

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:

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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

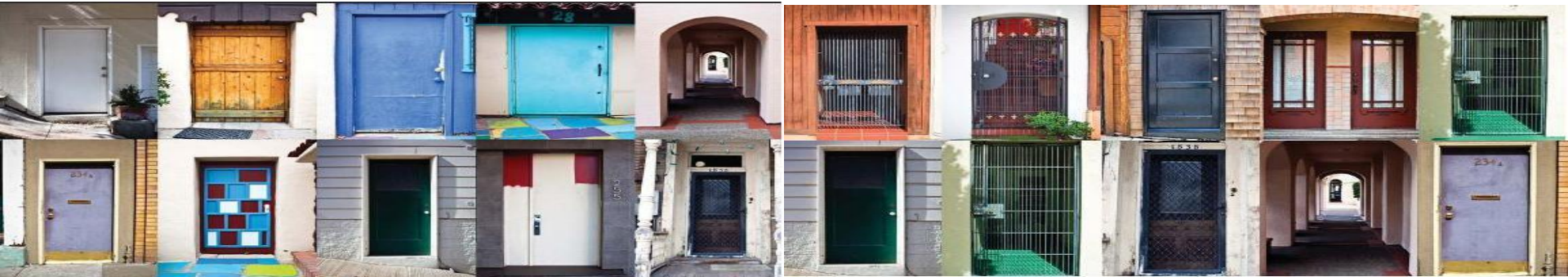
HMIS AND DOMESTIC VIOLENCE

- ✘ 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

Domestic Violence Providers and Coordinated Assessment: Challenges and Opportunities

February 22, 2013

National Conference on Ending Family and
Youth Homelessness



Agenda

- HEARTH Act and Coordinated Entry
- Checklist
- Community Examples:
 - Monica Bernhard, Bremerton, WA
 - Joyce Probst MacAlpine, Dayton/Montgomery County, OH



Coordinated Entry

- Location and Emergency Accommodation
- Assessment Process and Certification of Homelessness
- Staffing

Resource: Incorporating DV Providers Checklist



What you **SHOULD** be doing **NOW!**

- Get a seat at the table.
- Educate and engage.
- Make it a priority.



