



Using the new CAN Case Note Template to Support Your Diversion Conversation

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Presenters

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About the Connecticut Coalition to End Homelessness

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

Mission

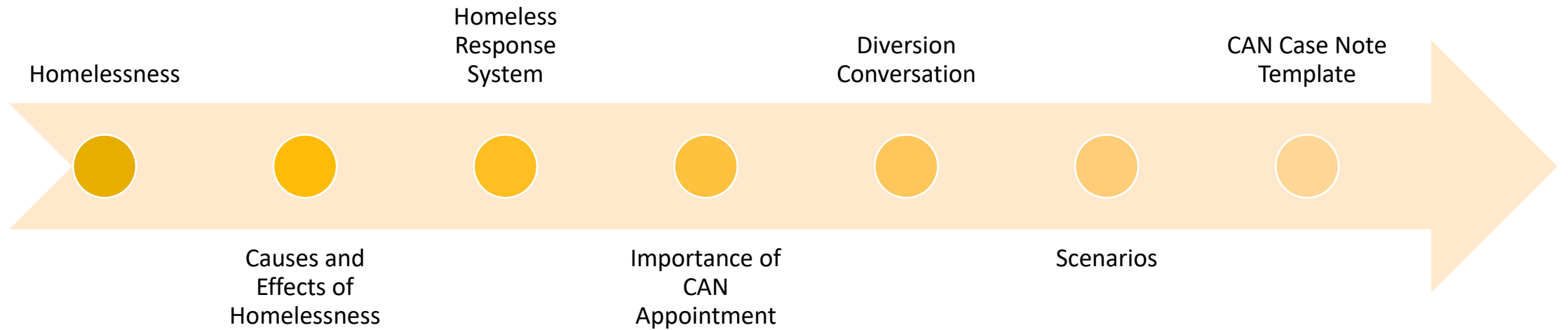
The Connecticut Coalition to End Homelessness, in partnership with members and communities throughout the state, creates change through leadership, advocacy, and building the capacity of members and the field to respond to environmental challenges.

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.

Focus Areas



Homelessness is Rising

Connecticut is facing unprecedented challenges in our effort to prevent and end homelessness. Our lifesaving and stability restoring system is overburdened, historically underfunded, and confronting a workforce shortage that threatens the state-wide safety net we provide. Rescuing the Homeless Response System, and the critical services it delivers, requires reliable and consistent funding every year.

The effects of the COVID-19 Pandemic remain acute for our state's Homeless Response System. Homelessness has grown significantly, since the COVID-19 pandemic began. Our data since the onset of the pandemic reveals:

39% ↑

increase in people experiencing homelessness from 2020 to 2022.

56% ↑

increase in calls to 2-1-1, the call center for the homeless response system, with **114,949 calls** seeking housing assistance and shelter.

30% ↑

increase in unsheltered households served by street outreach since 2019.

82% ↑

increase in CAN Appointments made for families, individuals, and youth at imminent risk of homelessness since 2019.

Types of Homelessness

- “Literal” homelessness refers to people sleeping out on the street or in a place that is not meant for human habitation (ex. In a car or abandoned building)
- “Imminent” homelessness refers to the risk of losing housing within a short time period (ex. Facing eviction or family/friends kicking someone out of a home)

Causes of Homelessness

Lack of Housing – without housing options, people face eviction, instability and homelessness

Income and Housing Affordability

History of Health problems (Mental Health, Substance Abuse, Physical Health)

