This report was prepared by Idaho Policy Institute at Boise State University and commissioned by the City of Boise.
ENDING FAMILY HOMELESSNESS IN ADA COUNTY, IDAHO 2019
ENDING FAMILY HOMELESSNESS IN ADA COUNTY, IDAHO

EXECUTIVE SUMMARY

- What interventions are most suitable for preventing family homelessness?
- What is the gap between current capacities of housing and homelessness services and the service capacity needed to end family homelessness in Ada County?
- What are the programmatic costs of ending family homelessness in Ada County?

To answer these questions, Boise State University's Idaho Policy Institute (IPI) conducted a literature review of homelessness prevention services as well as an analysis of Ada County's Coordinated Entry System (CES). Research included tracking households with children through the CES, assessing their referral into programs and determining costs associated with placement into housing.

Data over a two-year period indicates nearly 1,300 households with children were experiencing housing instability and reached out for assistance. Of those households, 680 entered the CES while 636 households were diverted via preventative programming. Of those entering the CES, 287 were able to move into housing at a cost of $847,870. The cost would be approximately $2,295,155 to place households without stable housing into homes.

Up to 110 of the families that entered into the CES may have been able to remain stably housed through preventative programs. As the community continues to build services to address housing instability and homelessness, focusing more resources on preventive programs could yield a significant cost savings to the community while contributing to the effort to end family homelessness.
FAMILY HOMELESSNESS IN ADA COUNTY

THE ISSUE AND GOAL
At any given time in Ada County, Idaho, over 200 households with children are experiencing homelessness. Nearly 25 of such households enter into homelessness each month. The average amount of time these families experience homelessness is 162 days or just over five months. The organizations addressing the issue of family homelessness are facing continued challenges. As the population has grown, costs for both rental housing and homeownership have been steadily increasing, decreasing the availability of affordable housing. The problem is compounded by factors such as wages not growing as rapidly as housing costs. Our Path Home (OPH) has a goal to end family homelessness in Ada County by 2025.

THE LANDSCAPE
OPH is a public-private partnership designed to address the issue of homelessness in Ada County. OPH leads a community-wide effort to effectively end homelessness by engaging partners across sectors to make homelessness rare and brief when it occurs. OPH works to minimize trauma associated with homelessness and connect those experiencing homelessness to mainstream services while also promoting long-term stability. The Coordinated Entry System (CES) is a system within OPH that streamlines the way people experiencing housing instability or homelessness are assessed and referred into programs necessary to stabilize their housing situation. Programs associated with the CES include prevention, early intervention, rapid re-housing and permanent supportive housing. See Appendix A for a full list and description of programs.

The figure below illustrates the spectrum of housing instability in Ada County and associated programs.

FIGURE 1: THE HOMELESSNESS SERVICE SPECTRUM
AT RISK
As the diagram depicts, in most communities, including Ada County, there are many more people who are at risk of housing instability than are experiencing literal homelessness. The cost for addressing homelessness is often lowest for those households in this category. These are generally households who have incomes below 30% of the Area Median Income (AMI) and are living in stable housing that they are at risk of losing in the next month due to financial insecurity. In Ada County this would equal an income of $18,045, regardless of household size. This means approximately 6% or 6,297 households are at risk of homelessness. These households are likely living paycheck to paycheck. In some cases these households are eligible to receive assistance from Boise School District and West Ada School District. Such services include rental assistance, utility assistance and case management support.

IMMINENT RISK
Costly trigger events, such as medical issues or car problems, place these households in imminent risk of experiencing homelessness. Prevention programs ensure households maintain stable housing. In Ada County, prevention programs providing one-time financial assistance towards rent or utilities are available to this population. Certain households may also qualify for permanent housing support. Permanent housing services are long-term programs to help families remain housed and includes income-based rent subsidies like Housing Choice Vouchers (Section 8) and the Low Rent Public Housing program. These programs have limited availability in Ada County and therefore are often forced to close their waiting list.

HOMELESSNESS
Some households are unable to maintain housing and, as a result, may experience homelessness. This means they lack stable housing and are living in a shelter or a place not meant for human habitation. In Ada County, this population has access to rapid re-housing (RRH) programs. Long-term RRH includes multi-month rental assistance and supportive services that can move a family into stable housing quickly. Short-term RRH offers a one-time rent and/or deposit assistance to families who have a reliable income. The populations that qualify for short-term RRH tend to be those who would have been most suitable for preventative services.

CHRONIC HOMELESSNESS
When the head of a household has a qualifying disability and the family has been experiencing homelessness for twelve consecutive months or for a total of twelve months over three years, these families are defined as experiencing chronic homelessness. This population generally represents a small percentage of those experiencing homelessness but are the most vulnerable and also require the costliest services. In addition to the aforementioned services, those experiencing chronic homelessness qualify for permanent housing solutions that coincide with supportive services. Such Permanent Supportive Housing (PSH) programs provide families with long-term housing and support in obtaining mental health services, substance abuse treatment, financial consulting and job training.

