SAFETY AND COORDINATED ENTRY WITH DOMESTIC AND SEXUAL VIOLENCE SURVIVORS IN THE HOMELESS/HOUSING SYSTEM

Presented by

National Alliance for Safe Housing (NASH) and the National Resource Center on Domestic Violence (NRCDV)

Kris Billhardt, National Alliance for Safe Housing
Christie Bevis, National Resource Center on Domestic Violence
National Alliance for Safe Housing (NASH)

• A project of the District Alliance for Safe Housing (DASH), a local safe housing program in D.C.)
• A national Technical Assistance and Training project (launched October 2015)
• Project Partners: Washington State Coalition Against Domestic Violence, DC Coalition Against Domestic Violence
• Part of the federal Domestic Violence and Housing Technical Assistance Consortium (DVHTAC)
NASH

NASH provides programs and communities with the tools, strategies and support necessary to improve coordination between domestic and sexual violence services and homeless and housing providers, so that survivors and their children can ultimately avoid homelessness as the only means of living free from abuse.
## Webinar Series to Support DV/SA Safe Housing Options for FY17 CoC Program Competition

<table>
<thead>
<tr>
<th>Event Title</th>
<th>Date/Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developing Well-Designed Safe Housing Projects: A Review of the Continuum</td>
<td>May 30 ~ 12:00pm ET</td>
</tr>
<tr>
<td>of Care and Notice of Funding Availability (NOFA) Process</td>
<td></td>
</tr>
<tr>
<td>A Primer on the NOFA Application: Review of the FY17 Application, HUD</td>
<td>TBA (1 week after NOFA release)</td>
</tr>
<tr>
<td>Priorities, and Funding Opportunities for DV/SA Projects</td>
<td></td>
</tr>
<tr>
<td>Rapid Re-Housing/Housing First: Innovative Practices</td>
<td>June 2 ~ 3:00pm ET</td>
</tr>
<tr>
<td>Survivor Safety and Coordinated Entry Systems</td>
<td>June 5 ~ 2:30pm ET</td>
</tr>
<tr>
<td>DV, Housing and Homelessness 101: An Overview</td>
<td>June 7 ~ 3:00pm ET</td>
</tr>
<tr>
<td>Accompanying Webinars from NAEH:</td>
<td></td>
</tr>
<tr>
<td>Preparing for the 2017 CoC Program NOFA</td>
<td>May 31 ~ 2:00pm ET</td>
</tr>
<tr>
<td>What is the Transitional Housing-Rapid Re-Housing Joint Component?</td>
<td>June 15 ~ 2:00pm ET</td>
</tr>
</tbody>
</table>

Webinars to be recorded and made available online. A link will be circulated once the recordings are posted.
Learning Objectives

• To review federal requirements for Coordinated Entry Systems (CES) related to serving domestic violence and sexual assault survivors
• To understand the importance of safety planning when working with survivors of domestic and sexual violence
• To outline key best practices and core components of safety planning within the CES
Definitions

• Safety Planning: A survivor’s unique strategy to reduce the risks generated by a partner’s abuse and control.

• Comparable/Parallel CES: An alternative coordinated entry process for people fleeing domestic violence/sexual assault; adheres to the same requirements as the broader CES process.

• Trauma Informed Care: A framework that involves understanding, recognizing, and responding to the impacts of trauma. Emphasizing physical, psychological and emotional safety, it facilitates trauma survivors’ ability to regain a sense of control over their own lives.
Why Focus on Survivors?

- 80% of women and children experiencing homelessness have experienced domestic violence (HUD Family Options Study).
- 50% of sexual assaults take place within a mile of the victim’s home (Greenfeld).
- Survivors face numerous barriers to maintaining or re-establishing safe and stable housing.
- Survivors’ safe access to and participation in housing services requires CES modifications.
Coordinated Entry from a Systems Perspective
First things first... a few basics

• **Coordinated Entry System (CES) Requirements:**
  - CoCs must establish and operate a CES
  - CoC and ESG recipients must use CES

• **CES Notice Expands on CoC Program Interim Rule:**
  - Further defines CES
  - Required, Recommended, Optional elements

• **CES Self Assessment:**
  - Reference to compare the CoCs planned or existing CES design, implementation, and management elements
  - General outline for CES policies and procedures
A CE process includes all subpopulations, including chronically homeless, Veterans, families, youth, and survivors of domestic violence & sexual assault.

