

Boston Housing Problem Solving (HPS) Practice Standards

This document represents practice standards designed by consumer advisory councils, funders of housing problem solving, and practitioners who work with people on the edge of entering emergency shelter in Boston. These were developed to further advance and formalize the practice of diversion and housing problem solving for individuals and adult-only households experiencing homelessness in Boston, **with the goal of reducing system pressure on our emergency shelters by helping clients access safe alternatives to shelter**. The City's Dept. of Neighborhood Development (DND) as a funder of these services (Front Door Triage, Diversion, Rapid Resolution) will begin to use the following practice standards as part of its contracting with provider agencies.

What are practice standards?

Practice standards represent a level of quality attainment, a norm, a model, or an approach that programs work to meet. A simple example is the standard that all staff will be trained in problem-solving approaches.

Why establish practice standards?

Providers, persons experiencing homelessness, and system planners benefit from the establishment of practice standards to govern how a housing intervention functions within a crisis response system.

- **For Providers:** Standards create mutual understanding within and between agencies working together to end homelessness
- **For Participants:** Standards increase predictability, quality, and consistency of participant experience
- **For Funders:** Standards align providers' practice with funders' expectations and enables continuous system performance improvement.
- **For System Partners:** Standardized practice leads to predictability for partners, allowing system partners to work in better coordination with funded providers.

What principles are central to the workflow defined in the practice standards?

These principles are explained in further detail in the "Principles of the Workflow" section.

- Recognize the trauma of entering shelter
- Have a client-centered first meeting
- Define the purpose of the housing problem solving conversation for clients

- Delay data collection

How can these practice standards be used in our day-to-day work?

Any team (whether funded by DND or another funder) may use these standards to train staff, build systems of monitoring program performance, and create collaborations to optimize a program's ability to problem solve alternative options to entering homelessness.

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1. Practice Standard: Principles that Drive Diversion + Housing Problem Solving

- We must believe in people who present for shelter- they have strengths, resources and skills they have developed to survive.
- People are resilient.
- We are partners to find a solution; we are not here to tell people what is best for them.
- Entering shelter and losing a home are incredibly traumatic experiences for any person because it represents a loss of a critical basic need (safe, private space).
- Shelter should be a brief place to stay if there are no safe alternatives
- People should not be shut out of shelter if they have no safe alternative.
- Our approach and strategies should be tailored to eliminate disparities among any groups that may be entering homelessness at higher rates, including disparities based on race and ethnicity.

2. Practice Standard: Goals of a Funded Diversion/Triage Team

All funded program performance compared to these stated goals will be looked at through an equity lens of race, ethnicity, gender, age and disability status in order to identify and address disparities in program enrollment and program outcomes.

- Stays at Boston emergency shelters are rare.
- Our work supports system-wide decreases in the number of people who must stay in emergency shelter per year and helps lower the average length of time that clients remain homeless.
- We develop partnerships with institutions like hospitals and jails to stem unnecessary or inappropriate discharges to shelter.
- All new entrants to shelter are offered a housing problem solving conversation and assistance to pursue a safe alternative to shelter. If programs have capacity, all returners are also offered the same services as new entrants. If programs have capacity, all repeaters are also offered the same services as new entrants and returners.
 - A **new entrant** is defined as a client presenting at the front door of a shelter who has not been served by an emergency shelter in Boston within the last 24 months.
 - A **returner** is defined as a client present to shelter who has not stayed in a Boston emergency shelter in the last 60 days, or a client who has previously exited emergency shelter to permanent housing through a system resource.
- Participants engaged in housing problem solving conversations before entering shelter find alternatives to taking a shelter bed that night.
- The majority of people **diverted from the front door** or **housed from shelter** do not return to a Boston shelter within 6 months.
- All clients who identify housing solutions that are not immediately available, and must enter shelter as a result, will receive ongoing support from housing problem solving staff for up to 30 days to help them rapidly exit shelter.

3. Practice Standard: Defining a successful “diversion” from shelter

All measures will be looked at through an equity lens of race, ethnicity, gender, age and disability status in order to identify and address disparities in program enrollment and program outcomes.

