

# How Diversion and Progressive Engagement Helps Your Community End Homelessness

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# The Merry Misfits of OrgCode



ERIN: Minnesota based youth specialist; SPDAT; coordinated entry



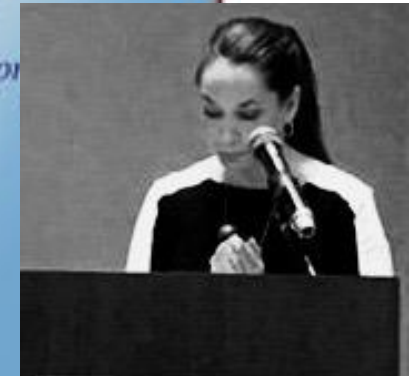
IAIN: Ontario based leader of OrgCode; CEO; do-gooder



TRACY: Ontario based Associate Director of OrgCode; Master of Everything



KRIS: California based family specialist; shared housing; SPDAT



ANN: DC Based Leadership Wonder Woman



MIKE: Arizona based landlord guru



AMANDA & ZACH: West Virginia based rural; HMIS; trainers



DAVID: Florida based data boy wonder; coordinated entry; HMIS

# Homelessness

# The Truth about Homelessness

There are three “types” of people who are homeless

- About 80% are “**transitionally homeless**”
- They are homeless once in their lives, usually for about a week
- They are able to quickly find new housing, and they are never homeless again
- *These are the people the emergency shelter system was designed for*

# The Truth about Homelessness

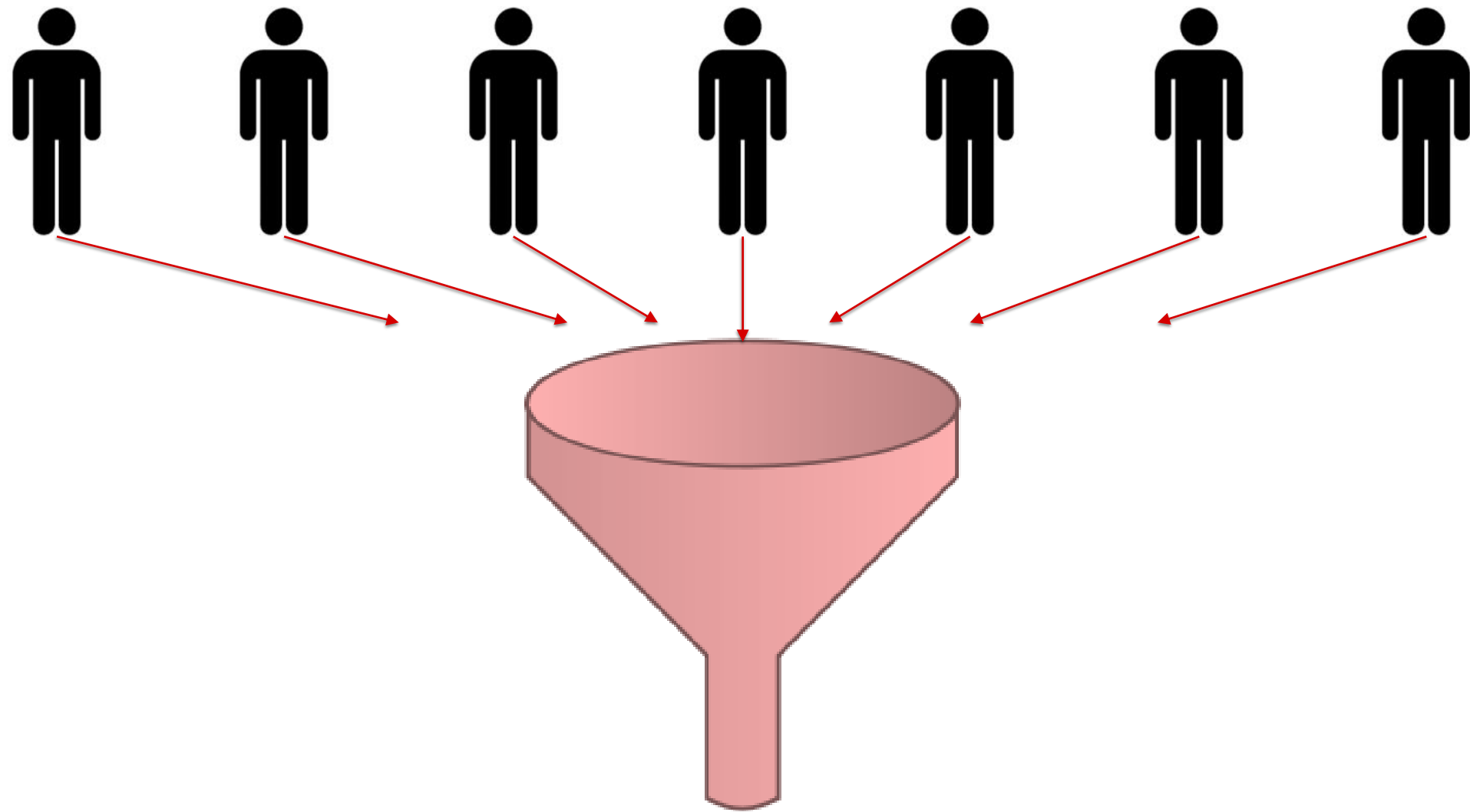
- What about the other two types?
  - About 10% are “**episodically homeless**”
    - These people cycle in and out of homelessness
  - About 10% are “**chronically homeless**”
    - These people are homeless for over a year, some for much longer

