

Essential Components of the Right at Home Prevention Pilot Program

The following components of the Right at Home (RAH) approach have been proven effective through a randomized controlled trial. Implementing these key elements in a new homelessness prevention program improves the likelihood that program participants will experience outcomes comparable to the positive outcomes observed in the randomized controlled trial. All communities participating in the Right at Home initiative are expected to operationalize these 10 essential components with support from the RAH technical assistance team.

- 1. Flexible cash assistance** - The heart of a homelessness prevention program is cash assistance. Checks should be sent directly to the relevant third party (e.g. landlord, utility company, etc.) to maximize speed. Checks can be cut directly to the participant if necessary.
 - 2. Fast to act** - Agencies are expected to get financial assistance out the door within 72 hours with the ability to cut an emergency check on behalf of a client within the same business day.
 - 3. “Whatever it takes” approach** - Clients are not necessarily deemed ineligible because the need is too great. No situation is too difficult. Approach clients’ situations with flexibility, creativity, and a determination to solve problems. Financial assistance is calibrated to solve problems.
 - 4. “No wrong door” to get help** - Clients can access the RAH program and receive cash assistance through any of the participating organizations in the community. Accessibility is enhanced by establishing public-private partnerships.
 - 5. Supportive services to complement financial assistance** - All clients should be offered access to supportive services to address individual needs.
 - 6. Targeted prevention for those with the greatest need** - Communities must have an enrollment system that prioritizes and targets those who would likely become homeless without intervention. Eligibility must be assessed consistently across participating providers.
 - 7. Commitment to tracking data in HMIS** - Communities must utilize a homeless management information system (HMIS) to record clients’ program interactions and track housing outcomes. Data collection must be timely and accurate.
 - 8. Participation in rigorous program evaluation** - Participating organizations and data partners will support a randomized evaluation of RAH in partnership with LEO that can also include local evaluation partners already engaged in the work.
 - 9. Community-wide stakeholder engagement** - Participating organizations are expected to leverage public and private partners to implement the targeted prevention system.
- Contribution to collective learning** - Communities and participating organizations are expected to provide insights and learning on their experience operating RAH to support continuous learning. This includes documenting any changes to the program model over the course of the study period