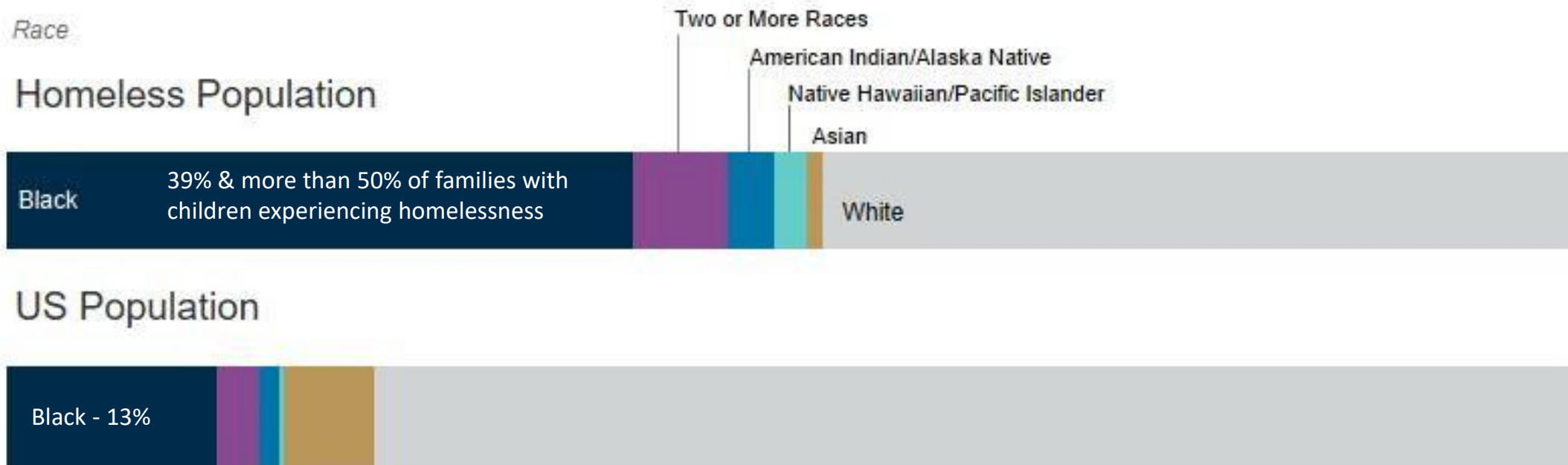
Escaping Violence – Many survivors of domestic violence become homeless when leaving an abusive relationship

Impact of Racial Disparities- minority groups in the US experience homelessness at a higher rate than Whites

Significant Racial Disparities in Homelessness

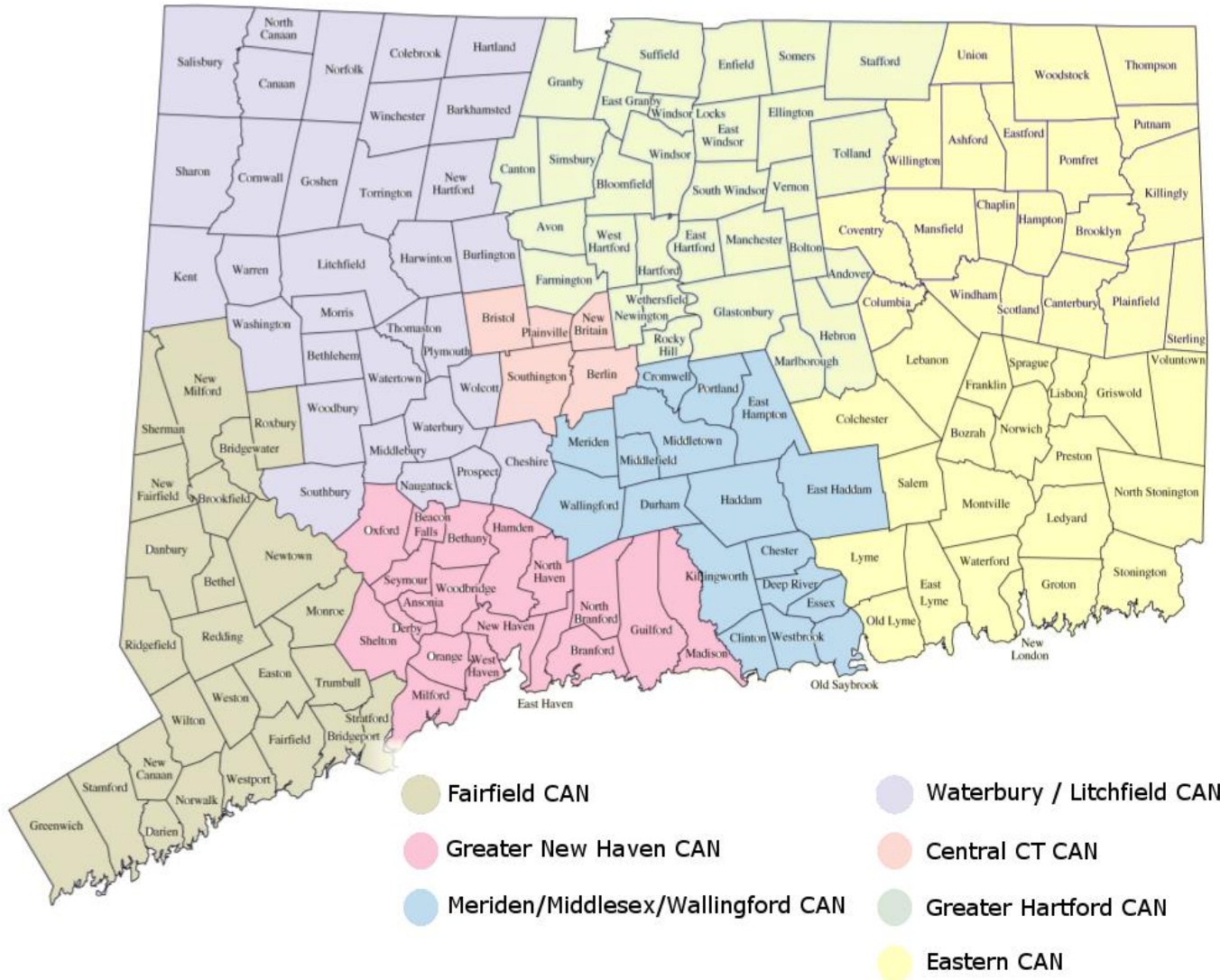
Most Minority Groups Make up a Larger Share of the Homeless Population than They Do of the General Population

