POLICY BRIEF APRIL 2020

CALIFORNIA POLICY LAB

Evaluation of Los Angeles County Measure H-Funded Homelessness Prevention Strategies

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On any given night, nearly 60,000 people experience homelessness in Los Angeles County,[1] and an estimated 141,000 are homeless in any given year.[2] In response to this growing crisis, voters in Los Angeles County passed Measure H, agreeing to increase their taxes to add an estimated $355 million in homeless services each year.[3] As reported in the 2018–19 Measure H 15-Month Report Card, tens of thousands of people were housed and/or linked to intensive services as a result.[4] Yet, the homeless population continues to grow as inflow outpaces exits to permanent housing. In 2019, despite the fact that thousands of people were served by Measure H services, the homeless population in Los Angeles County (as measured by the Greater Los Angeles Homeless Count) grew by 12%.[5] To help reduce inflows and to reach people before they become homeless, the Board of Supervisors approved Measure H spending plans for Fiscal Years 2017–18 and 2018–19 that included $5.5 million and $17 million, respectively, for prevention strategies. These strategies included short-term financial assistance, case management, and legal services.

KEY RESEARCHING FINDINGS

1. About three out of four participants in prevention programs received financial assistance to help resolve a housing crisis.

2. Prevention providers most frequently identified rental assistance or arrears as the most beneficial program components, though legal services (e.g. eviction defense) were also widely used.

3. Overall 14.5% of prevention clients returned to homelessness within twelve months, but those clients who did not receive financial assistance returned to homelessness at nearly four times the rate as those who did (19.9% compared to 5.3%).

4. The Prevention Targeting Tool (used to determine eligibility for prevention services) could be improved to be more accurate and efficient through re-weighting certain questions and eliminating others.

5. CPL compared the single adult clients of LA County services who are predicted by statistical models to be at highest risk of homelessness with the individuals actually served by Measure-H funded prevention services. CPL found that only 23 individuals across Fiscal Years 2017-18 and 2018-19 were both identified by the predictive models and enrolled in a Measure-H funded prevention program. This suggests that there is a large number of high-risk County clients who are not currently connected to prevention resources and who could be reached by mainstream LA County departments.

EVALUATION

This policy brief is a shortened version of the California Policy Lab's evaluation of Strategies A1 and A5, with a focus on policy-relevant findings. "Strategy A1" includes homeless prevention programs for ***families*** and "Strategy A5" includes homeless prevention programs for ***single adults*** and ***transition-age youth***. The full evaluation, including detailed research methodologies, can be accessed here: *Evaluation of Los Angeles County Measure H-Funded Homelessness Prevention Strategies.*

ACKNOWLEDGEMENTS

The Los Angeles County Chief Executive Office solicited proposals for an evaluation of Strategies A1 and A5 and contracted with the California Policy Lab to conduct this evaluation. We would like to express our appreciation to Phil Ansell at the Los Angeles County Homeless Initiative and Max Stevens at the Los Angeles County Chief Information Office for their guidance and support. We would like to thank Steven Rocha at the Los Angeles Homeless Services Authority for his assistance with data issues and Alex Devin, Meredith Berkson, and James Gilliam at the Los Angeles Homeless Services Authority for their valuable insights on prevention in Los Angeles County. We are also grateful to the homeless prevention service providers and legal service providers who were interviewed for this evaluation. Finally, we thank employees of the California Policy Lab who contributed to this report, including Nino Migineishvili and Nathan Hess. The views expressed are those of the authors and do not necessarily reflect those of the funders.

BACKGROUND AND POLICY CONTEXT

The Los Angeles County Board of Supervisors ("the Board") launched the Homeless Initiative on August 17, 2015 to combat the homeless crisis in the county. The initial objective of the Homeless Initiative was to develop recommended strategies to address the homelessness crisis and present them to the Board. To develop these strategies, the Homeless Initiative conducted 18 policy summits from October 1 to December 3, 2015, convening 25 county departments, 30 cities and other public agencies, and over 100 community partners and stakeholders.[6]

Several of the Homeless Initiative's recommended strategies relate to homelessness prevention, including: Strategy A1, which addresses homeless prevention programs for families and Strategy A5, which addresses homeless prevention programs for individuals and transition-aged youth (TAY). Under these Measure-H funded prevention programs, families, singles adults, and TAY in Los Angeles County who are imminently at-risk of becoming homeless can receive prevention services from providers who are funded by the Los Angeles Homeless Services Authority (LAHSA).

The goal of prevention is to either secure or retain permanent housing through assisted self-resolution of a housing crisis. Prevention consists of a combination of direct services and limited financial assistance (if needed) that case managers typically provide to participants for up to six months. Common forms of homeless prevention assistance are rental assistance, utility arrears, housing-conflict resolution and mediation with landlords and/or property managers, legal assistance, and housing stabilization planning. Participants receive housing stabilization services both prior to and after permanent housing is secured. Prevention staff make home visits and have monthly face-to-face meetings with participants in order to create a housing stabilization plan.