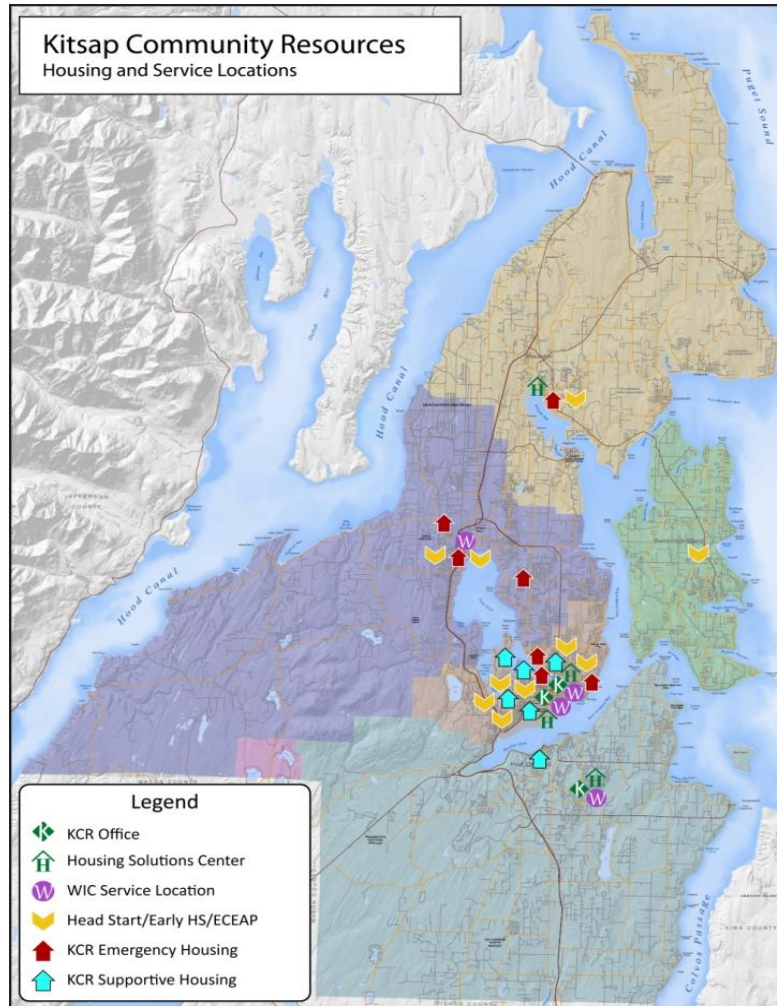


Domestic Violence Providers and Coordinated Assessment: Challenges and Opportunities

February 22, 2013

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Kitsap County, WA Profile



DEMOGRAPHICS

- Population 251,133
- 11.3% of County living below poverty level.
- Large Geographic Territory
- Multiple Military Bases
- Unemployment 7.4%, below State average
- Two Native American Tribes
- 5.4 DV Offenses per 1000. Increasing since 2007.



Housing Solutions Center (HSC) Design Process

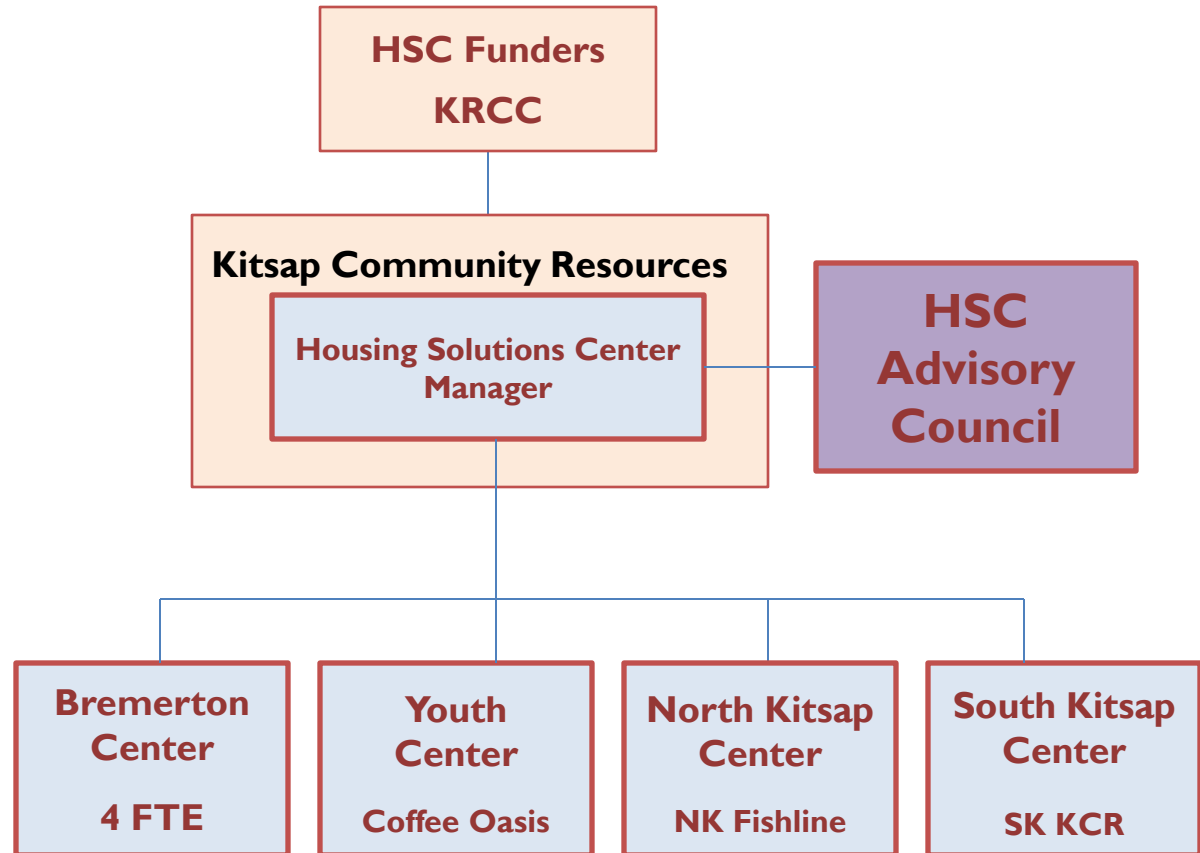
- **Multi-agency design team**, including representation from the DV provider community.
- **Central Intake and Referral Model** for emergency shelter, rental/deposit assistance, supportive housing, etc.
- **100% participation** by housing providers.
- **Providers have final say** to accept or reject referrals – but generally not an issue.