# The Truth about Homelessness

- For these 20%, the common response to homelessness is clearly not working
- Or else wouldn't they be housed by now?
- Instead, we've been seeing an increase, not a decrease, in homelessness

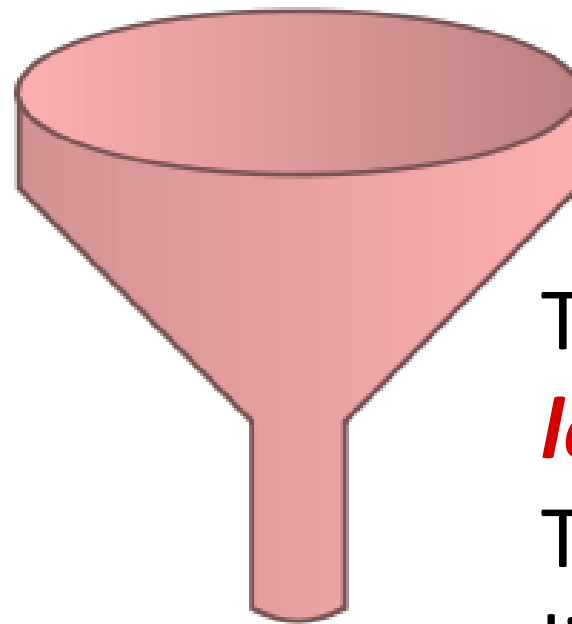


These people are all **homeless**  
but they are *not a homogeneous* group

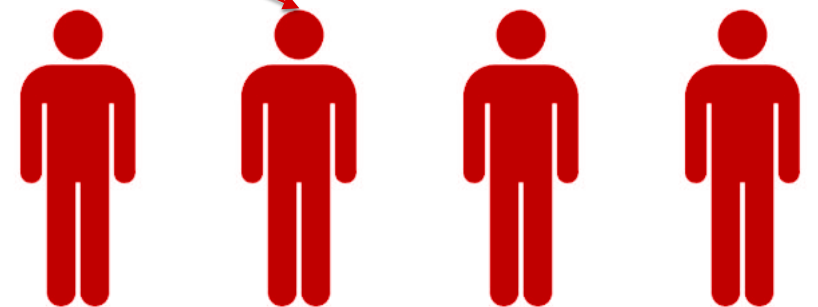
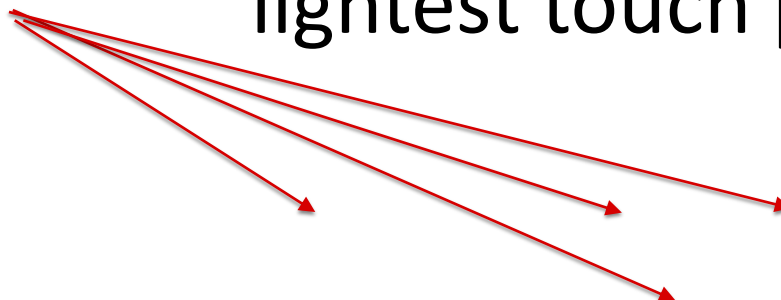


They need to all be *assessed*  
using a **common tool**,  
which will determine their *acuity*  
and the best intervention for them



