing made any substantial contribution to the prediction of stability at follow-up. Among formerly homeless families, the odds of stability increased 20-fold for households who received housing subsidies, compared to those who did not. Factors that were unrelated to stability, in the context of subsidized housing, included mental illness, substance abuse, health problems, history of incarceration, education, work history, various features of the respondent's childhood (disruptive family experiences, growing up in poverty, teen pregnancy), domestic violence, and strength of personal network, although some of these factors were associated with initial shelter entry (Shinn et al., 1998).[12] Thus, solutions to homelessness need not counteract every "cause." Factors that are easily destabilizing in the informal or shadow housing market (the varieties of doubling up) are much less critical when one has a secure place of one's own.

In New York city, it is worth noting, the mechanism of that security was an arrangement that typically paid families' housing subsidies (and the base rent as well) directly to landlords. Thus, families could not delay rent payments to meet other needs. It is not clear whether families would have been as stable 5 years later if subsidies and base rent payments were more fungible. That experiment has not been tried. Lindblom (1996, p. 193) suggested additional advantages to voluntary

[12] Shinn et al. (1998) looked for, but did not find, evidence of selection bias between those who did and did not receive subsidized housing. Stojanovic, Weitzman, Shinn, Labay, and Williams (1999) found that families (in the same study) who left subsidized housing did so primarily because of serious building problems or safety issues (rats, fire or other disaster, condemnation, or the building's failure to pass a Section 8 inspection).

programs to provide payments to landlords via an intermediary who could serve as an advocate for tenants' rights: Landlords might negotiate lower rents in exchange for the reliability of cash flow, and tenants would obtain more negotiating power, because numerous tenants' payments would come through one intermediary. Nor should the gains to landlords—reliable rent payment and an intermediary short of the police or the courts to intervene in the event of "bad neighbor" complaints—be discounted.

Less definitive additional evidence that homelessness among families is "cured" by subsidized housing comes from two other studies in which all families received such housing. A nine-city study of homeless families (chosen for long-term patterns of recurrent homelessness and need for services) offered families both subsidized housing (Section 8 certificates) and case management services. Among 601 families on whom 18 months of follow-up data were available, 88% remained in permanent housing. This study suggests the value of services-enriched housing and does not speak to the benefits of housing without services, although no differences in housing stability were found across sites with rather different configurations of services (Rog, Holupka, & McCombs-Thornton, 1995). Similarly, Weitzman and Berry (1994) found that less than 5% of 169 "high-risk" families returned to shelter 1 year after receiving subsidized housing with services; the level of intensity of the services received made little difference. Subsidized housing is likely to be important to other populations as well. In a longitudinal study of homeless adults (including a small proportion of women with children) in Alameda County, California, subsidized housing and entitlement income were the most important predictors of exits from homelessness into stable housing at the 15-month follow-up. Here again, case management was unrelated to housing outcomes (Zlotnick, Robertson, & Lahiff, 1999).

The provisional lesson is a profound one: A secure or dedicated housing subsidy seems to be a very effective secondary preventive measure, but we need more research on different populations in more geographic areas.

Indicated Prevention Strategies

Programs to Prevent Evictions

A majority of the over 400 prevention programs receiving funds from the Emergency Shelter Grants Program in fiscal year 1991 used receipt of an eviction notice (52%) and/or a utilities shutoff notice (27%) to identify clients eligible for prevention services; an overlapping 16% targeted victims of domestic violence (Feins, Fosburg, & Locke, 1994a, p. 116). Most programs to prevent evictions or foreclosures on mortgages are aimed at families, although single people also get evicted. Typically, these programs offer some combination of cash grants or loans, counsel on budgeting and finances, legal services, mediation or negotiation

between residents and landlords or mortgage holders, and advocacy. Often the same agencies also provide secondary prevention services to those already homeless. For example, prevention programs funded by the Emergency Shelter Grants (ESG) program in fiscal year 1991 offered back rent and utility payments (82% of providers), mediation for disputes between landlords and tenants (41%), and legal services for indigent tenants (20%) who faced evictions or utility cutoffs. Many providers also offered payments or loans to families facing foreclosure on their own homes (40%) and security deposits or first month's rent to obtain new housing for people about to be displaced (or, presumably, for people in shelters or shared housing with nowhere to go; 78%). Finally, 25% of providers offered referrals and counseling, although it is not clear to what group of clients (p. 114).