OVERALL GOAL:

Realize benefits of centralized intake for households in crisis while preserving autonomy and leveraging the expertise of individual agencies.











Multi-Center Approach

- **Accountable** to the HSC Advisory Council, Housing Advisory Team and HSC Funders
- **Supervised** and administered by Kitsap Community Resources
- **Supported** by satellite locations in North Kitsap, South Kitsap, and The Coffee Oasis.
- **Staffed** by HSC Manager and four team members.
- **After Hours** support provided by 211.



Community Partnerships Key to HSC Success





Housing Partners

-  YWCA (Alive/Home Plus)*
-  St. Vincent de Paul of Bremerton*
-  Georgia's House*
-  North Kitsap Fishline
-  Bremerton Housing Authority
-  Kitsap Rescue Mission
-  Housing Resources Board
-  Hope in Christ Ministries/The Coffee Oasis
-  Housing Kitsap
-  Catholic Community Services

* Domestic Violence Service Providers

 **Signed Partnership Agreement in Place.**

Specialized Housing Providers

-  West Sound Treatment Center
-  Kitsap Mental Health Services
-  Agape Unlimited
-  Kitsap Recovery Center

Community Partners

- Peninsula Community Health Services
- Harrison Hospital ER/Social Work Dept.
- Kitsap Transit
- DSHS
- Kitsap County Food Bank Coalition
- Local Private Landlords
- WorkSource
- Elected Officials

Website Updated to Reflect Beds Available

HSC Makes Reservations after confirming referral with agency.

The screenshot shows a web browser window with the URL <http://crisisclinicofthepeninsulas.org/hsc/page/2/>. The page title is "Housing Solutions Center | ...". The website header includes the logo for the Housing Solutions Center of Kitsap County and a navigation menu with links: Home, Contact Us, Rental Properties, Services, Shelter Availability, How To, and Resources.

The main content area displays a list of housing options, each with a date, author, and a "Make Reservation" link. A blue arrow points from the text box on the left to the "Make Reservation" link for the "No Beds – YWCA / Alive" listing.

Date	Author	Property Name	Agency
Thu, 1/24/13	by lwilson	No Duplex (3 Bedroom, Bremerton) – KCR	Family, Kitsap Community Resources (KCR)
Thu, 1/24/13	by lwilson	No Duplex – (3 Bedroom, Bremerton) – KCR	Family, Kitsap Community Resources (KCR)
Thu, 1/24/13	by ywcaalive	No Beds – YWCA / Alive	Single Woman, YWCA / Alive
Thu, 1/24/13	by ywcaalive	No Rooms – YWCA / Alive	

The sidebar on the right contains two sections: "Sort by Shelter" and "Sort by Beds".