Households entering the CES are already experiencing literal homelessness. As such, the CES’s referrals are most often to long-term RRH or PSH programs. At this point, the CES does not facilitate referrals to preventative or short-term rapid re-housing programs. OPH’s data system (the Homelessness Management Information System or HMIS) has
begun including families experiencing housing instability through the engagement of preventative and early intervention service providers. Continued integration of such services into the CES can enable diversion, via referral to preventative programming, before families enter the CES.

**METHODOLOGY AND ANALYSIS**

Three research questions guided this analysis:

What interventions are most suitable for preventing family homelessness?

What is the gap between current capacities of housing and homelessness services and the service capacity needed to end family homelessness in Ada County?

What are the programmatic costs of ending family homelessness in Ada County?

To answer these questions, a literature review of homelessness prevention services was conducted. Subsequently, data from public school districts within Ada County, Idaho Department of Health and Welfare, Jesse Tree of Idaho and OPH's CES was collected and analyzed.

The literature review for homelessness prevention was completed by identifying evidence-based interventions through a literature search on homelessness prevention across several disciplines, such as public health and criminal justice. In addition, the review included case studies of communities with successful prevention programs.

Current housing services for families experiencing housing instability and homelessness in Ada County are described in a narrative (see Appendix A) based on material received by the organizations providing the services. Information about services was also received from OPH.

The majority of data used came from OPH's HMIS. The data obtained through OPH’s HMIS represents all families experiencing homelessness with children under the age of 18 that were entered into the CES database. Data was obtained for all families in Ada County from May 1, 2017 to June 30, 2019. The HMIS data utilized contains robust de-identified information about the demographics of people receiving services from the CES as well as the services they receive, the length of time for program referral and the reason they exit the CES. The data provided enabled analysis of the frequency of services, efficiency of services, the chances for re-entry into the CES and the efficiency of different programs in relation to the demographics of the families receiving services.

The HMIS data provided originally contained data at the individual level, which was aggregated to the household level in order to simplify analysis and to match funding data which was provided at the household level. Figure 2 illustrates the flow of households through homelessness and housing instability during the study period.
As the figure depicts, of the 1,290 households examined over the two-year period, nearly 70% (895 households) had positive outcomes, meaning their housing crisis was ended. About 49% were diverted from experiencing homelessness by utilizing preventative interventions offered through Jesse Tree and Idaho Department of Health and Welfare’s Navigation program.

Next, costs were attributed to each of the households. No association was found between costs of services and length of time homeless; therefore, for households without direct cost data, costs were estimated with a simple linear equation linking funding to household size. For example, a household that participated in the CATCH rapid re-housing program that received funding for a two-bedroom rental would be estimated to receive $2,725 over a five-month period (the average length of time spent in CATCH programs). An additional $1,642 was added to the estimate for each additional bedroom required for a household.

Using these cost estimates, the baseline funding level was calculated to be the total amount of funding (including rental assistance, deposit assistance and case management) spent on households that were referred to a program and were listed as receiving a service or entering a rental. Table 1 depicts the actual costs associated with the 287 households that were housed after being in the CES.

**Note:** See appendices A & B for definitions and explanations of terms in the chart above.
Families that never received a referral to a program, or that exited the CES without being successfully housed, including those removed from the CES due to lack of contact, were calculated as falling into the gap (represented in Table 2). The number of families in the gap was used to calculate the necessary funding to house these families.

### TABLE 2: GAP IN FUNDING NEEDS

<table>
<thead>
<tr>
<th>Program</th>
<th>Total Costs</th>
<th>Average Cost Per Household</th>
<th>Total Households</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanent Supportive Housing</td>
<td>$885,051</td>
<td>$9,316</td>
<td>95</td>
</tr>
<tr>
<td>Short-term Rapid Re-housing</td>
<td>$145,524</td>
<td>$1,599</td>
<td>91</td>
</tr>
<tr>
<td>Long-term Rapid Re-housing</td>
<td>$1,264,580</td>
<td>$5,909</td>
<td>214</td>
</tr>
<tr>
<td><strong>Gap Subtotals</strong></td>
<td><strong>$2,295,155</strong></td>
<td><strong>$5,738</strong></td>
<td><strong>400</strong></td>
</tr>
</tbody>
</table>

These numbers help to illustrate the current funding gap in homelessness services. Due to discrepancies in the data, it is possible that some of these gap households did receive some funding before exiting the program, and it is possible that some of the housed households may not have received funding (or may have received it from an unknown source) before exiting the system.

An analysis was also run to determine the cost of homelessness prevention for households that would have qualified for preventative programing before entering the CES (see Table 3). For instance, households with reported income were run through preventative programs with income requirements.

