

What is Diversion?
An Overview of Emergency Shelter
Diversion as a Practice and the Local
Context in Waterloo Region

June 2013

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in Waterloo Region**



Region of Waterloo

SOCIAL SERVICES

Social Planning, Policy & Program Administration

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Recommended citation:

Social Planning, Policy and Program Administration (2013). *What is Diversion? An Overview of Emergency Shelter Diversion as a Practice and the Local Context in Waterloo Region*. Waterloo, ON: Regional Municipality of Waterloo.

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Acknowledgements:

Thank you to the Emergency Shelters in Waterloo Region for their ongoing service to the community and their contributions to this report.

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Introduction

Diversion as a formalized practice within the housing stability system is a relatively new tool used to prevent the use of emergency shelter by providing individualized supports before families and individuals enter the shelter system. As described in an Alliance to End Homelessness best practice brief, diversion programs help people seeking shelter, “to identify immediate alternate housing arrangements and, if necessary, connect them with services and financial assistance to help them return to permanent housing”¹. Diversion – where implemented successfully – has the potential to reduce demand on the emergency shelter system (by delaying entry or preventing shelter stays altogether) in a safe and effective way. In Waterloo Region, increased pressure on local emergency shelters has facilitated an interest in exploring how diversion efforts could be applied more effectively across the system.

This report is intended to be used by emergency shelters and other stakeholders in the housing stability system as both an overview and a tool in supporting further implementation of this vital intervention. In this report, diversion is defined, approaches are described, and information is provided around when and how best to apply diversion strategies. As well, a summary of best practices is included along with a scan on local emergency shelters’ current approaches to diversion. Further detailed information is included in the appendixes including a proposed Emergency Shelter Diversion Assessment Template.

On reviewing the literature, it became clear that information on emergency shelter diversion is limited and/or was not found to be readily available. Consequently, the majority of the information contained in this report emerged from the *Prevention and Diversion Toolkit: Program Planning, Design and Implementation* (and the various documents within) which are available on the National Alliance to End Homelessness website (2012).²

What is Diversion?

Diversion utilizes a number of familiar homelessness prevention and rapid re-housing approaches such as:

- provision of financial, utility, and/or rental assistance;
- short-term support or support coordination;
- conflict mediation;
- connection to services and/or benefits; and
- housing search support.

¹ National Alliance to End Homelessness. *Closing the Front Door: Creating a Successful Diversion Program for Homeless Families*. 2011. <http://www.endhomelessness.org/library/entry/closing-the-front-door-creating-a-successful-diversion-program-for-homeless> (accessed October 2012).

² National Alliance to End Homelessness. *Prevention and Diversion Toolkit: Program Planning, Design, and Implementation*. 2012. <http://www.endhomelessness.org/library/entry/prevention-and-diversion-toolkit-program-planning-design-and-implementation> (accessed October 2012).

Diversion is different from other permanent housing-targeted interventions because of the point in time in which the intervention is focused. In other words, diversion focuses on people as they are applying for entry into shelter, while prevention focuses on people at imminent risk of homelessness, and rapid re-housing focuses on people who are already experiencing homelessness.³

Diversion concentrates efforts in ensuring alternative immediate housing arrangements are fully explored and supported where needed. Diversion is not saying ‘no’ to sheltering people that have exhausted all of their alternative housing options. Rather, diversion works to prevent people from enduring the stress and trauma that may be associated with accessing an emergency shelter where other housing options can be explored and ensures shelters beds are used as a resource only when absolutely necessary.

Again, it is recognized that many of the same approaches may be employed with diversion as with prevention and rapid re-housing. In many cases, these programs operate together. A chart has been created to illustrate how degrees of stability in housing, appropriate interventions and services/referrals provided fit together (see Table 1 below).

Table 1: Degrees of Stability in Housing & Appropriate Interventions

Degree of Housing Stability	Appropriate Intervention	Specific Services That May Be Provided	General Services/ Referrals Provided (In All Interventions)
At-Risk of Housing Loss	Prevention	<ul style="list-style-type: none"> - Mediation - Rent Arrears Assistance - Utility Assistance 	<ul style="list-style-type: none"> - Information/Referral - Connection to Services and/or Benefits - Short Term Support Coordination
At-Risk of Housing Loss OR Experiencing Homelessness AND Requesting Shelter	Diversion	<ul style="list-style-type: none"> - Those listed above - Those listed below 	
Experiencing Homelessness AND Already Accessing Emergency Shelter and/or Other Supports	Rapid Re-Housing	<ul style="list-style-type: none"> - Housing Search - Moving Support - Support to Establish Housing - Last Month’s Rent - Short-term Rent Subsidy 	

