

Home, Together

The Federal Strategic Plan to Prevent and End Homelessness

State of Missouri Governor's Committee to End Homelessness

Robert Pulster, USICH National Initiatives Team

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Together, we are ending homelessness

- USICH leads the national effort to prevent and end homelessness
- USICH drives action among its 19 federal member agencies and fosters the efficient use of resources in support of best practices at every level of government
- USICH Council is made up of heads of our members agencies and meets quarterly to advance federal collaboration and support state and local activities.
- USICH leads interagency working groups to design and implement federal strategies and provides expert guidance to state and local leaders

USICH Statutory Authority

- Authorized by Title II of the Steward B. McKinney Homeless Assistance Act of 1987 to serve as an independent agency within the executive branch.
- Most recently re-authorized by the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009.
- Ongoing funding through Congressional Appropriations



Opening Doors: Progress since 2010

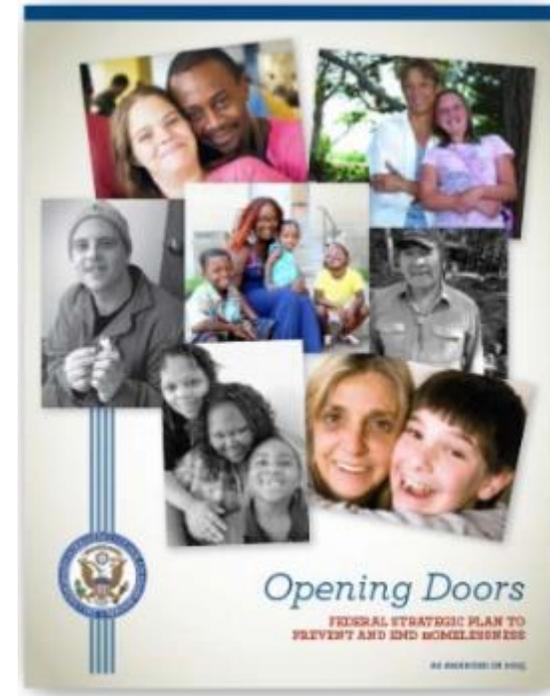
- 14% reduction in the total number of people experiencing homelessness, including an almost 25% reduction in the number of unsheltered homelessness
- 47% reduction in the number of Veterans experiencing homelessness, including a 56% reduction in unsheltered homelessness among Veterans
- 23% reduction in the number of families with children experiencing homelessness, including a 65% drop in unsheltered homelessness among family households
- 27% reduction in the number of individuals experiencing chronic homelessness from 2010 to 2016, however this number increased by 12% between 2016 and 2017.

From USICH Homelessness in America Briefs, 2018

2017: Time to revise and strengthen the Plan

Purpose: To identify opportunities to strengthen the Federal Strategic Plan to Prevent and End Homelessness by:

- Sustaining or **building on what is working** and leading to positive outcomes
- Reflecting **learnings and evolving practices**
- Identifying opportunities to **address areas in need of greater attention**
- Identifying opportunities to **align strategies with emerging federal, state, and local priorities**





Home, Together:

THE FEDERAL STRATEGIC PLAN TO
PREVENT AND END HOMELESSNESS



Home.

Because we know that the only true end to homelessness is a safe and stable place to call home.

Together.

Because the solutions are going to take all of us working together, doing our parts, strengthening our communities.





How Did We Get Here?

- Listening to and learning **from you**
- Building upon **what's working**
- Addressing **areas in need of greater attention**



Areas of Increased Focus

- Increasing **affordable housing** opportunities
- Strengthening **prevention and diversion** practices
- Creating solutions for **unsheltered homelessness**
- Tailoring strategies for **rural communities**
- Helping people who exit homelessness to find **career success and economic mobility**
- Learning from the **expertise of people with lived experiences of homelessness**



Our Shared National Goals

- Ending homelessness among **Veterans**
- Ending chronic homelessness among **people with disabilities**
- Ending homelessness among **families with children**
- Ending homelessness among **unaccompanied youth**
- Ending homelessness among **all other individuals**



Structure for Plan

Operational definition: Comprehensive response that ensures homelessness is prevented whenever possible, or if it can't be prevented, it is a **rare, brief, and one-time experience.**

Criteria and benchmarks: Essential elements of comprehensive systems and the **outcomes those systems must be able to achieve.**

**Rare,
Brief &
One-Time**



1) Ensure Homelessness is a **Rare** Experience

Objective 1.1: Collaboratively Build Lasting Systems that End

Objective 1.2: Increase Capacity and Strengthen Practices to Prevent Housing Crises and Homelessness



2) Ensure Homelessness is a **Brief** Experience

Objective 2.1: Identify and Engage All People Experiencing Homelessness as Quickly as Possible

Objective 2.2: Provide Immediate Access to Low-Barrier Emergency Shelter or other Temporary Accommodations to All Who Need It

Objective 2.3: Implement Coordinated Entry to Standardize Assessment and Prioritization Processes and Streamline Connections to Housing and Services

Objective 2.4: Assist People to Move Swiftly into Permanent Housing with Appropriate and Person-Centered Services



3) Ensure Homelessness is a **One-Time** Experience

Objective 3.1: Prevent Returns to Homelessness through Connections to Adequate Services and Opportunities



4) Sustain an End to Homelessness

Objective 4.1: Sustain Practices and Systems at a Scale Necessary to Respond to Future Needs

Read the Plan.

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Home, Together:
THE FEDERAL STRATEGIC PLAN TO
PREVENT AND END HOMELESSNESS



UNITED STATES INTERAGENCY COUNCIL ON HOMELESSNESS

Brief Discussion

The plan:

- Offers the opportunity to engage with USICH and Regional Coordinators
- Provides a framework and platform for community conversation
- Includes strategies for how leaders from all levels of government and the private, non-profit, and faith sectors can come together
- Sets goals for federal agency partners

How can the Louisiana's work to revise and strengthen *Ma Maison* use the federal plan to align strategies and objectives?