To be eligible for prevention, clients must meet the following criteria:

1. *Homeless Status:* The individual or family must be imminently at-risk of homelessness within the next 30 days.[7]
2. *Income Requirements:* Participants' income must be at or below 50% of the Area Median Income (AMI) for Los Angeles County.[8]
3. *Targeting Tool Score:* Clients must have a minimum score on the Prevention Targeting Tool (PTT), which is a screening survey administered by homelessness service providers to determine if clients are experiencing an imminent housing crisis and are eligible for prevention services. There are three different PTTs, one each for families, adult individuals, and transition-age youth. Families must score 21 out of 42 points on the Families PTT, adult individuals must score 19 out of 50 points on the Adults PTT, and youth individuals must score 19 out of 65 points on the Youth PTT.

The three general categories of questions included in the PTTs are:

1. Housing status and imminent loss of housing:
    - Loss of housing means the household will experience literal homelessness — either on the streets or staying in an emergency shelter.
    - Imminent loss of current housing must be verified with a "pay or vacate" notice from a landlord or property manager, lease holder, or motel/hotel; ledger record of past due rent; or court paperwork showing the prospective participant is at-risk of losing housing.
2. Vulnerabilities and housing barriers:
    - Gross income
    - Significant loss in income in past 60 days
    - Eviction history
    - Required to register as a sex offender
    - History of literal homelessness
    - Adversity or housing disruptions during childhood
    - Currently involved in child protective services
    - Trauma or event such as death of a family member, separation, divorce, birth of child
    - Recently discharged from an institution
3. Local policy priorities:
    - Individuals who were housed through homeless housing assistance programs
    - History of involvement in the foster care or criminal justice system
    - Disability
    - 55+ years old
    - Residing in permanent supportive housing or living in a unit using a Housing Choice Voucher or under rent control

RESEARCH QUESTIONS, DATA, AND METHODOLOGY:

This evaluation covers Measure H-funded LAHSA prevention programs (A1 and A5) for Fiscal Years 2017–18 and 2018–19 (July 1, 2017 to June 30, 2019).

We address three primary research questions:

(1) Who is being served by Strategies A1 and A5 and what is their housing status in the six months after they receive prevention services?

(2) How could Strategies A1 and A5 be improved and how could scarce prevention funding be most efficiently prioritized?

(3) Does prevention funded through Strategies A1 and A5 directly cause a reduction in inflows to homelessness?

A key data source used to answer these questions was the Homeless Management Information System (HMIS), a web-based application designed to collect information on the characteristics and service needs of recipients of homelessness or homelessness prevention services. We also used data from the county's Enterprise Linkage Project (ELP), which holds service utilization records from seven county agencies covering health services, benefits payments, law enforcement, and homeless services. More detailed descriptions of data sources and research methods are available in the full report, linked here.

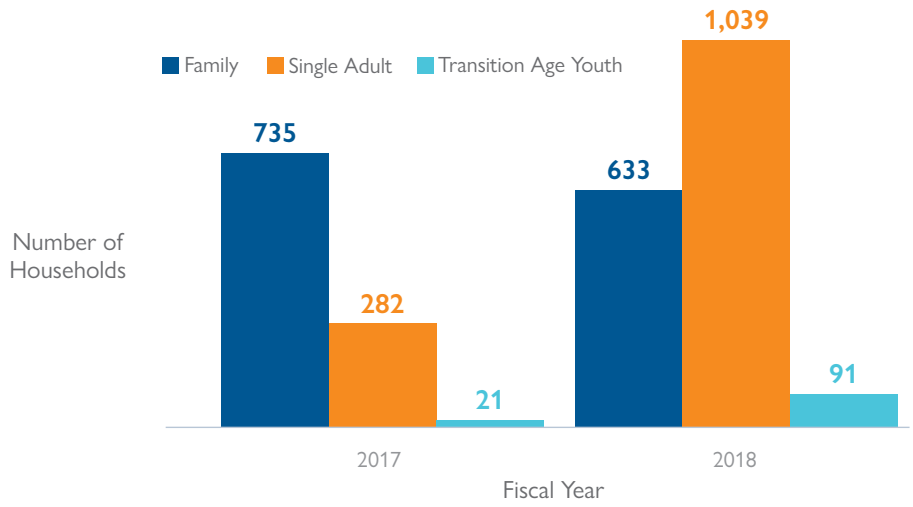
SUMMARY OF MAIN FINDINGS

Research Question 1: Who is being served by Strategies A1 and A5 and what is their housing status in the six months after they receive prevention services?

(a) Who was served?