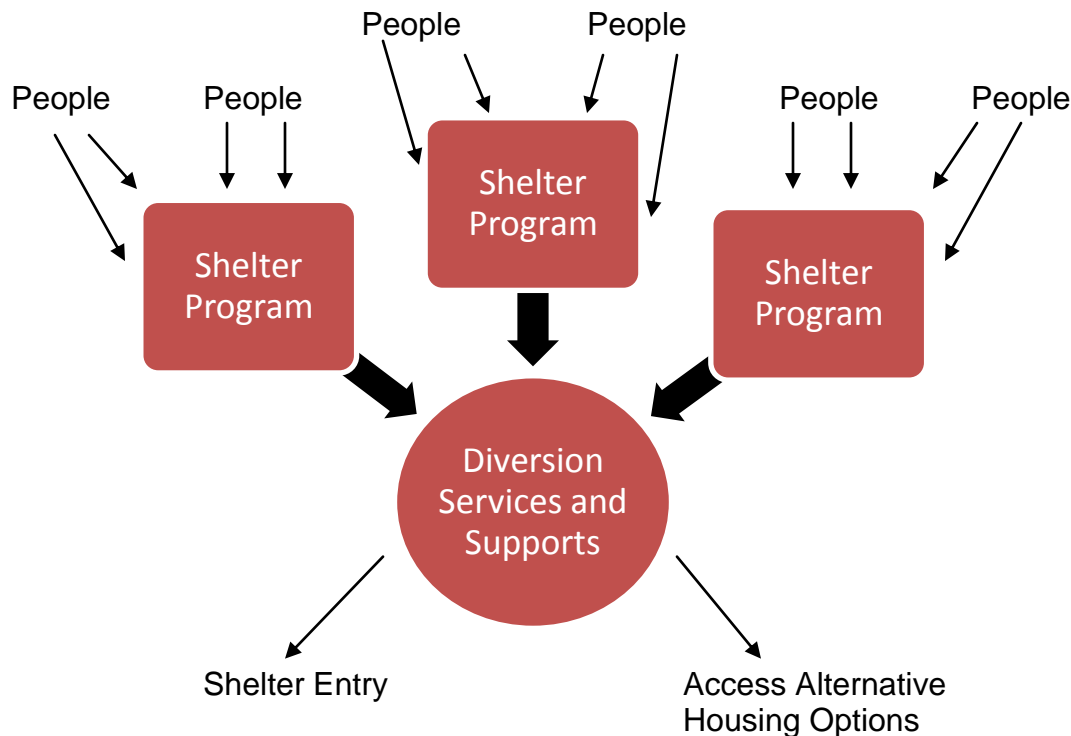
³ National Alliance to End Homelessness. *Closing the Front Door: Creating a Successful Diversion Program for Homeless Families*. 2011. <http://www.endhomelessness.org/library/entry/closing-the-front-door-creating-a-successful-diversion-program-for-homeless> (accessed October 2012).

How Is Diversion Applied Within an Emergency Shelter System?

The strategy for the assessment and delivery of diversion is dependent upon whether or not there is a coordinated entry point or a 'front door' to the shelter system. In communities with a coordinated entry point, the 'front door' would be represented by an intake or assessment center. In communities without a front door, assessment and service delivery would begin at the point in which families enter the emergency shelter system; that is, the first program the family comes to when seeking emergency shelter assistance.⁴

The emergency shelter system in the Region of Waterloo does not have a coordinated entry point. This means that all shelter programs are currently doing their own assessments to determine the most suitable intervention for people seeking shelter and will make referrals as appropriate.

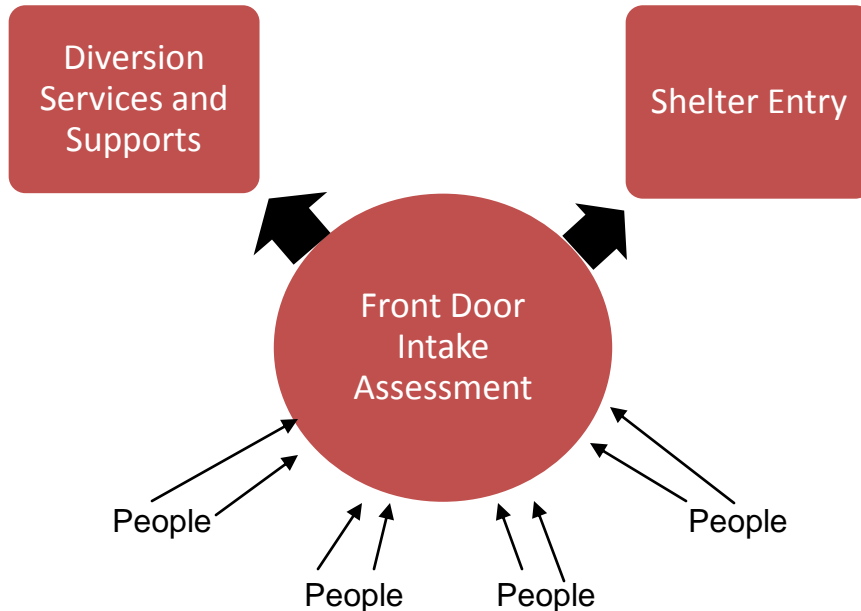
Figure 1: Diversion in a System without a Coordinated Entry Point⁵



⁴ National Alliance to End Homelessness. *Closing the Front Door: Creating a Successful Diversion Program for Homeless Families*. 2011. <http://www.endhomelessness.org/library/entry/closing-the-front-door-creating-a-successful-diversion-program-for-homeless> (accessed October 2012).