### TABLE 3: COST OF HOMELESSNESS PREVENTION

<table>
<thead>
<tr>
<th>Prevention/Short-term Early Intervention Cost Comparisons</th>
<th>Cost to Provide All Eligible Households in the Queue with Services</th>
<th>Cost Per Household</th>
<th>Total Eligible Households</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short-term Rapid Re-housing</td>
<td>$175,899</td>
<td>$1,599</td>
<td>110</td>
</tr>
<tr>
<td>Prevention (Jesse Tree)</td>
<td>$95,139</td>
<td>$865</td>
<td>110</td>
</tr>
<tr>
<td>Navigation</td>
<td>$150,401</td>
<td>$1,367</td>
<td>110</td>
</tr>
</tbody>
</table>
The per household cost for all preventative programs is less than the cost of providing support to families experiencing homelessness, demonstrating that prevention is more cost effective than reacting to homelessness.

**PROJECTIONS**

Projections for the next three and five years were calculated with data from the two-year study period, May 1, 2017 – June 30, 2019. The demand for each program was calculated by using the percentage of families that went into each program during the study period (for example, roughly 57% of families with referrals were referred to a long-term rapid re-housing program). This demand was then multiplied by the average cost per household for each program to estimate the total future cost of each program as varied by demand. These cost estimates were further adjusted for an inflation rate of 3% per year. Case management costs were calculated as 15% of total costs for those programs that did not already have available case management data.

The number of people entering into the CES each year was also projected with data from the study period, as well as the number of people entering housing through the CES and self-resolving out of the system. In addition, an attrition rate was calculated for those families that leave the CES without explanation, for either positive or negative reasons. It was estimated that approximately 70% of families that were referred to a program would be successfully housed that same year, with the rest being carried over to following years or leaving the CES for other reasons.

The number of new households threatened by homelessness each year was assumed to remain constant over the next three years. This growth estimate was used to calculate the demand for services, which in turn was used to predict how different funding models may impact the service gap over the next three and five years. Projection estimates were used to build the four models presented in this report.
Model 1 is a “business as usual” model, which assumes that current service and growth levels will remain the same over the next three years.

**MODEL 1: BUSINESS AS USUAL MODEL (3 YEARS)**

<table>
<thead>
<tr>
<th>Year</th>
<th>Carry-over</th>
<th>Entered CES</th>
<th>In CES</th>
<th>Referred</th>
<th>Housed (Referral * 0.7)</th>
<th>Self-Resolved</th>
<th>Gap</th>
<th>Attrition</th>
<th>Carry-Forward</th>
<th>Prevention Costs</th>
<th>Prevention Clients</th>
<th>Short-Term RRH Costs</th>
<th>Short-Term RRH Clients</th>
<th>Long-Term RRH Costs</th>
<th>Long-Term RRH Clients</th>
<th>PSH Costs</th>
<th>PSH Clients</th>
<th>Total Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>155</td>
<td>307</td>
<td>462</td>
<td>115</td>
<td>80</td>
<td>92</td>
<td>290</td>
<td>51</td>
<td>239</td>
<td>$579,762.79</td>
<td>460</td>
<td>$34,783.38</td>
<td>26</td>
<td>$444,500.11</td>
<td>66</td>
<td>$704,144.61</td>
<td>69</td>
<td>1,763,742.89</td>
</tr>
<tr>
<td>2</td>
<td>239</td>
<td>307</td>
<td>546</td>
<td>115</td>
<td>80</td>
<td>109</td>
<td>357</td>
<td>60</td>
<td>297</td>
<td>$597,155.68</td>
<td>460</td>
<td>$35,826.88</td>
<td>26</td>
<td>$457,835.11</td>
<td>66</td>
<td>$974,433.44</td>
<td>92</td>
<td>2,065,803.11</td>
</tr>
<tr>
<td>3</td>
<td>297</td>
<td>307</td>
<td>604</td>
<td>115</td>
<td>80</td>
<td>121</td>
<td>403</td>
<td>66</td>
<td>337</td>
<td>$615,070.35</td>
<td>460</td>
<td>$36,901.68</td>
<td>26</td>
<td>$471,570.17</td>
<td>66</td>
<td>$1,252,830.93</td>
<td>115</td>
<td>2,376,925.13</td>
</tr>
<tr>
<td></td>
<td>Totals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$1,791,988.82</td>
<td>1,380</td>
<td>$107,511.94</td>
<td>78</td>
<td>1,373,905.39</td>
<td>198</td>
<td>2,931,408.98</td>
<td>276</td>
<td>$6,206,471.13</td>
</tr>
</tbody>
</table>

Model 2 is another version of the business as usual model, projected over the next five years.