Sort by Shelter

- All
- Agape
- Benedict House
- Coffee Oasis
- Georgia's House
- Housing Resources Board
- Kitsap Community Resources (KCR)
- Sally's Camp
- The Family Place
- Kitsap Rescue Mission
- Unconditional Shelter
- Safe Park
- Severe Weather Shelter
- St Vincent de Paul Women's Shelter
- West Sound Treatment Center
- Forward Bound
- O'Hana House
- The Lighthouse
- YWCA / Alive

Sort by Beds

- Couple
- Family
- Single Man
- Man with Children

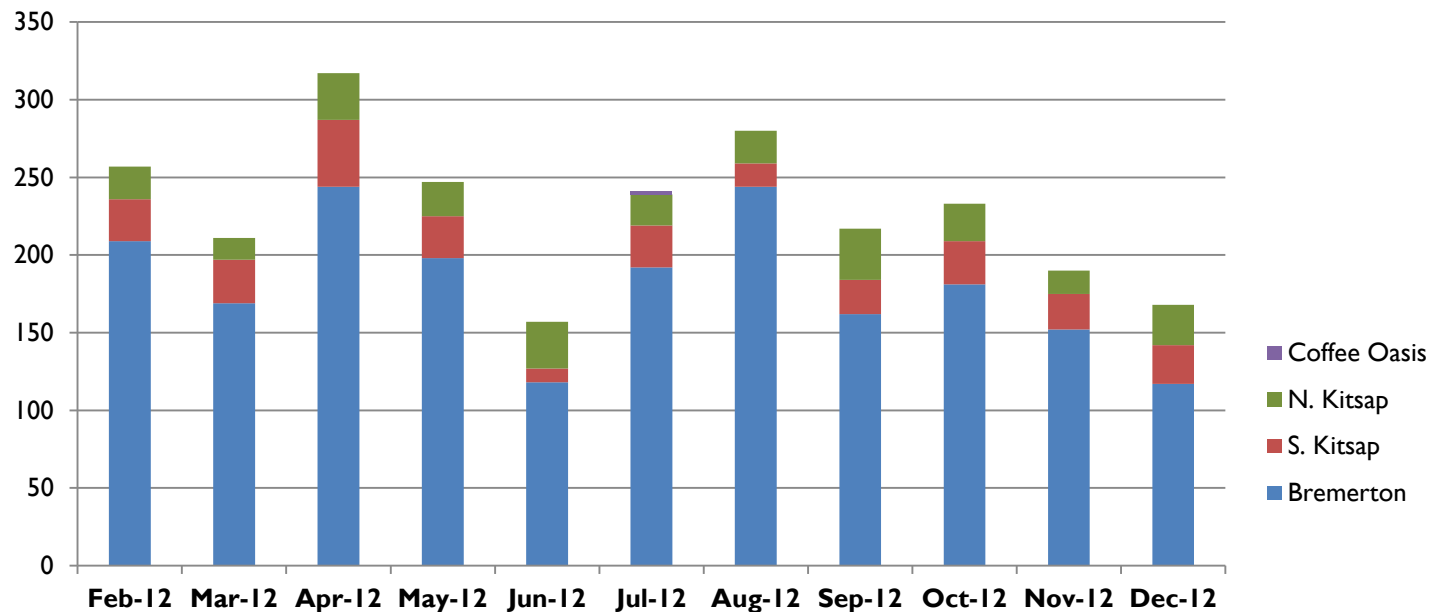


Domestic Violence Profile - 2012

- 162 DV Households, comprised of 355 Individuals
- 55% DV Households with children
- \$612 Average Monthly Income
- 7% Substance Abuse Issues
- 25% Mental Health Issues
- 54 Households placed on the waiting list for shelter, spending an average of 11 days on the list