United States

Interagency Council on Homelessness

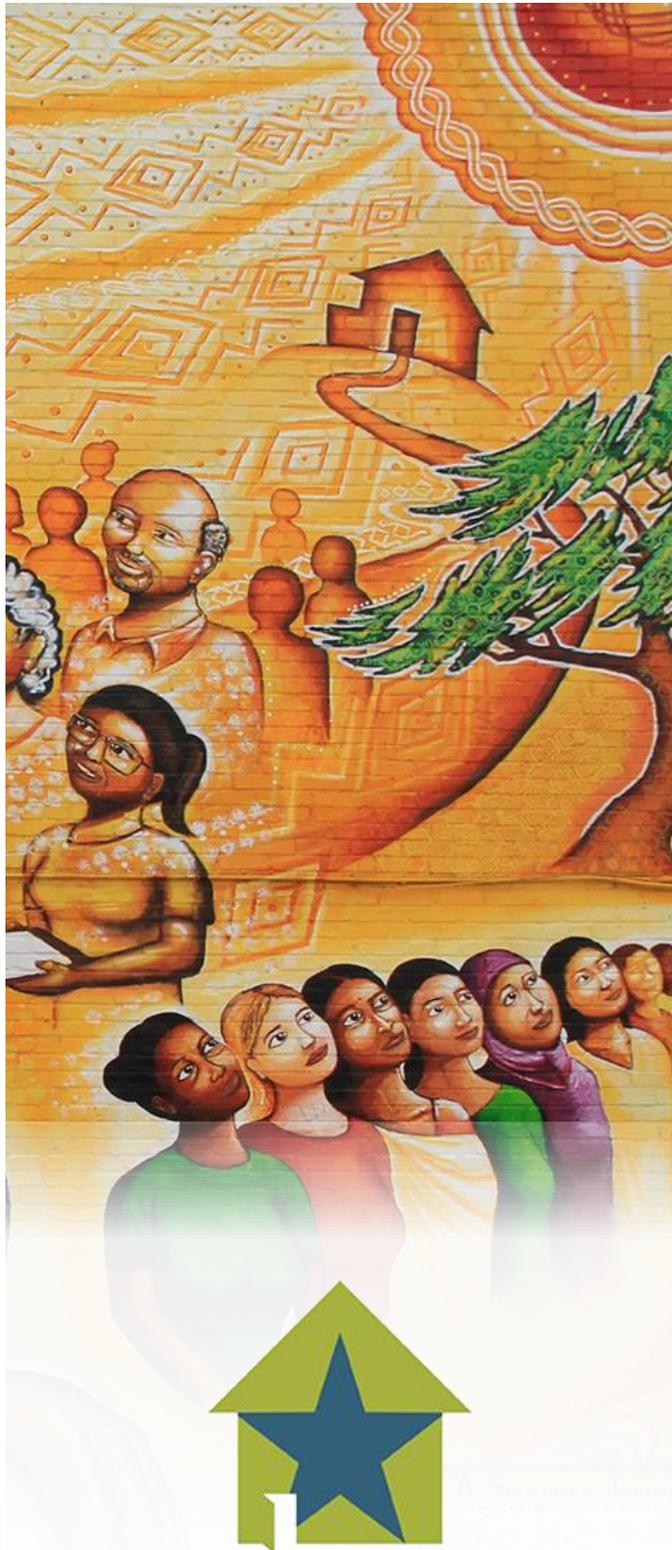
- Department of Agriculture
- Department of Commerce
- Department of Defense
- Department of Education
- Department of Energy
- Department of Health and Human Services
- Department of Homeland Security
- Department of Housing and Urban Development
- Department of the Interior
- Department of Justice
- Department of Labor
- Department of Transportation
- Department of Veterans Affairs
- Corporation for National and Community Service
- General Services Administration
- Office of Management and Budget
- Social Security Administration
- US Postal Service
- White House Office of Faith-Based and Community Initiatives

USICH would like to thank the hundreds of people from across the country, including staff from local, state, federal, and national agencies and organizations, community volunteers, advocates, people with past and current experiences of homelessness, and many others, who provided their time and expertise to ensure that this Plan reflects a diversity of perspectives.





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N A S H
NATIONAL ALLIANCE FOR SAFE HOUSING

Acknowledgments

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- End Domestic Violence, and Collaborative Solutions, Inc.
- Needs Assessment Working Group Members: National Resource Center on Domestic Violence, National Network to End Domestic Violence, Collaborative Solutions, Inc. Washington State Coalition Against Domestic Violence, District of Columbia Coalition Against Domestic Violence, Research Consortium on Gender-based Violence at Michigan State University, and National Alliance to End Homelessness.
- Safe Housing Advisory Committee Members: National Organization of Sisters of Color Ending Sexual Assault, The Northwest National LGBTQ DV Capacity Building Learning Center, Asian Pacific Institute on Gender-based Violence, National Indigenous Women's Resource Center, National Housing Law Project, ACLU Women's Rights Project, National Domestic Violence Hotline, National Latin@ Network for Healthy Families and Communities, Institute on Domestic Violence in the African American Community at the University of Minnesota and the National Law Center on Homelessness and Poverty.
- Other numerous stakeholders, including the United States Interagency Council on Homelessness, staff from local domestic and sexual violence as well as homeless and housing programs.

OVW FUNDING

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“We work to establish positive, open, honest relationships that lead to partnerships beyond the time span of the current client assistance. We have landlords who we rely on over and over with clients so it becomes a mutually beneficial situation. They support [us]and our survivors in various ways including waiving, reducing or splitting up deposits, allowing them to move in before we have the check in hand, changing locks on doors/windows, adding garage door openers and deadlocks and more. We support them by bringing them clients that are in need of housing and paying them for a period of time.”

-Domestic and/or Sexual Violence Organization Advocate

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Background

The National Alliance for Safe Housing (NASH), a project of the District Alliance for Safe Housing (DASH, Inc.), is a national technical assistance and training provider whose mission is to create a culture where safe housing is a right shared by everyone, through improved access, increased resources, and innovative solutions for survivors of violence. Our main goal is to ensure that survivors of domestic and sexual violence have access to a full range of housing options as they seek to establish homes that are safe and independent from abuse through the provision of training and technical assistance. NASH is part of the Domestic Violence and Housing Technical Assistance Consortium (Consortium), launched in 2015, which provides training, technical assistance, and resource development at the critical intersection between domestic violence/sexual assault services and homeless/housing services. Funded and supported by a partnership between the U.S. Department of Justice (Office on Violence Against Women and Office for Victims of Crime), Department of Health and Human Services (Division of Family Violence Prevention and Services program), and Department of Housing and Urban Development (Office of Special Needs Assistance Programs), this multi-year Consortium¹ also brings together four national organizations: the National Network to End Domestic Violence, the National Resource Center on Domestic Violence, Collaborative Solutions, Inc., and NASH to build and strengthen technical assistance to both homelessness/housing providers and domestic violence/sexual assault service providers. The Consortium aims to improve policies, identify promising practices, and strengthen collaborations necessary to enhance safe and supportive housing options for sexual and domestic violence survivors and their children.



N A S H

NATIONAL ALLIANCE FOR SAFE HOUSING

The results of this assessment are being used to provide organizations and communities with the tools, strategies, and support necessary to improve coordination between domestic violence/sexual assault and homeless and housing service providers, so that survivors and their children can ultimately avoid homelessness, achieve housing stability, and live free from abuse.

ASSESSMENT GOALS:

- Gather input from community service providers, coalitions, and Continuums of Care on a variety of topics at the intersection of housing and domestic violence/sexual assault;
- Identify any barriers that may hinder/prevent collaboration among organizations;
- Identify promising practices among the organizations' collaboration methods.

