



Shelter Diversion 2.0

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Speakers

Diana Berube

Program Manager for Prevention and Exit Strategies
CT Coalition to End Homelessness

About the Connecticut Coalition to End Homelessness

Founded in 1982 to provide a voice for the non-profit organizations, faith-based groups, and municipal governments responding to then emerging crisis of homelessness, the Connecticut Coalition to End Homelessness is the leading statewide organization supporting efforts to end homelessness.

Mission

The Connecticut Coalition to End Homelessness, in partnership with members and communities throughout the state, creates change through leadership, advocacy, and building the capacity of members and the field to respond to environmental challenges.

Our collective mission is to prevent and end homelessness in Connecticut.

Vision

A statewide system capable of ensuring that homelessness is rare, brief, and non-recurring.

CCEH's Roles and Functions

Data and Analysis: Administer statewide administrative data system on homelessness, conduct data analysis and research to inform and influence practice, policy, and funding decisions related to ending homelessness.

Training and TA: Working with providers to help them build capacity, share, learn and implement best practices.

Advocacy: Educating elected officials (state and federal), the public, philanthropic partners about the problem, the solutions, and the resources we need to end homelessness.

Community Impact: Strengthen local collaboration, create (and support adherence to) policies and procedures, provide staff support in communities, and ensure quality.

Client Financial Assistance: Raise money to fill gaps in emergency resources that frontline workers can access to help clients.

Agenda

What Shelter
Diversion as
a practice

How to do
effective
shelter
diversion

Diversion
appointment
workflow

The diagram features a large orange arrow pointing from left to right, representing a sequential process. Six yellow circles are placed along the arrow, each aligned with one of the six agenda items listed below. The first three circles are filled with yellow, while the last three are outlined in yellow. The agenda items are arranged in two rows: the top row contains 'What Shelter Diversion as a practice', 'How to do effective shelter diversion', and 'Diversion appointment workflow'; the bottom row contains 'Why Shelter Diversion is important work', 'Putting it into practice', and 'Resource Mapping'.

Why Shelter
Diversion is
important
work

Putting it
into practice

Resource
Mapping



Basics of Shelter Diversion

Prevents and Ends Homelessness

Shelter Diversion is a strategy that prevents homelessness at the front door of shelter

Goals:

- Help people identify immediate alternative housing arrangements
- Connect them with services and/or financial assistance to help them secure and maintain permanent housing.
- Develop long-term housing plan



*Every effort should be made to **divert clients to other housing solutions at their first contact** with the homelessness response system.*



https://files.hudexchange.info/resources/documents/HomelessDefinition_RecordkeepingRequirementsandCriteria.pdf