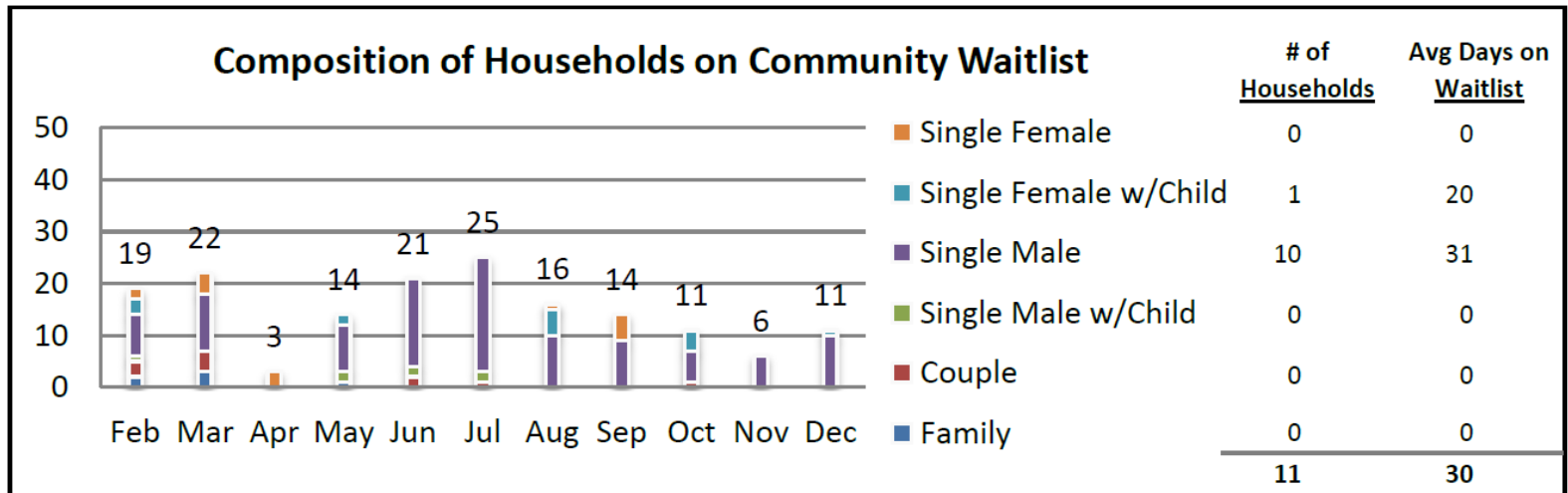
2,518 HSC Non-Duplicated Enrollments in 2012 – 6% DV

Housing Solutions Center Monthly Enrollments 2012 YTD



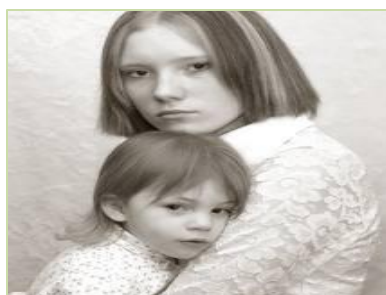
	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Coffee Oasis	0	0	0	0	0	2	0	0	0	0	0
N. Kitsap	21	14	30	22	30	20	21	33	24	15	26
S. Kitsap	27	28	43	27	9	27	15	22	28	23	25
Bremerton	209	169	244	198	118	192	244	162	181	152	117

Active Community Wide Waiting List



- Centralized Community Waiting List Managed by HSC
- Daily update of Bed Availability by Housing Partners
- Overall 281 Households spent time on the waiting list an average of 15 days
- 50% of individuals on the Waiting List were Single Men
- Waiting List Information drives community resource allocation