An evaluation report suggests that "roughly 205,000 clients and 65,000 families have regained or retained permanent housing through the intervention of the ESG-funded providers" at a cost of about $200 in ESG funds per case (Feins et al., 1994a, p. 186), although the authors of the report acknowledge that it was beyond the scope of the study to assess the impact of homelessness prevention activities directly (p. 206). The actual data represent agency reports of activities, in one-quarter of cases without any follow-up of the people helped (Feins, Fosburg, & Locke, 1994c, p. A-91). Nor is it clear whether agencies corrected their counts for people who later entered shelter or were lost to follow-up or for those who would have become or remained housed in the absence of intervention. Further, costs may be understated because they include only ESG funds, even though the authors acknowledge that other funds must have been used as well (Feins et al., 1994c, p. 182). If these figures are even approximately correct, this is a collection of extraordinarily promising and cost-effective prevention programs, but without more rigorous experimental evaluations, it is hard to credit the results. Case studies of individual programs funded under the ESG program provide little data on the outcomes of prevention efforts (Feins et al., 1994b).

One of the more detailed studies of eviction prevention services concerns a Connecticut program that provided landlord-tenant mediation and payments of back rent for up to the lesser of 2 months or $1,200. Eligible recipients were welfare families threatened with eviction for nonpayment of rent whose housing was deemed to be habitable, permanent, and affordable (D. C. Schwartz, Devance-Manzini, & Fagan, 1991). Households were screened and referred to the program by the Department of Human Resources. About half of the cases resulted in mediated agreements between landlords and tenants; surprisingly, in many cases, no financial help from the program was needed. The primary reason for failure (and referral back to the Department of Human Resources) was the client's inability to afford the current rent and secure the tenancy even if back rent were paid (p. 19). The program provided impressive cost-effectiveness figures: In New Haven, the average back-rent payment was $960 per family, compared to $7,000 for sheltering a family for the allowable maximum of 100 days. In Hartford, 46 families were

served at an average payment of $477, compared to $10,514 in shelter costs for 100 days.

Unfortunately, the assumptions underlying these figures are implausible. First, both the costs of administering the program and mediation were ignored, although in the first months of the program they were substantially higher than the costs of rent payments, and the cost of screening families was left out. Even if we assume that costs of screening, administration, and mediation were reduced eventually to equal the costs of back-rent payments, the estimated costs per family would need to be doubled. Next, the calculation assumes that without the program, all families who were threatened with eviction would have been evicted, gone to shelter, and stayed the maximum of 100 days. Alternatively, if only half of those threatened would have been evicted, and half of those evicted would have gone to shelter, the cost per shelter episode prevented (including mediation costs) would rise to $3,816 in Hartford and $7,680 in New Haven, leading to no savings in the latter city. (Recall that only one-fifth of families actually evicted in New York city went to shelter.) Further, if the average shelter stay were 30 days rather than the maximum of 100 days, the savings in Hartford would also evaporate. The authors' calculation also assumes that 100% of households who came to a mediated agreement with landlords were durably prevented from entering shelter. This may be plausible, because 6-month follow-ups were conducted, but no data were reported. Cost-benefit analyses depend heavily on assumptions that should be put to empirical test. A more sophisticated analysis might also consider other costs to families who lose their homes and enter shelter (loss of belongings, difficulty in maintaining jobs); costs for stabilizing families after shelter; and benefits to others, such as landlords, when tenancies are secured. These factors would enhance the cost-effectiveness of the program. In sum, the Connecticut program looks promising, but a more rigorous analysis is necessary to determine if it is really cost-effective.[13]

The most prudent conclusion, given the state of empirically based results, may be that programs to prevent evictions or foreclosures are likely of substantial benefit to some households at risk of homelessness and to the communities in which they live. The few studies with follow-up data found that a substantial portion of those who were helped remained housed, at least for the period of assistance, and often appeared to be reasonably stable at the end of that period. But calculation of specific costs and benefits is subject to the same problems that plague determination of effectiveness. It requires data about the extent to which clients of the programs avoid homelessness over the long run and the extent to which they would have become homeless in the absence of the programs. Such data are rarely collected.

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[13] Shinn and Baumohl (1999) detail similar criticisms of other programs to prevent evictions.

