Diversion Screening Tool

Client Head of Household Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Introduction:

The Ohio BoSCoC CE Standards indicate that providers only document in HMIS diversion activities that are engaged in with households who are already literally homeless (meaning they are experiencing unsheltered homelessness or are currently residing in an emergency shelter) or who may become literally homeless within 7 days.

This tool is intended to help providers determine when a household’s data should be collected and reported in the appropriate Coordinated Entry Access Point (CE AP) project in HMIS, to help providers develop a diversion plan with eligible households, and to help determine the success or failure of diversion.

To use the form, agency staff should move sequentially through the four parts of the tool, following the prompts based on household responses to the questions asked.

# Part One: Current Housing Situation

Before asking questions about their housing situation, it may be helpful to ask households in crisis about their current county/city of residence. If they are located outside of your CE AP’s primary service area, you may offer to provide them information for the CE AP closest to them. However, if the CE AP in their area is not currently open, you are encouraged to continue through the diversion screening process and offer assistance as needed.

A map of all CE APs can be found here - <https://cohhio.org/boscoc/>

Ask the household where they slept the previous night:

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| --- |
| Type of Residence: Homeless Situations |
| Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) |
| Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter |

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| --- | --- |
| Type of Residence: Institutional Situations | |
| Foster care home or foster care group home | Long-term care facility or nursing home |
| Hospital or other residential non-psychiatric medical facility | Psychiatric hospital or other psychiatric facility |
| Jail, prison or juvenile detention facility | Substance abuse treatment facility or detox center |

|  |  |
| --- | --- |
| Type of Residence: Temporary and Permanent Housing Situations | |
| Residential project or halfway house with no homeless criteria | Staying or living in a family member’s room, apartment or house |
| Hotel or motel paid for without emergency shelter voucher | Rental by client, no ongoing housing subsidy |
| Transitional housing for homeless persons (including homeless youth) | Rental by client, with ongoing housing subsidy |
| Host Home (non-crisis) | Owned by client, with ongoing housing subsidy |
| Staying or living in a friend’s room, apartment or house | Owned by client, no ongoing housing subsidy |

If a household reported being unsheltered or staying in a hotel/motel paid for by an organization in lieu of shelter, complete the HMIS Client Release of Information and the HMIS enrollment form for Access Point projects. Then proceed to Part Three of this tool.

If a household reported staying in an emergency shelter and they plan to remain or return there, STOP further data collection and refer them back to the emergency shelter for needed assistance.

If the household reported any other type of residence, proceed to Part Two of this tool.

# Part Two: Homelessness Risk Assessment

Ask the household about their current housing situation:

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| Question | Response |
| 1. Is the place you’re currently staying safe for you?\*    * If the household discloses they are fleeing or attempting to flee DV, sexual assault, or dating violence, offer to connect them to a local Victim Services Provider (VSP). Otherwise, continue with the assessment | No – either stop the screening and refer to a VSP or skip to Q3  Yes –continue to Q2 |
| 1. Do you have to leave the place where you are currently staying? | Yes – continue to Q3  Maybe or don’t know – continue to Q3  No – STOP, offer light touch assistance only if needed+ |
| 1. Do you have another safe housing option where you could stay if needed?  * This could include a family or friend’s home, or housing obtained with money or help from family or friends. | Yes – continue to Q4  Maybe or don’t know – continue to Q4  No – continue to Q4 |
| 1. When will you no longer have a safe place to stay – yours or someone else’s – based on the housing options and resources available to you? | Tonight – proceed to Part Three  Within 7 days - proceed to Part Three  More than 7 days – STOP, offer light touch assistance only if needed, consider referral to local HP project+  Unsure = STOP, offer light touch assistance only if needed+  Do not have to leave – STOP, offer light touch assistance only if needed+ |

\*Guidance regarding unsafe housing: Housing is considered unsafe when someone is fleeing or attempting to flee their housing or the place they are staying because of domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions related to violence that has taken place in the house or has made them afraid to return to the house, including, but not limited to: trading sex for housing, trafficking, physical abuse, and violence because of the person’s sexual orientation or gender identity.

*+*Light Touch Assistance: The provision of limited and brief assistance to help address a housing crisis that includes, but is not limited to, brief problem-solving conversations and referrals to local community resources, faith-based groups, or other programs outside of the homeless system.

# Part Three: CE AP Enrollment and Diversion Action Plan

Provider staff only need to complete Part Three with those households who report they will no longer have a safe place to stay within the next 7 days, as identified in Part Two above, or who are currently experiencing literal homelessness (such as staying in an unsheltered location or in a hotel/motel paid for by an organization). The purpose of the Diversion Action Plan discussion is to assist people in finding an immediate, safe place to stay.

Before developing the full diversion action plan, complete the HMIS Client Release of Information and the HMIS enrollment form for Access Point projects. Then move forward with development of the diversion action plan.

**Diversion Action Plan**: Use the following prompts to move the conversation along and identify potential resources, as needed.

* Is there anyone (in or out of state) who you can stay with temporarily?
  + How is your relationship with that household? Can we help in any way by talking to them?
* Is there anyone who could give you money to help you obtain a safe place to stay?
* Are you working with anyone else? VA, Children Services, ODJFS, behavioral health, or have any other case manager?
  + What do they do to assist you? Can we reach out to them?
* For heads of household 18-20 years old only - Did you age out of foster care?
  + If yes, consider a referral to the <https://jfs.ohio.gov/child-and-adult-protection-foster-and-adoption/services-for-families-and-children/bridges/about-bridges>. Clients may opt-in or out.

If the household is currently in safe housing they can remain in, but they are at risk of losing the housing within 7 to 21 days, staff may need to refer the household to the local Homelessness Prevention (HP) provider for additional assistance. If you completed a CE AP enrollment on the household, document any referral to a HP project, following the appropriate [HMIS workflow](https://cohhio.org/boscoc/hmis/).

# Describe the diversion action plan below:

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Client Head of Household Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Part Four: Successful or Unsuccessful Diversion

# If CE AP staff successfully helped the household identify a safe place to stay outside of the homeless response system, including connecting the household to a local HP provider, document the *successful diversion* in their CE AP enrollment.

If the household was unable to identify safe housing, assist the household to connect to local emergency shelters as needed. Document the *unsuccessful diversion* in their CE AP enrollment and follow appropriate HMIS workflows to document connection to local shelter in HMIS.