Methods

Representatives from eight different stakeholder groups relevant to work at the intersection of domestic and sexual violence and homelessness were invited to complete an online survey. These groups included:

- State/Tribal/Territory Domestic and/or Sexual Violence Coalitions
- Rape Crisis Center/Sexual Assault Service providers
- Residential domestic violence shelter and/or housing programs (includes organizations that have any of the following: emergency shelter, transitional housing, rapid re-housing, permanent supportive housing)
- Non-residential domestic violence service providers (provides support services which include housing counseling/advocacy)
- Homeless shelter and/or housing programs (includes organizations that have any of the following: emergency shelter, transitional housing, permanent supportive housing, rapid re-housing)
- Homeless Coalitions
- Homeless Management Information System (HMIS) Lead Agencies
- Continuum of Care Collaborative Applicants

Moving forward in the overview, Residential and Non-Residential Domestic Violence Service Providers, and Rape Crisis Center/Sexual Assault Service Providers will be captured as Domestic and Sexual Violence (DV/SA) organizational respondents. Homeless shelter and/or housing programs will be captured as Homelessness and Housing (H/H) organization respondents.

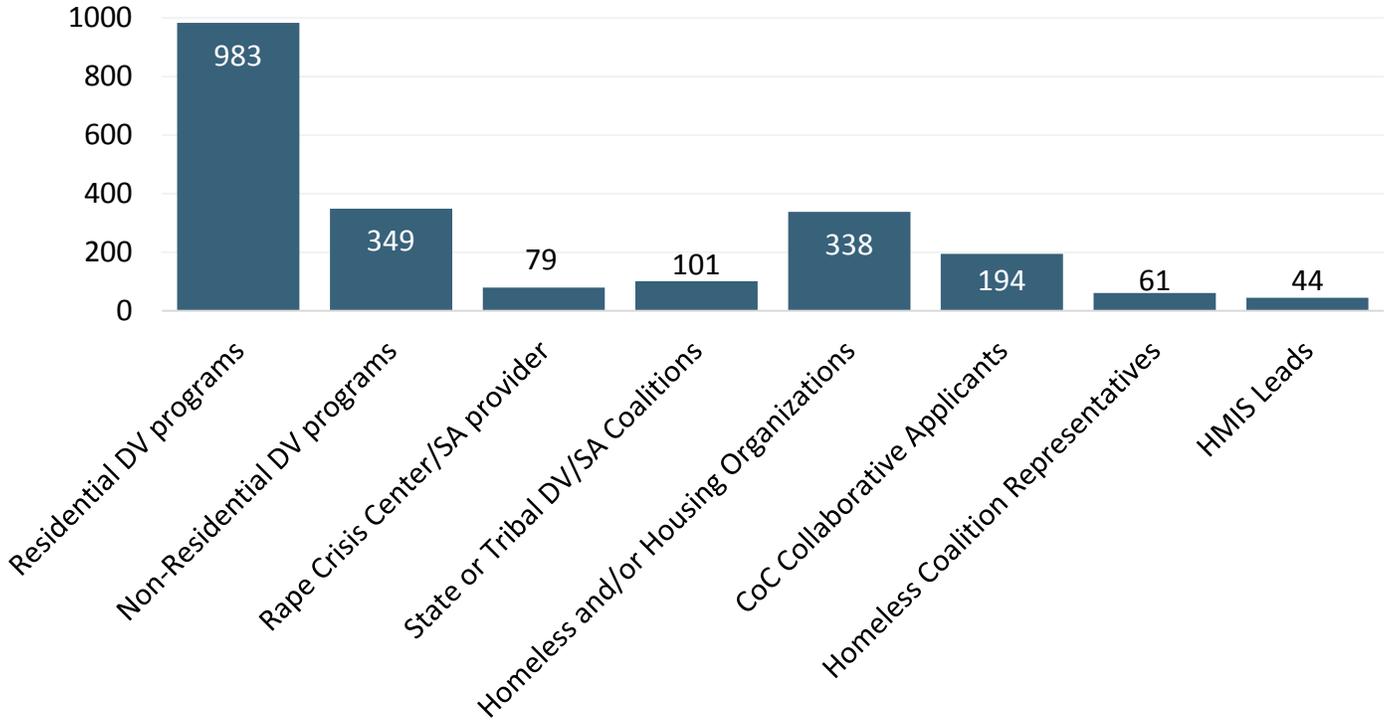
LIMITATIONS

The results of the assessment were drawn from a convenience sample of organizations that participated in the survey, and therefore may not be representative of all such organizations nationwide. Likewise, to maintain anonymity respondents were not required to reveal their organization's name or their own name; therefore, multiple people from the same organization may have participated and individuals could have participated more than one time. Additionally, every question was not answered by all respondents, a skip pattern was utilized so that respondents answered questions that applied to them. When looking at the percentage, note that the total number of respondents for each question varied.

REPRESENTATION

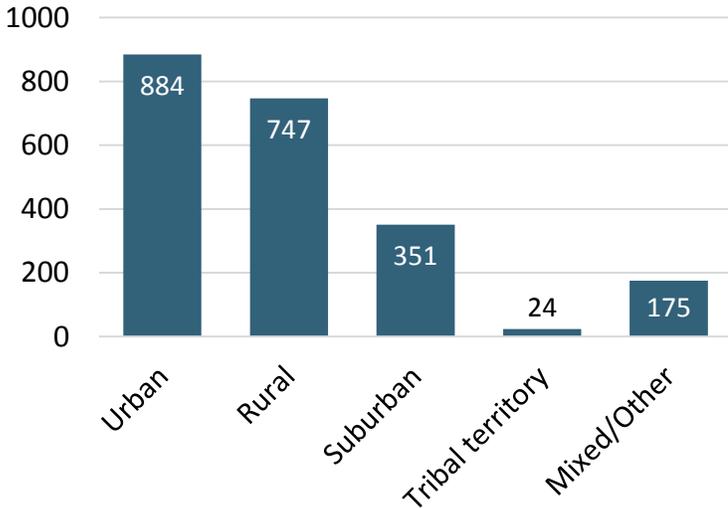
Respondent Type:

2,149 respondents indicated what kind of organization they represented

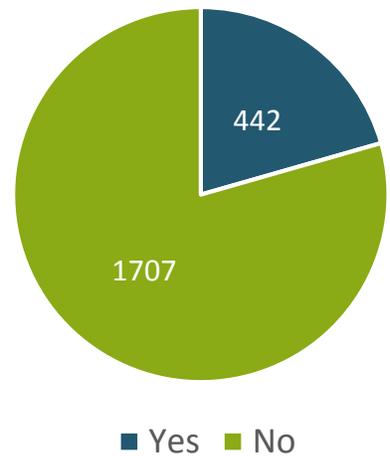


Geographic Representation:

A total of 2181 respondents from all 50 states, DC and Puerto Rico completed all or part of the survey. These individuals represented programs from a variety of geographic locations



Culturally Specific Organizations



ASSESSMENT QUESTIONS & TOPIC AREAS

Based on the type of organization they represented, respondents were directed to a set of questions. The questions posed to the various respondent groups were either identical or similar in scope. The only significant variations in question scope were for respondents that identified themselves as HMIS Leads or CoC Collaborative Applicants. The survey also provided definitions for key concepts and terms. The questions were a mix of quantitative and qualitative focused on the following key topics and issues:

- Collaboration & Partnerships
- Training
- Coordinated Entry, Confidentiality, Homeless Management Information System & Comparable Databases
- Housing Approaches
- Housing Legal Protections for Survivors
- Funding

The key findings will highlight the quantitative and qualitative results, focusing on common themes within the topics and issues. Drawing on this data, we provide recommendations to policy makers, funders, advocates, and service providers across both fields to help inform system-level and programmatic efforts to effectively respond to the safe housing needs of survivors.