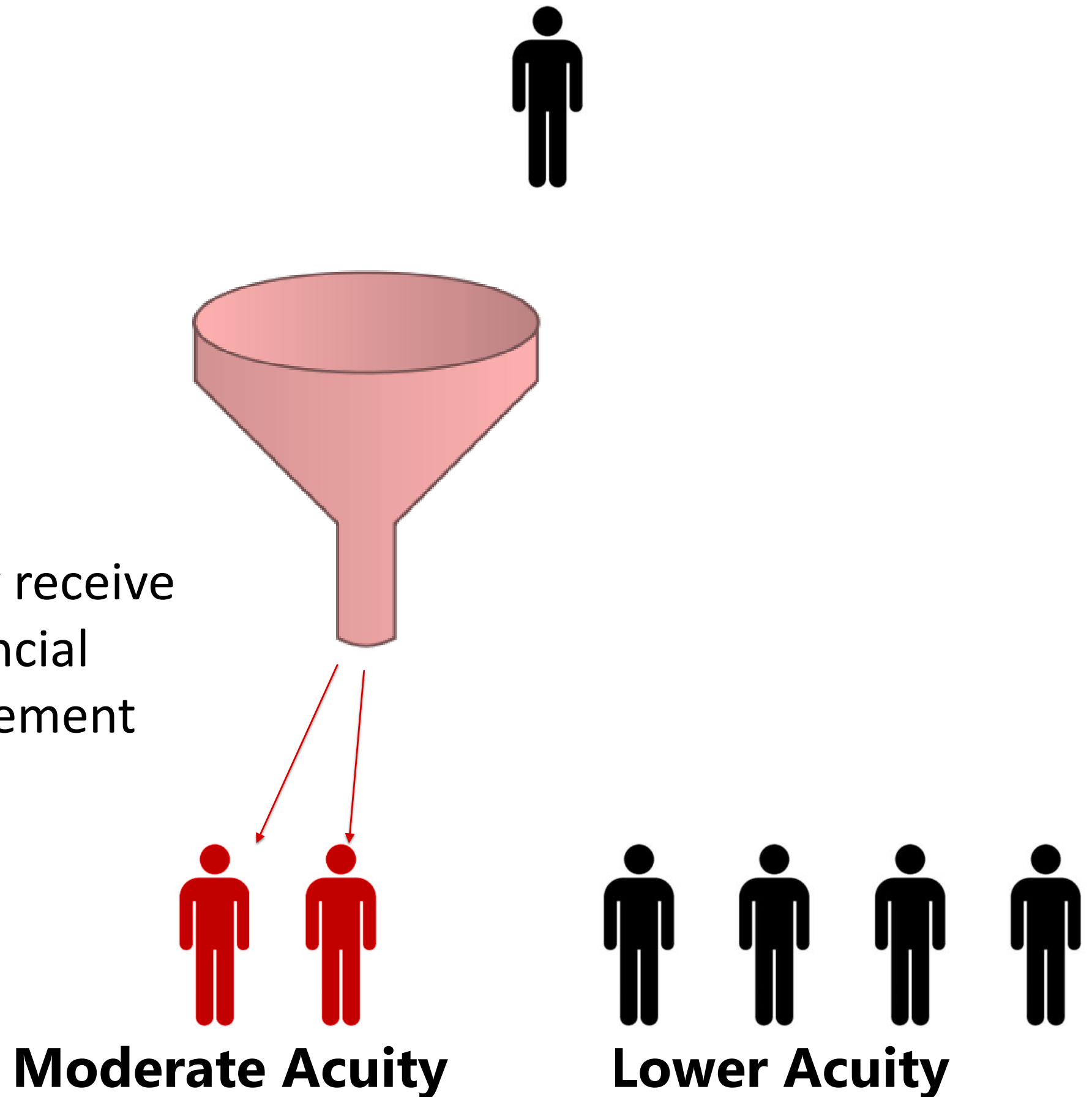


These folks have  
***lower acuity.***  
They should receive the  
lightest touch possible



**Lower Acuity**

These folks have ***moderate acuity***.  
They should usually receive **time-limited** financial and/or case management supports



These folk(s) have

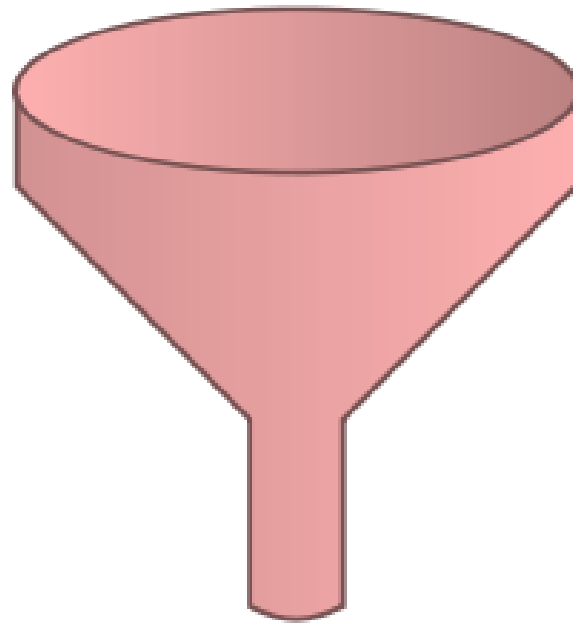
*higher acuity.*

They usually need a

**Housing First**

intervention and/or

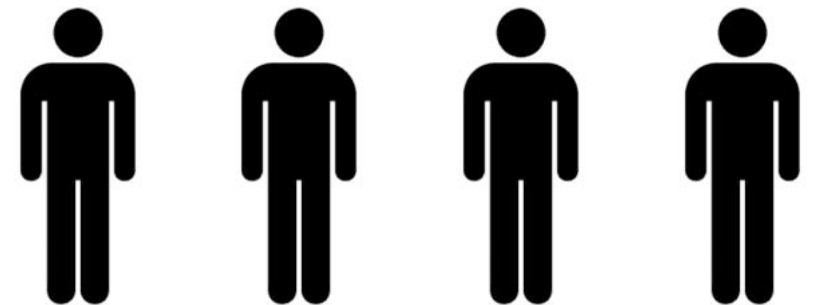
**Permanent Supportive  
Housing**



**Higher Acuity**



**Moderate Acuity**



**Lower Acuity**

# Achieving Functional Zero

Let's not complicate things...

- Outflow exceeds Inflow and communities have the resources required to respond to new entries into the homelessness system



# Ending Homelessness

- A *functional* end to homelessness means no person has to remain homeless longer than 30 days prior to moving directly into *permanent* housing.
- Ending homelessness requires:
  - ✓ Shelters working as a process, not a destination
  - ✓ Diversion is a service with an outcome
  - ✓ Housing-focused conversations
  - ✓ Access to permanent housing quickly (less than 60 days)
  - ✓ By name registry of all people to be served