Further, many programs husband their resources—and rig their results—by "creaming." That is, they target families deemed most likely to succeed: typically households who have sustained sudden losses of income, who can prove they will be able to maintain their residence after receiving help, or who can demonstrate that they are likely to be self-sufficient in the future. The households most likely to become homeless in the absence of the intervention are effectively ineligible (see also Lindblom, 1991). More broadly based housing subsidies to households with worst-case housing situations would reach a far larger group of those at risk, albeit at both greater cost and less specificity of effect.

Finally, programs to prevent eviction and foreclosure, even if unrestrictive, widespread, and successful, would reach only a minority of families—those whose homelessness stems from eviction—and would rarely reach single individuals. This limited reach is not a reason to avoid such programs but suggests that broader action is necessary.

Supportive Services for Impaired or Disabled Individuals

For individuals with severe mental illness or other impairments, services other than subsidized housing are likely to be necessary. As there are no studies designed to include assignment to a no-services group, this must be considered a commonsensical assertion rather than a demonstrated fact. In any case, whether services should be linked to housing or whether homeless individuals should make use of services in the community remain much contested issues.[14]

Popular treatments of homelessness usually emphasize the contributions of one or several major impairments, but the analysts often ignore the biases of cross-sectional samples (rather than samples of new entrants) and lifetime, rather than current, diagnostic measurements (Baumohl, 1993). Once these and other methodological problems are controlled for, it is clear that only a minority of single individuals who become homeless have suffered recently from a major mental disorder, a substance use disorder, or a physical impairment that rises to the level of a work disability, and rates among homeless families are even lower (Koegel et al., 1996; Lehman & Cordray, 1993). More important, although those with serious impairments are overrepresented among homeless people, only a tiny fraction of all people with major physical impairments, mental disorders and/or substance use disorders ever become homeless (Federal Task Force on Homelessness and Severe Mental Illness, 1992; Institute of Medicine, 1990). The same complaints made

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[14] Culhane (1992, p. 438), for one, notes that providing specialized social services, like providing housing for homeless people only, creates incentives for both policymakers and homeless people to use shelters "as a secondary welfare and housing system." The Interagency Council on the Homeless (1994, p. 91) argued against "institutionalizing a separate support system for the homeless population" and for improving access to mainstream services.

earlier about efficiency apply here: although supportive services for people with serious impairments are valuable in their own right, they should be justified on grounds other than the prevention of homelessness, from which perspective most such services will be wasted.

Among mentally ill individuals, it is not even clear that the most important variables predicting homelessness indicate a lack of supportive services. A project in San Diego examined the relative role of housing subsidies and intensive services for homeless people with severe and chronic mental illness (schizophrenia, bipolar disorder, or major depression). Participants were randomly assigned, in a 2×2 design, to access versus no access to Section 8 certificates and to traditional versus comprehensive case management (Hurlburt, Wood, & Hough, 1996). Results indicated a large effect of Section 8 certificates, but no effect of comprehensive case management. Almost 60% of participants with access to the certificates achieved stability in independent housing at the end of the study, compared with 31% of participants without access. In the study by Zlotnick et al. (1999) cited above, in which subsidized housing and regular income from entitlements predicted housing stability, but case management did not, about half of the respondents had substance use disorders or dual diagnoses.[15]

The available epidemiological studies suggest that the prevention of homelessness among individuals with serious impairments—like its prevention among people not so afflicted—should focus on access to subsidized housing and/or to income that allows the individual to rent housing on the open market. Indeed, risk factors for homelessness and protective factors against it among people with serious mental illness may matter primarily because they affect a person's access to housing. For example, the difficulty that many people with serious mental illness have in developing and maintaining relationships may reduce the likelihood of

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[15] A review of clinical research demonstration projects undertaken with Stewart B. McKinney Homeless Assistance Act Funds concluded that programs offering a range of housing alternatives coupled with case management services could effectively engage and stably house homeless individuals with severe mental illness (Shern et al., 1997). The experimental manipulation in these studies involved the type and intensity of services offered. Across five cities, 74–88% of the experimental groups were in community housing at the final follow-up (which ranged from 12 to 24 months). Excluding data from a substudy of a street sample in one city, across four cities with data, 78% of those in community housing were deemed stable; that is, they had not moved in the last follow-up period. Results were very similar across the diverse interventions. Just as interesting, 60–80% of the control groups who received less intensive services were also housed in the community. Thus, as noted previously for homeless families, the intensive services made less difference than might have been expected.