**MODEL 2: BUSINESS AS USUAL MODEL (5 YEARS)**

<table>
<thead>
<tr>
<th>Year</th>
<th>Carry-over</th>
<th>Entered CES</th>
<th>In CES</th>
<th>Referred</th>
<th>Housed (Referral * 0.7)</th>
<th>Self-Resolved</th>
<th>Gap</th>
<th>Attrition</th>
<th>Carry-Forward</th>
<th>Prevention Costs</th>
<th>Prevention Clients</th>
<th>Short-Term RRH Costs</th>
<th>Short-Term RRH Clients</th>
<th>Long-Term RRH Costs</th>
<th>Long-Term RRH Clients</th>
<th>PSH Costs</th>
<th>PSH Clients</th>
<th>Total Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>155</td>
<td>307</td>
<td>462</td>
<td>115</td>
<td>80</td>
<td>92</td>
<td>290</td>
<td>51</td>
<td>239</td>
<td>$579,762.79</td>
<td>460</td>
<td>$34,783.38</td>
<td>26</td>
<td>$444,500.11</td>
<td>66</td>
<td>$704,144.61</td>
<td>69</td>
<td>1,763,742.89</td>
</tr>
<tr>
<td>2</td>
<td>239</td>
<td>307</td>
<td>546</td>
<td>115</td>
<td>80</td>
<td>109</td>
<td>357</td>
<td>60</td>
<td>297</td>
<td>$597,155.68</td>
<td>460</td>
<td>$35,826.88</td>
<td>26</td>
<td>$457,835.11</td>
<td>66</td>
<td>$974,433.44</td>
<td>92</td>
<td>2,065,803.11</td>
</tr>
<tr>
<td>3</td>
<td>297</td>
<td>307</td>
<td>604</td>
<td>115</td>
<td>80</td>
<td>121</td>
<td>403</td>
<td>66</td>
<td>337</td>
<td>$615,070.35</td>
<td>460</td>
<td>$36,901.68</td>
<td>26</td>
<td>$471,570.17</td>
<td>66</td>
<td>$1,252,830.93</td>
<td>115</td>
<td>2,376,925.13</td>
</tr>
<tr>
<td>4</td>
<td>337</td>
<td>308</td>
<td>645</td>
<td>115</td>
<td>80</td>
<td>129</td>
<td>436</td>
<td>71</td>
<td>365</td>
<td>$634,899.68</td>
<td>461</td>
<td>$38,008.74</td>
<td>26</td>
<td>$485,717.27</td>
<td>66</td>
<td>$1,539,580.35</td>
<td>138</td>
<td>2,698,759.04</td>
</tr>
<tr>
<td>5</td>
<td>365</td>
<td>309</td>
<td>674</td>
<td>115</td>
<td>80</td>
<td>135</td>
<td>459</td>
<td>74</td>
<td>385</td>
<td>$655,365.21</td>
<td>462</td>
<td>$39,149.00</td>
<td>26</td>
<td>$500,288.79</td>
<td>66</td>
<td>$1,834,932.25</td>
<td>161</td>
<td>3,030,289.25</td>
</tr>
<tr>
<td></td>
<td>Totals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$3,082,253.71</td>
<td>2,303</td>
<td>$184,669.67</td>
<td>130</td>
<td>$2,359,911.45</td>
<td>330</td>
<td>$6,305,921.58</td>
<td>575</td>
<td>$11,935,519.42</td>
</tr>
</tbody>
</table>
Model 3 looks at graduated prevention in conjunction with expanded reactive services in order to effectively end family homelessness within the next three years. This model is more aggressive than model four, as it assumes that the gap must be reduced to zero within three years.

**MODEL 3: GRADUATED PREVENTION & REFERRAL EXPANSION (3 YEARS)**

<table>
<thead>
<tr>
<th>Year</th>
<th>Carry-over</th>
<th>Entered CES</th>
<th>In CES</th>
<th>Referred</th>
<th>Housed (Referral * 0.7)</th>
<th>Self-Resolved</th>
<th>Gap</th>
<th>Prevention Costs</th>
<th>Prevention Clients</th>
<th>Short-Term RRH Costs</th>
<th>Short-Term RRH Clients</th>
<th>Long-Term RRH Costs</th>
<th>PSH Costs</th>
<th>Total Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>155</td>
<td>225</td>
<td>380</td>
<td>150</td>
<td>105</td>
<td>199</td>
<td>42</td>
<td>157</td>
<td>542</td>
<td>$45,369.62</td>
<td>35</td>
<td>$579,782.75</td>
<td>86</td>
<td>$784,010.45</td>
</tr>
<tr>
<td>2</td>
<td>157</td>
<td>150</td>
<td>307</td>
<td>200</td>
<td>140</td>
<td>61</td>
<td>34</td>
<td>72</td>
<td>617</td>
<td>$62,307.61</td>
<td>46</td>
<td>$796,234.98</td>
<td>114</td>
<td>$1,254,077.98</td>
</tr>
<tr>
<td>3</td>
<td>72</td>
<td>75</td>
<td>147</td>
<td>83</td>
<td>102</td>
<td>29</td>
<td>16</td>
<td>0</td>
<td>692</td>
<td>$26,633.39</td>
<td>19</td>
<td>$340,350.64</td>
<td>47</td>
<td>$1,455,008.35</td>
</tr>
</tbody>
</table>

**Totals**

$2,409,359.06  
1,851  
$134,310.63  
100  
$1,716,368.37  
247  
$3,493,096.78  
325  
$7,755,332.84

Finally, Model 4 looks at graduated prevention in conjunction with expanded reactive services in order to effectively end family homelessness within the next five years - by 2025. This model is more conservative than model three, as it assumes that the gap can be reduced more slowly.