With the introduction of Measure-H funded prevention in Fiscal Year 2017–18, prevention enrollments returned to levels not seen since the beginning of the decade (coinciding with the U.S. Department of Housing and Urban Development's (HUD's) Homelessness Prevention and Rapid Re-housing Program starting in 2009). During the study period of Fiscal Years 2017–18 and 2018–19, 1,321 single adult households, 1,368 family households, and 112 TAY households received prevention. There was a stark increase in single adult enrollments between Fiscal Years 2017–18 and 2018–19, when enrollments rose from 282 households to 1,039 (Figure 1). While TAY enrollments quadrupled during this time period, they remained a small percentage of overall enrollments into Measure H funded prevention programs (between 2% and 5% per year). Family enrollments decreased slightly.

FIGURE 1. Households enrolled in A1 and A5 prevention by fiscal year and household type

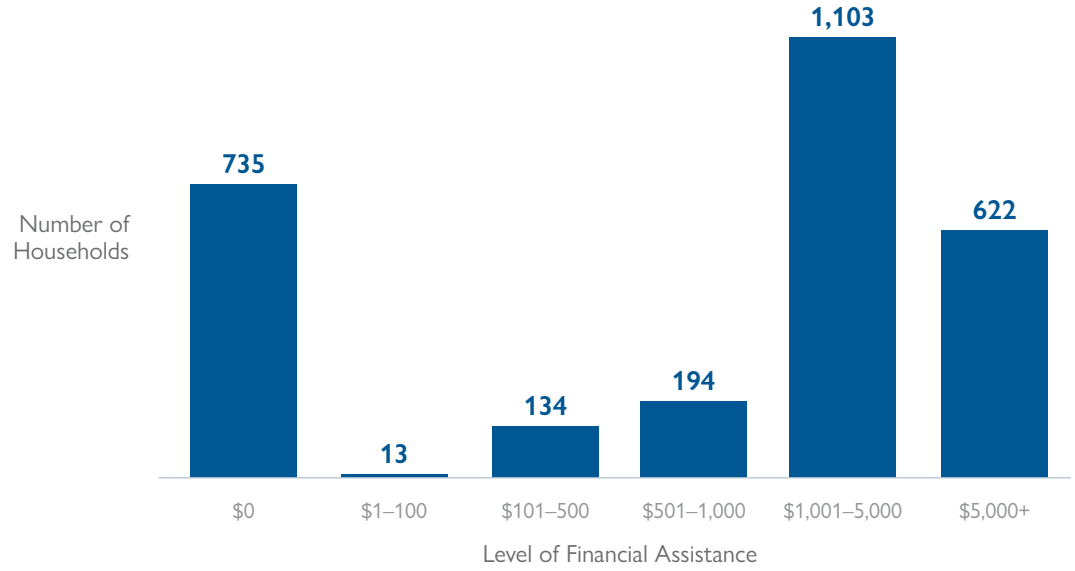


Note: This figures shows enrollments of new clients each year and does not show the total prevention caseload, as some clients who enrolled in Fiscal Year 2017–18 will remain enrolled in Fiscal Year 2018–19.

(b) What type of assistance did clients receive?

Of the households who received prevention services during the study period, about 74% were given financial assistance to help resolve a housing crisis, including rental assistance and utility arrears. The remainder (26%) were only given case management. 1,103 household enrollments (39%) had financial assistance of between $1,001 and $5,000, and 622 (22%) households had financial assistance of over $5,000. However, we observe 735 (26%) households with no record of financial assistance, and another 147 (5%) with financial assistance between $1 and $500 (Figure 2).

FIGURE 2. Household financial assistance amounts in A1 and A5 prevention

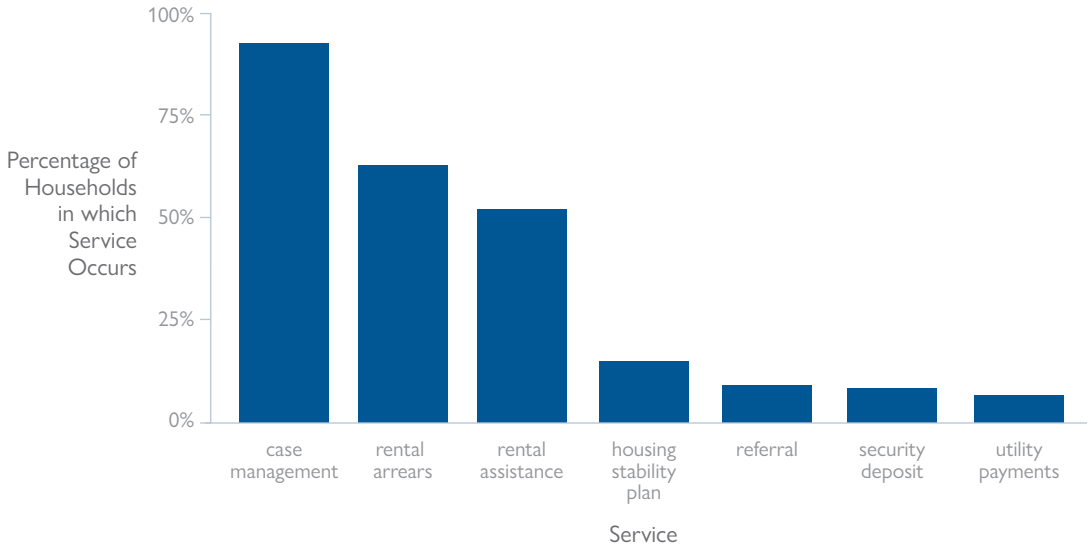


Note: This figure includes all households who enrolled in A1 and A5 prevention in Fiscal Year 2017–18 and Fiscal Year 2018–19.