Additional strategies for the primary and secondary prevention of homelessness among people with severe mental illness and/or substance abuse were evaluated as part of a cooperative agreement funded by the Center for Mental Health Services and the Center for Substance Abuse Treatment (Rickards et al., 1999). Strategies included various models for providing housing and services, interventions in which a representative payee helps a consumer to manage money, and family education and respite care. Preliminary results suggest that experimental programs that controlled access to housing were more effective than control programs that did not. The types of services provided did not differentiate more and less successful programs (Teague, Williams, Clark, & Shinn, 2000).

obtaining housing and other resources from members of personal networks. If so, two interventions are possible. One could try to bolster individuals' relationships with families and friends, but a more direct (and arguably more therapeutic) strategy might simply be to provide the housing and other resources that might otherwise come from family and friends.

In a review of the published literature, Carling (1993) concluded that "a comprehensive outreach approach that offers health and mental health services and focuses on the perspectives and demands of clients, work options, and supported housing [will] be effective in helping most people overcome homelessness" (p. 440). Supports, choices, and control, Carling argued, are critical in determining whether people remain in housing. Tanzman's (1993) review found that consumers consistently wanted to live in their own apartments as opposed to living with family, or group residences, single room occupancy hotels (SRO), or hospitals. Srebnik, Livingston, Gordon, and King (1995) found that choice in housing was related to both satisfaction and residential stability for people in supported housing programs.

Recent evidence for the utility of this approach comes from studies by Tsemberis (1999; Tsemberis & Eisenberg, 2000), who placed 242 homeless people with mental illness and often substance abuse directly from the streets or shelters into private apartments of their choice, with supportive services under consumer control. Participants had higher residential stability than a nonequivalent comparison group of 1,600 formerly homeless individuals with severe mental illnesses housed in the usual system of graduated residential treatment (transitional housing, community residences, and supervised SRO hotels), even though moves within the treatment system were not counted against the stability outcome: 88% of the program's clients and 47% of the comparison group were still housed at the end of 5 years. Similar short-term findings emerged in a subsequent, smaller study using an experimental design (Tsemberis, Moran, Shinn, Asmussen, & Shern, in press). In this case, secure subsidized housing was attained through direct payments to landlords and negotiated "money management" arrangements with participating tenants.

Income

Whereas only a small fraction of seriously impaired people become homeless, the low value of Supplemental Security Income (SSI) and General Assistance (GA) benefits virtually guarantees that recipients will have worst-case housing needs. SSI is a means-tested program for disabled, blind, and elderly people with insufficient work histories to qualify for Social Security Disability Insurance, for which basic (nonclinical) eligibility is established through a history of payroll deductions. SSI is thus a welfare program, and in 1990, SSI checks represented only 23% of median income, a figure that is doubtless lower now. McCabe et al. (1993) compared SSI benefit levels to the fair-market rent in each county or standard metropolitan statistical area in the United States. On average, renting an

efficiency apartment required 66% of the SSI check, and renting a one-bedroom required 80%. In 9% of counties, fair-market rent for a one-bedroom apartment exceeded the entire SSI benefit. In the intervening years since the study was conducted, the purchasing power of SSI recipients seeking housing in the open market likely has eroded further, as rents almost certainly have risen much faster than benefits. And even if modestly augmented by food stamps and Medicaid, SSI benefit levels simply will not support the configurations of housing and support services desired by impaired consumers and related to residential stability.

Federal SSI benefits (sometimes supplemented meagerly by a state) amounted in 1999 to $500 per month for an individual living alone and $751 for a couple living together. Even these small amounts are princely sums by comparison to the benefit levels of GA programs. GA is a generic name for state and local programs that provide ongoing or time-limited assistance to low-income persons who do not qualify for Temporary Assistance for Needy Families (TANF) or SSI[16] or who are awaiting an eligibility decision by these or other income maintenance programs. Many states do not have GA programs at all, and in others, GA is operated only in some local jurisdictions; eligibility rules and benefits levels vary dramatically from state to state. The one thing they share, uniformly, is low benefit levels (Greenberg & Baumohl, 1996).[17] In the last 10 years, GA benefits in many states have declined, eligibility restrictions have been added, some jurisdictions within states have ceased benefits, and the state of Michigan abandoned its GA program altogether—and 20,000 former recipients were subsequently evicted (Halter, 1996, p. 108; Urban Institute, 1996).

