

IMPROVING SERVICES TO SURVIVORS IN COORDINATED ENTRY SYSTEMS

2015 NAEH Ending Homelessness Conference

Kris Billhardt, VOA Oregon - Home Free

kbillhardt@voaor.org

HOME
Free

 Volunteers
of America®
OREGON

Today's Aims:

2

- Enhance your familiarity with DV programs and the requirements they must follow
- Discuss some important considerations around DV survivors who may be served through your coordinated entry process
- Unpack concepts of safety, confidentiality, trauma-informed approaches, and partnership

DV Programs: Myths and Facts

3

Myth: DV programs are into cloak and dagger and prefer to work in secrecy.

Fact: Safety and confidentiality are primary for DV programs and sometimes create an appearance of lack of openness to working together. In fact, DV programs depend on systems partners a great deal!

DV Programs: Myths and Facts

4

Myth: The DV system is usually the best place for survivors to get help. Because their mission is to ensure survivors' safety, DV programs never turn someone away if they are in danger.

Fact: DV programs are vastly under-resourced. Shelters are often full, and many programs lack the staffing to respond to a new stream of referrals from the coordinated entry system. Many lack access to housing dollars.

DV Programs: Myths and Facts

5

Myth: DV programs are overly protective of their data and make difficult partners.

Fact: VAWA and HUD prohibit DV programs from entering personally indentifying information into a shared HMIS system. Comparable data systems can and have been developed to ensure we're looking at the same metrics overall.

DV Programs: Myths and Facts

6

Myth: DV programs don't push their participants hard enough through program requirements and won't help achieve community-level outcomes.

Fact: VAWA prohibits victim services programs from providing mandatory services. Voluntary services models can/do achieve good outcomes and are best practices for victims of trauma.

Developing Your Plan

7

- **Ensure that DV is not an afterthought; representation and leadership from the outset**
- **Consumer voice includes survivors' voice**
- **Due consideration of how best to incorporate DV: separate system? folded in?**
- **Systems must connect/interact so that survivors have access to resources of both**
- **Ensure DV resources are not tapped for non-DV survivors**

Access

8

- How and where will survivors gain entry safely and confidentially?
- Single central known location may be unsafe for survivors
- Multiple locations, telephone access, separate locations for men and women/families, or access through DV programs are good options

Training: Front-End Awareness

9

- Partner with DV program to get training in place
- Goal: sensitivity, reduce victim-blaming, guard against inadvertently compromising safety
- Confidentiality: Assessment staff must inform all HH on their privacy rights and be aware of restrictions on data-sharing between agencies
- Trauma-informed approaches: Reduce degree to which assessment may trigger a trauma response
- DV training does not replace the need to partner with/bring in DV expertise

Screening and Assessment

10

- Preliminary Screening: add a risk assessment (avoid overly vague or overly probing questions)
- HUD provides for survivor self-certification of homelessness
- Make it safe to disclose; physical space, privacy
- Assess your assessment: how trauma-informed is it?
- Have an established protocol in place to think through safety issues/plan next steps when DV is identified
- Ensure availability of immediate access to safety for survivors in current danger

Data

11

- Opt in rather than opt out
- Robust and true informed consent
- Examine what data you capture and why; be aware of possible uses of data
- Victim service providers may disclose non-personally identifying information as long as that information has been de-identified, encrypted, or otherwise encoded
- Alternatively: Comparable data bases

Partnership

12

- DV experts are key to determining which HH need the safety and privacy afforded by DV providers
- Housing resources and tools held by homeless system help DV programs to better help survivors
- Integration of DV-specific services can improve retention for HH served by homeless providers
- DV programs can provide ongoing reality check as to how system is working for survivors