“Identifying resources and building strong community collaborations in the 19 rural counties we serve provides the foundation for our practice model that focuses on justice, autonomy, restoration, and safety for victims of domestic and sexual violence. Without safe, affordable housing, we cannot be effective in assisting survivors in their transition from a violent home to a safe home. Thus, our advocates visit housing offices and landlords to build relationships so that when a housing resource is needed, they will not only have the resources available through our CoC but will have local people with whom they can work.”

-Domestic and/or Sexual Violence Organization Advocate

Key Findings

Collaboration & Partnerships

Respondents were asked about the degree to which they partnered to enable survivors to access safe housing within the mainstream homeless and housing (H/H) systems.

COMMON THEMES

Communication channels needed: 52% of DV/SA organization respondents reported having an open communication channel to share their questions or concerns with H/H organizations; 31% said they had some connections with H/H organizations, but the connection differed depending on the organization.

65% of H/H organization respondents and 63% of DV/SA organization respondents reported that the top barrier to knowledge of the scope of the other system's programs was not enough communication with organizations from that system. Culturally specific respondents also reported this as the main barrier (69%).

Coordination on the front lines vital: 78% of both DV/SA and H/H organization respondents said their organizations had ongoing relationships with staff from the other system.

41% of DV/SA organization respondents and 45% of culturally specific respondents reported that their organization had one or more formal agreements with H/H organizations to allow for better coordination between their organizations.

77% of respondents from DV/SA organizations reported that their organization advocates for survivors in the H/H system.

55% of DV/SA organization respondents reported being involved with H/H systems meetings in their areas, with half reporting they were very involved.

CoC Collaborative Applicant respondents said DV/SA organizations were participating/engaging in the following CoC-related activities: 75% were making referrals to the Coordinated Entry (CE) process; 63% engaged in ongoing planning and evaluation of the CoC; 63% received referrals from the CE process; and 55% operated as an access point into the H/H system.

Shared staffing useful: 14% of DV/SA organization respondents and 16% of culturally specific respondents said their organization had staff co-located at one or more H/H organizations. 77% of all DV/SA organization respondents and 76% of culturally specific respondents with co-located staff members felt that this practice assisted survivors with their housing needs.

42% of DV/SA organization respondents reported that their clients worked with H/H organization caseworkers at H/H programs, and 89% felt this approach was helpful.

Consideration of survivors' needs important: Out of all the DV/SA organization respondents who were involved in H/H meetings at any level, 53% reported their participation and feedback was valued most of the time. Only 37% reported DV/SA survivors' needs were frequently discussed during H/H meetings, and just 30% reported DV/SA survivors' needs were adequately addressed. When survivors' needs were discussed, 47% felt DV/SA issues were usually resolved in a positive way at these meetings. The results for culturally specific program respondents were comparable.

Representative governance key: CoC Collaborative Applicant respondents were asked if representatives from certain groups were included in their governance bodies: 39% reported including culturally specific organizations, 36% reported

including consumers from historically marginalized groups, and only 20% reported including consumers who are DV/SA survivors.

64% of CoC Collaborative Applicant respondents said representatives from the DV/SA system were included in their CoC governance bodies.

RECOMMENDATIONS

1. **Establishing a community-wide DV/SA-H/H coalition or taskforce is a promising strategy that can help facilitate collaboration and deepen communication and partnerships across sectors.** Co-leadership by H/H and DV/SA stakeholders can help enable a robust focus on shared values and a vision for creating alignment between systems.
2. **Formalizing co-location arrangements and Memorandums of Understanding (MOUs) between DV/SA and H/H programs can break down silos encountered by survivors seeking housing access and safety.** While few survey respondents reported utilizing co-located staff, the clear majority of those who do stated that co-location was a useful practice for assisting survivors. In addition, utilizing MOUs is an important practice that can help strengthen relationships between sectors.
3. **Incorporating representation from DV/SA programs in H/H system meetings, including survivors with lived experiences.** H/H system meetings should ensure that ideas to address survivors' needs are not just being stated but are also enacted. Strategies for meaningful partnership-building must include DV/SA leadership as well as culturally specific and marginalized group representation within the H/H system meetings (i.e. representation on the CoC Board of Directors).

“We have been at the table at as many meetings addressing housing/homelessness as possible... We attend our state's Council on Homelessness meeting regularly as well as participating on the Board of our Balance of State CoC. We have a member program that attends the other CoC meetings and our (DV) Coalition attends when needed... We have done our best to ensure that survivor's voices are raised at these meetings and that when we are not there, people from other systems recognize issues pertaining to survivors and raise them.”

-Domestic and/or Sexual Violence Coalition Staff member

Training

Respondents were asked about whether cross-training was occurring between the two systems, and if so, on what topics and how often it was conducted.

often “as needed” rather than offered on a regular basis. According to H/H organization respondents, 68% have received training from DV/SA organizations, like DV/SA organization and culturally specific respondents, the training was most often conducted on an “as needed” basis.

COMMON THEMES

Inconsistent Training:

Only 40% of DV/SA organization respondents, and comparably 39% of culturally specific respondents, reported that their organizations had received training from H/H organizations. The training was

Limited Training Resources:

Only 35% of DV/SA coalition respondents and 21% of H/H coalition respondents reported receiving training, the key barrier to providing trainings being insufficient resources.

RECOMMENDATION

Dedicate resources to support state coalitions and local DV/SA and H/H organizations to routinely cross-train staff. Cross-training is foundational to building and maintaining the relationships and shared understanding needed to address survivors’ housing and safety needs. Training topics requested by DV/SA organization respondents often mirror the topics H/H organization respondents believe DV/SA staff should be trained on, and vice versa.