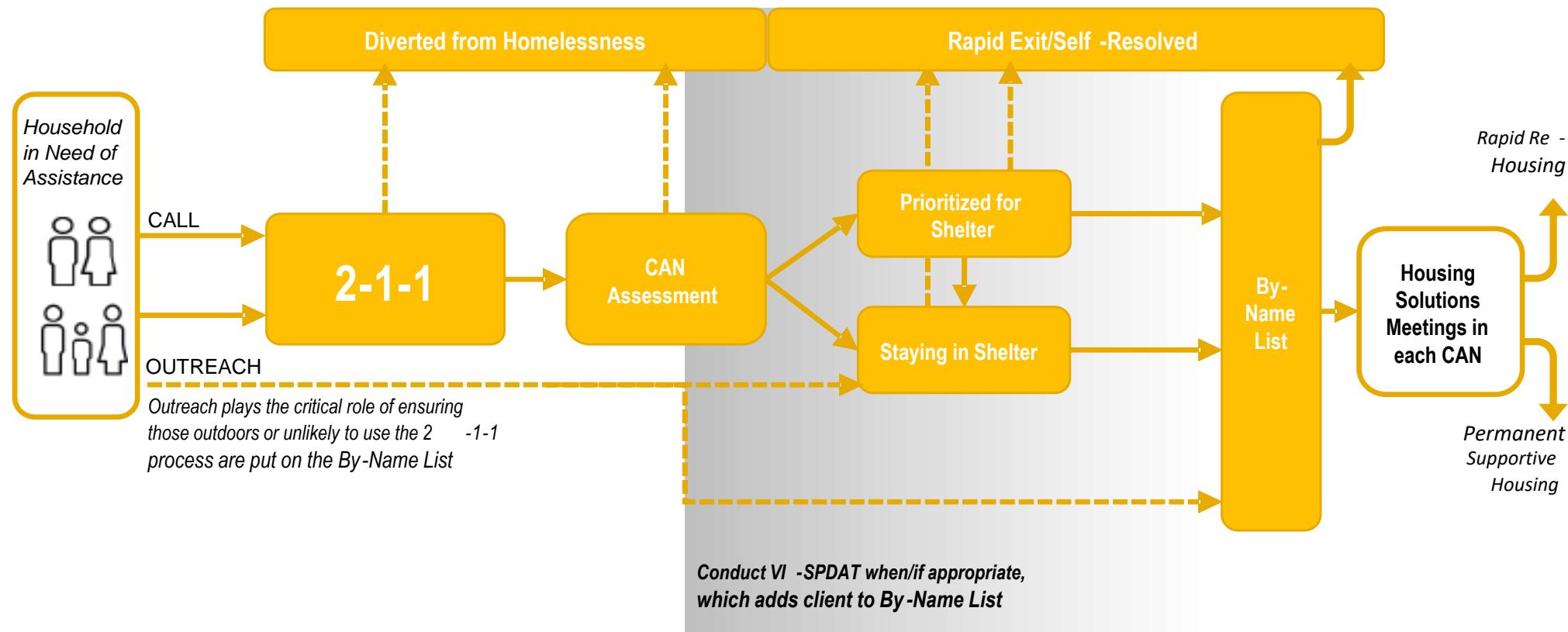


Why Definitions are Important

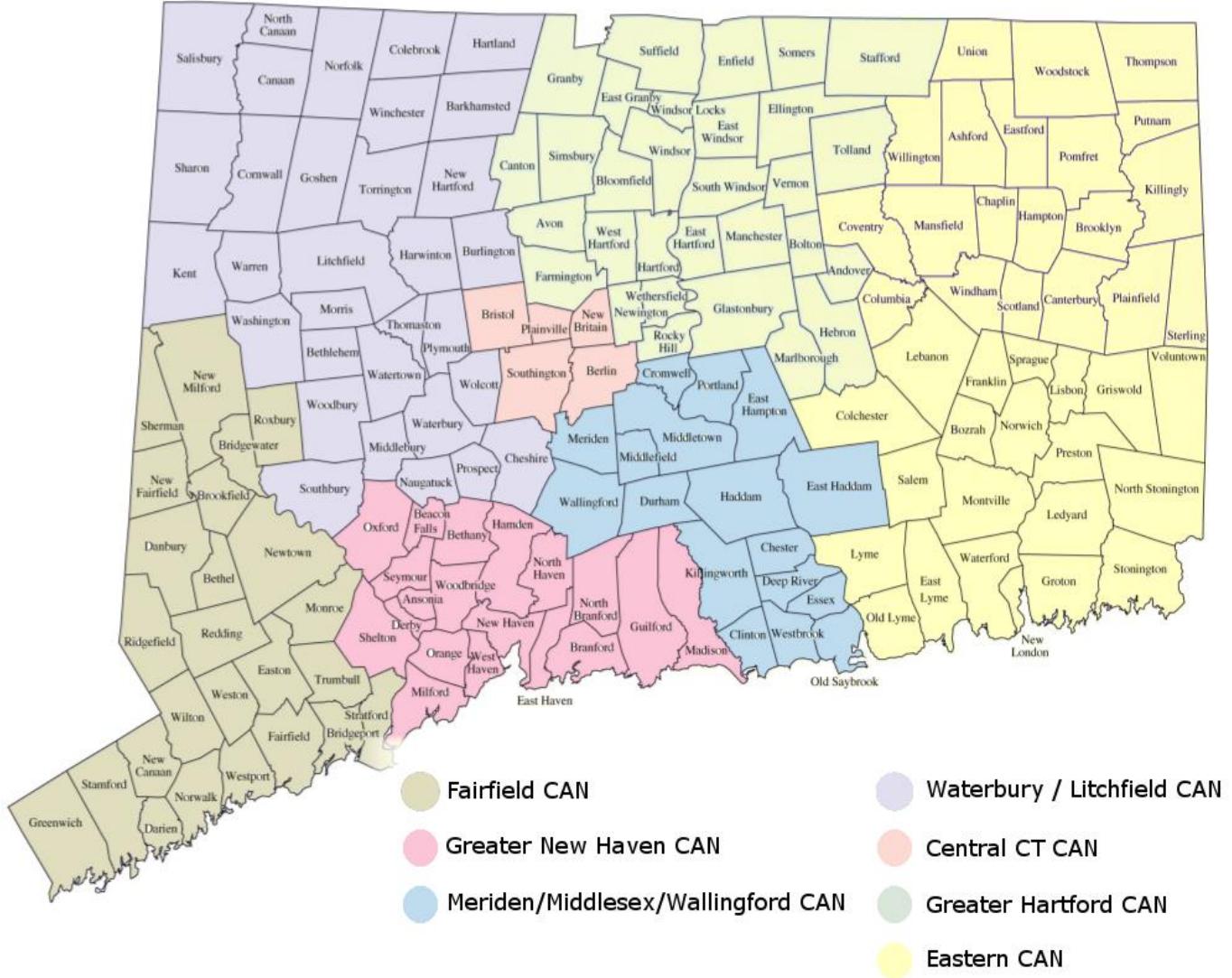
Connecticut's Homeless Response System

CAN System Overview

A high -level diagram of the coordinated access process from entry to exit



Coordinated Access Network Regions



- Starting in 2014, homeless services (emergency shelters, housing providers, homeless outreach, etc.) in Connecticut became organized into seven regional networks, known as '**Coordinated Access Networks**' or '**CANs**'.
- Within each CAN region, homeless services providers coordinate to **divert** households from shelter, manage access to **shelter**, conduct homeless **outreach**, and match homeless households to **housing** program vacancies.
- Data on CAN performance is available at <https://cceh.org/data/interactive/> and <https://ctcandata.org/>.



Why Do Shelter Diversion?

Cost Effectiveness of Diversion

Diversion assistance can be:

- Simple phone conciliation (no assistance funds)
- Mediation + small amount of food (\$35)
- Greyhound bus ticket (\$30-\$500)
- Other assistance like utility bills or back fees (\$200)
- First Month Rent + Deposit (\$1000+)



Less expensive than:

- Rapid Rehousing (\$5000 +)
- Shelter stay (Shelter bed is \$8600 more than Sec 8 subsidy)*
- Street homelessness (\$2414 more in hospitalization vs. housed person)

*www.endhomelessness.org/pages/cost



Reducing ACES In Children

Children who experience homelessness:

- Greater negative health outcomes ¹
 - Asthma, allergies, respiratory infections, ear infections, inflammation, etc.
- More hospitalizations
- Predicts future episodes of homelessness ²



¹ Cutuli, J. J., et al. "Adversity and Children Experiencing Family Homelessness: Implications for Health." *Journal of Children and Poverty*, vol. 23, no. 1, 2016, pp. 41–55., doi:10.1080/10796126.2016.1198753. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6171526/>

² Glendening, Z., & Shinn, M. (2018, September). Predicting Repeated and Persistent Family Homelessness: Do Families' Characteristics and Experiences Matter. Retrieved July 2, 2019, from <https://www.acf.hhs.gov/opre/resource/predicting-repeated-and-persistent-family-homelessness-do-families-characteristics-and-experiences-matter>



Shelter Realities

- Low-barrier
- Wet shelter
- Reduction of rules/policies
- Privacy
- Safety
- Minimal Staffing
- Hours
- Trauma
- Congregate setting during current pandemic
- **SHELTER IS NOT HOUSING – IT IS A TEMPORARY SOLUTION!**

Coordinated Assessment Analogy

Think of Coordinated Assessment as the emergency room of homeless services.

