

**1. What do you want to accomplish?
Is everyone in agreement?**

Dr. Marybeth Shinn: Preventing homelessness is not identical with ending poverty, curing mental illness, promoting self sufficiency, or making people healthy, wealthy and wise. Do you want to prevent homelessness? Do your stakeholders believe it is possible to prevent homelessness without ending poverty, curing mental illness, promoting self-sufficiency, etc.?

Don't underestimate the importance of this question. It is a primary issue—to many it is a matter of heart and soul, of professional ethics; and there can be no compromise.

2. What resources do you have to work with?

Do you have to de-fund anyone or discontinue services to a needy population to get access to resources for prevention? What restrictions accompany the use of resources?

3. Who are you targeting for intervention?

Who you target should reflect your consensus regarding outcomes and your realities concerning resources.

4. How will you find your target population?

This is as important as your screening and targeting. If you catch people too early, perhaps they would have resolved their problem on their own. If too late, you may be too late. Who finds families at risk? Where?

5. How deep vs. how wide? Given your overall goal, your resources, and the target

population, what is the best mix of services vs. cash assistance?

Here's where you design your methodology. I recommend that you agonize over this at least a little. Unless you already know exactly what will work for everyone, you need to put your most creative thinking here.

6. To what extent will you use mainstream vs. specialized service providers to prevent homelessness? Will you incorporate homelessness prevention into all your mainstream case management services? Or will you buy them as a separate service from a specialized homelessness provider?

We know that stable housing is critical for the success of school performance, job retention, substance use/abuse, compliance with psychotropic medications. So why do plans for families, unemployed people, or persons with chemical dependency or mental illness routinely omit any reference to the client's housing?