If benefits continue to be meager in relationship to housing costs, selected prevention strategies to provide housing subsidies to all with worst-case housing needs would be of critical value to people with impairments that prevent work. In the case of individuals with severe mental illness and/or substance use disorder, services under consumer control, combined with housing subsidies and money management services, would seem to be a useful package.

Discharge Planning

The Interagency Council on the Homeless (1994) recommended two additional strategies to prevent homelessness about which we are more skeptical:

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[16] This does not mean that GA recipients are work-ready and shirking. Many GA recipients suffer from acute and chronic problems that, although making them realistically unemployable, do not meet the stringent Social Security standard of disability (Halter, 1996). Moreover, some impairments, notably substance abuse (since January 1997), do not qualify as the basis for a Social Security disability claim (Greenberg & Baumohl, 1996; Hunt and Baumohl, in press).

[17] In 1992, the maximum GA cash benefit for a single adult (the typical recipient), reported by states with uniform statewide programs, ranged from lows of $27 per month in South Carolina and $80 per month in Missouri to highs of $384 per month in Massachusetts and $407 per month in Hawai'i (Burke, 1995, p. 78).

discharge planning among people being released from institutions and programs to ameliorate domestic conflicts. As noted above, a substantial minority of homeless individuals follows institutional circuits, including mental hospitals, jails, and shelters as well as informal housing arrangements and the street.[18] (A smaller minority of both single individuals and parents in families has a history of foster care placement.) However, Lindblom (1991) pointed out that relatively few people go directly from institutions to the streets, and there is no evidence that substantial numbers of youths "age out" of foster care into homelessness.

We are not aware of any experimental evaluations of the efficacy of discharge planning programs in preventing homelessness.[19] Impressive gains have been demonstrated by a New York city study of a 9-month-long "critical time intervention" that offered intensive transitional support to men leaving a psychiatric program in a shelter (Susser et al., 1997), but the duration of this intervention is substantially longer than what is usually meant by discharge planning. Also, the companion role of secure housing in arresting shelter recidivism was not described. In sum, then, although discharge-planning programs make sense on logical grounds, at least as part of longer term programs for people with persistent problems, empirical studies of their ability to prevent homelessness are wanting. We suspect that more enduring interventions or negotiated guarantees of secure housing are necessary.

Programs to Ameliorate Domestic Conflicts

Studies frequently find high rates of childhood physical and sexual abuse, foster care and other out-of-home placements, and domestic violence in the

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[18] Belcher (1997) documented the costs and problems associated with homeless mentally ill individuals who are repeat users of services and approach emergency rooms for care. For example, homeless mentally ill people are far more likely than domiciled mentally ill people to enter the criminal justice system and to commit violent crimes (Martell, Rosner, & Harmon, 1995; Michaels, Zoloth, Alcabes, Braslow, & Safyer, 1992).

[19] Sosin and Grossman's (1991) study of homeless and domiciled mentally ill individuals using free-meal programs in Chicago is one of the few to specifically examine the association of discharge planning with homelessness. Among people with histories of psychiatric hospitalization, there was no difference between homeless and domiciled individuals in the percentage who had living arrangements made for them at last discharge from the hospital, the percentage for whom arrangements involved living with family members, or the percentage referred to outpatient treatment at discharge. Income, rather than individual factors or experience in the mental health system, was the primary predictor of being housed.

[20] For studies of childhood factors, see Bassuk et al. (1997); Bassuk & Rosenberg (1988); D'Ercole & Struening (1990); McChesney (1987); New York City Commission on the Homeless (1992); Rog, McCombs-Thornton, Gilbert-Mongelli, Brito, & Holupka (1995); Roman & Wolfe (1995); Shinn, Knickman, & Weitzman (1991); Sosin, Colson, & Grossman (1988); Susser, Struening, & Conover (1987); and Wood, Valdez, Hayashi, & Shen (1990). Most studies also find higher rates of domestic violence among homeless than among other poor families (Shinn et al., 1991; Wood et al., 1990), but two studies with more detailed questions (Browne & Bassuk, 1997; Goodman, 1991) found no difference: Rates in both homeless and housed groups were extraordinarily high.