1. Patient (client) comes for emergency service.
2. Patient is triaged (Coordinated Assessment).
3. Multi-disciplinary approach to treating and releasing.
4. ER's and hospitals in general operate from a treat and release as soon as possible approach.

Other than cost/insurance coverage, why is there such a focus on quickly releasing back home?

Why is this also true for shelters?



How to Do Effective Shelter Diversion

Creating a Safe Space

Briefly introduce yourself

- Name, organization, role
- Describe the conversation
- Ask permission
- Difficulties of phone call vs. in person

Focus should be on making the client feel comfortable and not judged!

A Culture Shift: The Core Values of a Trauma-Informed System of Care

Safety

Ensuring physical and emotional safety

Trustworthiness

Making tasks clear and maintaining appropriate boundaries

Choice

Prioritizing choice and control

Collaboration

Maximizing collaboration and sharing of power

Empowerment

Prioritizing empowerment and skill-building

Cultural Responsiveness

Cultural, historical, and gender issues

Adapted from Roger Falot, PhD and Maxine Harris, PhD, Community Connections, Inc.

Problem-Solving Conversation

- Can you tell me about why you are seeking emergency shelter today?
- What are all the other things you tried or thought about trying before you sought shelter today?
- How long have you been staying there?
- What is the primary/main reason that you had to leave the place where you stayed last night?
- Are there additional reasons why you can't stay there any longer?
- Where did you stay before that?
- Do you think that you/you and your family could stay there again temporarily if we provide you with some help or referrals to find permanent housing or connect with other services?
- What resources do you have right now that could help you and your family find a place to stay temporarily or find permanent housing?

Active and Empathetic Listening

- Why do it? What might listening accomplish?
- What is hard or easy about this?
- What is active listening?
- What is empathetic listening?

National Alliance on Mental Illness:

Empathy is the intimate comprehension of another person's thoughts and feelings without adding our own judgment or expectations.

Cultural Awareness

- Explicit Bias
 - “Explicit bias” refers to the attitudes and beliefs we have about a person or group on a conscious level.
- Implicit Bias
 - attitudes towards people or associate stereotypes with them without our conscious knowledge

Implicit Bias test:

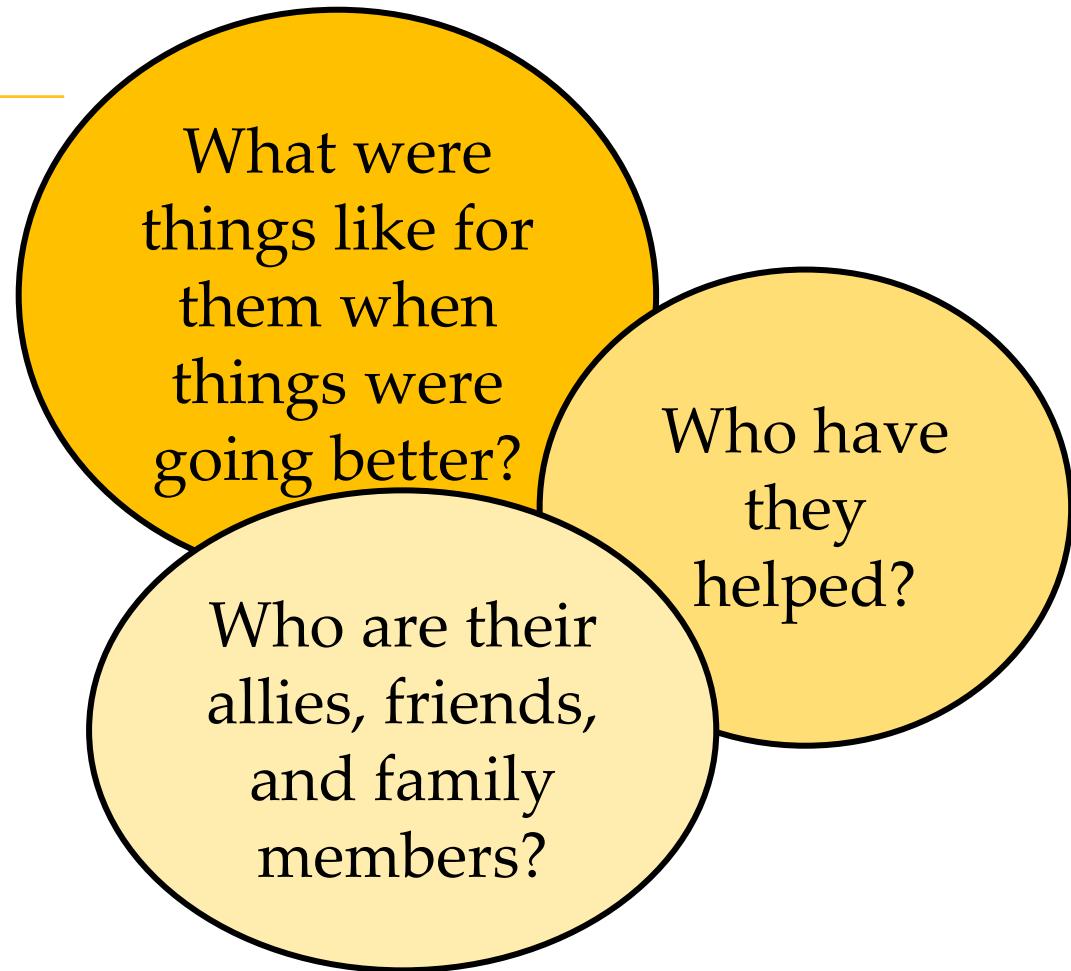
<https://implicit.harvard.edu/implicit/>

Highlighting Strengths

Explore past strengths – this step has two purposes:

1. Help identify times when **they have been of help or support to others.**
2. Begin to identify networks and support persons that may be able to help them with income or housing.