⁵ Kimberly Walker, National Alliance to End Homelessness. *Presentation: Making Shelter Diversion Work for You*. 2012. <http://www.slideshare.net/Alliance1518/making-diversion-work-for-you> (accessed November 2012).

Figure 2: Diversion in a System with a Coordinated Entry Point⁶



When Is Diversion a Suitable Approach?

In order to assess whether or not an individual or family has the potential to benefit from a diversion intervention, their housing needs should be considered. To determine the housing needs involved, several specific questions should be asked (*see appendix A for the proposed Region of Waterloo diversion assessment template*).

If it is determined that those seeking shelter are appropriate candidate(s) for diversion, they should work with shelter staff and/or coordinated entry point staff to begin both short term and long term housing planning. The focus here is primarily on crisis intervention to begin with developing a plan for where the individual or family will sleep tonight, tomorrow night, and in the short term. In addition to working with individuals and families to identify short term immediate housing arrangements, staff may also assist them by mediating a conflict, communicating with landlords, and assisting with the search for permanent housing. Shelter staff will also make referrals to appropriate services in the community. Ideally, immediate housing arrangements are able to be made, and plans for a return to long term housing stability are initiated. However, in situations where immediate alternate housing arrangements cannot be secured, staying at the shelter is probably the safest and most suitable option for the household.

When assessing for diversion eligibility, it is important to remember that not everyone seeking shelter will benefit from this type of intervention. When individuals and families do not have any safe immediate alternate housing options, diversion is not an option

⁶ Kimberly Walker, National Alliance to End Homelessness. *Presentation: Making Shelter Diversion Work for You*. 2012. <http://www.slideshare.net/Alliance1518/making-diversion-work-for-you> (accessed November 2012).

and they should be admitted into the shelter immediately. In addition, those leaving domestic violence and/or other unsafe living environments are not good candidates for diversion. When assessing for the most appropriate intervention, the safety and security of the household is always the most important concern.

Best Practices for Creating a Successful Diversion Program

1) Coordinated Intake System

Having a system-wide coordinated entry point or 'front door' to the shelter system is the key to a successful diversion program. In using a coordinated intake system, individuals and families are assessed using the same assessment strategies by experienced staff, and are matched with the appropriate intervention more quickly.⁷ Additionally, having individuals and families assessed through a centralized intake system frees up staff within the individual shelters to focus more specifically on provision of shelter and supporting housing stability options for those residents.

2) Established Screening Tool and Process

A screening process should be established by communities in order to assess whether or not diversion is an appropriate intervention for those seeking shelter.⁸ One of the best ways to establish a screening process is through the use of a screening assessment tool or a record of questions. The screening assessment tool is one of the best allies a community can have when implementing a diversion program.

3) Shelter System-Wide Cooperation

Shelter agencies must be committed to the diversion program by consistently referring anyone who is seeking shelter to the coordinated intake system for assessment. Alternately, shelter agencies may assess the eligibility of individuals and families for a diversion intervention themselves. Regardless, shelter agencies must be committed to ensuring that every individual and family has their eligibility for a diversion intervention assessed and has the opportunity to be diverted. In so doing, shelter beds are saved for those who do not have any resources or alternative housing to draw on; those who have nowhere else to stay.⁹

⁷ National Alliance to End Homelessness. *One Way In: The Advantages of Introducing System-Wide Coordinated Entry for Homeless Families*. 2011. <http://www.endhomelessness.org/library/entry/one-way-in-the-advantages-of-introducing-system-wide-coordinated-entry-for-> (accessed December 2012).

⁸ National Alliance to End Homelessness. *Sample Prevention & Diversion Assessment Tool*. 2012. <http://www.endhomelessness.org/library/entry/sample-prevention-and-diversion-assessment-tool> (accessed December 2012).\

⁹ National Alliance to End Homelessness. *Closing the Front Door: Creating a Successful Diversion Program for Homeless Families*. 2011. <http://www.endhomelessness.org/library/entry/closing-the-front-door-creating-a-successful-diversion-program-for-homeless> (accessed October 2012).

4) Commitment from Service Providers

A successful diversion program also involves cooperation from service providers that work outside of the housing stability system.¹⁰ Service providers need to be willing to provide individuals and families with information about the diversion program and refer those who may be eligible for the intervention. In addition, community service providers can help to support individuals and families when they are making the transition back into housing.

5) Resourceful and Knowledgeable Staff

In order for a diversion program to be successful, it is important that staff be engaged and familiar with the intake and assessment procedures, and that staff have experience and skill in conflict resolution and mediation, advocacy, making referrals to community resources, knowing about financial assistance and subsidies, and conducting housing searches.¹¹ The knowledge, experience and skills outlined above will be invaluable for individuals working to divert households safely and successfully.