Race and ethnicity of those experiencing homelessness compared with the general population



Source: National Alliance to End Homelessness

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://cch.org/data/interactive/> and <https://ctcandata.org/>.

Services available through the CAN

Emergency Shelter (reserved for when deemed a last resort)

- Emergency Shelter
- hoteling during COVID to reduce numbers in congregate settings

Referrals to Community Partners

- Mental Health
- Substance Abuse
- Medical
- Employment Services
- Legal Services
- Food pantries
- Clothing
- Etc...

Case Management

- Ranging from light touch to intense
- Based off client's needs

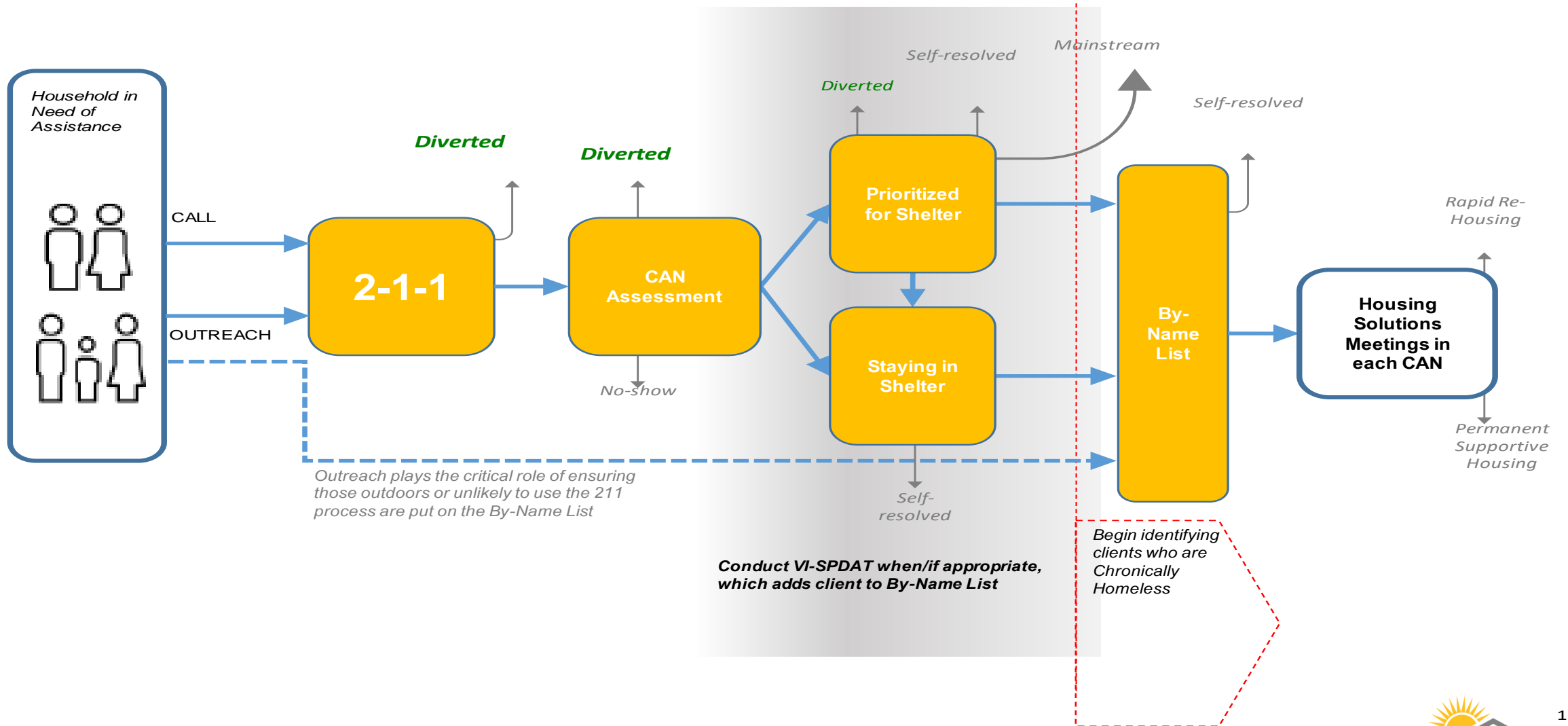
Assistance in Housing Search

- Landlord engagement
- Advocacy
- Education
- Lease Compliance

Financial Assistance

- One time diversion assistance
- Rapid Rehousing (short term rental assistance)
- Permanent Supportive Housing (long term rental assistance)

Connecticut's Homeless Crisis Response System