# Three Basic Metrics

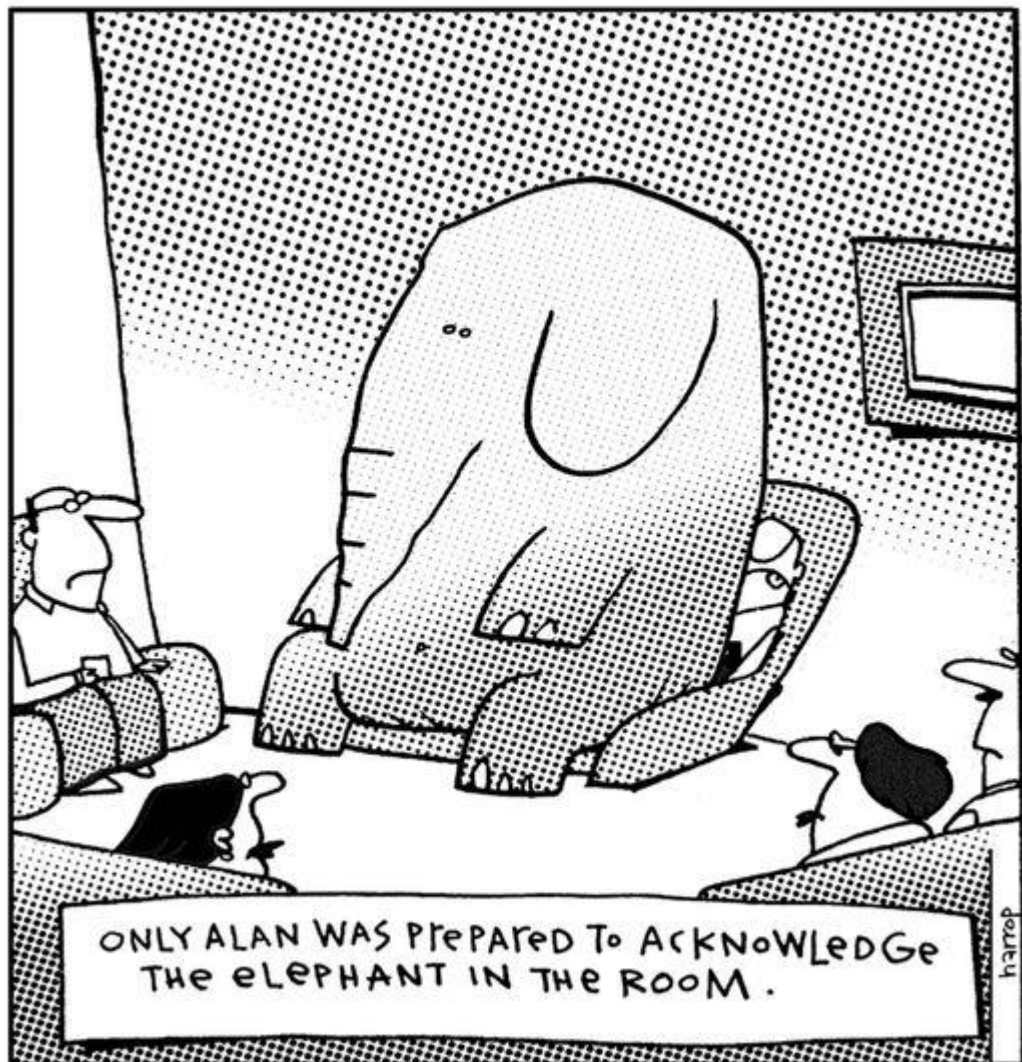
How long are people spending homeless?

How many are moving into housing?

How many are returning to homelessness?



# Realities



- There is a difference between WANT and NEED.
  - Most people that experience homelessness will do so only once in their life, for a short period of time, and will not experience it ever again.
  - Meanwhile, there are a smaller percentage of people that experience episodic homelessness or chronic homelessness.
- We do NOT have an infinite supply of resources, nor do we have more staff and time than we know what to do with.
- Acting like a system requires that we have coordinated access and common assessment.
- All of this occurs within heightened emotional context.

# Prevention & Diversion



# What is Diversion?

- Diversion is about saying “YES” to helping households navigate a **safe alternative** to shelter that is appropriate to their circumstances through an investment in staff time by dedicated staff that have specific problem-solving skills and access to flexible resources to put the solution into action.
- Diversion is NOT a refusal of service.
- Diversion should NEVER use assessment too far upstream.



# Prevention vs Diversion

**Prevention** = sustaining an existing safe, appropriate tenancy

**Diversion** = locating safe, appropriate alternatives to shelter once a person/family has become homeless

# Backbone Premises

- Homeless and housing services are not always easy to figure out
- Most organizations work really hard to be exceptionally good at its work - but that doesn't mean everyone that comes to its door is a good fit.
- “Service shopping” is inefficient and ineffective for people in need and for service organizations.
- Helping an individual or family get to the right intervention at the right time to end their homelessness is important.
- If a person can end their own homelessness they should be empowered to do so before intensive services are provided.
  - Often youth diversion happens within a shelter setting

# For Diversion to Work...

- Diversion IS a service. NOT the absence of service.
- Diversion should NEVER use assessment too far upstream.
- NO over-rides for diversion attempt.
- NOT assessing for assessment sake...NOT about creating waiting lists.
- Diversion must mean a safe option has been identified.

# Characteristics of a Diversion Specialist

- Solution-focused
- Objective
- Maintains confidentiality
- Willingness to find alternatives
- Integrity of process
- Impartial to all parties that may influence current situation unless legal duty to report
- Professional boundaries
- Embraces self-determination
- Honesty

# Coordinating Residential Solutions



# Effective Engagement Strategies

- Think before reacting to what is presented.
- Exercise active listening.
- Focus on the problem, not the emotions.
- Accept responsibility for trying to solve the problem, but do not over-promise or be dismissive from the start.
- Use direct communication. What exactly do they need? Why do they need it? What do you need them to do?
- Focus on the future - not the past.
- Ensure fairness.