CoCs may have different processes for accessing CE, including different access points and assessment tools for the following populations:

1. adults without children,
2. adults accompanied by children,
3. unaccompanied youth, or
4. *households fleeing domestic violence* /sexual assault
Poll: Are Victim Service Providers integrated into your CES?

a. Yes
b. Yes, but we have created a separate CE process for people fleeing domestic violence/sexual assault (including separate access points)
c. No, it’s been challenging to involve and integrate DV/SA providers
d. No, we are still planning and designing our CES and aren’t there yet
Integrating DV/SA into CES

• Because safety is paramount, VAWA and security concerns may prevent complete integration

• What does the Model of Access look like?
  o Telephone based?
  o Decentralized?
  o Completely separate door?
# Questions to Consider in Planning

<table>
<thead>
<tr>
<th>Question</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>How accessible are your agency’s services to survivors?</td>
<td>How could survivors view your agency as a safe place?</td>
</tr>
<tr>
<td>How are DV / SA survivors’ accessing housing/rapid re-housing programs</td>
<td>If DV survivors are approached differently than other people in need of housing, what’s different about the process?</td>
</tr>
<tr>
<td>Is there mobility to meet someone where they are?</td>
<td>What are the extra challenges in rural areas / CoC Balance of State?</td>
</tr>
<tr>
<td>Are DV/SA providers in your community working with homeless assistance</td>
<td>to connect survivors and safe housing?</td>
</tr>
<tr>
<td>Are your housing programs equipped to ensure that survivors can choose</td>
<td>their degree of contact with abuser while in your program?</td>
</tr>
<tr>
<td>Is there a Coalition, task force or forum where service providers meet</td>
<td>to address systemic barriers when supporting DV survivors?</td>
</tr>
</tbody>
</table>
If We Opt for a Separate CES for Survivors, What Should it Look Like?

• Developed in coordination with local victim service providers.
• Adheres to same requirements as the broader CES.
• Aligns with the CES Policy Brief except that it targets survivor population.
• Ensures equal access to homeless services and housing programs provided through the primary access point.
• Promising practice: virtual DV/SA access point
  o Internet and phone based systems (e.g. 211) that can quickly be accessed from any location where survivor feels safe.
CES for DV Survivors: Community Highlights

• Houston-Harris County
  o Partnership between Harris County DVCC & Houston Coalition for the Homeless
  o 2 pilot projects: (1) Decentralized coordinated access process and (2) Centralized system structured to focus on diverting from shelter to RRH

• Multnomah County, OR
  o Parallel entry process for DV/SA providers
  o Shared assessment tool across all DV/SA providers
  o Comparable HUD- and VAWA-compliant data system for DV/SA providers
Coordinated Entry Recap

• Each CoC must establish or update its CES in accordance with the interim rule and HUD’s CE Notice by **January 23, 2018**

• Resources:
  
  o HUD’s [CE Self-Assessment](#) tool: Help CoCs examine alignment with HUD requirements
  
  o DVHTAC will feature DV-specific tools and resources on SHP website
  
  o The National Alliance to End Homelessness (NAEH) will host a repository of CE materials; should go live in May
Safe Entry Into Services
Entry Points: Where and How Matters

- Establish multiple locations and/or alternatives routes for survivors to enter the system
- Partner with your local DV/SA programs to build a smooth and safe process for survivors to be referred to the homeless/housing system – and vice versa.
Create Safety Around Intake/Assessment Process

- Creating safety for ALL who enter the system is best practice
- Include a brief DV/SA risk assessment with everyone requesting services.
- Adjust your physical space to better ensure a private conversation.
- Conduct separate interviews/intakes with couples.
Create Safety Around Intake/Assessment Process (con’t)

• Examine your intake/assessment processes with a trauma-informed lens.
• Take a critical look at what adaptations may be required to how your assessment tool is used.
• Have a ready response when sexual or domestic violence is identified.
  • If danger is current, immediate options for safe housing may be needed
  • In all cases: informed consent, offer linkages to support services, priority placement, and Safety Planning
Confidentiality Boosts Safety

- Sharing personally identifying information (PII) can lead to discovery of survivor’s location by the abuser and is a grave risk to safety
- DOJ’s Office on Violence Against Women, HHS’ Family Violence Prevention Services Administration, and HUD all prohibit victim service providers from entering PII into shared databases or from disclosing PII without a Release of Information (ROI) following a thorough conversation that helps the survivor consider the implications of releasing such data.
Modifications Needed?

• Best practice: adopt practices that allow survivors to control how their PII is recorded, stored, and shared ("opt in").

• Create alternatives to "by-name" lists
  o Connecticut: Integrated CES
    ▪ Collaboration between CCADV and CT BOS
    ▪ Unique identifier / No PII on by-name list

• Look for future webinar re: Protecting Personally Identifying Information
Preparing Staff and Engaging Partners
It’s All About that Base: Fundamentals

• CES-wide training in domestic and sexual violence is core to survivor safety – and to your community’s housing retention performance.

• CES-wide training in trauma promotes a consistent trauma-informed approach to survivors at all points of contact with the housing system.
CES Culture

• Trauma informed.
• Root out victim-blaming.
• Relationships/mechanisms for consultation with and technical assistance from content experts.
• Expect and support provider implementation of program-level policies and practices that promote survivor safety.
Partnering to Promote Survivor Safety

• Look for ways to solidify ongoing contact with content experts

• Domestic and Sexual Violence organizations can be trainers, consultants, and co-case managers.