CAN Assessment

- **The purpose of a CAN assessment is to identify an individual or family's needs to resolve their housing crisis**
- During the CAN assessment staff should have a diversion (problem solving) conversation to attempt to identify resources to divert individuals or families from shelter.



Basics of Shelter Diversion

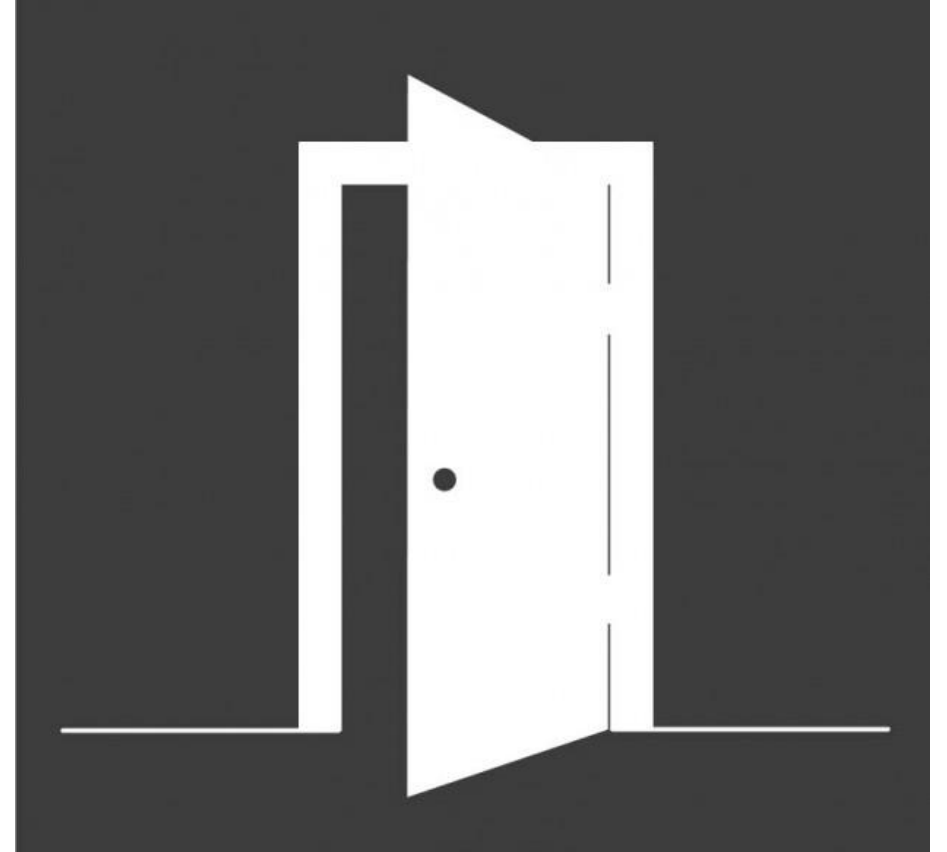
Prevents and Ends Homelessness

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.*



Diversion = Intensive Service Intervention

- Through an interactive problem-solving conversation with a client staff seek to:
 - Understand what caused a person's housing crisis;
 - Explore what immediate solutions to the crisis may be possible; and
 - Help them pursue a solution(s)
- The idea is to immediately get the client into a safe housing alternative, which may be short or long term.
- When a person is in crisis, they often can only focus on the crisis, which is why someone trained in diversion can help identify appropriate resources.