HOMELESS/HOUSING TRAINING TOPICS

	% of DV/SA organizations who want to receive training by the H/H community in these topics:	Training topics/issues H/H respondents believe DV/SA organizations <i>should</i> be trained on:
Homeless/housing system	55%	81%
Scope and work of homeless/housing agencies	52%	76%
Coordinated entry and assessment	52%	72%
Housing First	45%	65%
Rapid Rehousing	52%	59%
Building relationships with landlords	52%	57%
Services for marginalized communities	53%	53%

DV/SA TRAINING TOPICS

	% of H/H organizations who want to receive training by the DV/SA community in these topics:	Training topics/issues DV/SA organization respondents believe H/H organizations <i>should</i> be trained on:
Domestic violence 101	56%	87%
Sexual violence	56%	78%
Safety planning	61%	83%
Confidentiality	79%	79%
DVSA Screening Assessments	55%	70%
Understanding legal housing protections	69%	76%
Services for marginalized communities	50%	65%
Survivor-centered voluntary service	49%	59%
Trauma informed care	50%	79%
Unique barriers to housing for survivors	59%	81%

“Even though providers all agree to inform clients of their rights, I am concerned about implementation and consistency across the Continuum. I would love to have a system-wide curriculum to train employees as they enter and annual recertification. If there is something that already exists, I would love to see the resources and assistance in the first implementation.”

-HMIS Lead

Coordinated Entry (CE), Confidentiality, Homeless Management Information System (HMIS) and Comparable Databases

Respondents were asked about the systems used to facilitate individuals' and families' access to homeless services and data collection.

COMMON THEMES

Knowledge gaps in Coordinated Entry: Only 42% of DV/SA organization respondents believed their community had implemented a CE System, while 79% of H/H organization respondents believed that was the case.

Promisingly, 61% of DV/SA organization respondents and 58% of H/H organization respondents agreed that their CE addressed the needs of survivors; 59% of DV/SA organization respondents (a similar percentage for culturally specific respondents) and 56% of H/H organization respondents reported that CE staff were adequately equipped to assess when an individual or a family would benefit from housing in a DV/SA program rather than a general homeless assistance provider.

Approximately 30% of DV/SA organization respondents and H/H organization respondents believed that their community struggled with CE safety and confidentiality.

Survivor confidentiality compromised: 73% of DV/SA organization respondents and 79% H/H organization respondents reported that survivors who accessed their community's CE system did have the option to withhold consent to share data via any database without feeling that their housing options would be compromised. However, 33% of H/H organization respondents and 42% of DV/SA organization respondents stated that survivors gave consent to share data to avoid compromising their housing options. The rest of those respondents were either not sure or had no opinion regarding

whether survivors gave consent to avoid compromising housing.

Strikingly, the vast majority of DV/SA organization/coalition respondents and H/H organization/coalition respondents did not know how survivors were triaged within CE when they have multiple needs (i.e. older victims, Limited English Proficiency).

Misconceptions about HMIS: 35% of DV/SA organization respondents indicated that their community CE system used HMIS, while 42% indicated that they were not sure.

61% of H/H organization respondents indicated that their Continuum of Care (CoC) recognized that Victim Service Providers (VSP) were prohibited from entering client data into HMIS, while a significant number, 36%, indicated they were not sure, and 3% indicated that their CoC did not recognize the prohibition.

When offering survivors the choice of opting-out of participation in HMIS questions, HMIS Lead respondents stated that this information was most commonly shared in the following ways: written consent forms that clients were asked to read; via a verbal consent process on the phone; when clients signed a general release of information form; and on notices posted in shelters, interview rooms, and/or given to clients in their materials.

74% of HMIS Lead respondents said organizations that were funded through the CoC systematically provided information to consumers about survivors' right to opt out of HMIS; however, only 45% of H/H organization respondents said their CE provided this information.

71% of HMIS Lead respondents and 57% of the CoC Collaborative Applicants said the CoC systematically provided information to H/H organization staff about federal laws/regulations and the HMIS exclusion requirements.

Comparable Database confusion: Only 25% of the H/H organization respondents indicated that their CoC/CE developed an HMIS-comparable database for DV/SA organizations that allowed tracking of the same metrics, while 54% were not sure.

36% of HMIS Lead respondents indicated that their CoC had implemented a comparable database.

DV/SA organization respondents who did NOT believe that their HMIS ensured survivor safety overwhelmingly indicated that it does not ensure survivor safety and confidentiality and this concern was the major hurdle in reaching consensus on obtaining data from DV/SA organizations.

35% of DV/SA organization respondents indicated that their organization had faced pressure during program monitoring/audits to inspect client files or databases without redacting personally identifying information.

Survivor safety fundamental: DV/SA organization respondents who participated in a local CE system noted the following as the top barriers to addressing the needs of survivors: lack of resources (37%); lack of knowledge (26%); lack of coordination (22%); confidentiality concerns (21%); and funding streams not being conducive to survivors' needs (46%). H/H organization respondents identified lack of coordination (50%) and lack of knowledge (42%) as top barriers.

DV/SA organization respondents that used HMIS or a Comparable Database believed the following data practices promoted survivor safety and confidentiality: entering non-identifiable information into the shared database with contact details of the program (53%) and offering a verbal/in-person prioritization system that allows survivors to withhold identifying information from HMIS (34%).

HMIS Lead respondents cited the following strategies that worked when implementing Comparable Databases to protect survivor safety: 1) coordinating all of the data with state agencies; 2) consistency; and 3) creating a separate but identical module and outputs for DV/SA organizations, which system allowed data to be discussed from common ground despite not being directly shared.

"Our community came up with multiple entry points to coordinated entry. We created a flyer which is available and visible all over the community, especially at social service organizations. The "access site" poster encourages clients to "contact the agency you most closely identify with for an initial screening and to receive referrals to appropriate services and housing resources." - therefore, clients can choose which access site they feel most comfortable reaching out to. The types of agencies include: us (a victim service agency), a veteran's agency, a youth agency, a community action agency, a homeless shelter for families, and a seasonal homeless shelter for men. So we allow clients to self-select the appropriate entry point for them.

*-Homeless/Housing Organization
Advocate*

RECOMMENDATIONS

1. **Ensure that DV/SA organizations understand their community's Coordinated Entry System.** DV/SA staff need to be aware of the housing resources available to survivors through the H/H system because this could give survivors additional support or housing option access. Additionally, this awareness will help DV/SA staff understand survivor experiences when accessing the mainstream H/H CE system and help them better assist/advocate to address systemic challenges.
2. **Educate CoC and CE system staff on survivor safety and confidentiality and put clear protocols in place to ensure survivors are aware of their right to not share information without jeopardizing fair and equal access to housing or services.** While there is agreement between DV/SA and H/H organizations that survivors in many communities can withhold consent to share data that may jeopardize their safety, it is widely believed that many survivors still share data out of fear that they will lose access to housing if they do not. There is also a clear discrepancy between what HMIS Leads believe is happening versus what H/H organizational staff see happening in practice; specifically, that survivors are not consistently provided with information about the option to withhold data.
3. **Fully inform DV/SA providers and H/H programs about the restrictions on HMIS for survivor data and the prohibitions for Victim Service Providers specifically.** More communities should be utilizing a comparable database for survivor information. DV/SA organizations need to work with their CoC, CE system and HMIS Leads to determine how to craft and implement an alternative to HMIS to ensure survivor confidentiality is at the forefront when survivors access the homeless or housing system's CES.
4. **Develop partnerships amongst organizations that provide support and services to survivors that have intersecting identities (i.e. disabilities, unstable immigration status, limited English proficiency, older adults, etc.).** Notably, neither DV/SA or H/H organization respondents knew how survivors with multiple identities were triaged. Educating CE system staff is critical to address this significant issue as well as developing protocols with the support of community partners with expertise, to ensure survivors with multiple identities are supported in the H/H system.
5. **Clearer federal guidance on victim service provider comparable databases, confidentiality protocol for CES and client's options to opt out of information sharing. Based on responses from both sectors there is confusion regarding how to appropriately address confidentiality and safety, in accordance with applicable law.** This guidance would help provide more clarity and help ensure survivors have access to housing resources and options without compromising their confidentiality and safety.

