

Homeless Solutions Policy Board
NAEH Family & Youth Homelessness Conference
February 22, 2013

**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

FRONT DOOR ASSESSMENT BACKGROUND

- ✘ 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

FRONT DOOR ASSESSMENT DEVELOPMENT

- ✘ 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@mcoho.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

Client Number	Type of Household	Program	Household Size & Characteristics
100	W	PSH	Chronic
101	F	TH	Pregnant due May 2013; Son – 5 Daughter - 7
102	F	TH	Daughter – 4
103	F	PSH	Son – 10 Daughters - 13 & 15

REFERRAL PROCESS FOR DV SHELTER

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