Shelter Diversion: Local Shelter Scan

Diversion Procedures, Practices and Methods

Since Waterloo Region does not have a coordinated entry point or a ‘front door’ to their shelter system, each shelter is responsible for completing their own assessments to determine whether or not those seeking shelter are eligible for a diversion intervention. This is not considered a best practice, and in fact in order to have a successful diversion program, it is recommended that shelter systems implement a coordinated entry point that would complete the intake work and at the same time assess for diversion eligibility. By using a coordinated intake system, individuals and families are assessed using the same assessment strategies by experienced staff and are matched with the appropriate intervention more quickly. Furthermore, having assessments completed through a centralized intake system frees up staff within the individual shelters that often end up administering the assessments in a system with uncoordinated intake. Due to time constraints, a lack of expertise, limited staffing and given other considerations, it is not always possible for staff to implement a diversion intervention. Having a coordinated entry point would remedy this challenge. While a diversion program can be implemented without a coordinated entry point, it is a strongly recommended step towards carrying out a successful diversion program.

Most shelters indicated that diversion takes place at the intake level, either over the phone or in person when people are inquiring about shelter. Asking questions was generally the diversion practice used by shelters (discussed further below). Many shelters ask these preliminary questions at first contact (often over the phone), and then

¹⁰ National Alliance to End Homelessness. *Closing the Front Door: Creating a Successful Diversion Program for Homeless Families*. 2011. <http://www.endhomelessness.org/library/entry/closing-the-front-door-creating-a-successful-diversion-program-for-homeless> (accessed October 2012).

¹¹ Ibid.

engage in a more detailed assessment during the intake process in person. This is a great method of assessing for diversion, as the further removed from homelessness the individual or family is (i.e. if calling initially), the greater the opportunity for a successful diversion intervention. Additionally, when assessing for diversion, shelters indicate being cautious, particularly when working with youth and/or when domestic violence may be a factor. This is especially important given that the safety of individuals and families is the most significant concern.

Diversion Questions Asked

The local shelter system is doing well in terms of the diversion questions asked when individuals and families seek shelter. All shelters are addressing why the person is seeking shelter, where they had been residing before coming to the shelter, what other options exist in terms of accessing immediate alternate housing arrangements, and whether or not they are fleeing domestic violence. The questions that shelters ask to assess whether or not families are eligible for diversion intervention are crucial. As a system, if the right questions are not asked or insufficient information is obtained, the opportunity may be lost to redirect a family and in so doing, prevent homelessness or divert emergency shelter use.

Best practices as indicated by the National Alliance to End Homelessness (2011)¹² suggest that diversion assessment questions should cover the following: 1) where they slept the night before; 2) what other housing options they have for tonight, tomorrow, the next few days or weeks as the case may be; 3) what is preventing them from remaining in their current housing situation; 4) is it possible or safe for them to stay in their current housing situation/unit and what resources they would need to do so; and 5) are they fleeing domestic violence. The answers to these questions will indicate whether or not a diversion intervention is appropriate and if so, what supports and/or referrals are necessary to ensure diversion is a success. Developing a diversion screening/assessment tool is the next step that we – as a shelter system – can make in order to ensure we have the best possible chance of correctly assessing for diversion eligibility and subsequently the greatest opportunity to successfully prevent family homelessness.

¹² National Alliance to End Homelessness. *Closing the Front Door: Creating a Successful Diversion Program for Homeless Families*. 2011. <http://www.endhomelessness.org/library/entry/closing-the-front-door-creating-a-successful-diversion-program-for-homeless> (accessed October 2012).

Recommendations

1) Develop a Diversion Screening/Assessment Tool

One of the best ways to establish a similar screening process across the board is through the use of a screening assessment tool, or a record of questions asked of every person seeking shelter. The screening assessment tool is one of the best allies a community can have when implementing a diversion program. See *Appendix A* for the preliminary Region of Waterloo Emergency Shelter Diversion Assessment Template.

2) Establish a Coordinated Entry Point or Intake Assessment Center

This is cited repeatedly in the research as an absolute key to implementing a successful diversion program. With a coordinated entry point, all intakes are completed in the same way with the same screening process and assessment tool. Additionally, having individuals and families assessed through a centralized intake system frees up staff within the individual shelters that often end up administering the assessments in a system with uncoordinated intake. This is vitally important given staffing constraints. See *Appendix B* for information on establishing a coordinated entry point.

3) Shelter System-Wide Cooperation

Whether a coordinated entry point exists or not, shelter agencies must be committed to making sure that every individual and/or family has their eligibility for a diversion intervention assessed and has the opportunity to be diverted. This either means that shelters refer ALL people to the coordinated entry point, or that shelters assess for diversion eligibility themselves every time. A successful diversion program requires a strong commitment from every shelter agency involved.

4) A Mechanism for Measuring Performance

Diversion programs should be assessed on a regular basis to determine how successful they are in preventing homelessness and promoting housing stability for individuals and families. Additionally, diversion programs should be evaluated based on their ability to assist emergency shelters and other programs associated with homelessness. See *Appendix C* for information on how to measure the performance of a diversion program.

