

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

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- ✗ 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

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- ✘ 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

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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

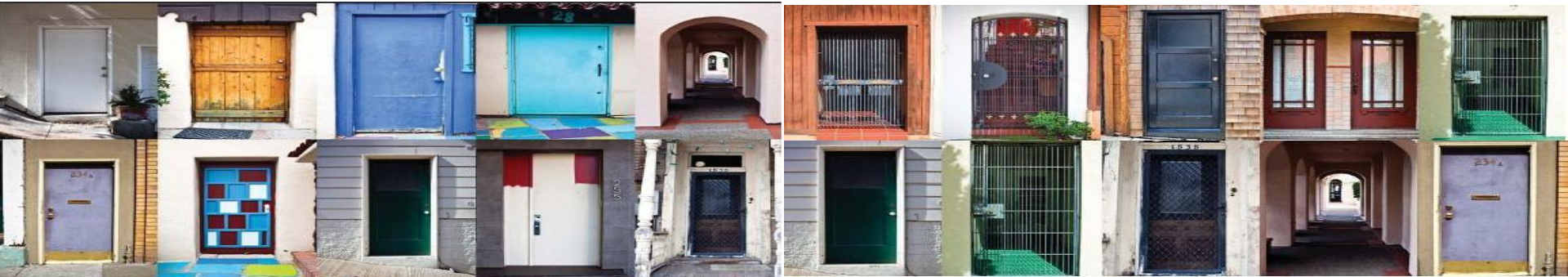
# HMIS AND DOMESTIC VIOLENCE

- ✖ 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.