• Community Highlight: DASH, Washington DC
  o 2009: Launched DV/Housing Taskforce in 2009 with local and federal NGOs and government stakeholders from both fields.
  o Taskforce Goals: 1) Enhance access and safety for survivors in federally- and district-funded housing and shelter programs; 2) Enhance response to survivors with complex needs; 3) Increase public awareness of survivors’ unique housing barriers and implement strategies to address them.
## Additional Helpful Community Partners

<table>
<thead>
<tr>
<th>Cultural or population-specific programs</th>
<th>Legal Aid and Family Law Attorneys</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support groups, helplines, and drop-in services for survivors</td>
<td>Immigration Legal Services</td>
</tr>
<tr>
<td>DV/SA-specific financial empowerment programs</td>
<td>Family Justice Centers</td>
</tr>
<tr>
<td>Victim-focused recovery programs</td>
<td>Rape Victim Assistance programs</td>
</tr>
<tr>
<td>Support or counseling for children</td>
<td>Specialized DV/SA units in PD, Prosecutor, and Child Welfare Offices</td>
</tr>
<tr>
<td>Parenting After Violence classes</td>
<td>Restraining Order/Family Court</td>
</tr>
<tr>
<td>Rape crisis centers</td>
<td>Trauma counselors</td>
</tr>
<tr>
<td>Nurse-family partnerships/home visitors</td>
<td>McKinney-Vento Local Educational Agency liaisons</td>
</tr>
</tbody>
</table>
Safety Planning with Survivors at Entry Points
Safety Planning

• In the DV field, safety planning usually includes a risk/lethality assessment; this is best left to victim services experts.

• CES staff should be equipped to consider and discuss safety as it revolves around survivors’ participation in the entry and service-matching process.
The Fine Print...

• Domestic and Sexual Violence are complex, and the wrong intervention can lead to deadly consequences.
• DSV providers have deep expertise and content knowledge that MUST inform your efforts.
• Ensure meaningful language access; nuanced and stressful conversations extremely difficult when not in your first language
• In service matching, honor survivor preferences and cultural considerations.
Assumptions

• Be proactive; don’t wait for disclosure before demonstrating that safety is a key concern in the CE process.
• Staff receives solid training and have what they need to confidently discuss/plan for safety.
• Transparency around data; what must be collected to determine eligibility, options around recording/storing/sharing.
• Routine application of safety lens and survivor choice to decision-making in service matching
Start with Right Now

- “Is our location safe for you?”
- “Are you safe to sit down and talk for awhile?”
- “Is there someone here today who makes you feel unsafe?”
- “When we finish talking today, can you leave safely?”
Remember your Trauma Lens

• Consider how people with trauma history may experience your intake/assessment process
  • Rushed, goal-oriented?
  • Detailed, intrusive?
  • Keyed into signs that conversation is triggering trauma reactions?

• Spend time establishing rapport before diving in
• Allow for pauses, a second appointment, bringing in a support person who can help “ground” the client, etc.
Directly Invite Disclosure

• Ensure privacy when discussing current housing situation and reason for seeking help
• Help establish open exchange by listing some common reasons for seeking help, including
  • Left or need to leave a dangerous person in your household or neighborhood
  • Current housing unsafe because someone is stalking or you
Assess Imminence of Danger

- When DV/SA is identified, support survivor in providing you more info
  - Does the DV/SA pose a current threat?
  - Does survivor have safe place to stay right now?
- If danger is imminent and is survivor without options, immediate referral to shelter or other temporary safe housing may be warranted
Honor Survivor Preferences

• Avenue to reducing risk is highly individualized; survivor’s ideas may look different from what you might prescribe
• Housing location a key safety issue – but so is connection to community
• Loss of decision-making power in one’s own life is one of the fundamental harms of experiencing DV/SA
Recap: A Conversation, Not a Checklist

- Some universal elements, but must be individually tailored
- It’s voluntary for the survivor, but protocol for you
- Include attention to emotional safety
- Be ready to spark the survivor’s thinking and to draw out more information to inform next steps/matching
- Never include details of safety plan in client documentation
- Always offer connection to local DV/SA and culturally specific resources
NASH Training and Technical Assistance

System and Program Level Technical Assistance issues include but not limited to:

- Coordinated Entry
- Building collaborative relationships
- Trauma-informed practice
- Rapid Re-housing, Housing First, Flexible Funds
- Federal, state and local housing protections
SAFE HOUSING PARTNERSHIPS

The new website for the Domestic Violence and Housing Technical Assistance Consortium

- Data, infographics, literature reviews, and reports that describe the intersections between domestic violence, sexual assault, homelessness, and housing
- Strategies for building effective and sustainable partnerships across systems and case studies of successful collaborations
- In-depth resource collections organized around four key approaches to addressing and preventing housing instability among survivors
- Access to relevant federal laws, regulations, and policies

Have questions? Need TA? Want training? Contact the Consortium directly through the site!