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Appendix A Region of Waterloo Emergency Shelter Diversion Assessment Template

This diversion assessment template is intended to assist those shelter staff completing intakes assess whether or not a diversion intervention is an option. The questions on this tool provide a guide for assessment, recognizing that diversion is one option among many at the intake level. When assessing for the most appropriate intervention, the safety and security of the individual or family is the most important concern.

Area of Assessment	Assessment Questions	Rationale/Example
Understanding Current Circumstances	What are your current circumstances?	
	Are you homeless or at-risk of homelessness?	
	Are you fleeing domestic violence?	Assessing the safety and security of individuals and families is the primary concern
Explore Options with Last Residence	Where did you last live? For how long?	
	Where did you sleep last night?	If the family slept somewhere they may possibly safely stay again, diversion may be an option
	What happened that meant you could no longer stay there?	
	Is it possible or safe for you to go back to your former address?	
	What resources would you need to remain in your current housing?	I.e. landlord mediation, conflict resolution with family member/friend, transportation assistance, income support, referrals, etc.
	Can we help you go back to your former address? Can we call them together?	Even if there is an option outside of shelter that may be available for a short time, diversion should be used to explore whether this housing resource can be utilized
	With support coordination, transportation assistance, financial assistance, etc. can you stay at your current housing for the next week?	

Explore Options Through Informal Community Supports		
Explore Options Through Informal Community Supports	Is there anyone (family or friends) that you could stay with tonight?	
	Is there anywhere you could stay tomorrow night?	
	With support coordination, transportation assistance, financial assistance, is there anyone else you and your family could stay with for the next week?	If there are issues that can be resolved by connecting the individual and/or family to community resources, diversion is a good option. If the family is able to remain in their current housing with some assistance, they should be connected with community resources (i.e. emergency financial assistance) that would provide a quick prevention-oriented solution to keep the family housed
Explore Economic Resources		
Explore Economic Resources	Do you currently have any income?	
	Do you know how to apply for financial assistance?	
	Do you have enough money to cover rent for a month?	
	Do you have enough money to also cover last month's rent?	

Appendix B

System-Wide Coordinated Entry

National Alliance to End Homelessness. *One Way In: The Advantages of Introducing System-Wide Coordinated Entry for Homeless Families*. 2011. <<http://www.endhomelessness.org/library/entry/one-way-in-the-advantages-of-introducing-system-wide-coordinated-entry-for->>.

Introduction

By centralizing intake and program admissions decisions, a coordinated entry process makes it more likely that families will be served by the right intervention more quickly. In a coordinated system, each system entry point (“front door”) uses the same assessment tool and makes decisions on which programs families are referred to based on a comprehensive understanding of each program’s specific requirements, target population, and available beds and services.

Uncoordinated intake systems cause problems for providers and consumers. Families with housing crises may end up going to multiple agencies that cannot serve them before they get to the one most appropriate for their needs. Each agency may have separate and duplicative intake forms or requirements, slowing down families’ receipt of assistance, and each interaction with an agency opens up a need for data entry into a Homeless Management Information System (HMIS) or a similar system. Extra staff, time, and money are spent doing intake and assessment, taking time away from other, more housing-focused, tasks such as case management, housing location, and landlord negotiation. Research suggests that, in many systems, resources are being conferred on a small subset of families whose needs may primarily be economic, while those with more significant challenges (co-occurring disorders, complete lack of a social support system, etc.) are falling through the cracks.¹ Centralized intake makes it easier for communities to match families to the services they need, no matter how difficult their barriers are to address. For these reasons and others, homeless assistance systems may wish to consider shifting toward a coordinated entry model. This paper will cover how communities can create a coordinated entry system with a focus on serving homeless families.

Choosing a Model

Different Types of Coordinated Entry

There are two general models for coordinated entry systems – centralized and decentralized. A geographically centralized front door has one distinct location where every family can go to access intake and assessment, while a decentralized coordinated entry system offers multiple sites for intake and assessment. A virtual or telephone-based centralized intake provides one number that consumers can call to access intake and get referrals. Additional differences between the models are discussed in the chart below. Regardless of the model, intake staff should be able to help consumers access prevention, diversion, and rapid re-housing resources; use an effective assessment tool; and provide information about local homeless assistance programs, housing resources, and community-based mainstream services. Intake centers and shelters should also be equipped with information about available affordable housing units, rental subsidies, and landlords willing to rent to consumers.