backgrounds of both single individuals and parents of families who enter shelter.[20] But it is not clear that programs to ameliorate domestic conflicts would reduce homelessness among adults. Universal strategies to prevent domestic violence, child abuse, and foster care placements (e.g., by changing norms of acceptable behavior, punishing perpetrators, and providing support and education to parents) would, if successful, reduce these risk factors for homelessness, although they are probably better justified on other grounds. Indicated programs to support families who come to the attention of protective services, if successful in reducing family conflict and out-of-home placements, might have special benefits for adolescents, for whom family conflict and abuse are often immediate precursors of homelessness (Robertson & Toro, 1999). Unfortunately, there is little evidence that such programs can prevent homelessness. Moreover, as we noted with respect to mental illness, the majority of abused and placed children do not become homeless. Designers of indicated interventions for families experiencing domestic conflicts that have not yet become violent face the almost insurmountably difficult task of identifying families to which such interventions would apply. Although universal marriage counseling or parenting classes at the transitions to marriage and parenting might well be useful on other grounds, it is quite a stretch to recommend such programs because of their potential to prevent homelessness.

It is even less clear that indicated interventions are advisable to stabilize households *already* experiencing domestic violence. Service providers report that women are reluctant to leave men who abuse them, in part because of their economic dependence on the men. The need, therefore, is for more, not fewer, shelters, psychological services for traumatized mothers and children, and housing and other resources to help families set up new households. Misguided efforts to get women to stay with perpetrators of violence in order to avoid homelessness could lead to injuries and deaths. We know of no studies of programs to ameliorate domestic violence as a strategy to prevent homelessness and would hope that anyone who sets one up would look carefully at possible negative consequences. Abused adolescents may also be better off in alternative residential settings.

To repeat a point made in other contexts: The fact that neither domestic violence nor childhood abuse and out-of-home placements detracted from the long- term stability of formerly homeless families who received subsidized housing in New York city suggests that these factors may contribute to homelessness largely by restricting housing support of an informal kind. Similarly, the impoverished social ties found in many, but not all, studies of homelessness (see Shinn et al., 1991, for a review) may be important because personal network members can provide or subsidize housing. If housing can be secured by other means (e.g., a government subsidy), it may not be necessary to address underlying problems in relationships in order to prevent homelessness, though such interventions may be perfectly desirable for other reasons. Thus, although domestic violence and childhood disruptions may predict homelessness, the best preventive effort may still be access to subsidized housing.

Conclusion: Rethinking the Prevention of Homelessness

In 1990, the General Accounting Office (GAO) reviewed what was known about indicated programs to prevent homelessness and concluded that their effectiveness could not be determined because too few collected the necessary follow-up data. A decade later, the same conclusion holds: Although a few programs may be promising, none are anywhere near proven. If indicated strategies are to be pursued in the future, we must have more rigorous evaluation designs, including random assignment to treatment and, most important, long-term follow-up of both those in the treatment group and controls. The GAO report did not consider the efficiency of targeting, but if the goal of prevention is to reduce the net incidence or prevalence of homelessness rather than merely to provide useful services to poor people under a politically convenient rubric, targeting is a critical issue. We believe that indicated strategies (e.g., eviction and foreclosure prevention, supportive services for seriously mentally ill people and substance abusers, and discharge planning) will collectively reach only a minority of people who become homeless. Even if they were expanded to reach 100% of their intended targets and were also 100% successful in averting the homelessness of those served, they would still prevent fewer than half the annual cases of homelessness. Of course, if an intervention can prevent even a small number of cases of homelessness in an efficient, cost-effective manner, it is a worthy undertaking. But we should at least consider whether broader selected strategies can do better.

Inefficiency is a serious problem with indicated programs, because homelessness (even narrowly defined) is not like PKU: Whereas the latter is an individual, durable, biological trait, the former is the often passing, frequently recurring, complex product of shifting structural influences on individual lives. Homelessness is more the outcome of circumstance—more the product of social contingency—than the predictable fate of certain sorts of poor people. Given this, it should not surprise that individual correlates of homelessness, even when bundled, are inefficient predictors of future homelessness. Indeed, the evidence suggests that it will never be possible to target services sensitively enough to avoid missing a substantial proportion of people who will become homeless or specifically enough to avoid serving several people who will not become homeless for every one who will. To the extent that prevention services are rationed on the basis of individual characteristics, they inevitably will be burdened with the expensive, invidious, and scientifically dubious chore of sorting poor people. Further research on targeting might prove us wrong, but the efficiency of targeting must be demonstrated, not assumed.