Reasons to Implement Diversion

- Improves system outcomes by reducing entries into homelessness
- Improves quality of life by helping people avoid the stress of shelter stays
- Conserves and targets resources – shelter beds used only when needed
- Cuts down on shelter waitlists

Homelessness is a Traumatic Event

- Trauma is defined as a psychological, emotional response to an event or experience that is deeply distressing
- Traumatic events that happen over an extended period of time can lead to "complex trauma" which can manifest in deterioration of both physical and mental health

People with trauma can often feel shame, helplessness, powerlessness, and intense fear.

Cost Effectiveness of Diversion

Diversion assistance can be:

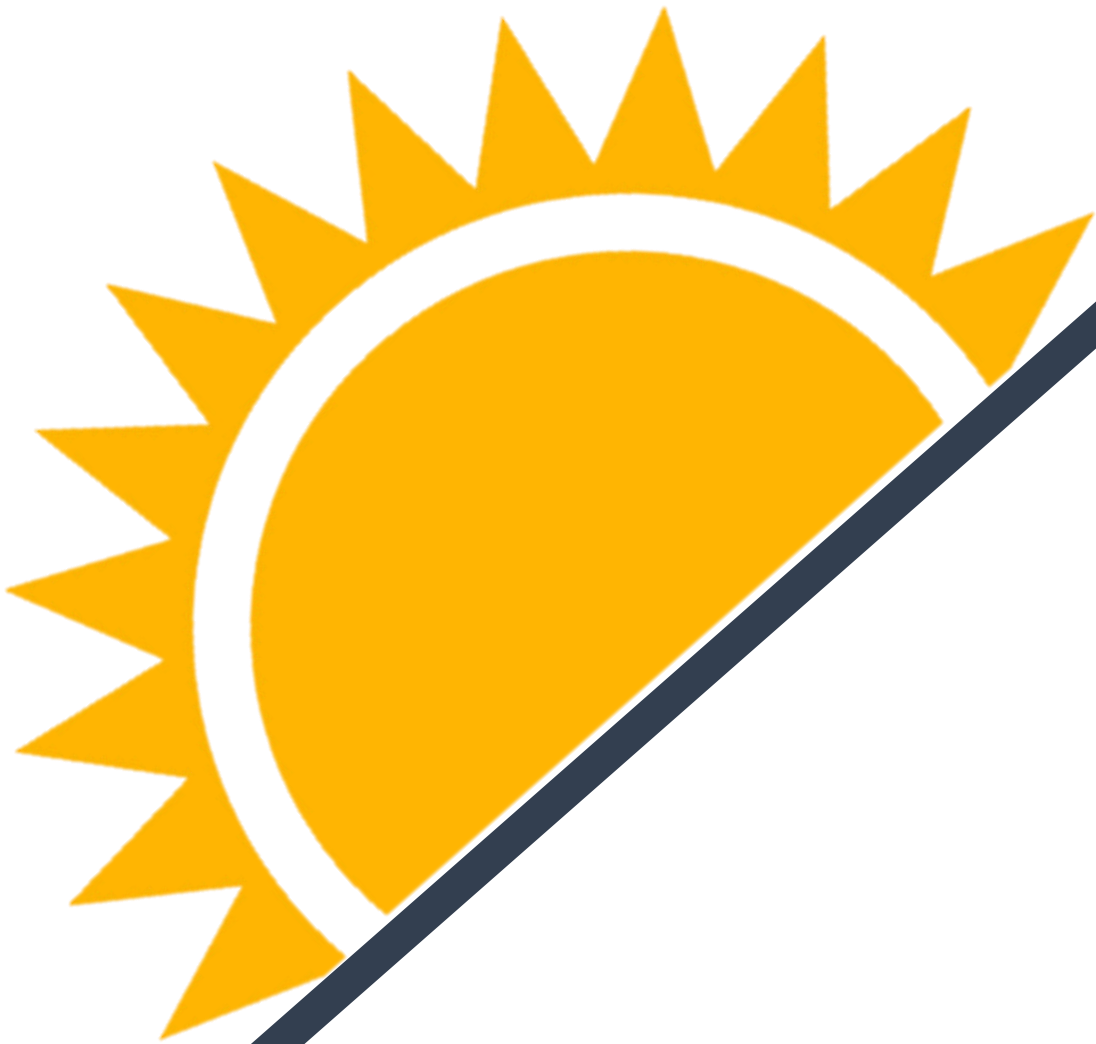
- Simple phone conciliation (no assistance funds)
- Mediation + small amount of food (\$50)
- Greyhound bus ticket (\$30-\$500)
- Other assistance like utility bills or back fees (\$200)
- First Month Rent + Deposit (\$1000+)