Housing Approaches: Domestic and Sexual Violence Organization Practices

DV/SA organization and coalition respondents were asked to provide information about the types of housing approaches and interventions being used with survivors and their relative success.

COMMON THEMES

Rapid Rehousing (RRH) timeframes vary: DV/SA organization respondents indicated that the average length of time that assistance is provided to survivors enrolled in RRH was 6 to 12 months (29%), followed by 3 to 6 months (24%), less than 3 months (18%) and 12-24 months (13%). Close to 15% noted not being sure or other.

According to culturally specific respondents, DV/SA organization respondents and coalition respondents, the top barriers to implementing RRH were that subsidies were too short-term and HUD documentation too onerous.

Advocacy and services essential: Those DV/SA organization respondents who reported a 75%+ average retention rate following the end of RRH financial subsidies said that the major contributors to this success were: advocates conducting mobile/home-based advocacy (75%); strong relationships with landlords (59%); and strong community partnerships to enhance/provide support services (56%).

Few RRH options for survivors: 53% of DV/SA organization respondents indicated that their organizations did not provide RRH, citing the following reasons: Not having funding (50%); not part of our program mission (42%); and unable to access RRH funding (18%) (which could include not apply for or receiving a funding award).

55% of culturally specific respondents reported that they do not provide RRH, while 28% said their organization did provide RRH.

64% of DV/SA organization respondents said they would provide RRH if more designated RRH funding for survivors existed, while 30% were unsure if they would provide RRH even if more funds existed for it.

Mainstream RRH access limited: 50% of culturally specific respondents said survivors they served could access RRH through H/H service providers, while 11% said they could not and 39% were unsure.

53% of DV/SA organization respondents said survivors they served could access RRH through H/H service providers, while 11% said they could not and 36% were unsure. 92% DV/SA organization respondents and a comparable 90% of culturally specific respondents who said survivors were able to access RRH through H/H organizations, said 92% of their organizations continued to provide advocacy and support services to those survivors.

Partial use of Domestic Violence Housing First and Housing First: Only one-third (34%) of DV/SA organization respondents and a comparable percentage of culturally specific respondents said their organization utilized a Domestic Violence Housing First (DVHF) Approach.

DV/SA organization and coalition respondents identified the following barriers to adopting DVHF: inadequate affordable housing stock; inadequate subsidized housing/permanent supportive housing options for survivors with high needs; inadequate training; and lack of community support.

77% of DV/SA organization respondents and an equal percentage of culturally specific respondents felt HF was effective for survivors. These respondents reported similar major contributors to this success: respect for survivor choice; survivors' preference for living in their own housing unit as

opposed to shelter; and assistance with obtaining permanent housing for survivors.

Narrow use of flexible funding: 42% of DV/SA organization respondents said they used flexible funding for survivors, while 41% said they had not. DV/SA organization respondents who did not use flexible funds cited not having access to funding streams that allowed them to do this (59%), and not being familiar with this model/intervention (30%) as the main reasons they do not implement this approach.

95% of DV/SA organization respondents said that survivors who received flexible funding were also receiving or had the option of receiving further

advocacy and supportive services through their organization.

75% of DV/SA organization respondents offering flexible funding said it was effective as a homeless prevention strategy when compared to the other services they provide. DV/SA organization respondents resourced flexible funding through agency donations (65%) and local/state government (48%). Funds available for this purpose generally amounted to less than \$10,000/year (53%), with 18% of DV/SA organization respondents receiving \$10,000-\$20,000 to support flexible funding in the past fiscal year.

RECOMMENDATIONS

1. **Fully implement RRH, DVHF and flexible funding approaches to address survivors' safe housing needs, along with training and support, to integrate these innovative practices into the DV/SA program context.** Key training topics must include the following program elements critical to successful outcomes: mobile advocacy, trauma-informed care and building strong landlord and community partnerships.
2. **Create more funding streams for RRH and flexible funding specifically for DV/SA survivors.** This should be paired with streamlined and user-friendly reporting and documentation guidelines that allow for maximum program flexibility and creativity in order to achieve successful safe housing outcomes for survivors and their families.
3. **Partnership across sectors is essential to ensuring survivors can access mainstream RRH programs that provide safety, stability, and affordability.** Additionally, the increasing scarcity of affordable housing in many communities must inform decisions about rental subsidy periods allowed within RRH guidelines. This promotes survivors' ability to adequately establish safety and housing security for the long term.
4. **Embrace flexible funding as a proven strategy for helping survivors address the myriad of barriers to housing stability.** Flexible funding should also be coupled with ongoing advocacy, support, and safety planning. Organizations should diversify their funding sources for flexible funding to include public and private support. Unrestricted funds can help survivors with a variety of needs impacting their housing stability, ranging from car repair, rental arrears, medical bills, and childcare expenses.

Housing Approaches: Homeless and Housing Organizations

H/H organizations, coalitions and CoC Collaborative Applicant respondents were asked about approaches employed for survivors that addressed safety needs within mainstream homeless programs and systems.

COMMON THEMES

Inconsistent safety planning: 61% of H/H organization respondents indicated that once a survivor entered the program, their organization conducted safety planning with them; while only 41% of CoC Collaborative Applicants believed this was the case.

43% of CoC Collaborative Applicant respondents and 47% of H/H organization respondents said their policies and procedures had been examined with survivor safety in mind, while the rest of these respondents were not sure if that was the case.

Promisingly, over two-thirds (68%) of H/H organization respondents said their intake included a question about consumers' current level of danger from other people, and 79% said survivors were in a safe location to disclose abuse during intake.

Survivors' housing needs misunderstood: 46% of CoC Collaborative Applicant respondents said their CoC coordinates with DV/SA organizations to prioritize survivors fleeing DV/SA for housing.

About half (48%) of H/H organization respondents believed they could help locate affordable units that were desirable and safe from the survivor's perspective.

62% of H/H organization respondents reported working with private landlords to assist survivors seeking privately owned housing.