Three problems plague the practical application of targeting formulae. First, because correlates of homelessness change over time and vary by location, the data on which scientific targeting relies would need to be periodically renewed in the areas to which they are applied. This would be costly, though it would keep a small

army of epidemiologists off the street. More troublesome, however, is the inevitable disclosure of targeting criteria to those to whom they apply. A good advocate could do no less, and if a public benefit were at stake, the information would not be protected by law. This would result in relentless manipulation and counter-manipulation between clients and providers, with antagonism and scientific futility as the results.[21] Finally, unless programs based on indicated strategies involve the creation of new housing resources, they run the risk of reallocating homelessness among individuals, rather than reducing it, and of mistaking limited program benefits for net effects.

In view of this assessment, should we persist with indicated programs heralded as homelessness prevention? There is an old debate about whether material aid and other help for poor people should be narrowly targeted or embedded in universal programs. That debate is joined on two fronts by the evidence reviewed here. First, the nature of "material aid" offered by some of the more successful secondary prevention programs is effectively "in kind." Both money management and vendor payments ensure rent payment in ways that effectively circumvent personal discretion. There is thus an inherently coercive element to such arrangements—though they may be "voluntarily" entered into, one's range of options at the time is rather small—and this element (how presented, negotiated, sustained over time) is worth further research in its own right. Second, the argument for targeting emphasizes the tendency of universal programs to "squander" resources on the most privileged; the counterargument asserts that targeted programs are politically fragile because they alienate middle-income voters (Skocpol, 1991; Wilson, 1987). This larger debate need not concern us here, but there is an analogous question in the prevention of homelessness: Should homeless or "at-risk" poor people get privileged access to resources? The question is important because this is surely what occurs all over the country in the process of queue forming, whether for subsidized housing in New York City or access to scarce publicly funded methadone maintenance slots in San Francisco. Such preferences reflect moral judgments about relative suffering and culpability and the relative success of advocates for one group of disadvantaged people or another.

These considerations aside, do indicated programs contribute to the efficient prevention of homelessness? The queue-jumping phenomenon makes such a question difficult to answer. Moreover, agency staff sometimes have strong incentives to stretch the official definition of homelessness or risk for it, and such collusion further complicates the matter. Thus, the street-level politics of categorical distinction and resource rationing (Lipsky, 1980) make it difficult, though not impossible, to

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[21] The Social Security Administration's experience with adjudicating disability claims is perhaps the best example of the travails of an agency attempting to defend eligibility boundaries against desperate claimants often well-rehearsed by lay advocates and lawyers (see, in general, Mashaw, 1983, and Stone, 1984).

rigorously evaluate indicated programs to prevent homelessness. We believe that most such programs probably prevent some homelessness. But what they do, indisputably if in undocumented ways, is help some poor people manage their deprivation a little better.

Universal and selected approaches to preventing homelessness are arguably more equitable, but they remain essentially speculative, largely untried, and in their own ways, difficult to evaluate. On the surface, at least, they seem expensive and no more demonstrably efficient than the indicated programs we have criticized. Even so, the evidence to date suggests, above all, that the most effective levers for homelessness prevention are instruments of housing and income. Writ large in the form of housing, employment, income maintenance, and tax policy, such broad programs would affect the many rather than the few and lift vagrant boats on the flood tide. A selected strategy like subsidies for households with worst-case housing needs (akin to what Skocpol [1991] calls "targeting within universalism") would not solve the problem of eligibility thresholds that arises in all programs that are not absolutely universal, but it would reach a high proportion of those at risk and would, we believe, markedly decrease homelessness.

Such an approach seems especially urgent in view of HUD data that show that the crisis in affordable housing continued to worsen during the economic expansion at the end of the last century.[22] Now, in particular, efforts to prevent homelessness must focus on making housing affordable to poor people. Only once this goal is attained does it make sense to consider other objectives. Passage of legislation

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[22] A U.S. Department of Housing and Urban Development report (1999) noted that (1) rents increased faster than incomes for the poorest 20% of American households from 1995 to 1997; (2) the number of units renting for less than $300 (adjusted for inflation) decreased by 13% from 1996 to 1998, leading to a loss of 950,000 such units; (3) cuts in federal support for affordable housing led to a drop of 65,000 in the number of HUD-assisted households from 1994 to 1998; and (4) private owners are dropping out of the HUD-assisted project-based subsidy program.