**MODEL 4: GRADUATED PREVENTION & REFERRAL EXPANSION (5 YEARS)**

<table>
<thead>
<tr>
<th>Year</th>
<th>Carry-over</th>
<th>Entered CES</th>
<th>In CES</th>
<th>Referred</th>
<th>Housed (Referral * 0.7)</th>
<th>Self-Resolved</th>
<th>Gap</th>
<th>Prevention Costs</th>
<th>Prevention Clients</th>
<th>Short-Term RRH Costs</th>
<th>Short-Term RRH Clients</th>
<th>Long-Term RRH Costs</th>
<th>PSH Costs</th>
<th>Total Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>155</td>
<td>275</td>
<td>430</td>
<td>150</td>
<td>105</td>
<td>86</td>
<td>47</td>
<td>192</td>
<td>492</td>
<td>$45,369.62</td>
<td>35</td>
<td>$579,782.75</td>
<td>86</td>
<td>$784,010.45</td>
</tr>
<tr>
<td>2</td>
<td>192</td>
<td>200</td>
<td>392</td>
<td>200</td>
<td>105</td>
<td>78</td>
<td>43</td>
<td>166</td>
<td>567</td>
<td>$62,307.61</td>
<td>46</td>
<td>$796,234.98</td>
<td>114</td>
<td>$1,254,077.98</td>
</tr>
<tr>
<td>3</td>
<td>166</td>
<td>150</td>
<td>316</td>
<td>100</td>
<td>105</td>
<td>63</td>
<td>35</td>
<td>113</td>
<td>617</td>
<td>$32,088.42</td>
<td>23</td>
<td>$410,061.01</td>
<td>57</td>
<td>$1,496,162.76</td>
</tr>
<tr>
<td>4</td>
<td>113</td>
<td>100</td>
<td>213</td>
<td>75</td>
<td>105</td>
<td>43</td>
<td>23</td>
<td>42</td>
<td>669</td>
<td>$24,788.31</td>
<td>17</td>
<td>$316,772.13</td>
<td>43</td>
<td>$1,683,173.25</td>
</tr>
<tr>
<td>5</td>
<td>42</td>
<td>100</td>
<td>142</td>
<td>75</td>
<td>98</td>
<td>28</td>
<td>16</td>
<td>0</td>
<td>671</td>
<td>$25,531.95</td>
<td>17</td>
<td>$326,275.30</td>
<td>43</td>
<td>$1,875,794.05</td>
</tr>
</tbody>
</table>

**Totals**

$4,054,351.89  
3,016  
$190,085.92  
138  
$2,429,126.18  
343  
$7,093,218.49  
645  
$13,770,279.48

Finally, Model 4 looks at graduated prevention in conjunction with expanded reactive services in order to effectively end family homelessness within the next five years - by 2025. This model is more conservative than model three, as it assumes that the gap can be reduced more slowly.
VISUAL COMPARISONS BETWEEN MODELS

Box 1 illustrates the difference between how each of the three-year models differ from each other and also differ from each of the five-year models. Note that both the three- and five-year models begin at year three, since they were projected from two years of existing data.

BOX 1: VISUAL COMPARISONS BETWEEN MODELS

3 YEAR CUMULATIVE COST PROJECTIONS

5 YEAR CUMULATIVE COST PROJECTIONS

3 YEAR CARRY-FORWARD PROJECTIONS

5 YEAR CARRY-FORWARD PROJECTIONS

ANNUAL CLIENTS OVER 3 YEARS

ANNUAL CLIENTS OVER 5 YEARS
LIMITATIONS

There are several limitations of the data that may influence the efficacy of the results and financial modeling. First, the dataset only contains families that were entered into the CES in HMIS and may not be representative of the entire population of families experiencing homelessness in Ada County. Many other organizations, such as religious charities and school districts, provide housing services to families but do not report data to HMIS. Data for families experiencing domestic violence that are not referred to the CES is not available for this study in order to protect individuals in highly sensitive situations. Additionally, during data analysis, some households were excluded due to incomplete data.

The second limitation of the data is potential inconsistency in data entry. Obtaining consistent data for all families across time is not possible due to the complex nature of homelessness situations. For instance, family units are not static and change overtime. When such changes occur, identifying families consistently is difficult. Families may experience multiple instances of homelessness, thus requiring re-entry into housing programs and more resources. Furthermore, the data entry is conducted across many organizations participating in the CES which creates the possibility of inconsistent methods of entry and unreliable connections across data sources. Additionally, methods of data entry evolved over the two-year period to address issues identified by data managers.