A variety of different services may be provided to prevention clients (Figure 3). Case management services are recorded for nearly every enrollment (93%) with any service record.

Rental arrears and rental assistance are recorded in 63% and 52% of enrollments with any service record. We see lower percentages for housing stability plans, referrals, security deposits, and utility payments.

FIGURE 3. Common services received in A1 and A5 prevention enrollments

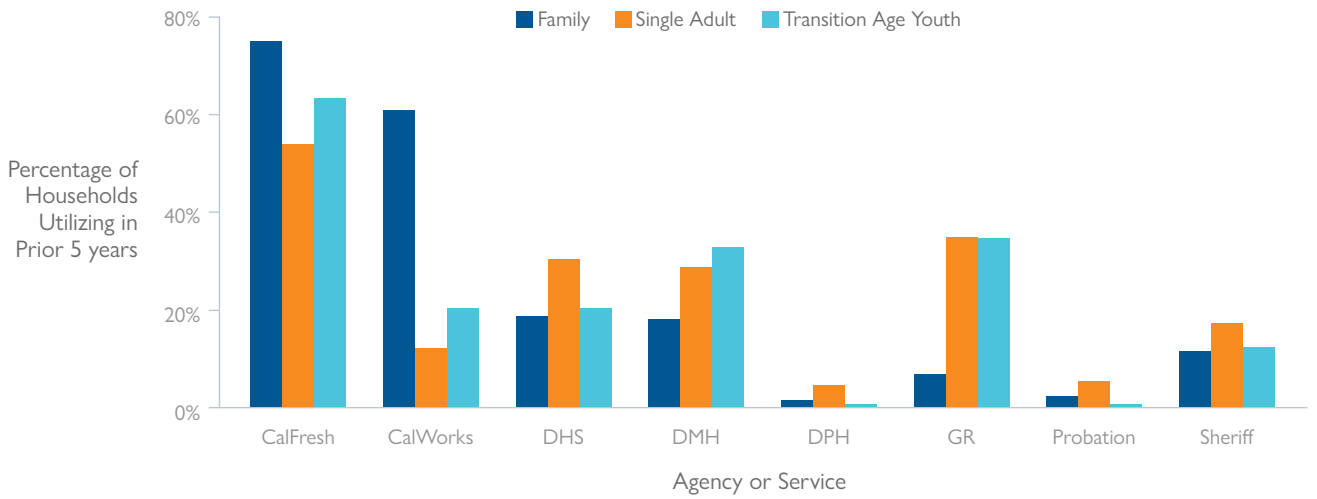


Note: Only households with services recorded in the Homeless Management Information System (HMIS) are included.

(c) What are prevention clients' service histories and prior experience with homelessness?

Over a third of prevention clients had already experienced homelessness at least once in the five years before their enrollment. We see high rates of prior county service utilization and agency contact among prevention households in the five years preceding their enrollment: 65% of households are or were CalFresh recipients, and nearly a quarter of households were clients of the Department of Mental Health (DMH) and/or Department of Health Services (DHS). Service use among household types shows greater representation of TAY and family households in CalFresh (Figure 4). Not surprisingly, family households are far more likely to have accessed CalWORKs and far less likely to have accessed General Relief (CalWORKs provides money and other assistance to eligible families. General Relief is available to adults without children and families who are not eligible for CalWORKs). Single adult households have outsized criminal justice involvement (*i.e.*, Probation and Sheriff contact), and higher rates of receiving services from the Department of Health Services.

FIGURE 4. Service utilization by agency/service and household type among households enrolled in A1 and A5 prevention