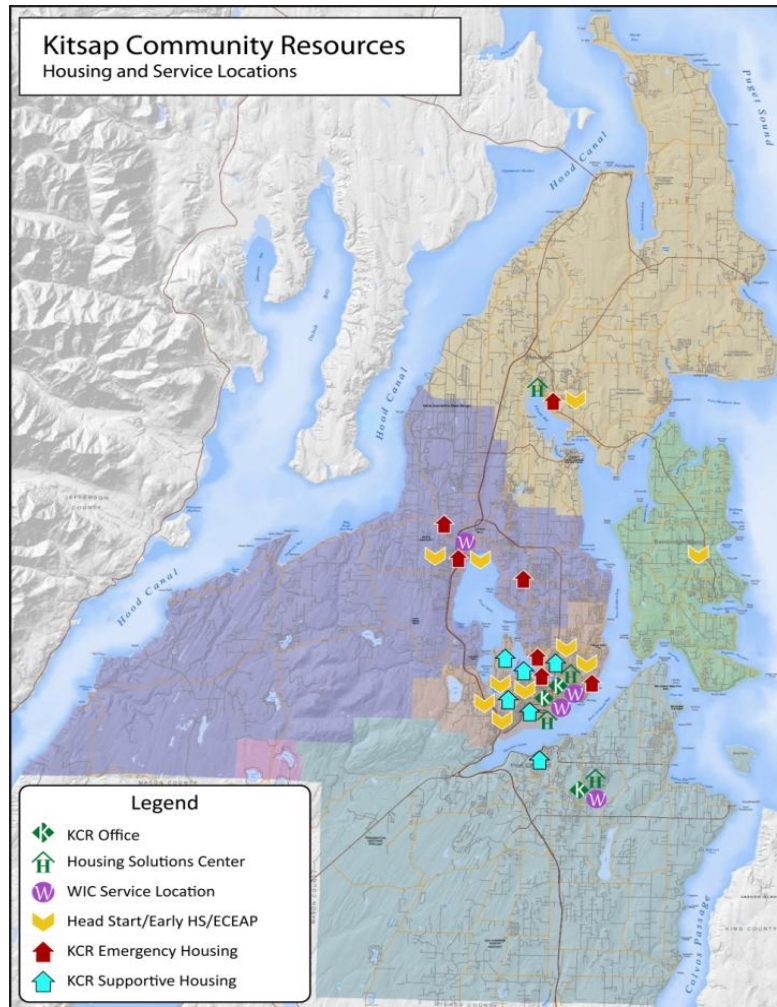


# **Domestic Violence Providers and Coordinated Assessment: Challenges and Opportunities**

**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

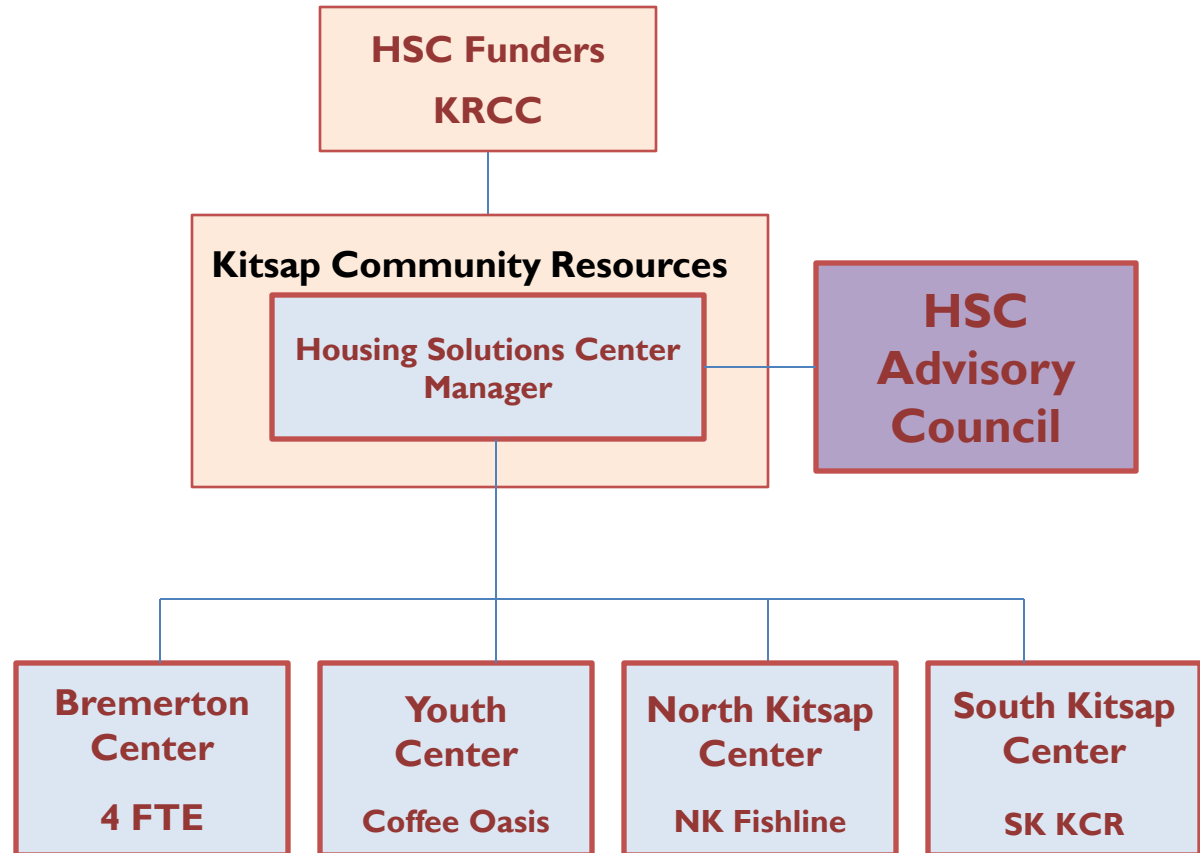
- **Multi-agency design team**, including representation from the DV provider community.
- **Central Intake and Referral Model** for emergency shelter, rental/deposit assistance, supportive housing, etc.
- **100% participation** by housing providers.
- **Providers have final say** to accept or reject 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 units. Each unit entry includes the date "Thu, 1/24/13", the user "by lwilson" or "by ywcaalive", a "Make Reservation" button, a logo for the agency (KCR or YWCA), the unit title, and a link to the agency's website.

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

Unit Title	Agency
No Duplex (3 Bedroom, Bremerton) – KCR	KCR
No Duplex – (3 Bedroom, Bremerton) – KCR	KCR
No Beds – YWCA / Alive	YWCA / Alive
No Rooms – YWCA / Alive	YWCA / Alive