Our clients may feel dependent – we can help them remember times of **interdependence.**



Motivational Interviewing

Ask open-ended questions

Affirm positive behaviors

Listen reflectively

Summarize

Motivational Interviewing: Do's and Don'ts

Do:

- Explain what the conversation is going to be about
- Ask permission to discuss their housing situation
- Focus on understanding the person's worldview

Don't:

- Do not give advice
- Don't try to solve out the problem
- Have distractions while the person is speaking
- Speak over them/ cut them off

Responses to Motivational Interviewing

With MI done well client will...

- Feel understood and accepted
- Be more willing to follow plan
- Have feelings of hopefulness
- Be engaged

With MI done poorly client will...

- Feel judged and disrespected
- Be less likely to follow **YOUR** plan
- Shift back towards hopelessness
- Disengage

www.motivationalinterviewing.org for more on this topic

Discussing Safety Concerns with Doubled-Up Families & Individuals

Sleeping Arrangements

- Ask about the sleeping arrangements for the whole family and individual family members.

*"We want you (and your children) to be safe.
Please think about the home where you could stay
tonight"*

Physical Space

- Are the heat, lights, running water, and plumbing all working reliably?
- Are there any problems with rodents, bugs, animal(s) or any other pests?
- Do you have any concerns about getting in or out of this home? (reference to having safe access and unrestricted exit)

Behavioral Health

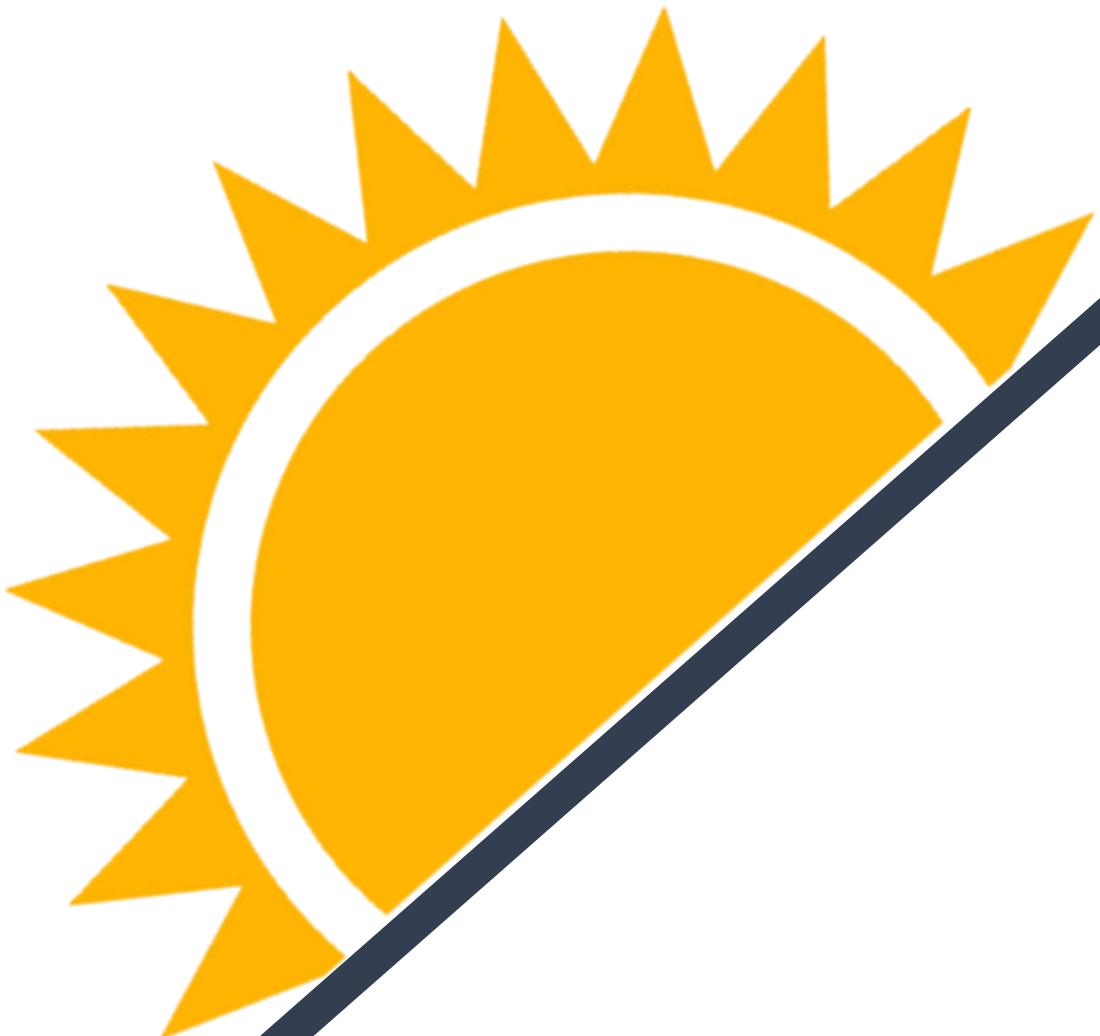
- Is there drug or alcohol use or sales in the home that could hurt you or your child(ren)?
- Can the parent decide who has access to their child(ren)?
- Is there anything you need to do in order to stay in this home that makes you uncomfortable? Are there any "strings" attached to living there?
- Does anyone in this household physically hurt or threaten you, your child(ren), or anyone in the home?
- Does anyone in this household verbally or emotionally hurt you or your child? (belittling you, extreme sarcasm or put downs, negative comments that hurt your self-image)
- Is domestic violence or trafficking a reason that they are seeking housing assistance today?

Moving Forward

After we have listened, then explored past strengths, what **housing options** do they want to pursue:

1. Going back to live with friends and family.
2. Returning to their own residence.
3. Temporarily diverted as they seek new housing.
4. Relocating to a safe, permanent place out-of-town.

What other needs has the client identified?