A third limitation of the data is related to a lack of information on the funding spent on households by program. Program funding data was not available for all households listed as participating in a program, and funding data often did not include costs for case management or administration. Therefore, this analysis focuses on the variable costs associated with families experiencing homelessness in Ada County. In addition, this analysis assumes that the programs currently in place will continue as the dominant options, avoiding speculation about the growth of alternative programs such as transitional housing.

THE OPPORTUNITY OF PREVENTION

As illustrated in the analysis, prevention is an important part of comprehensive strategies to end homelessness. However, strategies tend to emphasize crisis response and emergency services, limiting prevention initiatives. When initiatives do invest in prevention, effective interventions are difficult to implement due to challenges conceptualizing prevention, targeting services and resources toward those most likely to become homeless and assessing program outcomes.

Homelessness prevention requires a degree of systems integration both at the community level and within government. Effective programs do not stand alone but are embedded in these integrated systems. Communities can begin building a comprehensive prevention program by spending time identifying the populations most likely to become homeless as well as the populations that would be most costly if they did become homeless. In addition, communities must assess its capacity through indentifying the availability of financial resources, the possibility of partnerships and amount of political will available for any initiatives. Finally, prevention programs must integrate practices for measuring impacts of prevention programming.
The following sections provide a description of common challenges faced by policymakers, details of different prevention typologies and a review of strategies implemented across the country based on these elements.

**CHALLENGES**
Homelessness prevention needs to be efficient and effective. Efficiency ensures overall benefit relative to the cost incurred and reduces demand for homeless services. This requires a carefully articulated targeting strategy and an allocation of funds in ways likely to reach the people at greatest risk of homelessness. Effectiveness is achieved when initiatives increase housing stability and decrease literal homelessness.

Directing services and resources toward those most likely to become homeless has been described as one of the main challenges of homelessness prevention. The causes of homelessness are not always clear, which makes the prediction of when homelessness will happen or whom it will affect less certain. As a result, resources for preventing homelessness are frequently spent on households that are not at a high-risk for homelessness while a significant number of households at risk might be left out of the scope of prevention initiatives.

Hesitation to invest in prevention strategies can arise because causality between prevention programs and specific results is difficult to prove. As such, some suggest the success of homelessness prevention can be measured by its ability to properly assess the conditions that lead to homelessness, rather than attempting to parse out which vulnerable people would have become homeless without intervention.

**PREVENTION TYPOLOGIES**
The literature acknowledges five types of prevention initiatives:
1. Structural Prevention addresses structural factors that contribute to housing precarity and expose individuals to the risk of homelessness by promoting poverty reduction, income security, access to appropriate housing, inclusion, safety, wellness and security of tenure.
2. Systems Prevention addresses institutional and systems failures that contribute to the risk of homelessness by fixing policy and procedural barriers to services, enhancing access to support and providing reintegration support through facilitating transitions from public institutions (i.e., jail or prison).
3. Early Intervention strategies help individuals at extreme risk of, or who have recently experienced, homelessness obtain the support needed to retain their current housing or rapidly access appropriate housing.
4. Eviction Prevention strategies are designed to keep individuals at risk of eviction in their home and to help them avoid homelessness by focusing on housing support, providing counseling and educational programs, legal support and representation, conflict resolution and mediation, rent control and supplements, emergency funds and crisis support.
5. Housing Stability incorporates initiatives for exiting homelessness quickly and avoiding recidivism. Examples include providing help in obtaining housing, housing retention and rent supplements.
HOMELESSNESS PREVENTION STRATEGIES
Successful prevention initiatives tend to use the following strategies:

- Accurate targeting by information-sharing mechanisms across agencies with a single agency or system controlling the eligibility determination process.
- Community motivation enabled by community acceptance of a legal and moral obligation to shelter and willingness to invest resources into prevention.
- Maximization of resources through collaboration between public and private sectors, and recognition from non-housing agencies that housing stability is also their responsibility.
- Smart management from strong leadership, clear goals and strategies and mechanisms that provide feedback on process, encourage innovation and identify gaps.22

Short case studies from three communities are utilized to illustrate successful prevention programs.

MONTGOMERY COUNTY, PENNSYLVANIA23
Models for Montgomery County’s prevention program were chosen by understanding the community’s homeless population, identifying strategies implemented in similar communities and evaluating those strategies based on political feasibility, cost-effectiveness, cost-efficiency and capacity to produce measurable outcomes. The community chose three models to pilot.

Court-based eviction prevention was designed to empower tenants and reduce the number of evictions. Elements of the program include: ensuring tenants’ access to information about the legal process and their rights and responsibilities, providing same-day legal representation at court mediation, supportive services to assist households with pressing financial needs and financial coaching on money management to prevent future evictions.

The second model created a uniform screening and referral process for households receiving services from the county and specialized prevention services for individuals who are facing a high risk of homelessness that would be expensive to re-house if they became homeless.

The third model was a school-based prevention program implemented in a school district with a high rate of homeless students. Schools are responsible for identifying families with the greatest risk of becoming homeless.