47% of H/H organization respondents said their organization had a transfer or relocation policy so that a survivor could be moved to a new unit if their location became unsafe, 36% did not have a policy, and 18% were unsure.

Insufficient resources: The majority of H/H organization respondents (62%), Homeless coalition respondents (73%) and CoC Collaborative Applicant respondents (55%) believed that their communities did not have sufficient resources in place to execute RRH quickly with survivors and did not believe they could rehouse survivors in under 30 days.

Homeless coalition respondents indicated the biggest challenges to implementing RRH were: a lack of funds for implementing RRH to scale (75%); lack of effective landlord engagement practices (56%); and a lack of effective case management to help people stay in housing once it is obtained (53%).

"We have put a lot of time into connecting professionally and personally with service providers in our area. Getting together for lunch, meeting for homeless coalition meetings and spending time casually at each other's agency has helped us build rapport on a personal level [with domestic and/or sexual violence organizations] and learn more about services offered so we can collaborate more often."

-Homeless and/or Housing Organization Advocate

RECOMMENDATIONS

1. **Training of H/H organizations and CoCs on housing protections (including but not limited to VAWA) as well as strategies to engage landlords would increase safety, housing access for survivors and improve RRH program outcomes.** H/H programs are behind in the development and implementation of emergency housing transfers or relocation policies for survivors whose units become unsafe as a result of violence. Additionally, some housing providers may deny housing because of poor credit or rental history due to domestic violence, so helping landlords understand the barriers survivors face to accessing housing, including how economic abuse affects many survivors' ability to successfully pass standard credit and rental history background checks, can increase a housing provider's willingness to partner and help avoid discriminatory practices.
2. **Create Informed assessment and prioritization process for housing that recognizes the detrimental impact of domestic violence on a survivor's ability to access and maintain stable housing.** Tools should include questions about safety so that the housing needs of survivors are made clear. Assessors should be trained to ask questions about safety in a trauma-informed way to encourage disclosure.
3. **Co-advocacy approaches can enhance design and effective implementation of safety-focused protocols and practices.** H/H programs should partner with their local DV/SA program or coalition for help with enhancing overall program response to survivor safety needs, and specifically to form co-advocacy relationships. Key program elements should include: 1) Pre-intake risk assessment to identify imminent danger and allow for emergency response; 2) Intake questions about survivor safety; 3) Creating safe and confidential spaces to support disclosure of abuse; 4) On-going survivor-led safety planning; 5) Trauma-Informed Care training for staff; 6) A voluntary services approach; and 7) Referral protocols establishing service linkages with DV/SA programs.

“We are the lead agency in our CoC. We've invited DV providers to be a part of all aspects of the CoC- from attending meetings to being on our board. We work together in several work groups to change services/systems to meet our need. Building trust was key. Having representatives from the homeless and DV world provide support and insight to the other field has been very helpful. We began to see more similarities in clients across the board. We have found that the willingness to be wrong, learn something new, humble yourself, and truly being open to the other providers is what works the best...”

-Homeless Coalition Staff member

Housing Legal Protections

Respondents were asked about their knowledge of and compliance with local, state, and federal housing protections.

COMMON THEMES

Siloed knowledge of Federal laws: DV/SA organization respondents reported being most familiar with VAWA (67%) and least familiar with Section 504 (Section 504) of the Rehabilitation Act (22% were not at all familiar, 22% a little familiar).

DV/SA coalition respondents reported being most familiar with VAWA (61%), and least familiar with Section 504 (23% were not at all familiar).

Culturally specific organization respondents reported being most familiar with VAWA (70%).

H/H organization respondents were most familiar with the Americans with Disabilities Act (ADA) (68%), and least familiar with Section 504 (12% not at all familiar, 15% a little familiar) and VAWA (5% not at all familiar, 15% a little familiar).

Homeless coalition respondents were most familiar with the HEARTH Act (64%), and least familiar with Section 504 (39% not at all familiar, 19% a little familiar) and VAWA (19% not at all familiar, 25% a little familiar).

Limited knowledge of State/local laws: 29% of DV/SA organization and 38% of DV/SA coalition respondents said they were unsure if their local and/or state laws provided housing protections to survivors (e.g. fair housing protection, eviction protection, lock changes).

Only 15% of DV/SA coalition respondents and 38% of DV/SA organization respondents said their member programs/organizations understood the local and/or state laws that provide housing protections to survivors.

51% of H/H organization respondents and 44% of CoC Collaborative Applicant respondents said they were unsure if their local and/or state laws provided housing protections to survivors (e.g. fair housing protection, eviction protection, lock changes).

42% of H/H organization respondents and 38% of CoC Collaborative Applicant respondents said they understood their local and/or state laws that provide housing protections to survivors.

Use of Federal protections with survivors critical: DV/SA organization respondents said the most common ways federal laws were utilized for survivors regarding shelter/housing programs were summarizing protections that apply in informal communication and providing organizations with written documents outlining the protections.

Culturally specific organization respondents said the most common ways federal laws were utilized for survivors regarding shelter/housing programs were verbal summaries of the protections that apply to the survivor's situation and providing a referral to legal counsel.

Education and partnerships with Public Housing Authorities (PHA) and application of VAWA key: DV/SA organization respondents (43%) and H/H organization respondents (41%) reported working with their local PHA to help with lease bifurcation/emergency transfer. The rest did not know if their organization did this kind of work. Of the respondents who did this work, between 36%-52% believed that local PHAs were effective in helping survivors obtain the transfer or lease bifurcation.

Fewer culturally specific respondents (39%) identified working with their PHA to help survivors seeking lease bifurcation and/or emergency transfer, while 34% of organizations did not, and 27% were unsure.

Only 24% of DV/SA organization respondents worked with their local PHA to create and expand housing options for survivors, 31% were not sure if

they did that work, and 45% said they did not work with their PHA.

“Clients have been turned away due to ethnicity. Once in the apartments, since the client is unable to speak and understand the language, clients have been given eviction notice due to nonpayment of rent. Staff after researching the matter and advocating for the client, find that the client did pay the rent and that the housing complex had cashed the money order.”