Diversion Appointment/ CAN Intake

CTHMIS EVENTS

EVENTS

Training No Show Policy

- [04/21/2021 HMIS \(PM\) TLP/PSH/S+C/AIDS/HOPWA/RHY/YHDP Training Class](#)
- [04/22/2021 HMIS \(AM\) PATH/DMHAS/DDaP/ESG Street Outreach Training Class](#)
- [04/27/2021 HMIS \(PM\) RRH/SSVF/HP/YHDP & Services Only Training Class](#)
- [04/28/2021 HMIS \(AM\) Emergency Shelter Training Class](#)
- [05/04/2021 HMIS \(PM\) Coordinated Access Network Training Class](#)
- [05/04/2021 HMIS \(AM\) RRH/SSVF/HP/YHDP & Services Only Training Class](#)
- [05/05/2021 HMIS \(AM\) TLP/PSH/S+C/AIDS/HOPWA/RHY/YHDP Training Class](#)
- [05/06/2021 HMIS \(AM\) Emergency Shelter Training Class](#)
- [05/11/2021 HMIS \(AM\) PATH/DMHAS/DDaP/ESG Street Outreach Training Class](#)
- [05/13/2021 HMIS \(AM\) RRH/SSVF/HP/YHDP & Services Only Training Class](#)
- [05/18/2021 HMIS \(AM\) Coordinated Access Network Training Class](#)



VIEW ALL EVENTS

Events By Category

AHAR

CaseWorthy Training

NOFA

Point-in-Time

Paperwork needed during assessment

- HMIS ROI with CAN specific information filled in
- Initial Housing Plan/Housing Stabilization Plan
- Note Pad for taking notes (Ask permission)
- Agency specific ROI's on occasion to gather further info – virtual ROI – script – copy and paste in notes, sign in person
- Case Notes

Pandemic Release of Information

- “Due to the State's Declaration of Public Health and Civil Preparedness Emergency enacted by Governor Lamont on March 10, 2020, the client's verbal consent to enter personally identifiable information into HMIS will meet the standard of obtaining a signed HMIS Release of Information. If the household enters into shelter, the shelter provider will complete the written HMIS Release of Information.”

CAN Intake Appointment Outcomes

- Diverted (Temporarily or Permanently)
- Added to Priority Waitlist for Emergency Shelter
- Accepted for Enrollment
- Refused Shelter
- Not Currently Appropriate

Case Notes

- What a good note should include:
 - Additional Notes – Important to include:
 - **Where** the client has been sleeping
 - for how long,
 - what options they have explored
 - outcome of the assessment
 - what other resources/referrals were offered during the appointment.

How to write Case Notes in HMIS

- Try to type note immediately following the diversion appointment
- Use template (CAN Case Note)
 - Include ALL household income and sources
 - Include household composition including all adults and children, with ages
 - **Be as thorough as possible while only stating facts!!**

Created By: inactive-Diana inactive-Berube

Created Date: 6/28/2019

Summary: CAN assessment on 6/27

Client has been in an apartment with her two teenage children since March when she left her parent's home. Client's daughter is suffering from PTSD due to an incident that occurred in the home. Client left hastily and took the first unit she could find. However, she and the landlord did not get along. Client works during the school year as a paraprofessional at an hourly rate. Due to April vacation from school, client's monthly pay was less than usual and she asked landlord if she could pay a little late. Landlord was unwilling and evicted client and her children. Stay of execution says client must be out of the apartment on 6/30. With no other friends or family to go to client would be forced to either go to a shelter or back to the unhealthy environment at her parents. Client has summer work as an in home care assistant and braids hair on the side. Client left assessment with a W-9 and determination to find a new landlord. Client returned this afternoon with proof of income and new landlord in my office to return paperwork. Client will be moving into her new unit the beginning of next week.

Summary: Rescheduled CAN appt

He reported sleeping on the Greens in Milford. He was made aware that he has missed all his previous CAN Appts. Seems like something may be off with him. He reported he will go this time and take the bus to CH on 9.11 btw 10a-1pm. He looked up the address for CH and saw 586 but made it clear it's 592 Ella Grasso Blvd in New Haven, CT

Housing Stabilization Plan

Housing First
Focused

Explore all natural
resources

Action Steps/ Next
Steps to
gain/increase
income

What housing
options have
already been
explored

SMART Goals

Uploaded to HMIS

Homeless Verification/Documentation of Imminent Homelessness

- Documentation of literal homelessness should be conducted by homeless outreach and uploaded to client's files and documents in HMIS
- Due diligence for those about to lose housing within 14 days
 - “Love letter” from family member/friend
 - Eviction paperwork
 - Upload to HMIS



Scenarios

Scenarios Introduction

- Read the assigned scenario and do the following:
 1. Identify strengths the person has
 2. Make a list of some clarifying questions you would ask.
 3. Develop potential outcomes or plans for this person based on the information they've shared, keep in mind that in actual practice you will be taking into account client choice

Scenario 1

- Stacy is in her mid-30's and has one daughter aged 8. She and her daughter have lived with her mom for 3 years.
- Stacy is on the lease and pays rent. Mom tossed her out after she last relapsed two nights ago – after she had been clean from heroin for 9 months. Stacy had been active in NA for most of that time, but stopped going to meetings 3 weeks ago. Her relapse only lasted a couple days (i.e don't need detox), but her mom could tell and won't let her back in.
- Stacy began using with her ex -- who is her daughter's other parent -- and she's had several bouts of active use and recovery.
- The ex is remarried, lives in the area but is always too busy with the new family to spend much time or energy with his daughter.
- Stacy's daughter is still staying with her grandmother and grandma isn't allowing Stacy to see her. She thinks she may have even called DCF on her.
- Stacy's work hours were cut due to COVID because she repeatedly missed work during the relapse and she was already on probation. However, she feels she was good at her job and is willing to talk to her boss.
- She is angry with her mom, mad at herself, frustrated, wants help, but doesn't want to start recovery all over.
- Stacy hasn't had anywhere to go since mom kicked her out and reports sleeping in the hallway of her mother's building.

Scenario 2

- Kathryn and her 5-year-old daughter were displaced from the apartment that she was renting for the last three years following a fire in the building last week.
- Red Cross provided a \$500 gift card which she has used to pay for a hotel stay and has exhausted.
- Kathryn was in the apartment at the time of the fire and during the call you can hear that her voice is trembling as she describes the experience.
- Kathryn has full time employment at the local post office but has not been back to work since the fire, nor has her daughter attended virtual school due to losing her laptop in the fire.
- Kathryn tells you that her only family is a sister that lives in the state, but she is an hour commute away from her. Her sister is willing to help but doesn't know how.
- Kathryn has been calling her landlord, but has not gotten any response.