# Different Scenarios to Consider

1. People homeless for the first time.
2. People that keep coming back to homelessness.
3. People stuck in homelessness and/or not using any of the “usual” homeless services.
4. Diversion for youth has to be grounded in safety and choice
  - Often done while in shelter



# Where Is Diversion Happening in Your Community?

**Via Coordinated Entry?**

**Via Agency Referral?**

**At Your Front Door?**

**As a Rapid Exit Strategy?**



# **9 Steps to Effective Diversion Practice**

# STEP ONE: Explain the Process

**Explanation of the diversion conversation.**

*“Our goal is to learn more about your specific housing situation right now and what you need so that together we can identify the best possible way to get you a place to stay tonight and to find safe, permanent housing as quickly as possible. That might mean staying in shelter tonight, but we want to avoid that if at all possible. We will work with you to find a more stable alternative if we can.”*

# STEP TWO: Today's Urgency and Untested Options

Why are you seeking emergency shelter today?

What are all the other things you tried before you sought shelter today?

What are all the other things you have thought about trying but have not attempted yet in order to avoid needing shelter today?

# STEP THREE: Last Night's Safety

## Where did you stay last night?

- a. If staying with someone else, what is the relationship between them and you?
- b. How long have you been staying there?
- c. Where did you stay before that?
- d. Would it be safe for you to stay there again for the next 3-7 days?
- e. (If a couple and/or household with children under 18) Would your whole household be able to return and stay there safely for the next 3-7 days?
- f. If indicate that the place where they stayed is unsafe, ask why it is unsafe.
- g. If cannot stay there safely, or if were staying in a place unfit for human habitation, move to Step Six.

# **STEP FOUR: Story Behind the Story (At Last Night's Safe Place)**

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?

# **STEP FIVE: What Would it Take to Stay (At Last Night's Safe Place)**

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?

If no, why not? What would it take to be able to stay there temporarily?

# STEP SIX: New Place to Stay Temporarily

If no, is there somewhere else where you/you and your family could stay temporarily if we provide you with some help or referrals to find permanent housing and access other supports?

For example, what about other family members?  
Friends? Coworkers?

What would it take for you to be able to stay there temporarily?



# **STEP SEVEN: Identifying Barriers and Assistance Required**

What is making it hard for you to find permanent housing for you/you and your family - or connect to other resources that could help you do that?

What do you feel are your barriers?

What assistance do you feel you need?

# STEP EIGHT: Current Resources

What resources do you have right now that could help you and your family find a place to stay temporarily or find permanent housing?



# STEP NINE: Housing Planning

If admitted to shelter there is still an expectation that you will be attempting to secure permanent housing for you (and your family).

What is your plan at this point for securing housing if you are admitted to shelter?