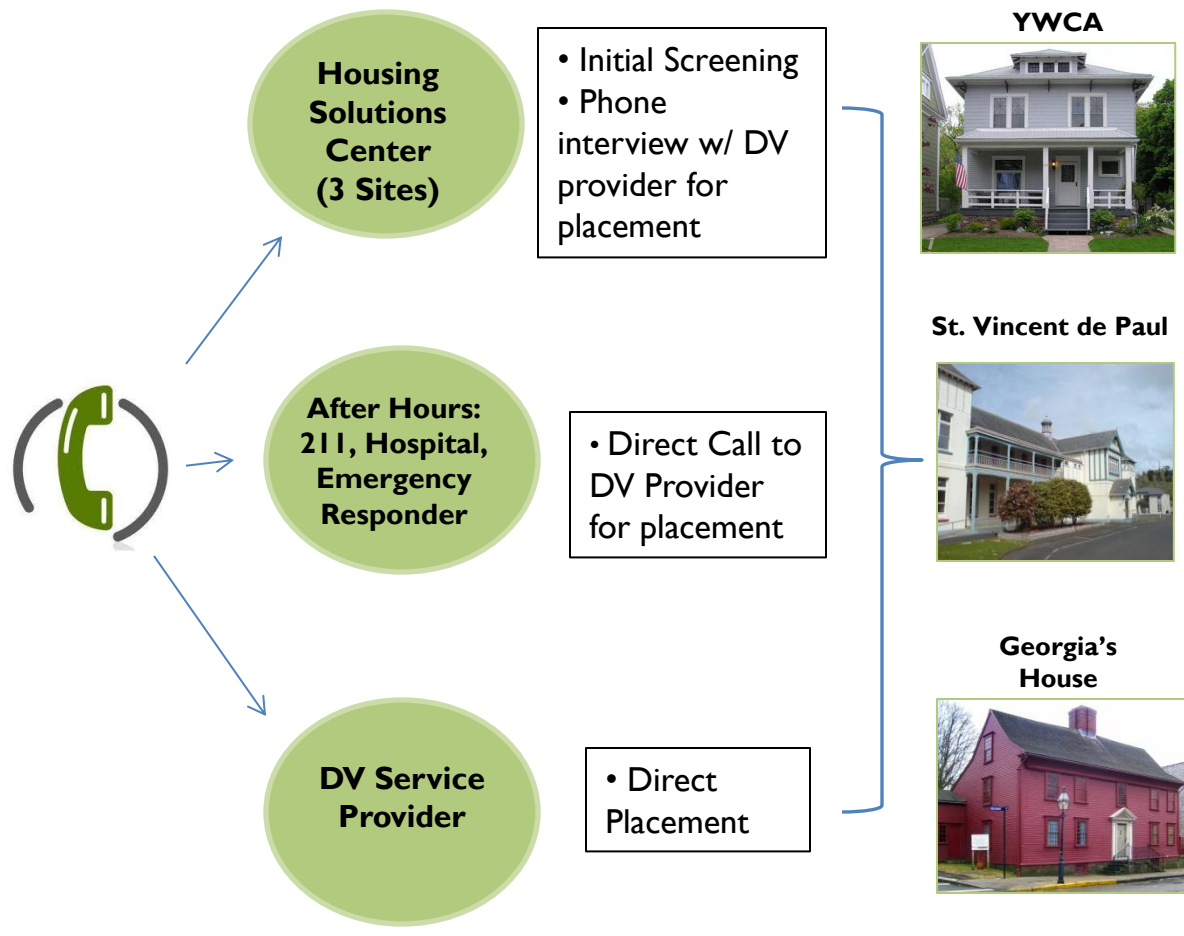
Domestic Violence Referral Process



Point of Intake

Process

Shelter Placement





Keys to Successful Implementation

- **Strong Community Partnerships are Key.**
 - HSC views its partners as the experts in their service areas
 - We avoid the “Rice Bowl” mentality and focus on providing a value-added service to both agencies and clients
 - We continually seek out and act on partner input to refine and streamline intake/referral processes
 - One size does not fit all. The HSC tailors its process based on needs and agency requirements
- **The HSC Prioritizes DV households when waiting for shelter and remains focused on their safety.**

HMIS Process

- HSC Receptionist keeps list of non-consent clients (First, Last and HMIS ID) in a password-protected file for cross-reference
- When a non-consent client requests assistance, the list is checked for existing HMIS ID number
- If none exists, receptionist creates initial non-consent record, and the HMIS number is recorded on the application before turning over to Navigators
- When the Navigator refers the client to a partner using HMIS – HSC will provide the HMIS number to the referred agency
- If client initially presents at the YWCA or other DV shelter before going to the HSC, that agency may create their own HMIS number
- The HSC is in the process of implementing the use of HMIS ID cards
- Contact Housing Solutions Center of Kitsap County, HMIS Coordinator, Geoff Olsen, for more specific information golsen@kcr.org

Questions?