HENNEPIN COUNTY, MINNESOTA24
Hennepin County enacted its Family Homeless Prevention and Assistance Program (FHPAP) in the early 1990s. The program incorporates several components: homelessness prevention, rapid exit from shelters, transitional housing and programs for youth.

In 2001, the county developed a comprehensive shelter screening and admission system that cut shelter length of stay, reduced the daily number of families in the shelter and improved service distribution. This enabled the program to cut shelter length of stay by half, reduce the number of families in shelter on any day by 63 percent and ensure that only families with significant obstacles to housing received shelter services. At first
contact with a family, a caseworker determines if they have any alternatives to entering shelter, including family or friends with whom they could stay. If not, the family receives a voucher for shelter for a limited number of days. After that period, the family meets with the rapid exit coordinator for screening. This process also examines the family’s personal resources, spending habits, credit and rental history and other factors.

In terms of data collection and use, a centralized client database allows agencies to maintain current and historical data on the characteristics of each client. This database is utilized by all FHPAP providers, and each of these agencies can access valuable information about their clients. Available information includes their own agency performance for clients served, service history, resource use by funding source and month, monthly client flow, number of shelter exits and months of maintaining housing and other managerial issues.

MONTGOMERY COUNTY, MARYLAND

Montgomery County provides support to families facing the risk of eviction through a unified system of homelessness prevention, emergency shelters and transitional housing for families. In 1995, the Emergency Assistance Coalition was created with the purpose of coordinating a regional network of 40 nonprofit organizations. This coalition paved the way for the basic structure of family homelessness prevention still in place.

A system combining family prevention and shelter was created by establishing screening criteria, a triage system and a prioritization mechanism to determine who would be sheltered as well as who would be provided with prevention assistance. Prevention efforts target families or individuals whose past failures to pay rent were caused by temporary obstacles. A service plan is designed for each family sometimes requiring action steps (i.e., attend drug screening or treatment, apply for income supports, etc.) before payment is made to the landlord or utility company. Emergency shelter services are provided only as a last resort to those families at greatest risk of homelessness.

To access these services, families must apply in person. Clients are then screened, needs are determined, relevant data is inserted into a database and referrals are made. Recipients of emergency housing assistance are tracked through three systems: one to track clients, a second to distribute payments and a third for shelter management as well as other contracted services. However, the nonprofit organizations that participate in the program cannot access these datasets.

CONCLUSION

Although family homelessness in Ada County has been on the rise, the number of families experiencing homelessness and housing instability is addressable. Focusing resources on prevention will slow the flow of families entering into the CES. Early intervention programs, like rapid re-housing, will also save costs by moving families recently experiencing homelessness quickly into housing. However, some families will require ongoing support through more permanent programs.

Although this analysis focuses on programmatic requirements to end family homelessness, it must be noted that an assessment of current housing stock and future inventory requirements as well as affordable housing policies in Ada County will further inform decision makers regarding the steps necessary to end family homelessness.
APPENDIX A: COUNTY HOMELESSNESS SERVICES

Families experiencing or at risk of homelessness in Ada County qualify for services from a number of service providers. The providers below shared data for this report and analysis.

BOISE CITY/ADA COUNTY HOUSING AUTHORITIES

Boise City/Ada County Housing Authorities (BCACHA) is a quasi-governmental agency that operates under a joint powers agreement between the City of Boise and Ada County. BCACHA provides services to meet a range of housing needs for low-income families, including at-risk populations throughout Ada County. PSH administered through BCACHA includes Shelter Plus Care, Coordinated Housing Options and Individualized Services (CHOIS), Veterans Affairs Supportive Housing (VASH) and transitional housing through the Office on Violence Against Women (OVW). These programs include case management as well as housing support. Families experiencing chronic homelessness in the CES must have a head of household with a disabling condition to qualify for these programs. This analysis includes HMIS data from the Shelter Plus Care, CHOIS and VASH programs.

CATCH, INC.

CATCH is a nonprofit homelessness service provider. Families with an income that is less than 50% of the area median income, are experiencing homelessness and have children in the household under the age of 18 can be referred to a CATCH program through the CES. CATCH offers rapid re-housing placement as well as rental assistance, case management and financial support, financial literacy courses and match dollar savings accounts. First month’s rent and deposit as well as ongoing rental assistance for a finite period are offered to participating families.

In the past, CATCH has also offered the Linda Fund to eligible families. Families with a sustainable income who have been approved for Fair Market Rate housing can receive first month’s rent and deposit as assistance (but no ongoing rent subsidy). Identifying eligible families for the Linda fund can be difficult as families that begin earning an income after entering into the CES often do not have their income updated within HMIS. This analysis includes HMIS data from CATCH’s rapid re-housing and Linda Fund programs.