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)





How to Do
Effective Shelter
Diversion

Improving Diversion: Skills and Foundations

Client-Led Problem-Solving Techniques:

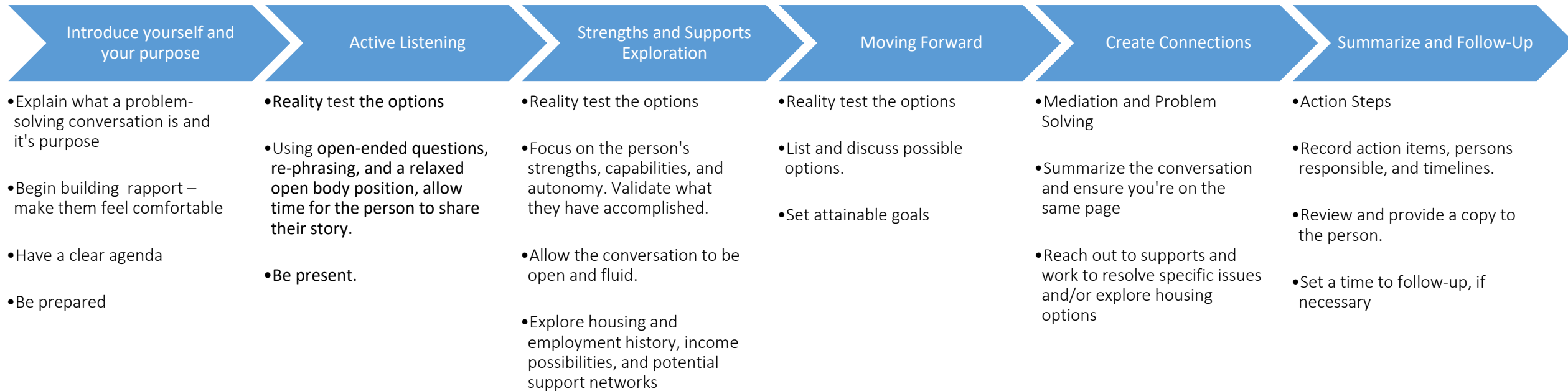
- motivational interviewing
- trauma-informed care
- strengths-based approach

System Foundations

- race, LGBTQ+, and disability equity
- youth involvement
- domestic violence



6 Steps to a Problem-Solving Conversation



Shelter Diversion is a Conversation

You

- Listening
 - Identifying Natural Supports and Resources
- Identifying and Highlighting Strengths
- Being Solution Focused
- Providing information, guidance, and resources
- Myth busting & Reality Testing
 - Setting realistic expectations

Person in Housing Crisis

- Sharing their Story
- Developing their own housing plan
 - Asking Questions
 - Taking steps (with guidance, as needed) to secure and maintain permanent housing

Problem-Solving Conversation

- Can you describe your housing crisis?
- Do you have a place to stay?
- Where did you sleep last night? Do you have a place to stay tonight?
- Have you ever previously called 2-1-1?
- How long have you been staying there?
- Where is the last stable place that you stayed?
- How long were you able to stay there?
- Are there additional reasons why you can't stay there any longer?
- 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?
- Do you have any sources of income?
- Do you have access to a phone?
- Do you have an email address?

Possible Housing Solutions

Temporarily stay
with Family, kin, or
other natural
support

Mediation –
Negotiated return
to their previous
residence

Sober Home

Provided with
Financial
Assistance

Temporarily
diverted as they
seek new housing

Relocating
permanently to a
safe place out of
town

Shared Housing



Scenarios

Scenario 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. Identify resources you would provide them/ referrals you will make
 4. Interventions/ case management you will provide
 5. 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 Narcotics Anonymous (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. She says she has no other option besides going to a shelter and wants to be added to the shelter list.