- **Program-level**

- **Services offered:** All new entrants to shelter are enrolled in a Housing Problem Solving program and offered a housing problem solving conversation and assistance to pursue a safe alternative to shelter.
- **Successful diversion placements from the front door:** X% of and Y total new entrants presenting to shelter find an alternative to taking a shelter bed that night.
- **Successful housing placements from shelter:** X% of and Y total new entries who enroll in shelter leave shelter within Y days.
- 85% of clients **diverted from the front door** or **housed from shelter** do not return to a Boston shelter within 6 months.
- System-Level
 - The City of Boston would see a reduction of new entries to emergency shelters in the City (current avg and target)
 - The overall length of time homeless would decrease in the City. (current avg and target)
 - Any agency working with adult-only households presenting to shelter has training, tools and access to quick, flexible resources to assist people to avoid shelter. (current # of agencies with staff & flex funds; target # of agencies)

4. Practice Standard: Additional Measures to Monitor Success

Below are additional measures DND and providers can use to set benchmarks, monitor progress and evaluate success of the intervention. All measures will be looked at through an equity lens of race, ethnicity, gender, age and disability status in order to identify and address disparities in program enrollment and program outcomes.

- Number & percentage of people engaged in a housing problem solving conversation vs. total number of new entrants
- Number & percentage of new entrants diverted from the front door
- Number & percentage new entrants housed from shelter within 30 days
- Distribution of diversion exit destinations
- Distribution of prior living situation & zip code of origin for new entrants (night before approaching shelter) & zip code
- Return rates of people diverted from the front door or housed from shelter within 6 months of diversion or exit
- Average and median length of time in shelter for guest enrolled in diversion versus general shelter population
- Number & percentage of diverted clients served with light-touch stabilization
- Number & percentage of phone calls answered

5. Practice Standard: Program Design Essential Elements

- **Hire peers:** people with lived experience of homelessness with purposeful outreach to Black/African American, Indigenous, Latinx and other People of Color so the diversion staffing reflects the population they serve. Hire peers as part of the team to carry out diversion, housing problem solving, and rapid exit services. All funded programs must have at least one full-time employee with lived experience of homelessness.
- **Necessary Expertise:**

- Funded teams should include behavioral health expertise to help people get to specialized settings (i.e., treatment, elderly programs, domestic violence shelters, etc.)
- The elderly (55+), youth (24 and under) and the highest users of medical or emergency services were populations repeatedly called out as particularly vulnerable when entering shelter AND entitled to an array of resources outside of the homeless system based on their age or utilization status. Funded teams should ensure they have the knowledge of specialized resources for these specific populations.
- Diversion, triage and housing problem solving services should include immediate connections to housing navigation services, food insecurity and income maximization resources outside of the homeless system (at a minimum). It is often when someone is newly homeless that they are most empowered to take advantage of resources; forcing a waiting period in shelter to access resources can result in lost opportunities for clients to harness their self-agency. Alternatively, connecting people who are successfully diverted from the homeless system can also help people remain out of the system.
- **Triage Services:** funded teams should include up to 30 days of triage services if people do have to enter shelter. Included in triage services should be assistance navigating shelter (rules, bed systems, lockers, bathroom use, available services), connecting with peer support specialists, and assisting the participant to pursue housing options such as moving in with friends/family, an alternative setting (i.e. treatment, domestic violence shelter, etc.), and/or connecting to housing navigation and income services.

6. Practice Standard: Diversion/Housing Problem Solving Workflow

Below is a standardized diversion or housing problem solving workflow that should be used when people are presenting for emergency shelter beds in Boston's individual or adult-only shelters. Note that supplemental documents follow the image of the workflow, including:

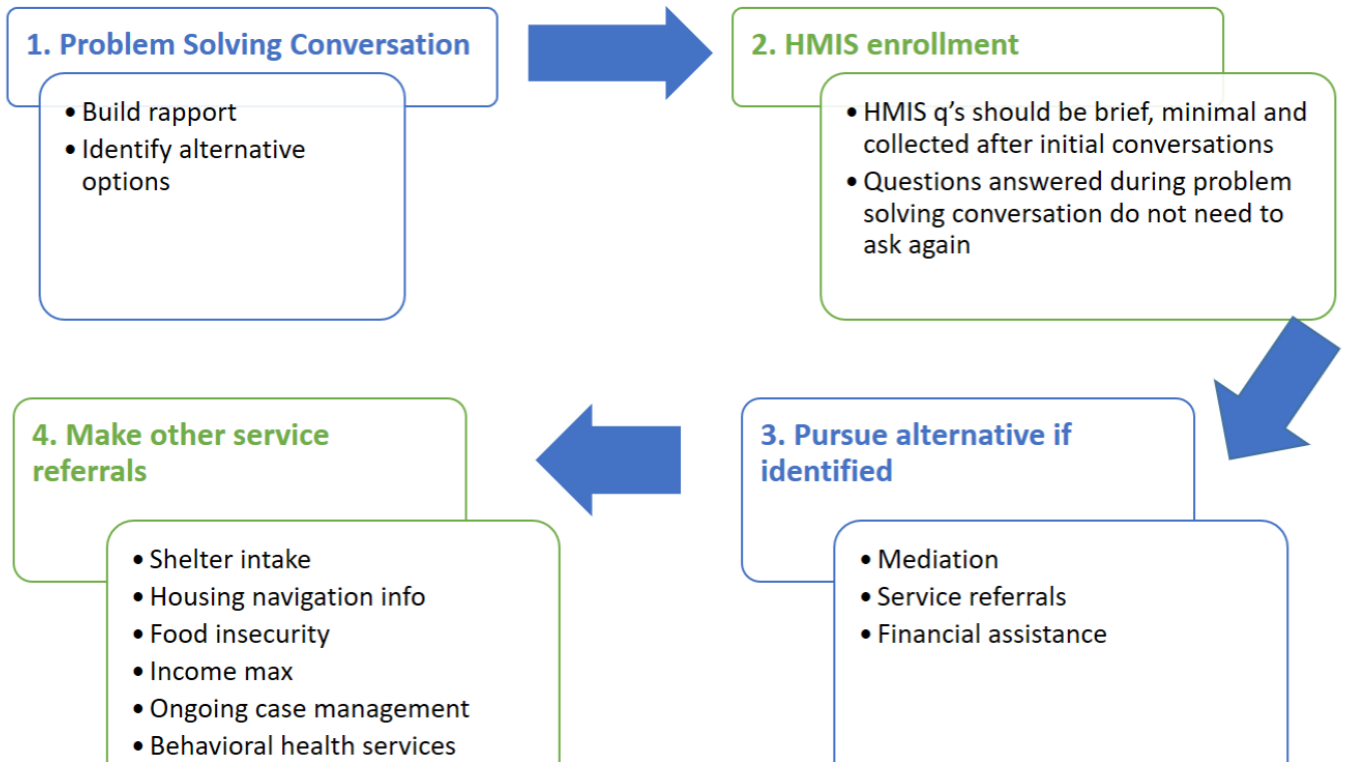
1. The Problem-Solving Conversation Guide to use in Step 1.
2. The data entry workflow to use in Step 2 for Homeless Management Information Systems (HMIS) providers only.
3. Principles that drive the below workflow.

Suggested Workflow: Preventing Returns to Shelter

Additionally, while it is not required of funded providers at this time, DND as a funder strongly encourages providers to consider piloting methods within their workflows to ensure people diverted from emergency shelters have the connections necessary to stay out of shelter. This may include but is not limited to the following examples:

- Conducting a one-time, light-touch check in with a diverted household one week later
- Spending time ensuring successful referrals to agencies and systems of care that serve the precariously housed population
- Tailoring extended services to groups who display higher rates of return to shelter

Boston Workflow Framework



Workflow Step 1: Problem Solving Conversation Guide

Please view the conversation guide [here](#).

Workflow Step 2: Data Entry Workflow for HMIS Providers

Note: this guidance is for Clarity users.

Client Profile Tab

1. Switch to the Coordinated Entry Project
2. Search for/Enter your client
 - a. If an existing client, review Client Profile data carefully. Update as needed.
 - b. If new, enter data for Client Profile.
3. Click “Save Changes” to save the Client Profile.
4. Click on “Program” tab to open the Program tab.

Program Tab (Client Level)

1. Under “Programs Available”, Click “Front Door Triage”
2. Click on “Enroll”
3. Review/Enter Client Enrollment Data
 - a. If an existing client, review Program Enrollment data carefully. Update as needed.
 - b. If new, enter data for Client Enrollment
 - c. ****Be mindful to default dates re: when data entry is occurring versus service delivery date
4. Click “Save and Close”
5. Your screen will automatically refresh to the Provide Services Screen.