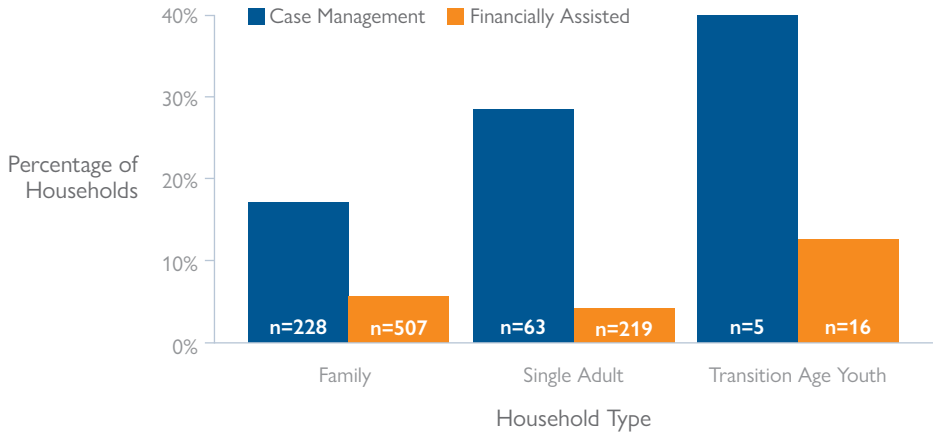


Note: The denominators for these bars are, respectively, all family, all single adult, and all TAY households enrolled in A1 and A5 prevention in Fiscal Years 2017–18 and 2018–19, as reflected in HMIS data. The bars represent the percentages of these households who were enrolled in various Los Angeles County services in the five years prior to their prevention enrollment, as reflected in ELP data.

(d) What were prevention clients' housing statuses after receiving prevention services?

The average duration of enrollment in prevention (time from project entry to exit) was 101 days. Once clients exited the program, 14.5% returned to homelessness within twelve months. Among the households that received financial assistance, 5.3% returned to homelessness whereas 19.9% of households who did not receive financial assistance returned to homelessness. Looking at HMIS homelessness outcomes according to household type in combination with financial assistance illuminates large differences in homelessness in the 6 months after prevention (Figure 5). Though financial assistance remains associated with much lower rates of homelessness, the differences are larger for single adult and TAY households.

FIGURE 5. HUD-defined homelessness in the 6 months after receiving prevention services, by household type and assistance type



Note: This grouping results in small cell sizes for some sub-groups, so number of households is shown at the bottom of the columns.

We also examined clients' pathways into and out of prevention services. Nearly half of households who enrolled in prevention services were able to move from a doubled-up housing situation with family or friends to an unsubsidized rental.[9]

We supplemented the quantitative analysis under **Research Question 1** with semi-structured interviews with prevention service providers and legal service providers. Interviewees had a generally positive view of A1 and A5 prevention efforts. Providers most frequently pointed to rental arrears or rental assistance as the most beneficial program component, though we also observed frequent usage and widespread support for legal services.

Research Question 2: How could Strategies A1 and A5 be improved and how could scarce prevention funding be most efficiently prioritized?

(a) Improving the Prevention Targeting Tool (PTT)

Under **Research Question 2**, we found that the accuracy and efficiency of the PTT screening tool could be improved by re-weighting the tool and eliminating certain questions. As detailed in the full research report we created hypothetical PTTs by applying a statistical technique that chose PTT question weights to maximize accuracy in predicting risk of homelessness. We then used the *Area under the Receiver Operating Curve* (AUC for short), a measure of the ability of a risk score to distinguish between high-risk and low-risk clients, to evaluate the accuracy of the *current* individuals PTT and families PTT and the *hypothetical* PTTs that we created. A risk score with an AUC of 0.50 does no better at prediction than random coin flipping, while a risk score with an AUC of 1.00 makes perfect predictions. As a general rule of thumb, an AUC between 0.60 and 0.70 is regarded as acceptable, while an AUC of 0.70 or greater is regarded as good or excellent.

One factor that complicates our evaluation of the accuracy of the PTT score is that a certain percentage of those assessed by the PTT received financial assistance during their A1 or A5 enrollment — a factor which is not incorporated into the PTT score itself. In order to avoid unfairly penalizing the PTT score for failing to take into account the reduction in risk associated with receipt of financial assistance, we evaluated the PTT score separately for those clients who received financial assistance and for those who did not. Table 1 shows model evaluation metrics for the families and individuals PTT scores. Although the individuals PTT achieves an AUC of 0.62 within the subset of financially assisted clients, the other AUC scores range from 0.50 to 0.57, which is not a significant improvement on random guessing.

TABLE 1. Model evaluation metrics for the PTT score

PTT TYPE	RECEIVED FINANCIAL ASSISTANCE	AUC
Families	Yes	0.57
	No	0.53
Individuals	Yes	0.62
	No	0.50

Table 2 shows the total number of questions on our hypothetical PTTs and the evaluation metrics for our hypothetical PTTs.