Scenario 3

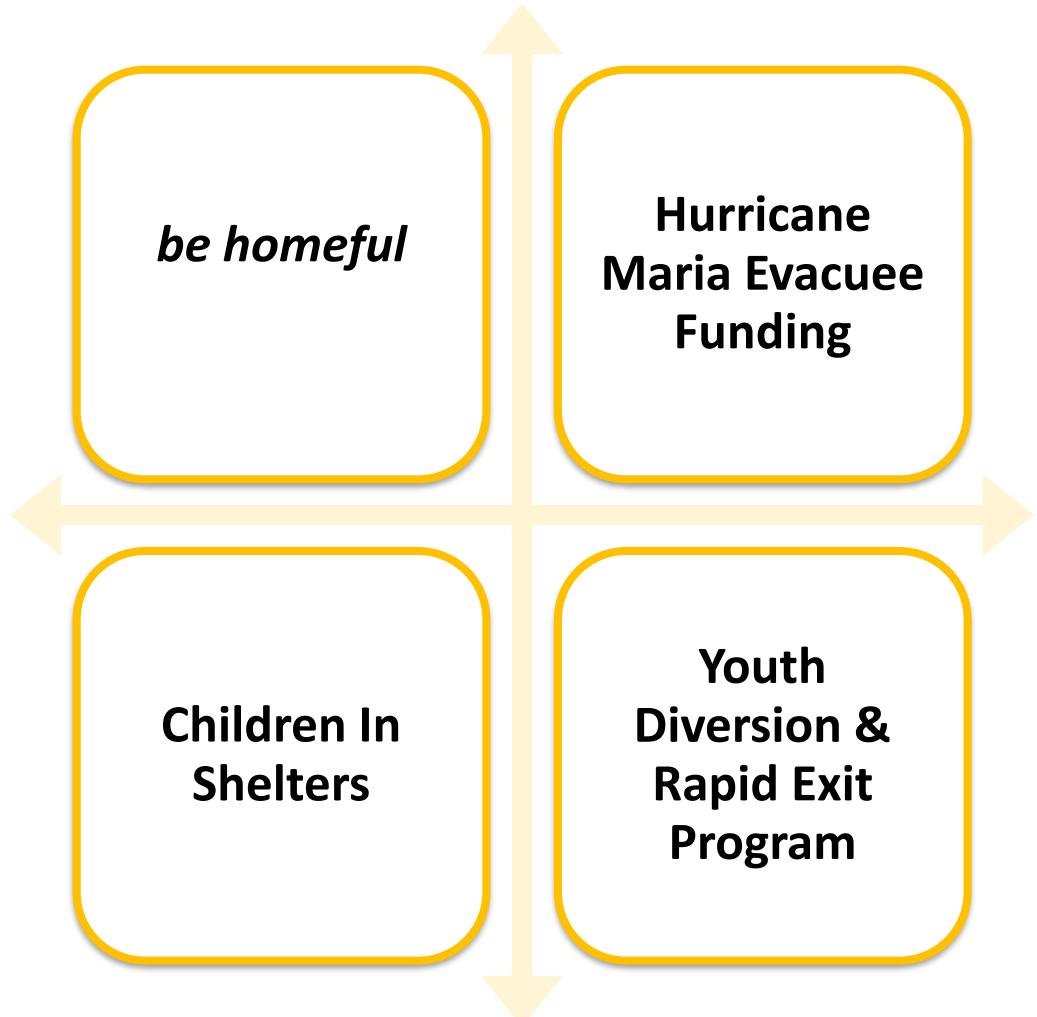
- Fred and Joy are a married couple that have been sleeping in their car for the last 5 months. They recently relocated from Maine after his father died and most of the family went their separate ways.
- Joy has a high school friend that she reconnected with on Facebook. She lives in Connecticut and when she heard of the couple's circumstances invited them to come and stay with her. However, upon arrival, the couple realized her living conditions were not healthy. There was mold and evidence of infestation in her small apartment. So, the couple decided it was better to sleep in the car. They use a rest stop on occasion for showers.
- Joy suffers from Bipolar Disorder and is on disability benefits receiving \$771/month.
- Fred has had multiple injuries to his back and was in a serious motorcycle accident years ago with an injury to his head. He has trouble remembering small details and gets confused easily while answering assessment questions. Fred is applying for disability benefits as well. He has already applied 2 times and has been denied. He is in the appeal process.
- Both self report during the appointment that they have swollen legs and complaining of pain in their ankles and feet making it difficult to get around.
- They are concerned about going to the friend's home in Connecticut as well as traveling because of COVID and their medical conditions



Emergency Assistance

Emergency Assistance

Shelter Diversion and Rapid Exit funding is light touch financial assistance. These interventions respond to housing crises in ways that either prevent homelessness or quickly move people out of homelessness into safe, permanent housing.



CCEH administers emergency funds to organizations who complete a Memorandum of Understanding (MOU) with CCEH. These funds support Connecticut's efforts to:

- Prevent new experiences of homelessness
- Reduce length of time homeless
- Reduce the overall number of people experiencing homelessness



Meet our spokes bear!

Go to www.behomeful.org for more info

How to Access Be Homeful Funds

- Agency must have signed MOU with CCEH
- Staff completing request must have attended CCEH Diversion training
- Access to Smart Sheets and link to request form
 - (Email me directly if you need the link!)
- Writing the story is important!!
 - Include most recent information about client's circumstances and why the funding is necessary to keep the family out of shelter

Allowable Expenses

- Security deposits
- Partial rent subsidy
- Rental arrearages (not for eviction prevention)
- Utility deposit or start up costs
- Utility arrearages
- Rental application fees
- Moving expenses
- Pet expenses
- Transportation expenses (including car repairs, bus passes, etc.)
- Past due medical bills
- Childcare costs
- Other costs associated with achieving shelter diversion as long as included in Housing Stabilization Plan
- Think outside the box!