"I know nothing about the subject,
but I'm happy to give you my expert opinion."

Checklist: Incorporating Domestic Violence Providers into a Coordinated Assessment Process

The U.S. Department of Housing and Urban Development (HUD) recently [released interim Continuum of Care regulations](#) under the new Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act. These regulations contain more information about the requirement that communities establish a centralized or coordinated assessment system that conducts an initial assessment of the needs of individuals and families for housing and services in order to best match each household entering the homeless assistance system with the most appropriate resources available.

HUD has specifically identified individuals and families fleeing domestic violence, dating violence, sexual assault, and stalking as a population that should access services through a coordinated assessment process. HUD is currently accepting comments on whether or not victim service providers should be exempt from participating in the same coordinated assessment process as other homeless assistance providers. However, it appears that even if victim service providers are allowed to opt out, there will be a separate, but comparable system required. In either case, communities must be prepared to be responsive to and address the housing needs of domestic violence survivors, whether they present within the domestic violence system or at the homeless assistance system.

Coordinated assessment systems can be adapted to best suit various populations' needs. For example, coordinated assessment need not require that people go to one location. Referrals are made to each household based on their own individual need, meaning that domestic violence survivors in need of specific crisis-oriented services can be accommodated. Additionally, data sharing agreements and other confidentiality procedures can ensure that private information is protected and seen only by those who have the rights to view it.

Some communities are already considering or implementing one coordinated assessment process for the entire system, rather than separate coordinated processes for domestic violence and homeless assistance providers. A singular coordinated assessment process that includes both domestic violence and homeless assistance resources and programs can facilitate access to the range of housing and service interventions available in the community, which may include rapid re-housing, emergency shelter, transitional housing and other housing services. Many domestic violence survivors are already served by the homeless assistance system. One combined system, if properly designed, could ensure the safety of survivors that are presenting as homeless, increase cooperation and collaboration between domestic violence and homeless assistance providers, increase understanding of domestic violence issues by assessment and case management staff in non-victim service provider organizations, and ensure that survivors of domestic violence are able to access the same housing resources available to the rest of the consumers served by the Continuum.

This document is a checklist for Continuums of Care to use to make certain that they are considering and incorporating the needs of households fleeing domestic violence and other similar forms of assault and harassment into their coordinated assessment processes. In addition to addressing the individual items below, systems should ensure they are including domestic violence providers in the discussion of how the assessment system is structured from the beginning. For more information on serving domestic violence survivors effectively, please see the [Domestic Violence section of our website](#).

Location and Emergency Accommodation

- ✓ **Does your coordinated assessment system have safe assessment options for survivors of domestic violence?**

In communities with coordinated assessment systems that have a single location for assessment or in communities where the locations for assessment are well known or publicized, it is important for a Continuum of Care to have alternative methods and locations for assessment for survivors of domestic violence. Assessment locations that are known throughout the community quickly become a spot where an abuser can stalk, harass, or harm a survivor. Communities should consider telephone assessment options as well as a local domestic service provider as potential locations where survivors can receive assessment, and, if necessary, intake services safely.

- ✓ **Do you have shelter locations or other secure accommodations to offer a survivor immediately in an emergency situation?**

It is common for communities to have emergency shelters at capacity and wait lists for empty beds. Communities should have policies in place to accommodate survivors who are in immediate danger and in need of emergency housing. Often communities will use hotel or motel vouchers to temporarily place a survivor in a safe location until an emergency shelter bed opens up. Having these resources available, and having assessment staff that know how to access them, will be crucial in properly accommodating survivors. In some cases, [prevention](#) or [diversion](#) may also be safe possibilities for households fleeing domestic violence.