TABLE 2. Total number of questions and accuracy metrics for hypothetical PTTs created using constrained least squares models

PTT TYPE	TOTAL NUMBER OF QUESTIONS INCLUDED (WITH 95% CONFIDENCE INTERVALS)	RECEIVED FINANCIAL ASSISTANCE	AUC (WITH 95% CONFIDENCE INTERVALS)[10]
Families	13 (10, 15)	Yes	0.69 (0.61, 0.76)
		No	0.63 (0.59, 0.69)
Individuals	12 (9, 15)	Yes	0.67 (0.57, 0.77)
		No	0.67 (0.56, 0.77)

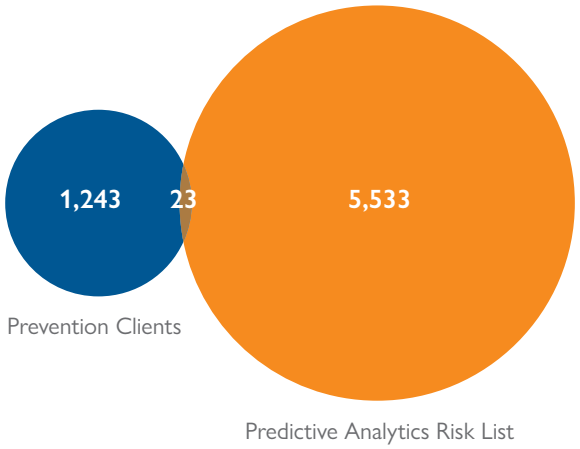
On average, reweighting and simplifying the tools could increase accuracy (in identifying clients who are at high risk of becoming homeless) between 8% and 34%, while at the same time reducing the number of questions from 30 to 13 for the families PTT and from 30 to 12 for the individuals PTT.

(b) Comparing clients identified by predictive models to be at risk of homelessness to clients of Measure H-funded prevention

We also included an analysis of an underserved population of individuals who are at high-risk of homelessness under **Research Question 2**. Notably, most clients who receive services under A1 and A5 prevention services are self-identifying (*i.e.*, clients must seek assistance from a prevention service provider), with further screening taking place via the PTT and related eligibility criteria. This raises the question, however, of whether there are people at-risk of homelessness who are unaware of prevention services or who are unable or unwilling to present themselves as being at-risk, and who could potentially be identified and served. The use of *predictive analytics* — a field that applies statistical and machine learning methods to administrative data in order to predict future outcomes — provides an opportunity to identify such high-risk, underserved populations.

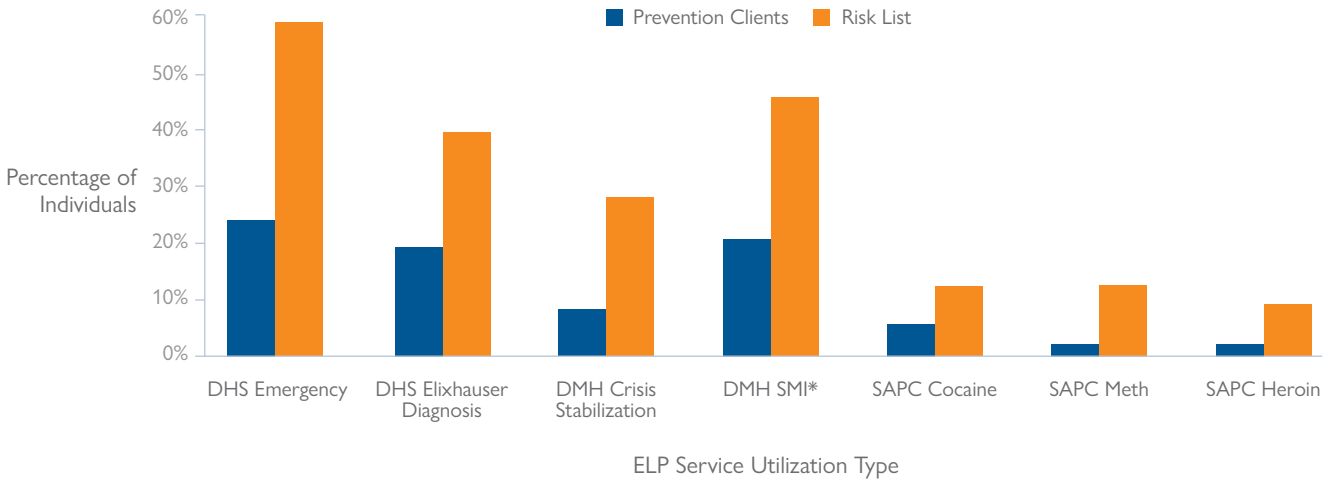
We compared the single adult county service utilizers identified by our predictive models (see *Predicting and Preventing Homelessness in Los Angeles* report) to be at highest risk of homelessness with the clients who were actually served by A5 prevention services. We found that only 23 individuals were both identified by the predictive models and enrolled in an A5 prevention project across Fiscal Years 2017–18 and 2018–19 (Figure 6).