Scenario Introduction

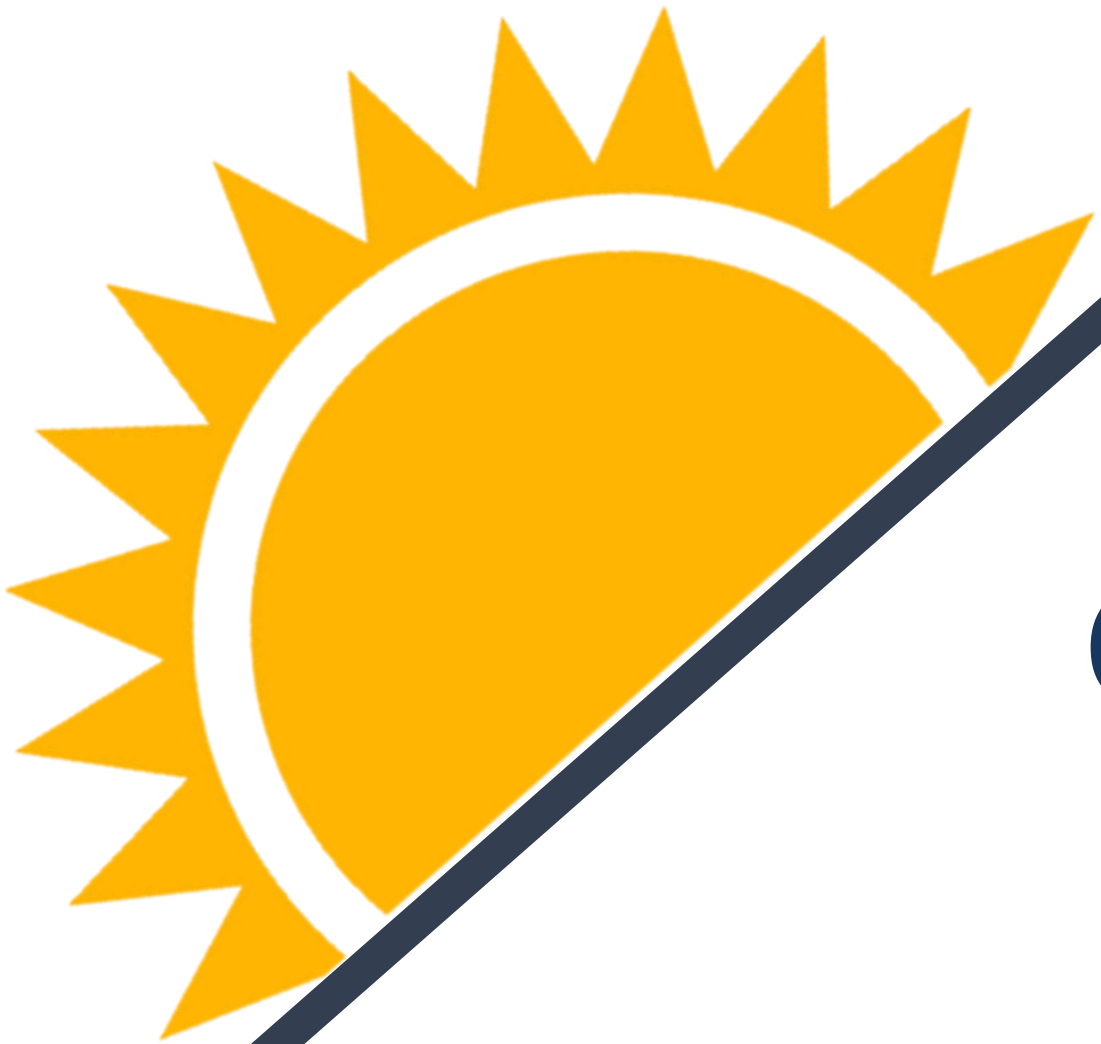
- Read the assigned scenario and do the following:
 1. Break into groups of 3
 2. Determine who will be: 1- the Service Provider and have the diversion conversation, 2- the person in a housing crisis, 3- the observer
 3. Service Provider – based off the initial information in file from 2-1-1 begin your CAN Appointment and try to resolve the housing crisis
 4. Client in housing crisis – create a character/back story for the scenario and engage in the conversation
 5. Observer – observe the interaction and take notes. Pay attention to questions asked, body language, active listening, etc.

Scenario 2

Housing Crisis:

- Client states that he and his family have been staying in a hotel for the past month and now they have to check out of the hotel by Sunday. Client has some income, but not enough to continue staying in the hotel or to get an apartment. Client wants to go to a family shelter.
- Discussion:
 - Were you able to resolve the housing crisis?
 - How did it feel?
 - What went well?
 - What went wrong?