Centralized vs. Decentralized Coordinated Entry

	Physically/ Geographically Centralized	Centralized Telephone (i.e. '211)	Decentralized
Physical Requirements	A single location building, room, or space	Space for phones/hotline staff	Multiple coordinated locations throughout the community
Ideal Community	Physically small communities or communities with reliable public transit systems	Any; may be particularly useful in physically large or spread-out communities	Physically large or spread-out communities
Ideal Staffing	Workers who can handle intake and assessment (may or may not be case managers)	Workers who can handle intake and basic assessment	Workers who can handle intake and assessment (may or may not be case managers)
Ideal Services	Intake and assessment; connection to diversion, prevention, and rapid re-housing resources; referrals to other services; other services as decided by the community	Intake and assessment; referrals to other services; other services as decided by the community	Intake and assessment; connection to diversion, prevention, and rapid re-housing resources; referrals to other services; other services as decided by the community
Drawbacks	Center may not be equally accessible to everyone	Need for additional referrals/in-person help may slow down the process of getting services/housing	Less control over consistency of services and data management; potentially more costly (may require more staff, more space than physically centralized model)
Advantages	Fewer sites necessary; no time/training needed to work on coordinating multiple providers	Easier to handle a larger number of clients	More locations available to clients

Physical/Geographically Centralized Intake

Centralized intake offers those seeking services one location – physical or virtual – where they can enter the homeless system. For this reason, the physically centralized intake model is most appropriate for those areas that are small and/or have a reliable and comprehensive mass transit system. The advantages of this model are that the same staff person or people will deliver the assessment to every person requesting services, ensuring consistency in assessment administration and data collection. For centralized intake to work, providers must

be confident that they will receive quality referrals as a result of the intake process. Transparency and collaboration go a long way toward creating this kind of trust. Some communities may have separate intake centers for different populations (e.g., singles and families). This kind of set-up would still be an example of a centralized approach.

Centralized Model Example: Hennepin County, MN

In Hennepin County, Minnesota, all families must meet with a member of the Shelter Team at the Hennepin County Social Services building, the only entry point for families to the homeless assistance system, before they can access one of the County's two family shelters. Shelter workers use a triage tool with each family that captures information about where they last stayed, the benefits they currently receive, and their financial resources. Shelter Team members also begin assessing families on their employability and their eligibility for programs like Women, Infants, and Children (WIC), Temporary Assistance for Needy Families (TANF) cash assistance, Head Start, Legal Aid, etc. and ask families about other potential housing options outside of shelter. Shelter entry is viewed as a "last resort" option to be used when no other resources (like alternative housing or prevention) are available or appropriate. A Rapid Exit Coordinator (REC), who assesses each family for rapid re-housing eligibility, meets with the family within 72 hours of their entry into shelter. Shelter stays for a family can only be extended after this meeting if the REC determines there are no better housing options available for them at the time. Using this centralized intake strategy, Hennepin guarantees all families are assessed using the same tool and begins linking families to the appropriate services and a rapid re-housing plan immediately.

Decentralized Intake

The decentralized intake model offers families multiple locations from which they can access services or shelter. The coordinated aspect of this model comes from the fact that each agency doing intake uses the same set of agreed-upon assessment and targeting tools; makes referrals using the same criteria; and has access to the same set of resources. Larger communities, or communities without a transit system to support everyone coming to one centralized location, may find the decentralized approach easier to implement. However, an increase in the number of organizations a community has participating in the system entry process may increase the likelihood of variation in terms of how assessments and referrals are handled. This particular issue may make the decentralized model less desirable for some communities than a centralized model that uses staff from only one organization.

Decentralized Model Example: Alameda County, CA

Consumers in Alameda County with a housing crisis go to one of eight Housing Resource Centers (HRC) in the region (six geographically spread-out centers and two population specific centers) to access intake. Consumers can also access the HRCs through a 211 line. At the HRCs, staff members conduct in-depth assessments of consumer needs. Using the information obtained from a common assessment, each household is given a score and referred to financial assistance and/or case management and provided with prevention, rapid re-housing, and/or housing location services, as well as any other resources they might need.

Despite the fact that HRCs are spread throughout the region, each Center remains coordinated with the others. All eight HRCs use the same assessment tool, data collection methods, and targeting strategy and each is co-located with different services that homeless assistance users may need. Staff members at each Center include a mix of program assistants, case managers, housing specialists, Center coordinators, and finance personnel. Communication among staff at different HRCs happens at monthly in-person meetings and online. The data collected at each

Housing Resource Center is used in an ongoing effort to improve targeting and service efforts over time.

Sample Program Structure

Though program set-ups can vary greatly, here are two examples taken from Alameda County of what the staffing of a coordinated entry intake center might look like:

Center Serving Approximately 400 Households per Year

- 1 full-time (FT) Program Compliance Manager
- 1 FT Intake Specialist
- 2 FT Case Managers

Center Serving Approximately 120 Households per Year

- 2 FT Case Managers
- 1 Housing Specialist
- .4 Clinical Supervisor
- .3 Supervision/Program Coordination
- .35 Intake and Data Entry Specialist
- .05 Housing Inspector (purchased hours of a city-employed housing inspector who inspects units for housing quality and the presence of lead)

Assessment and Targeting

A well-developed assessment tool helps communities determine the best program match for each homeless family coming to the front door. Assessments at the intake center do not need to delve into consumer's histories very deeply; they simply need to gather enough information to determine which intervention and program are the best fit. When developing an assessment form, communities should take cues from other communities' forms, examine required data elements from HMIS and funders' data collection requirements, and gather information on:

- Where the family slept last night;
- The family's reason for coming to the center;
- The last time/place the family was in permanent housing; and
- The family's income.