FIGURE 6. Overlap between clients who received A1 and A5 services and individuals identified as highest risk for homelessness



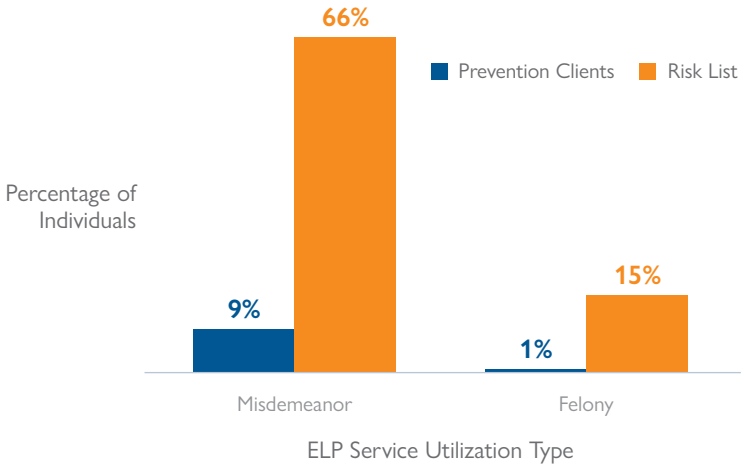
In addition, clients on the predicted risks lists were much more likely to be enrolled in mental health services, substance abuse treatment, and/or to have histories in the criminal justice system (Figures 7 and 8).

FIGURE 7. **Prevention clients versus individuals on risk list, key risk factors reflected in ELP service utilization in prior five years: health, mental health, and substance abuse**



Note: Prevention clients N = 1,266 (including the 23 who overlapped with the risk list). Risk list N = 5,556 (including the 23 who overlapped with the risk list).

FIGURE 8. **Prevention clients versus individuals on risk list, key risk factors reflected in ELP service utilization in prior five years: sheriff arrest charge codes**



Note: Prevention clients N = 1,266 (including the 23 who overlapped with the risk list). Risk list N = 5,556 (including the 23 who overlapped with the risk list).

The use of predictive analytics provides an important opportunity for identifying a population of individuals at high risk of new homeless spells who are not currently connected to existing prevention services. The clients on the predicted risk lists, however, have much higher rates of mental health, physical health, and substance use issues, as well as histories of homelessness and criminal justice system involvement, when compared to the prevention clients served through Measure-H funded prevention programs.

The goal of Measure H-funded prevention is to secure permanent housing through case management and potentially financial assistance. These services are appropriate for individuals who are facing imminent loss of housing due to financial shocks. In contrast, clients on the predicted risk lists are likely to need more intensive case management and access to interventions that address mental health issues, substance use disorders, and other issues.

Research Question 3: Does prevention funded through Strategies A1 and A5 directly cause a reduction in inflows to homelessness?

To answer this question, we sought to determine what *would* have happened to prevention clients if they hadn't been served: Would they have successfully self-resolved their housing crisis or would they have fallen into homelessness? One of the ways that researchers estimate what would have happened to individuals or families if they had not participated in a program is by identifying individuals and families who are very similar to program participants but who did not participate in the program, *i.e.*, "comparison" or "control" individuals and families. By comparing the outcomes of a comparison group with the outcomes of the program participants, researchers can get an idea of what the impact of the program actually was on the program participants. In the case of homelessness prevention, all program participants were at imminent risk of losing their housing. Thus, when identifying individuals and families who could serve as comparison individuals, it was important to try to find individuals and families who were also at imminent risk of losing their housing (but who did not receive prevention services).

Although the ELP data and HMIS data contain demographic information and service utilization information on individuals and families who could theoretically serve as comparisons, the most important characteristic — imminent risk of losing housing — is not captured in ELP data or HMIS service data. Because we could not identify plausible comparison groups, we could not answer Research Question 3 using a matched comparison group method. We also attempted to estimate the impact of prevention services through regression discontinuity design. Under the regression discontinuity approach, the effect of prevention could be estimated by comparing individuals/families at the PTT cut score who qualified for prevention because they met the minimum PTT score with individuals just below the PTT cut score who did not qualify for the program because they scored just below the minimum score. Theoretically, these groups would be very similar because their scores are very similar. A prerequisite for this design would be that providers consistently administer the PTT and enter PTT scores for all individuals and families who apply for A1/A5 prevention services into the HMIS. Another prerequisite would be that a strict cutoff score be used to determine whether or not an individual or family receives prevention services. These prerequisites were not met during the time period evaluated here, likely because the tools were so new to service providers. Thus, we could not measure the impact of A1 and A5 prevention using regression discontinuity design.

KEY INSIGHTS AND FUTURE RESEARCH

Homelessness prevention in Los Angeles County under Strategies A1 and A5 is relatively new and there is scarce evidence to inform policy decisions and investments. While this evaluation furthers knowledge of prevention and those at-risk of homelessness, there are still unanswered questions. Nonetheless, the research team offers the recommendations below for consideration. We believe these suggestions would improve the impact of Measure-H funded prevention.

As noted above, the homelessness return rates were very different for households who received financial assistance (5.3%) compared to those that did not (19.9%). Although we could not establish a causal relationship between financial assistance and homelessness outcomes, providers most frequently pointed to forms of financial assistance as the most beneficial prevention program components. We recommend exploring ways to reduce administrative barriers to financial assistance. This could include educating landlords about their legal obligation to accept third-party checks, exploring ways to simplify documentation requirements (*i.e.*, the documents that a participant must submit in order to receive financial assistance), and encouraging service providers to provide financial assistance to all qualifying clients.