Assessment Process

- ✓ **Does your coordinated assessment screen for domestic violence in order to make the safest and most appropriate referrals?**

An individual approaching the homeless assistance system may not self-identify as a survivor of domestic violence or indicate they have any specific safety needs. Coordinated assessment staff should be trained to conduct a danger or risk assessment on any individual who presents as fleeing domestic violence or reveals any information that implies they may be dealing with domestic violence issues. This risk screening should be in addition to the standard screening administered to all households experiencing homelessness to determine what their immediate needs are. Risk assessments should be used to help identify and prioritize survivors in the greatest danger for limited domestic violence resources. Continuums should partner with their local domestic violence agencies to ensure staff are properly trained in how to ask these questions in a sensitive and appropriate manner.

- ✓ **Are your procedures for certification of homelessness survivor friendly?**

Survivors of domestic violence are a population that HUD specifically identifies as eligible for self-certification of homelessness during the assessment process. Survivors should not be asked to provide a protective order in order to qualify for or receive homeless assistance services or be asked to put themselves at physical risk in order to provide any other form of certification. Continuums should consult with their local domestic violence service agencies to see if any other rules in place at assessment centers could have the unintended consequence of endangering the safety of a survivor.

- ✓ **Are all coordinated assessment staff trained on the confidentiality and privacy rights of all individuals to not disclose personally identifying information and adhering to Health Insurance Portability and Accountability Act (HIPAA) , Violence Against Women Act (VAWA), and federal laws in place to protect survivors?**

All households have the right to not disclose personally identifying information to receive emergency shelter services. There are specific legal protections in place for survivors of domestic violence as well as all households when it comes to the sharing of physical and mental health information (including substance abuse disorders). Assessment staff must be educated on the privacy rights of the households they will be assessing and properly inform households of those rights. In the case of domestic violence survivors, it is particularly important that staff understand what data is appropriate to share with other providers in the system or agencies outside of it. How data is shared will also be important, as data from clients served by the domestic violence system is not entered into HMIS. A training on data confidentiality concerns when serving domestic violence survivors is a must.

- ✓ **Are referrals for survivors made based on knowledge of the programs and program types that are most appropriate and helpful when serving households fleeing domestic violence?**

Assessment staff should have accurate information on domestic violence shelters and non-victim providers that are best equipped to serve households experiencing domestic violence based on their location, their program model, and the linkages to other mainstream services they provide. When making referrals, assessment staff should remember that many households fleeing domestic violence can be successfully housed using the same interventions that work with other homeless households, including prevention, diversion, and rapid re-housing.

Staffing

- ✓ **Have your assessment and case management staff been adequately trained?**

It is important that all assessment and case management staff be trained on all of the items listed above, as well as on the basic dynamics of abusive relationships, how to handle emergency situations or violence at the assessment center(s), and potential problems accompanying the onset of certain changes (e.g., a households' employment or return to permanent housing). Non-victim service provider staff should be especially careful to make sure they have been properly trained. Continuums should partner with their local domestic violence service agencies to ensure that trainings for relevant staff are provided by informed experts in the domestic violence field.

Outcomes

- ✓ **Are domestic violence providers working with the homeless assistance system to ensure survivors can connect to housing resources?**

Domestic violence providers should be working with homeless assistance providers and other housing agencies so that their clients are not only receiving the services they need from the domestic violence sector, but are also able to connect to the housing resources they'll need to re-enter permanent housing successfully. Stable housing leads to positive outcomes for survivors and their children. Every coordinated assessment system, whether using one system for domestic violence and homeless assistance or not, should develop a strategy for how these kinds of connections will be made.