First Step: Assessment for Prevention/Diversion

Everyone coming in the door of an intake center should be assessed immediately to determine if they are eligible for prevention or diversion assistance. Prevention resources can help those families that are not yet homeless, while diversion resources can be used to assist those seeking shelter to find or maintain housing options outside of the traditional shelter system. Those families eligible for prevention and diversion may need access to financial assistance for rental and utility payments, rental arrears, etc. They may also need access to a case manager to help with conflict resolution or housing stabilization.

Referral to Shelter

Those families that do not qualify for prevention and diversion assistance may need to be referred to emergency shelter until they can be rapidly re-housed or enrolled in another more appropriate program. Shelters should:

- Work to minimize the amount of time families need to spend there by beginning the development of a permanent housing plan as soon as possible;
- Have services focused on providing permanent housing as quickly as possible; and
- Link families to community-based supports.

Shelter beds should be viewed as a resource to be used only when absolutely necessary.

Second Step: Assessment for Rapid Re-Housing Eligibility

Once in shelter, families should receive a comprehensive rapid re-housing assessment within the first week. This more comprehensive assessment or triage tool should be used to determine what barriers this particular household may have to entering and retaining permanent housing and how serious these barriers are. Effective rapid re-housing requires case management and financial assistance, as well as housing search and location services. Though available units may at times seem scarce, often times this problem can be overcome by good relationships with landlords, being flexible on lease terms, or offering landlords more money up front.

Third Step: Assessment and Referral to More Intensive Interventions

The small percentage of consumers unable to be served by prevention, diversion, or rapid re-housing programs will most likely need more intensive housing and service interventions, such as substance abuse treatment, transitional housing, or permanent supportive housing. Domestic violence survivors who are not eligible or appropriate for prevention and rapid re-housing services may also fall into this category, and might best be served by a referral to a domestic violence shelter. To find out more about serving domestic violence survivors who are eligible to be served with prevention and rapid re-housing services, please see the Alliance's paper on the topic: <http://www.endhomelessness.org/content/article/detail/3822>.

Making the Transition to Coordinated Intake

System Considerations

1. Preparing for coordinated entry provides an excellent opportunity for communities to assess what services they have available and what services are lacking. This "system mapping" is one way that communities can see who their stakeholders are, what services they provide, and how they fit into the larger system. If there are a number of providers that are all providing the same type of services to the same population (for example, five different families-only transitional housing providers), the community should evaluate what unique services each one can provide and what opportunities exist for collaboration and consolidation.
2. Effective coordinated entry requires that the staff performing intake and assessment functions have a thorough understanding of the services available in the community. Communities might consider having a database or some other information source that can be easily updated and contains provider names, locations, hours of operation, services provided, etc. Intake staff should circulate this list on a regular basis to the rest of the homeless assistance provider community to ensure all the information listed is accurate.

3. Getting providers to buy in to the idea of releasing control over the intake process may be difficult at first; however, it is necessary for a coordinated entry system to be successful. Communities wishing to adopt a coordinated approach should discuss the following benefits with providers:

- A more coordinated intake process will take the pressure off of their staff to assess eligibility, since everyone needing assistance will be assessed at the front door.
- Under a coordinated system, providers will know that the people coming to their programs are already eligible for their services.
- Developing a coordinated entry process is one of the many ways a community can incorporate the systems-focused approach encouraged by the HEARTH Act. Though coordinated entry typically means that providers accept whoever is referred into their program, some communities may allow providers to refuse services to a small percentage of referred households. Dayton/Montgomery County, Ohio, for example allows providers to reject some referrals, but often requires a “case conference” at which the intake worker, program staff, and client all meet to discuss an alternative housing strategy for the consumer. Case conferencing allows providers to have some say in the admissions process, but also fosters a sense of system-wide accountability for meeting the needs of each homeless family.

4. Coordinated entry requires trained intake staff at a minimum. Communities may need to re-assign staff from other organizations to take on this duty or train and hire new staff to perform it.

Program Considerations

1. Programs should carefully assess how their own program resources can best be used to end homelessness. Information gained from HMIS data, staff observations, available funding streams, and a community-wide needs assessment of the need for and availability of interventions needed to serve families experiencing homelessness should inform these assessment efforts. Some programs may end up having to change their service strategies dramatically based on their findings.

2. Providers should prepare staff for changes to their intake process and eliminate “side doors,” access points to services that exist outside of the centralized system. This means programs will have to learn to reject requests for admission for a client from individuals or organizations with which they may have a personal relationship, and refuse to accept new clients unless they have been referred from the intake center.

Evaluation

To ensure that the coordinated entry system is meeting the needs of homeless families and allocating a community’s resources properly, there must be an on-going evaluation of how efficiently the homeless assistance system is functioning. This will involve taking a close look at changes in HEARTH Act outcomes and the paths consumers are taking through the system to reach permanent housing. It will also involve adjusting the system, if necessary, to improve performance.