Provide Services Screen

1. Enter Services Provided, as appropriate
2. Referral Services
3. Financial Services
4. Referral to Emergency Shelter

Program>>Front Door Triage>>Assessments Tab

1. Click on the Assessments Tab
2. Under “Current Living Situation”, Click “Start”
3. Complete Current Living Situation assessment.
4. Click “Save and Close”

******Client Enrollment Status**

1. Determine Client Enrollment Status:
 - a. If client is being diverted, proceed to “Program Exit”
 - b. If client will remain in FDT for undefined timeframe, exit Client record by going to “Search”

Program Exit Tab

- a. Go to Program “Exit”
- b. Enter Exit Date
 - a. If data entry is occurring same day as intervention, Exit Date defaults to today’s date
 - b. If data entry is NOT occurring the same day as intervention, enter the accurate day the client is exited from the program.
- c. Choose Destination at Exit
- d. Close any “Open Services”
- e. Click “Save and Close”

Workflow: Principles

Below are strategies to lead the workflow with trauma-informed care practices.

- *Recognize the trauma of entering shelter*: Allow the participant to express any concerns, worries or fears and ask questions. Let participants know they have a place to stay that night- the goal is not to screen them out, but rather to find the best place in the current moment for them to sleep. Alleviating the concern you are screening them leads to a calm which can help the problem solving conversation.
- *Have a Client-Centered First Meeting*: Ensure the first meeting includes “small talk”- getting to know the client, where they are from, how they are doing that day. Sometimes an over-emphasis on data collection prevents staff from having small talk with participants and building rapport.
- *Define the Purpose of the Housing Problem Solving Conversation for Clients*: Be clear with participants that the purpose of the conversation is to figure out where the participant will sleep that night. There are downsides to entering shelter so the purpose is to give the participant space and ideas to consider alternatives.
- *Delay data collection* until after the housing problem conversation is over to build rapport. The act of collecting data can signal to people they are entering an institution like hospitals, correction facilities, and/or treatment- settings where they may have experienced hardship and mistrust of personnel.

Practice Standard: Oversight of the Services

- Hiring practices should screen for compassion or empathy in candidates
- Participants should be given multiple channels to give feedback about the service that are anonymous and do not have to interface with the actual staff member delivering the service. Examples included comment boxes, surveys after meetings, town-hall type meetings.
- Funding for any diversion intervention should be the most flexible funding streams whenever possible.

Practice Standard: Training for Staff Doing Diversion/Housing Problem Solving

Below are the minimum training standards for diversion or housing problem solving staff. This list does not include an agency's own required trainings or orientations for staff; rather, this list serves the purpose of outlining service-specific content areas.

- A Review of the Diversion + Housing Problem Solving Practice Standards (this document)
- Housing First philosophy
- Resources to assist people who are precariously housed; at a minimum this should include:
 - Housing navigation services
 - Food resources
 - Income maximization resources
- Administering Boston's Pathways Assessment for Homeless set asides, barrier buster and rapid re-housing options
- Finding shared housing or other private market housing options
- Shadowing 1-2 existing staff to both observe and practice activities
- Confidentiality
- Data Entry- City of Boston's Homeless Management Information System (HMIS)
- Data Entry/Document Upload/Accessing Client Records- City of Boston's Windows to the Warehouse
- Racial Equity, Implicit Bias and other trainings to promote equity (i.e. Targeted Universalism)
- Motivational Interviewing
- Trauma-Informed Care
- Harm Reduction

Practice Standard: Institution Partnership Coordination

While institutions such as hospitals, treatment centers and corrections are responsible for discharge planning for their clientele, diversion providers are poised to help improve partnerships with institutions to further prevent inappropriate discharges to our emergency shelters. Below are standards derived from focus groups with diversion providers, funders, and area institutions on ways to optimize partnership to prevent inappropriate discharges to shelter.

- Share with area institutions using written materials which contain clear, transparent criteria or guidelines that describe who shelter is appropriate for. This should include things like any eligibility criteria.
- Share shelter realities with partner institutions using written materials. This should include things such as what people can expect in their shelter stays, what services are/are not available, how one gets a bed, can/cannot store their belongings, and anything else one should be informed of.
- If possible, with current staffing, provide a dedicated institution point of contact on a diversion team to continue to build a partnership.
- If an institution calls to send someone to shelter:
 - Look up the participant in the warehouse to see if there has been a history of staying in Boston shelters. If there has not been a history, provide the institution with light information on shelter options in the client's region of origin.
 - Assist institution staff to do direct housing problem solving conversations directly with people exiting institutions as a last resort to preventing the discharge. Assist with flexible funds to divert the participant if there is an alternative and the institution does not have access to quick, flexible funds