**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

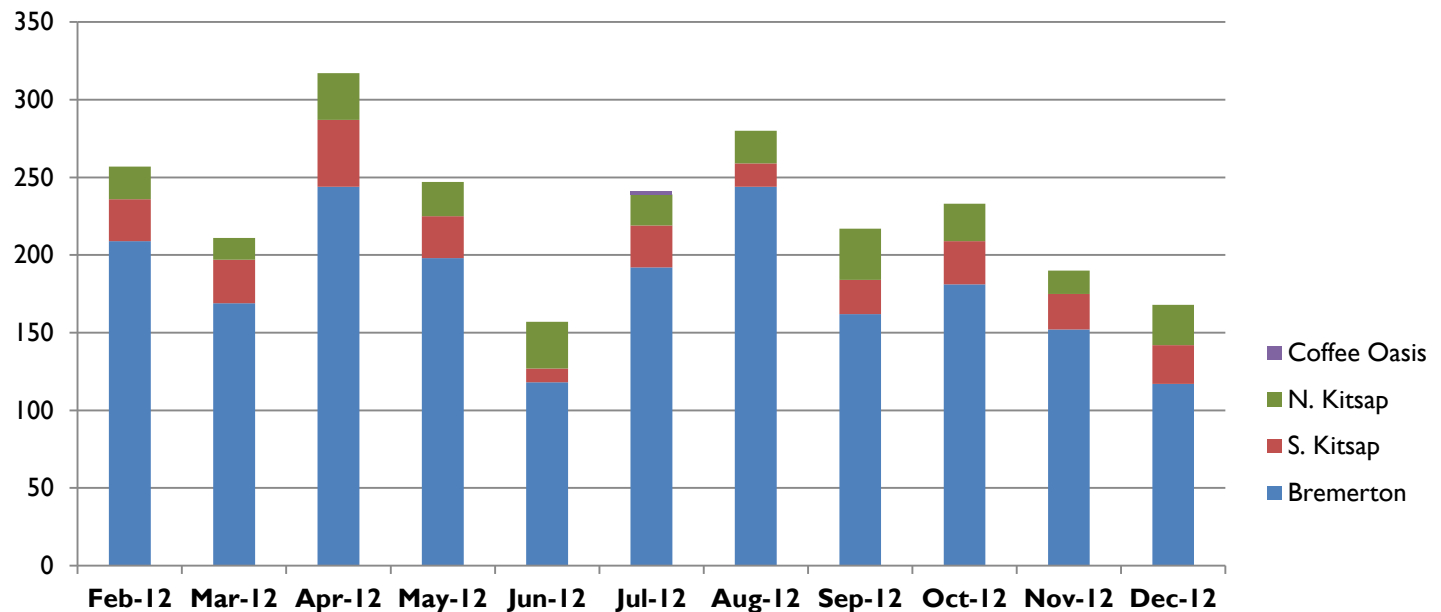


# Domestic Violence Profile - 2012

- 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

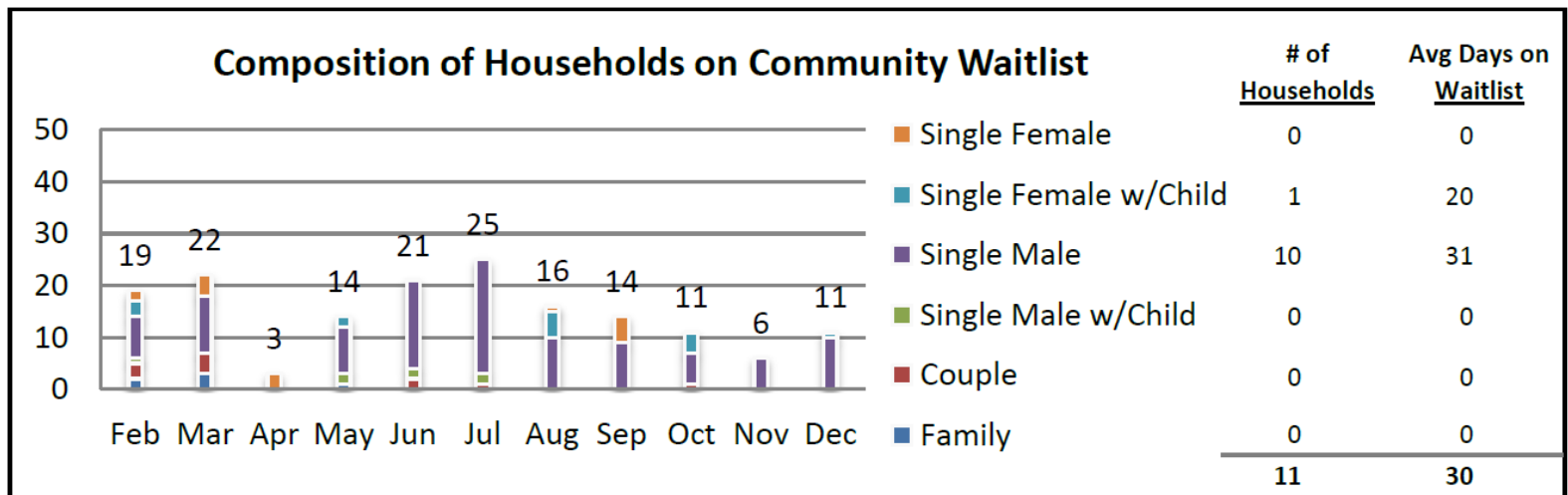
# 2,518 HSC Non-Duplicated Enrollments in 2012 – 6% DV

## 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

**Housing  
Solutions  
Center  
(3 Sites)**

**After Hours:  
211, Hospital,  
Emergency  
Responder**

**DV Service  
Provider**

## Process

- Initial Screening
- Phone interview w/ DV provider for placement

- Direct Call to DV Provider for placement

- Direct Placement

## Shelter Placement

**YWCA**



**St. Vincent de Paul**



**Georgia's  
House**





# 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](mailto:golsen@kcr.org)

# Questions?



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