DOMESTIC VIOLENCE PROVIDERS AND COORDINATED ASSESSMENT IN MONTGOMERY COUNTY, OHIO
DAYTON-MONTGOMERY COUNTY COC

- 2012 CoC application for $8,214,166 for 25 PSH, TH and supportive services programs
- 2013 PIT –
  + 30 households with 58 people at DV shelter
- YWCA Dayton fully integrated into CoC:
  + DV shelter
  + Transitional housing
  + Permanent supportive housing
  + SSO program
  + Safe Haven
  + Prevention & Rapid Rehousing
10 Year Plan finding that some homeless people were never successfully engaged by the existing system and that the system was hard to navigate.

2007-2009 – Initial Front Door Committee meetings.

Requirement to participate in Front Door Assessment once it started included in RFPs for local and CoC funding for 2-3 years before implementation.
FRONT DOOR ASSESSMENT GOALS

- Rapidly exit people from homelessness to safe, stable housing
- Efficient and effective use of system resources – clients receive appropriate services.
- Ensure that all clients, including the hardest to serve, are served
- Transparency and accountability throughout the assessment and referral process
From January to July 2010 the Front Door Committee and Consultants:

- Conducted client focus groups
- Defined each program type in system
- Developed assessment tool, scoring matrix, referral process and timelines
- Developed policies related to FDA implementation
- Programmed FDA into HMIS
- Trained assessors on FDA
- Trained providers on receiving FDA referrals
- Developed FDA reports
ASSESSMENT & REFERRAL PROCESS

- Assessment - conducted at all Front Doors (Gateway Shelters – general shelters and youth and DV shelters and PATH program)
  - Intake – goal is diversion, done within first 3 days (one-third of shelter clients stay 7 nights or less)
  - Comprehensive assessment – done within first 7-14 days

- Referral decision worksheet to identify most appropriate program type to help client move to permanent housing
  - All eligibility criteria set by funding sources must be complied with
  - Programs must remove additional barriers to entry
  - Transitional housing targeted at households with transitional issues: youth, pregnant, DV and early recovery
  - Priority for PSH openings for long-stayers, elderly, medically fragile, unsheltered, and youth

- Process to refer client to appropriate program when opening occurs
  - Done by system staff for transitional housing, PSH and Safe Haven from centralized waiting lists
FRONT DOOR POLICIES

- Require that programs accept 1 in 4 referrals
- Eliminate all program entrance requirements except those required by funding
- All program vacancies must be filled through the Front Door process – close the ‘side doors’
- Clients with income over $700/month must exit 30-60 days after entry to shelter
- Clients must accept first housing referral – flexible for vulnerable populations including DV
FRONT DOOR ACCOMPLISHMENTS

- PSH referrals have declined as a proportion of population in shelter
- Chronic homelessness declined 62% from 2006-2012
- All populations have access to system resources
- Improved communication and coordination between providers
- Opened HMIS
ASSESSMENT PROCESS FOR DV SHELTER

- DV shelter makes determination about entry to shelter based on lethality
- If woman does not have resources to exit on her own, DV shelter staff conduct Front Door Assessment on paper and use scoring matrix to determine appropriate program
- For households scoring for TH, PSH or SH, DV shelter staff send household information without name to centralized waiting list
OUTCOMES FOR DV PROVIDERS

- Households at DV shelter have access to housing and services resources throughout system
- Helps create collaborative relationships between all homeless providers including DV
LESSONS LEARNED

- Legal implications for documenting some of the information collected through the Front Door Assessment process
- Location of housing crucial aspect of referrals
- Housing and services programs need training to effectively serve households with DV history
- Need to consider unique DV confidentiality issues as CoC Policies & Procedures are developed
For more information:

Joyce Probst MacAlpine
Manager Housing & Homeless Solutions
Montgomery County, Ohio
937-225-4218
macalpinej@mcohoio.org
HMIS AND COORDINATED ASSESSMENT FOR DOMESTIC VIOLENCE PROVIDERS
Client numbers assigned by DV shelter staff
Household size information used to make appropriate referrals based on bedroom size
DV shelter staff can review client history in HMIS to determine chronic status
Referral is made to opening by client number
Client gives permission before name is released to housing program

<table>
<thead>
<tr>
<th>Client Number</th>
<th>Type of Household</th>
<th>Program</th>
<th>Household Size &amp; Characteristics</th>
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<tbody>
<tr>
<td>100</td>
<td>W</td>
<td>PSH</td>
<td>Chronic</td>
</tr>
<tr>
<td>101</td>
<td>F</td>
<td>TH</td>
<td>Pregnant due May 2013; Son – 5 Daughter - 7</td>
</tr>
<tr>
<td>102</td>
<td>F</td>
<td>TH</td>
<td>Daughter – 4</td>
</tr>
<tr>
<td>103</td>
<td>F</td>
<td>PSH</td>
<td>Son – 10 Daughters - 13 &amp; 15</td>
</tr>
</tbody>
</table>
HMIS AND DOMESTIC VIOLENCE

- No HMIS entry while in shelter
- Referrals to housing and services programs not done in HMIS
- Once referred client signs release to allow DV shelter staff to talk to housing and services program staff and to send paper copy of Front Door Assessment
- Once household leaves DV shelter and enters CoC housing or services program household is entered into HMIS with a Housing Status of Homeless but no indication that household was in DV shelter