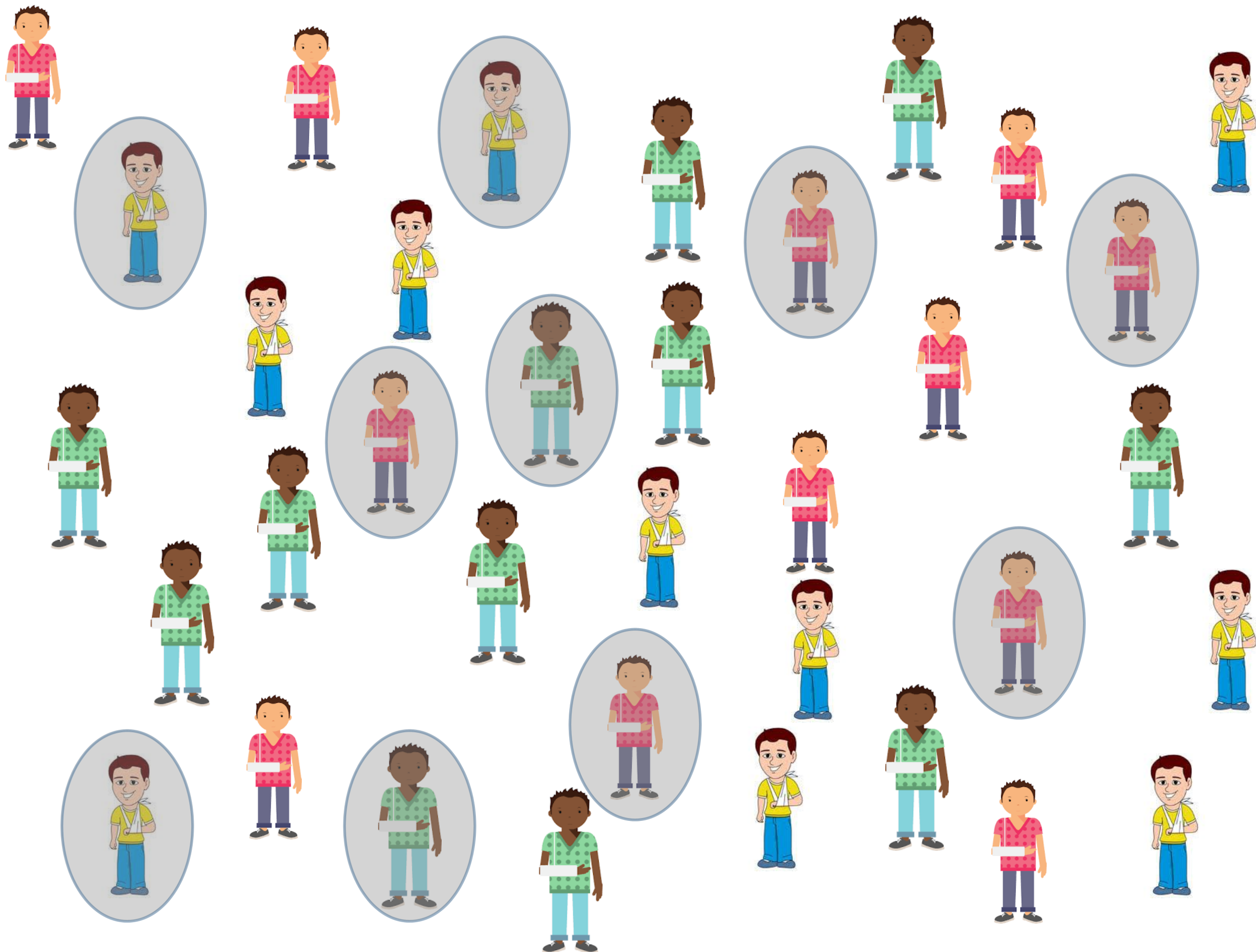


# Progressive Engagement

# What is Progressive Engagement?

Progressive Engagement is an approach to helping households end their homelessness as rapidly as possible, despite barriers, with minimal financial and support resources.

More supports are offered to those households who struggle to stabilize and cannot maintain their housing without assistance



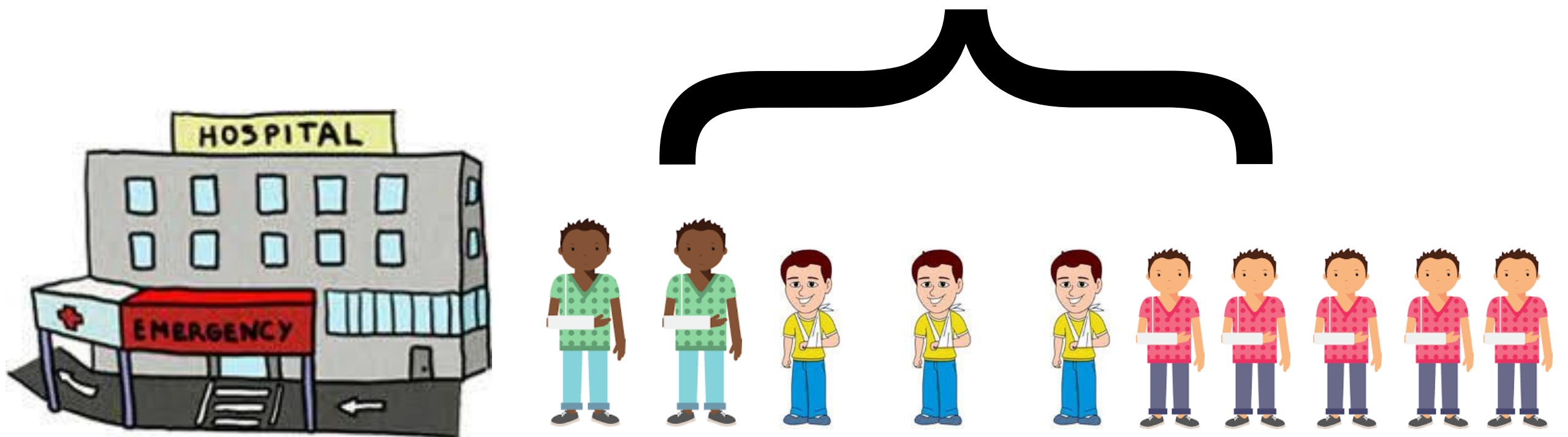
Is this an outpatient service? Short term stay?

Longer term, more involved situation?

If yes, how ill or injured are they compared to everyone else seeking service?

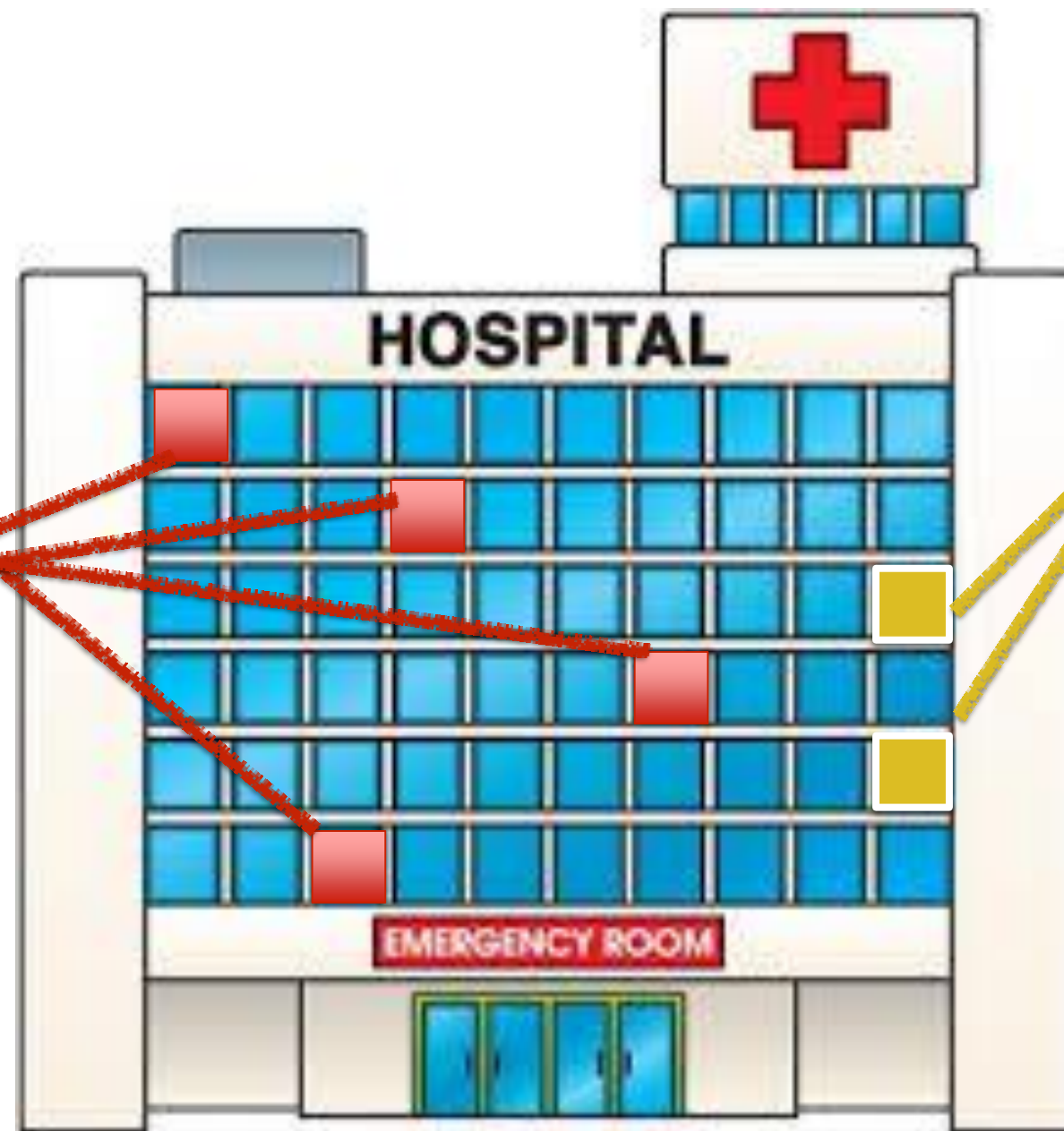
If yes, do they need to be at a hospital?