What's more Important –
Quality of Service or Quality
of Documentation?



CAN Case Note Template

CAN Case Note Template

Purpose: To be used as a guide to document important information from the CAN appointment

Is now available in HMIS under Case Note templates. Case Management (Tab) > Left Menu: Case Management > Case Notes > Add New>Template: CAN Case Note Template

Is worded to provide prompts to the writer to answer the questions in the note

Should not be used as a list that you go down, going from question to question

Created as a case note template to have a centralized place that is accessible for important details to be captured

Captures information that is not included on the CAN Assessment

CAN Case Note Template Suggestions :

- Copy and paste the template into a Word document
- If conducting the CAN Appointment in person – print out the template and use it to take notes on
- If conducting a virtual CAN Appointment – have the CAN Case Note template on your computer screen while having your problem-solving conversation to ensure that you obtained all the necessary information
- Complete your Case Note in HMIS shortly after your appointment, while the information is still fresh
- Be as detailed and thorough as possible!

Housing Composition:

Who will be living in the house? Indicate if the household is an: Individual, Young Adult (under 25), Family with Adults only, Family with Children (include ages of all children)

Housing Status/History:

Have a conversation to learn about the client's current housing status and housing history. The questions below can assist with gathering the information.

- Where did they sleep last night?
- Briefly describe housing history over past year: who did they previously stay with and why did they have to leave? Can they safely return?
- Did they ever have their own lease (past year or before)?
- When was the last time they had a stable place to live?
- What have they been able to do to avoid seeking shelter?
- What other housing options do they have for the next few days, weeks, or months (who can they potentially stay with)?

Natural Supports:

List family/friends/coworkers who are natural supports.

-Do they have anyone assisting them with meeting their basic needs? (name, relationship, contact information, type of support).

-If unsheltered, where are they taking care of their basic needs such as showering, eating meals, using telephone, etc.?

- Did you (CAN staff) speak with any of their natural supports/people they formerly lived with? If so, what was the outcome of that conversation?

-Can they possibly temporarily stay with natural supports?

Sources of Income/Employment:

-How are they able to pay for their financial obligations and take care of their basic needs?

- *Robert works under the table and makes \$200 a week*
- *Sometimes Robert is able to get money from his brother, roughly \$50 a week*

Domestic Violence:

- Is there active domestic violence? Yes or No

-Is there an active restraining order or protective order? Yes or No

-If there is active domestic violence, was a connection made to Safe Connect and is there a safety plan in place?

-Has Safe Connect assessed for safety? Yes or No

-Has Safe Connect referred the client back to CAN? Yes or No

-If the client's circumstances have changed, please refer back to Safe Connect at 888-774-2900

Community Supports and Services:

What community supports, or services are already in place?

- Has a clinician (Bobbi Joe) at Wheeler Clinic. May also have a case manager with Wheeler Clinic. Client reports that someone else from there comes to his apartment each month and helps him out.

-Are there any community supports or services that they would like to be connected to?

Please provide contact information.

*-Reports that he does not have any groceries in his home, and he hasn't eaten. Referral completed for Food Bank
123 Eat Lane Hartford, CT 06112 (123) 345-6789*

Housing Barriers:

Summarize what factors led to homelessness and what are the most significant barriers to accessing or stabilizing housing? (For example, utility arrearage, criminal history, poor credit, on the sex offender registry, lack of income, limited supports, etc.)

- Robert was laid off from his job in August and was not able to stay current with his rent.*
- Robert is looking for another job, does not have any other sources of income.*
- Robert thinks his credit is bad and he currently has a high electric bill*

Plan/Next Steps:

- What plan/next steps were agreed upon during the appointment?
- What is the client going to do?
- What is the Diversion Specialist going to do?
- What additional referrals to resources were provided?
- What was the outcome of the appointment? Such as but not limited to diverted, referred to outreach, added to waitlist, etc.

*Create a person-centered diversion or housing plan – provide a copy to the client and attach to HMIS file.

Questions?

Upcoming Trainings:

- April 6th 2pm-3:30pm – Creating a Person-Centered Housing Stabilization Plan
- Date TBD – Telling the Story Through Quality Case Notes
- May 17th – 20th Annual Training Institute
- June 13th and 14th – Motivational Interviewing Workshop

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