Legal service providers recommended closer coordination with homeless service providers, including co-location, regularly-scheduled and in-depth case conferences, faster referrals, training service provider staff to better spot legal issues (or hiring an attorney on staff to spot legal issues), and expanding the universe of organizations permitted to make legal referrals. Legal service providers also noted that a public education campaign regarding how to respond to unlawful detainer complaints would be beneficial.

The accuracy and efficiency of the PTT screening tool could likely be improved by re-weighting the tool and eliminating certain questions. However, it may be premature to shorten the survey based on our analysis. Improving accuracy and operational efficiency are only two of the goals that should be taken into account by a design process for improving the PTT. It is important that any reweighting, removal, or addition of questions also be evaluated with respect to additional goals, such as information gathering, policy priorities, and fairness. We recommend that LAHSA engage in a policy planning process to shorten the survey and then empirically validate the PTT by continuing to collect data and engaging in a continuous improvement process. Such efforts would require providers to consistently record PTT data, whether or not a person qualifies for prevention services. Although providers reported using the PTT consistently, this wasn't entirely supported by the administrative data.

We found that only 23 individuals across Fiscal Years 2017–18 and 2018–19 were both identified as highest-risk county service utilizers by the predictive models and enrolled in Measure H-funded prevention. This should not be taken to suggest that prevention clients are not at high risk of homelessness. More likely, these populations are both at high risk of homelessness, but the group identified by the predictive models appears to be disconnected from homelessness prevention resources.

Thus, high-risk county utilizers could benefit from proactive outreach. Traditional prevention services offered through the Coordinated Entry System appear appropriate for individuals who are facing imminent loss of housing due to financial shocks. In contrast, we found that clients on the predicted risk list are likely to need more intensive case management and access to interventions that address mental health issues, substance use disorders, and other issues. Because the population currently served by A5 prevention appears to have a different set of needs than county service utilizers at highest risk of homelessness, a distinct prevention program or set of programs should be considered for these individuals.

The California Policy Lab described prevention participants' housing status after receiving prevention services, but we were not able to estimate whether prevention is directly causing any reduction in inflows to homelessness. An estimation of the impact of prevention services on reducing the number of people who become homeless is vital to tackling homelessness in Los Angeles County. In order to estimate the impact of prevention programs on inflows, the county should consider options for future evaluations that could estimate the impact of prevention and its components on inflows.

Endnotes

1 2019 Greater Los Angeles Homeless Count, available at https://www.lahsa.org/documents?id=3423-2019-greater-los-angeles-homeless-count-los-angeles-County.pdf.

2 This figure is calculated using a combination of enrollment data in homeless projects from LAHSA's HMIS system, and the homeless flag in DPSS's data for General Relief (GR) recipients. Note that while individuals who are homeless in the HMIS are required to meet the U.S. Department of Housing and Urban Development (HUD) definition of homelessness, this is not a requirement to be flagged as homeless in the GR data.

3 "The Homeless Initiative," Los Angeles County, available at http://homeless.laCounty.gov/.

4 Measure H Citizens' Oversight Advisory Board Meeting Minutes, March 2, 2019, available at http://homeless.laCounty.gov/wp-content/uploads/2019/03/03.07.19-COAB-Mtg-Documents_FINAL2-2.pdf.

5 LAHSA, "Greater Los Angeles Homeless Count Shows 12% Rise in Homelessness." (June 4, 2019), at https://www.lahsa.org/news?article=558-greater-los-angeles-homeless-count-shows-12-rise-in-homelessness.

6 Los Angeles County Homeless Initiative, "Approved Strategies to Combat Homelessness." (Feb. 2016), at http://homeless.lacounty.gov/wp-content/uploads/2018/07/HI-Report-Approved2.pdf.

7 According to HUD's Final Rule on Defining Homeless, an individual or family who will imminently lose their primary nighttime residence is "imminently at-risk of homelessness" provided that: (i) residence will be lost within 14 days of the date of application for homeless assistance; (ii) no subsequent residence has been identified; and (iii) the individual or family lacks the resources or support networks needed to obtain other permanent housing. Notably, Los Angeles County adopted a 30-day window for determining imminence, and thus individuals and families who receive a 30-day notice potentially meet the "imminently at-risk of homelessness" requirement.

8 If a participant is in subsidized housing and currently or formerly under a homeless housing assistance program (i.e., Homeless Section 8), they can qualify with income up to 80% of the AMI.

9 This statistic only includes households for whom enough time has passed to complete a 6-month enrollment in prevention, i.e., households who enrolled at least 6 months prior to the drafting of this report.

10 We used a technique called bootstrapping (repeating our simulation 1,000 times) in order to estimate 95% confidence intervals.