Are they ill or injured?



The ER knows who each of these 10 people are by-name if they are ill or injured and need to be at a hospital. The rest of the hospital does not know them. And, the ER does not know all the people who are ill or injured in the community but ARE NOT at the hospital.



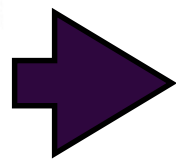


**Brief interventions.**  
**No ongoing, long-term**  
**or permanent support**  
**required.**  
**Expected to recover.**

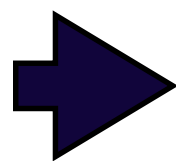
**Who does what**  
**specialties?**  
**Who has space?**  
**What will be the**  
**treatment protocol?**  
**Does the patient**  
**want it?**

**Diverted or quickly**  
**treated and**  
**discharged, the**  
**rest of the hospital**  
**does need to know**  
**these people.**

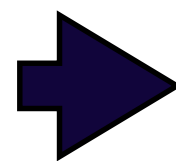




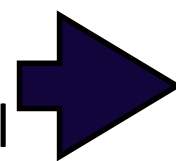
Parents  
for shelter



Diversion  
Attempted



Shelter Admission if  
Diversion Unsuccessful



Minimal Service  
(housing  
encouragement)  
for 14 days



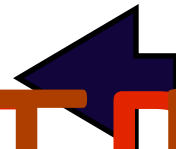
Prioritization



1. Housing First/PSH

2. Rapid Re-Housing

3. No Housing Assistance



Acuity

Determined



Housing  
Triage

WHAT ABOUT PEOPLE

Client Notified of  
Priority Status



Assigned Case  
Manager



Preproposed Housing



Housing  
Search

Lease  
Signing



Monitor Results



Goal Setting Linked to  
Higher Acuity Areas



Case Management  
Beginning Enact



Move in

OR PEOPLE RIVING

OUTDOORS?