The housing crisis is worst for those at the bottom of the income distribution, who did not share in the recent economic expansion. The average poor person in 1999 fell further below the poverty line (with amounts adjusted for inflation) than in any year since 1979, the first year for which comparable data are available (Greenstein, Prim, & Kayatin, 2000). See the website of the Center for Budget and Policy Priorities <http://www.cbpp.org> for a fuller discussion. Whereas child poverty decreased from 1995 to 1997, the proportion of children in families in extreme poverty (below half the poverty line) increased (Sherman, Amey, Duffield, Ebb, & Weinstein, 1998). Work is no protection against housing difficulties. According to the 1997 American Housing Survey, 3.9 million households living in unsubsidized units had incomes below 30% of the area median, despite earning at least the equivalent of the minimum wage for 40 hours per week, year round. Over two-thirds of these households paid at least 30% of their incomes for housing, and one-quarter paid over 50% (Joint Center for Housing Studies, 2000, p. 23). Twombly, Pitcoff, Dolbeare, and Crowley (2000) reported the number of hours per week of work at the minimum wage, or alternatively, the full-time "housing wage," needed to afford a two-bedroom rental at the fair-market rent in every community in the country. The fair-market rent is a low-average rent calculated by HUD, and the authors used the HUD standard that no more than 30% of income should go to rent. They also showed the proportion of renters unable to afford the fair-market rent for units of various sizes. For example, in San Francisco, a person earning the California minimum wage of $5.75 per hour ($.60 above the federal minimum) would need to work 195 hours per week to afford a two-bedroom unit; 56% of actual San Francisco renters cannot afford a unit of this size. Even in

establishing the National Housing Trust Fund (described above) would be an important step in this direction.

If universal strategies, or selected strategies directed at abjectly poor people or those with worst-case housing needs, were employed nationwide, evaluation of their discrete contributions to homelessness prevention would be difficult. If they were applied in particular states or communities, evaluation might be possible using time series designs to compare prevalence rates of homelessness in locales with the programs to those without in nearby states or communities subject to the same general economic or social trends.

In our opinion, we should study the impact of saturating several geographically dispersed communities with new Section 8 certificates available to those with worst-case housing needs, possibly in conjunction with empowerment zones. But Section 8 certificate holders need income as well as housing. In the wake of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 and the collapse of GA, we ought to test selected employment strategies modeled on the Job Corps but modified to include single parents and those with impairments that do not reach the level of a work disability, as evaluated by the Social Security Administration. Such programs would address the failures of GA and the homelessness of poor, young parents whose transition from adolescence to adulthood, from family of origin to independent household, historically was aided by welfare and, in recent years, seems frequently to have incorporated stays in shelter.

To compare variations on such approaches, housing subsidies and income subsidies, supported work, and public employment could be combined in some places with social services (including representative payee or rent voucher provisions) for substance abusers and people with a serious mental illness. As suggested earlier, there is some evidence that direct rent payment may be an important predictor of long-term stability in housing, and thus it warrants a separate experimental condition. Both participants' access to housing and income supports and services such as "case management" need to be carefully specified, however. To the extent that case management provides access to housing and income, studies that find that it contributes to housing stability, but leave its actual activities unexamined, may obscure the most critical elements of case management's success.

Finally, Culhane et al.'s (1996) findings on the neighborhoods from which shelter dwellers come suggest the relevance of selected prevention programs that both provide services to individuals and families and utilize community development and community organization methods to enhance the financial, human, and social capital of such immiserated areas. Such programs deserve a test. We do not share Culhane

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the most affordable state in the nation, West Virginia, the "housing wage" needed to afford a two-bedroom unit, $8.12, exceeds the minimum wage by nearly $3.00. (To view statistics for your community, see *Out of Reach 2000* at the National Low Income Housing Coalition's website <http://www.nlihc.org>.)

et al.'s faith in the utility of indicated prevention measures within such a selected strategy, but we may be wrong, and certainly there is every reason to believe that community development is vitally necessary if prevention programs are to rise above the mere reallocation of homelessness.

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