Evaluation of a coordinated intake system can be accomplished in several ways. Recently housed consumers can be given brief questionnaires to gather information about their experience with the system. Responses should be analyzed based on when the consumer first made contact with the homeless assistance system and when they were placed into permanent

housing. Communities will want to see if, since the implementation of a coordinated entry model, the time from system entry to permanent housing has gotten shorter and involved fewer interactions with different agencies.

These surveys can also ask consumers how they accessed services; if they did not access them through the intake center, the community will know that some side doors in the community still exist. While coordinated intake is certainly not only the factor that influences outcomes on these measures, systems will still want to check in for the following trends in HEARTH outcomes after the coordinated entry system has been a place for a set period of time:

- Length of stay, particularly in shelter: If consumers are referred to the right interventions, and those interventions have the necessary capacity, fewer families should be staying in shelter waiting to move elsewhere. Also, if families are referred to the right place right away, over time, they will likely be spending less time jumping from program to program looking for help, which would reduce their overall length of stay in homelessness.
- New entries into homelessness: If everyone seeking assistance is coming through the front door to receive it and the front door has prevention and diversion resources available, more people should be able to access these resources and avoid entering a program unnecessarily.
- Repeat episodes of homelessness: If families are sent to the intervention that is the best fit the first time, they should have a better chance at remaining stably housed.

As part of the evaluation process, communities should establish a feedback loop that involves using the information gained from these assessments to make any necessary adjustments to the system. For example, if families are being referred to the right program, but that program cannot serve them due to capacity issues while other program types have an increasing number of empty beds, it may be time to make system-wide shifts in the types of programs and services offered. Communities with a coordinated entry system tracking all their data have a centralized source of information on who is entering their system, who is on a wait list, what their needs are, and how those needs match with what's currently available. Disseminating this information to everyone in the service provider community will create an opportunity to improve the system as a whole. Tools to help communities conduct these evaluations will be available on the Alliance website soon.

Conclusion

Coordinated entry offers a more organized, efficient approach to providing homeless families with services and housing by creating quicker linkages to programs and matching families' needs to providers' strengths. When implemented effectively, it simplifies the roles of providers, shortens the path back to permanent housing for homeless families, and fosters a sense of system-wide responsibility to place every homeless family, regardless of the complexity of their problems, into permanent housing as quickly as possible.

Appendix C

Measuring the Performance of a Diversion Program

Taken From: National Alliance to End Homelessness. *Closing the Front Door: Creating a Successful Diversion Program for Homeless Families*. 2011. Pp. 7-8. <<http://www.endhomelessness.org/library/entry/closing-the-front-door-creating-a-successful-diversion-program-for-homeless>>.

MEASURING PERFORMANCE

Like all aspects of a homeless assistance system, diversion programs should be evaluated based on their ability to prevent homeless episodes and help stabilize families in permanent housing. They should also be judged on their ability to help homeless assistance systems improve their outcomes. If done successfully, diversion can reduce the number of households becoming homeless, a key outcome for communities and for the federal government as stated in the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act.

Inputs and Outputs

Programs should assess whether or not they have all the necessary resources for a diversion program, as listed in the *Keys to a Successful Diversion Program* section of this paper. They should also ask themselves:

- Are all homeless families being screened for diversion eligibility?
- Is there an easily accessible entry point where families can be screened for diversion eligibility?
- Do other homeless assistance organizations refer good diversion candidates to the diversion program?
- Is there enough flexible funding available to address problems that could salvage a housing situation?

In addition to these questions about the key elements of a successful diversion program, communities should ask:

- Are families experiencing a long wait time for homeless assistance services or shelter beds? If so, is it possible that some of the families waiting for services could be diverted?
- Is the assessment tool properly identifying the families who can benefit from diversion programs?

Outcomes

For diversion assistance, the primary outcome is the prevention of homelessness. This outcome can be measured two ways:

- Household level: Are households served by diversion assistance avoiding homelessness?
- System level: Are fewer households in the community becoming homeless because of the diversion program?

The second of these can be difficult to measure, but it can be assessed in a few different ways. You can compare outcomes before and after the implementation of a diversion program;

compare outcomes in different locations (if your diversion assistance does not cover your entire geographic area); or compare outcomes for different populations (if the diversion program does not serve every population).

One important consideration in evaluating the results of providing diversion assistance is ensuring the measurement process does not give providers the wrong incentives with respect to screening households in or out of a diversion program. For example, even if a household has a low chance of success in a diversion program, it may still be advantageous and cost-effective for a community to serve that household. However, a provider may be discouraged from diverting that household because they fear it will hurt their outcomes. One solution is to risk adjust performance measures (set different targets for different households based on the difficulty of achieving a positive outcome).

More information about risk adjustment can be found in the toolkit *What Gets Measured, Gets Done: A Toolkit on Performance Measurement in Homeless Assistance*, which can be found on the Alliance website here: <http://www.endhomelessness.org/content/article/detail/2039>.