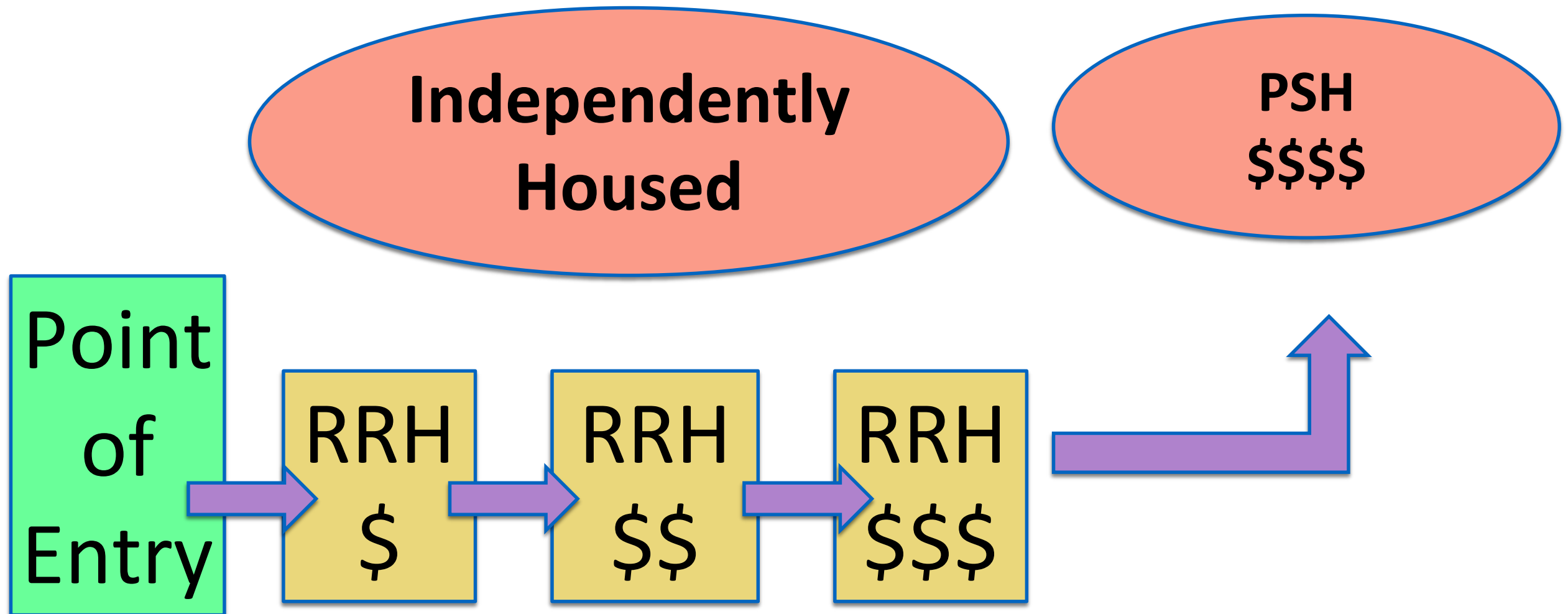
# Progressive Engagement Practice

- Empower people to demonstrate their resilience and solve their own homelessness through the lightest engagement first.
- Give people an opportunity to demonstrate what they know how to do rather than assuming they know how to do nothing.
- Add more supports when people ask or when it is clearly demonstrated that more support is needed.

# Progressive Engagement Practice

- Prevention
- Diversion
- Support consumers with Self-Resolving in shelter
- Shelter is a process, not a destination
- At 14 days, increase services and service planning
- Rapid Re-Housing first, for all
- Assess for intensity of housing stability supports that inform service planning
- More intensive services as needed

# Progressive Engagement in Housing



# Progressive Engagement in Case Management

- Understand the context of a client's situation and concurrent oppressions and traumas
- Support client decision making power
- Set realistic expectations and boundaries
- Use assessments to guide service planning - some clients may need thorough guidance or support, and some very little at all
- Understand that how someone experiences homelessness is not how they experience housing. The past does not predict the future

# Progressive Engagement in Case Management

- Housing stability goes beyond financial assistance
- Housing stability services are critical for success in housing

## Tools:

- Critical Time Intervention
  - short-term intervention for people adjusting to a “critical time” of transition in their lives.
- SPDAT or other assessment to determine acuity and to inform service planning, and when acuity has stabilized

# RENTAL ASSISTANCE CALCULATOR

FAMILIES

VERSION 1.0

## Administration

Interviewer's Name	Agency
Survey Date MM/DD/YYYY ____/____/____	Survey Time ____:____ AM/PM

## Basic Information

FAMILY HEAD 1	First Name	Last Name
	Date of Birth MM/DD/YYYY ____/____/____	Social Security Number
	Consent to Participate? <input type="checkbox"/> Yes <input type="checkbox"/> No	

FAMILY HEAD 2	<input type="checkbox"/> No second parent currently part of the household	
	First Name	Last Name
	Date of Birth MM/DD/YYYY ____/____/____	Social Security Number
Consent to Participate? <input type="checkbox"/> Yes <input type="checkbox"/> No		

## SPDAT Information

At/Near Day of Move-In SPDAT Score	
1 Month in Housing SPDAT Score	
3 Months in Housing SPDAT Score	
6 Months in Housing SPDAT Score	
9 Months in Housing SPDAT Score	
12 Months in Housing SPDAT Score	
15 Months in Housing SPDAT Score	
18 Months in Housing SPDAT Score	
21 Months in Housing SPDAT Score	

## Income Information

Income	
Housing	
Option	

## Rent Information

Rent	
Pro-rate Rent?	
Days in Month	
Days Paid For	

	Income x SPDAT Scale	Client Portion
3 Months Assistance	#N/A	#N/A
6 Months Assistance	#N/A	#N/A
9 Months Assistance	#N/A	#N/A
12 Months Assistance	#N/A	#N/A
15 Months Assistance	#N/A	#N/A
18 Months Assistance	#N/A	#N/A
21 Months Assistance	#N/A	#N/A
24 Months Assistance	#N/A	#N/A

RENTAL ASSISTANCE											
Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Month 13	Month 14	Month 15	Month 16	Month 17	Month 18	Month 19	Month 20	Month 21	Month 22	Month 23	Month 24
#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A

CLIENT PORTION											
Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Month 13	Month 14	Month 15	Month 16	Month 17	Month 18	Month 19	Month 20	Month 21	Month 22	Month 23	Month 24
#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A

## Months

Month 1	#N/A
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Month 2	#N/A
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Month 3	#N/A
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**LA FAMILY**  
HOUSING

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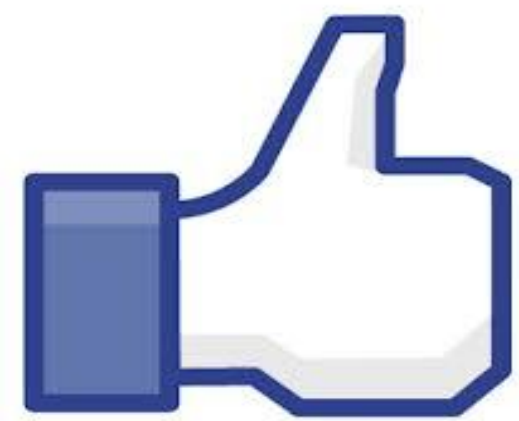




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