Resource Mapping in your community

Resource Mapping – Housing First / Not only

- Job Centers and local Temp Agencies
- Childcare options; Care 4 Kids application
- Substance abuse treatment
 - 24/7 DHMAS ACCESS line and transportation 1-800-563-4086
 - Ctaddictionservices.com
- City Fair Housing Officer/Technician and local Fair Housing Atty.
- Adult Education Services
- Veteran Services
- Elderly Protective Services
- Drop-In Centers>Showers/Clothing Closets/Basic Needs
- Local McKinney-Vento contact information

Who else to connect with...



Municipal offices can be a great resource and have a wealth of knowledge about their unique cities/towns. Have locations, contact information readily available for clients.

Check their bulletin boards for timely information!

*Virtual considerations- websites info

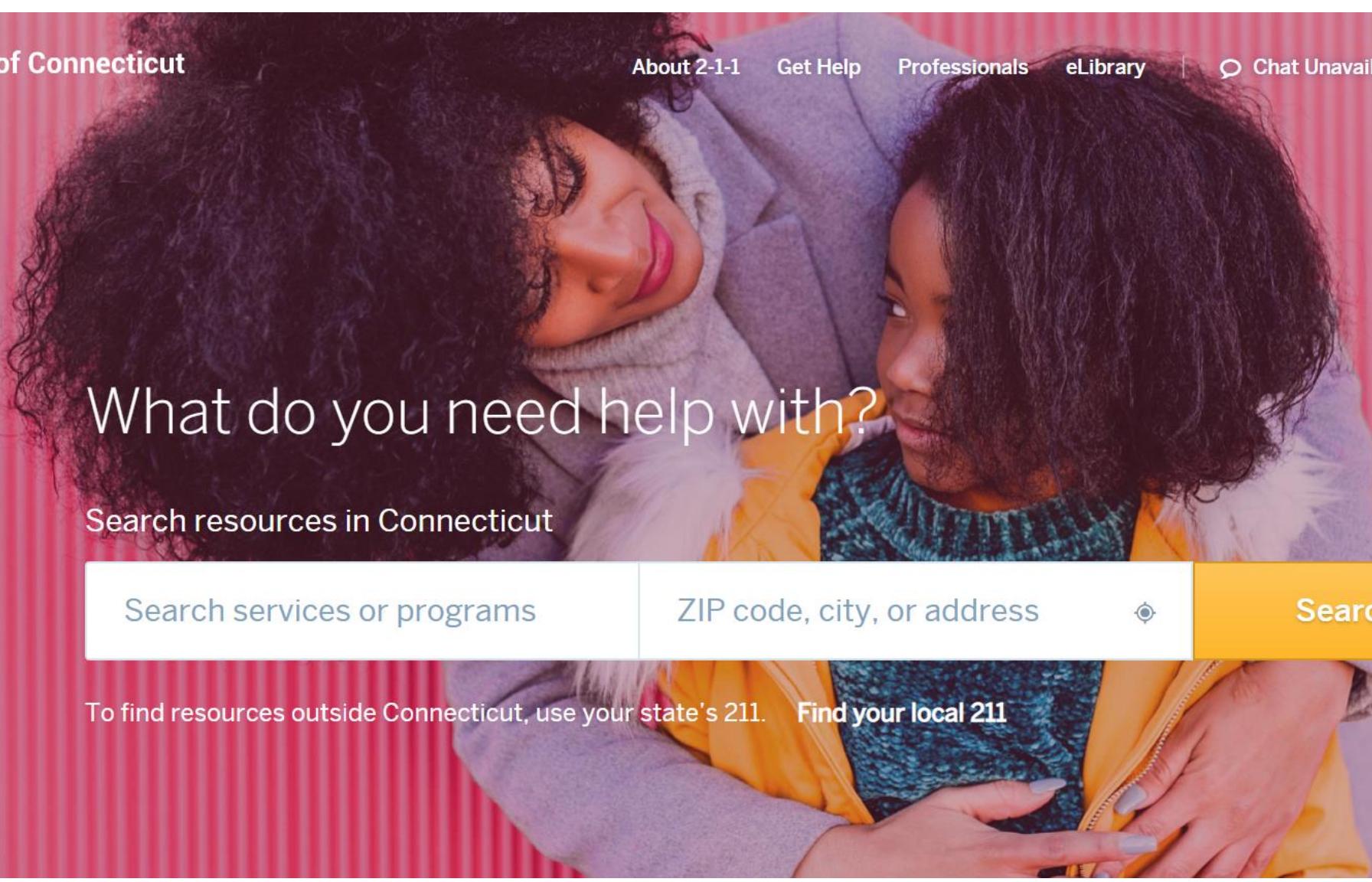
Resource Considerations

Resources are
Housing Focused,
not Housing Only

Explore
additional
resource options

Make sure
referrals are
appropriate

Consider the
different types of
referrals



What do you need help with?