IDAHO DEPARTMENT OF HEALTH AND WELFARE - RESOURCE AND SERVICE NAVIGATION

The goal of Resource and Service Navigation is to help families meet their basic needs by developing action plans. Once plans are created, households receive case management services to ensure plan execution. In addition to creating action plans, families can receive rental, energy, medical, food and clothing and child care assistance. Financial support for rental assistance (one month of rent and/or deposit) can be provided once per year. Navigation provides support to families experiencing both housing instability as well as literal homelessness. Families can be referred to Navigation through the Idaho 2-1-1 line. There is a future opportunity for diversion to Navigation through the CES. The data utilized for this analysis was provided via a database specific to Navigation as Health and Welfare does not participate in HMIS.
**JESSE TREE OF IDAHO**

Jesse Tree is a nonprofit homelessness prevention service provider. The organization offers prevention services to those experiencing a financial emergency with proof of eviction risk and an income that is less than 30% of the area median income. Qualifying families can receive financial assistance, case management and referrals to further resources. Families who receive care attend three-, six- and twelve-month follow-up appointments to assess housing status and receive further case management.

Financial assistance provided includes rental assistance (up to three months) as well as financial literacy, budget counseling and debt reduction skills courses. Households accepted into the Emergency Rent and Mercy Assistance (ERMA) program have access to case management services with a certified social worker that can assist in creating a plan for improving the financial and health situations of a household. Jesse Tree also assists in connecting households to other community resources that can provide assistance in addressing any other issues the family is experiencing.

This analysis includes HMIS data from Jesse Tree's prevention programs that have provided rental and/or deposit assistance.

**PUBLIC SCHOOL DISTRICTS**

Families that have students enrolled in Boise School District and West Ada School District are eligible to receive services from the school district through both the Boise Schools Foundation’s Students and Families Emergency (SAFE) fund as well as Federal McKinney-Vento funds administered by the districts. All low-income students qualify for transportation assistance as well as free breakfast and lunch programs, however students experiencing homelessness and housing instability have access to many more resources.

Boise School District employs eleven certified social workers who connect students and their families who are at risk for or experiencing homelessness with services. These services can include rental/utility assistance, case management and academic assistance. In addition to providing the same services as Boise School District, West Ada School District also provides students experiencing homelessness with medical care through a district medical clinic. The school districts do not participate in HMIS so aggregate data from the districts was utilized for this analysis.
## APPENDIX B: GLOSSARY OF TERMS

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carryover</td>
<td>The number of households remaining in the CES from the previous year</td>
</tr>
<tr>
<td>Entered the CES</td>
<td>The number of new (or returning) households entering the CES this year</td>
</tr>
<tr>
<td>In the CES</td>
<td>The total number of households in the CES this year (carryover + new entries)</td>
</tr>
<tr>
<td>Referred</td>
<td>The number of households expected to be referred to a housing program</td>
</tr>
<tr>
<td>Housed</td>
<td>The number of referred households expected to be housed through a program (70% estimate)</td>
</tr>
<tr>
<td>Self-Resolved</td>
<td>The number of households that left homelessness on their own, without external support</td>
</tr>
<tr>
<td>Gap</td>
<td>The number of households remaining in the CES that were not housed and did not self-resolve</td>
</tr>
<tr>
<td>Attrition</td>
<td>The number of households that left the CES for unknown reasons (unable to contact)</td>
</tr>
<tr>
<td>Carry-forward</td>
<td>The number of households remaining in the CES at the end of this year (gap minus attrition)</td>
</tr>
<tr>
<td>Prevention</td>
<td>Services (rent, utility and deposit support) that can help stop at-risk households from entering the CES</td>
</tr>
<tr>
<td>Short-Term RRH</td>
<td>Short-term (one month) reactive support to help households successfully enter housing</td>
</tr>
<tr>
<td>Long-Term RRH</td>
<td>Long-term (multiple months) reactive support to help households successfully enter housing</td>
</tr>
<tr>
<td>PSH</td>
<td>Permanent supportive funding for households with disabilities to enter and maintain stable housing</td>
</tr>
<tr>
<td>DHW NAV</td>
<td>Idaho Department of Health and Welfare - Resource and Service Navigation (See Appendix A)</td>
</tr>
<tr>
<td>BCACHA</td>
<td>Boise City/Ada County Housing Authorities (See Appendix A)</td>
</tr>
</tbody>
</table>
ENDNOTES

1 According to 25 months data (May 1, 2017-June 30, 2019) on households with children in the Coordinated Entry System from the Homelessness Management Information System.


19 Apicello, J. (2010). A paradigm shift in housing and homeless services: applying the population and high-risk framework to preventing homelessness. The Open Health Services and Policy Journal, 3(1).


Homelessness, 2.


This report was prepared by Idaho Policy Institute at Boise State University and commissioned by the City of Boise.

ipi.boisestate.edu

REPORT AUTHORS
LANTZ MCGINNIS-BROWN, RESEARCH ASSOCIATE
MCALLISTER HALL, GRADUATE ASSISTANT
ANA COSTA, GRADUATE ASSISTANT
VANESSA FRY, RESEARCH DIRECTOR
BENJAMIN LARSEN, RESEARCH ASSOCIATE