Search resources in Connecticut

Search services or programs

ZIP code, city, or address



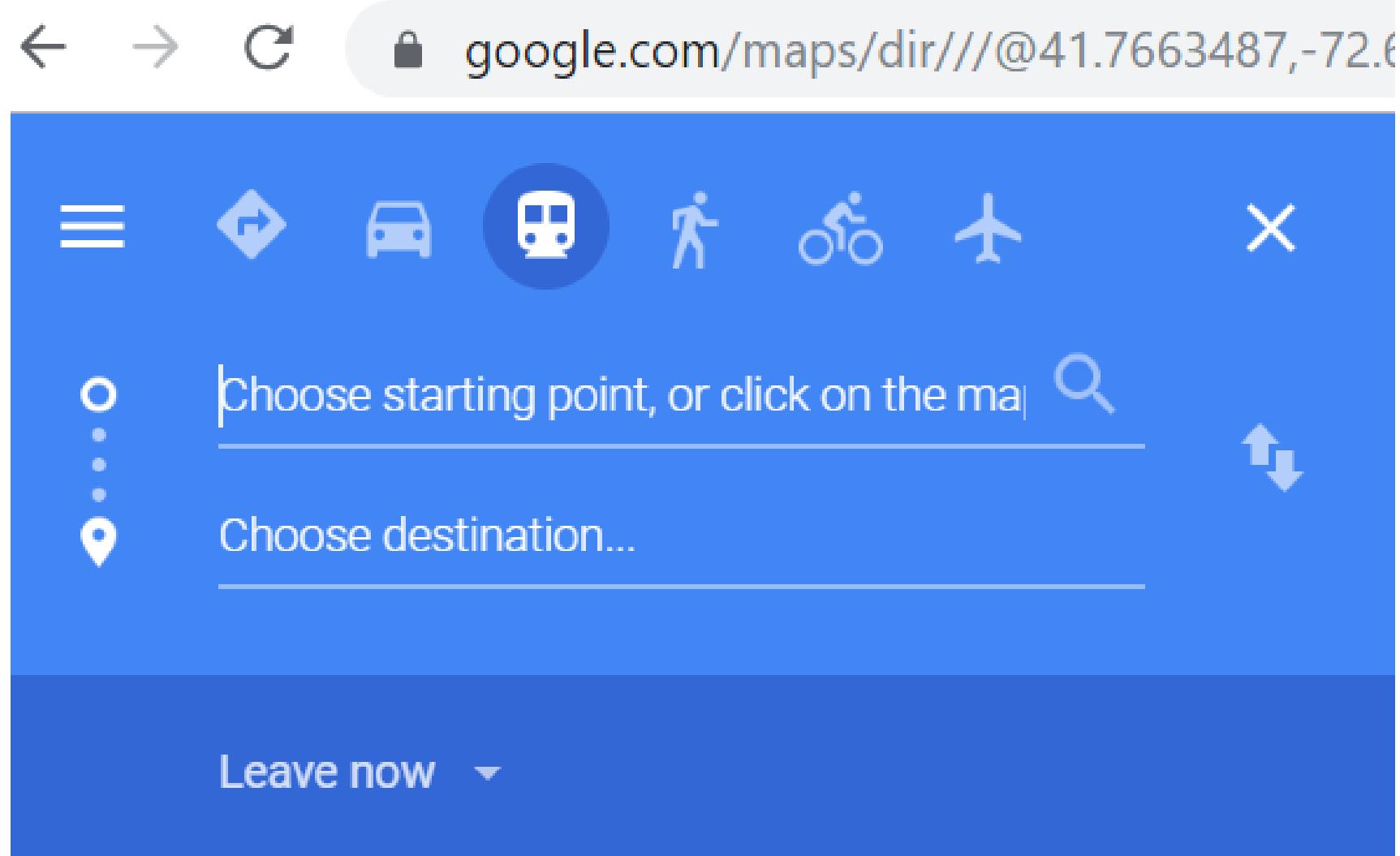
Search

To find resources outside Connecticut, use your state's 211. [Find your local 211](#)

Connection to Resources

- Trauma Informed Care Approach
- Actual Connection to Resources is Key , not simply supplying contact information
- Know your client's, some may need more assistance with:
 - Making initial phone call
 - Transportation to the resource
 - Reminders for the appointment and/or follow-up
 - Appointment follow-up

Logistics- Next Steps

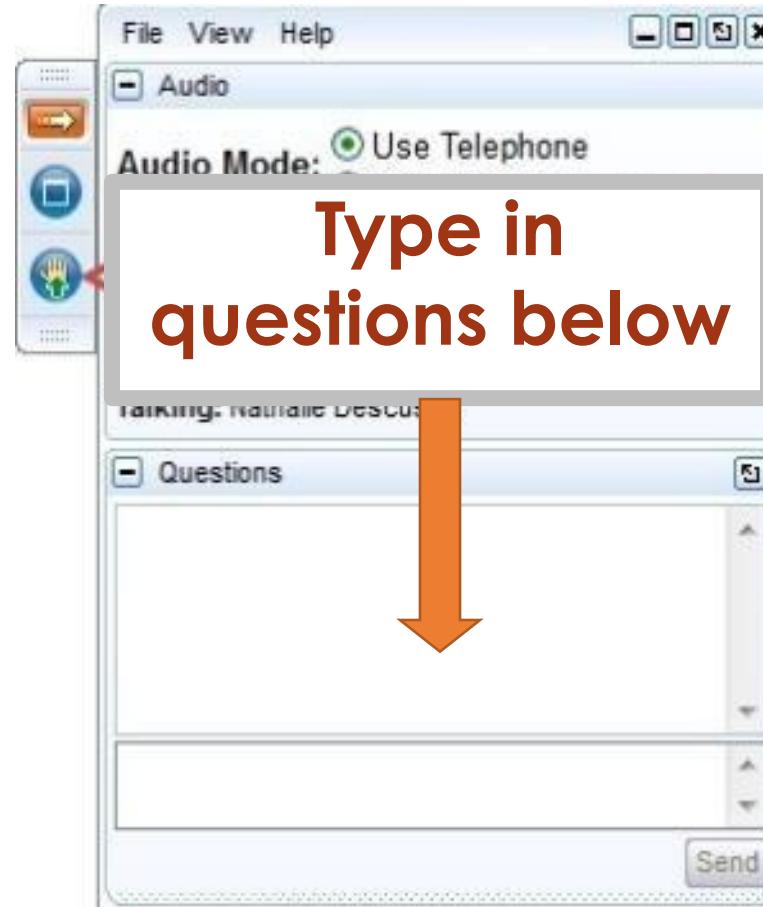


When Diversion isn't possible...

- If possible, connect client to CAN Outreach worker
- Add to Priority Wait List
- Make sure client contact information is accurate
 - When available provide email; assist with creating gmail account, etc.
- Give client a way to check in
 - Your contact- email and text options, walk-in options
 - Client should not leave feeling calling 211 is the only way to connect back

Questions?

Diana Berube
Dberube@cceh.org
(860)721-7876 x105



Additional Questions and Training
Needs?

Contact training@cceh.org