-Domestic and/or Sexual Violence Organization Advocate

RECOMMENDATIONS

1. **Eliminate silos across sectors in their respective knowledge of VAWA, FHA, and other federal laws that provide housing protections to survivors and their families.** Both systems should seek immediate and comprehensive training on these laws, as well as Section 504 of the Rehabilitation Act, which provides protections for disabled survivors.
2. **Access training and resources regarding state and/or local housing protections that may be in place in their jurisdictions.** It is critical that both systems receive training and support in understanding their state and/or local housing protections impacting survivors. Many of these protections extend to private housing, ensuring survivors can break a lease, remove a batterer from a unit, get locks changed, etc. Understanding how these protections assist survivors in finding or keeping safe housing, or leaving a dangerous living situation, is crucial to keeping survivors from becoming homeless.
3. **Institutionalize policies regarding VAWA and ensure staff across sectors and housing providers are educated and trained regarding unlawful discriminatory practices under all applicable laws.** Staff understanding/knowledge of the law directly correlates with the ability to identify discriminatory practices in shelter/housing, federally subsidized housing, and private housing. Respondents note particular concern regarding discrimination against survivors based on gender, race, age, national origin, immigration status, disability, sexual orientation, and/or gender identity. Staff in both sectors can ensure survivors understand their rights as well as provide training to housing providers regarding these rights and housing provider compliance. Communities should also consider developing public awareness campaigns/education materials for survivors regarding their housing rights and/or utilize those that already exist through national resources.
4. **Improve access and safety for survivors in PHA housing by implementing VAWA policies, including safely and swiftly conducting emergency transfers, arranging for relocation, and pursuing lease bifurcations with support from DV/SA advocates working in partnership with H/H programs.** Partnerships can include providing education and training as well co-locating staff at the PHA. Working with PHAs to create or expand housing options is critical to survivors’ safe housing needs.

TOP CHALLENGES TO FINDING OR ACCESSING HOUSING

Domestic Violence and/or Sexual Assault Coalition Respondents Identified Top Challenges Finding or Accessing Housing:	
Domestic and/or Sexual Violence Survivor Specific Shelter and/or Housing	<ul style="list-style-type: none"> Survivor is a male (87%) Survivor has a male child over the age of 12 (81%) Survivor has a disability (77%)
Homeless Specific Shelter and/or Housing	<ul style="list-style-type: none"> Survivor has an animal companion/pet (not for reasonable accommodation) (72%) Survivor has an active addiction (68%) Survivor has a criminal history; Survivor's family, age of children or composition of family seeking shelter (65%)
Private Housing	<ul style="list-style-type: none"> Survivor has poor credit and/or poor rental history (85%) Survivor has limited English proficiency; Survivor is a person of color (76%) Survivor has a criminal history (74%)
Public Housing	<ul style="list-style-type: none"> Survivor is an immigrant (undocumented); (85%) Survivor has a criminal history (80%) Survivor opts out of sharing confidential information due to safety and/or privacy issues (77%)

Domestic Violence and/or Sexual Assault Organization Respondents Identified Challenges Finding or Accessing Housing:	
Domestic and/or Sexual Violence Survivor Specific Shelter and/or Housing	<ul style="list-style-type: none"> Survivor is a male (88%) Survivor has an animal companion/pet (not for reasonable accommodation); is a survivor of teen dating violence; is a survivor of sexual violence (non-intimate partner violence) (71%) Survivor has a male child over the age of 12 (67%)
Homeless Specific Shelter and/or Housing	<ul style="list-style-type: none"> Survivor has an animal companion/pet (not for reasonable accommodation); (72%) Survivor's family, age of children or composition of family seeking shelter (64%) Survivor has an active addiction (62%)
Private Housing	<ul style="list-style-type: none"> Survivor has poor credit and/or poor rental history (86%) Survivor is a person of color; Survivor has a criminal history (77%) Survivor has limited English proficiency (72%)
Public Housing	<ul style="list-style-type: none"> Survivor is an immigrant (undocumented) (85%) Survivor has a criminal history (80%) Survivor opts out of sharing confidential information due to safety and/or privacy issues (77%)

TOP CHALLENGES TO FINDING OR ACCESSING HOUSING (Continued)

Culturally Specific Respondents Identified Challenges Finding or Accessing Housing:	
Domestic and/or Sexual Violence Survivor Specific Shelter and/or Housing	<ul style="list-style-type: none"> • Survivor is a male (88%) • Survivor has a male child over the age of 12 (78%) • Survivor has an animal companion/pet (not for reasonable accommodation) (74%)
Homeless Specific Shelter and/or Housing	<ul style="list-style-type: none"> • Survivor has an animal companion/pet (not for reasonable accommodation); (66%) • Survivor has an active addiction (58%) • Survivor’s family, age of children or composition of the family seeking shelter (57%)
Private Housing	<ul style="list-style-type: none"> • Survivor has poor credit and/or poor rental history (84%) • Survivor has a criminal history (75%) • Survivor is a person of color (66%)
Public Housing	<ul style="list-style-type: none"> • Survivor has a criminal history (73%) • Survivor has poor credit and/or poor rental history (64%) • Survivor opts out of sharing confidential information due to safety and/or privacy issues (58%)

“Private landlords say they don't want to deal with that 'stuff' or 'people' and they have the cops at their places all the time. They don't understand the dynamics of domestic violence, sexual assault, or human trafficking so they stay away from clients experiencing those particular situations. They also have discriminated against clients that they perceive to be from a 'rough' crowd or that if they look like they are using then they won't rent to them. Private landlords are the biggest barrier because they are not educated about homeless/housing programs or they say they have been burned too many times to want to give another person a second chance...”

-Domestic and/or Sexual Violence Organization Advocate

TOP CHALLENGES TO MAINTAINING HOUSING

Domestic Violence and/or Sexual Assault Coalitions Respondents Identified Challenges Maintaining Housing:	
Domestic and/or Sexual Violence Survivor Specific Shelter and/or Housing	<ul style="list-style-type: none"> • Not being able to move due to cost associated with breaking a lease (27%) • Eviction or threat of eviction for calling police or other emergency services (26%) • Threats of eviction because of domestic and/or sexual violence-related disruptions (24%)
Homeless Specific Shelter and/or Housing	<ul style="list-style-type: none"> • Threats of eviction because of domestic and/or sexual violence-related disruptions (36%) • Housing provider refuses to provide reasonable accommodation in restoring or improving security and safety measures (35%) • Housing providers refuse to change the locks (33%)
Private Housing	<ul style="list-style-type: none"> • Housing providers refuse to change the locks (94%) • Housing provider refuses to provide reasonable accommodation in restoring or improving security and safety measures (92%) • Threats of eviction because of domestic and/or sexual violence-related disruptions (88%)
Public Housing	<ul style="list-style-type: none"> • Threats of eviction because of domestic and/or sexual violence-related disruptions; Eviction or threat of eviction for calling police or other emergency services (69%) • Housing provider refuses to provide reasonable accommodation in restoring or improving security and safety measures (62%) • Housing providers refuse to change the locks (61%)

Domestic Violence and/or Sexual Assault Organization Respondents Identified Challenges Maintaining Housing:	
Domestic and/or Sexual Violence Survivor Specific Shelter and/or Housing	<ul style="list-style-type: none"> • Not being able to move due to cost associated with breaking a lease (19%) • Housing provider refuses to provide reasonable accommodation in restoring or improving security and safety measures; Abusive and/or threatening housing provider (18%) • Eviction or threat of eviction for calling police or other emergency services; Threats of eviction because of domestic and/or sexual violence-related disruptions (16%)
Homeless Specific Shelter and/or Housing	<ul style="list-style-type: none"> • Housing provider refuses to provide reasonable accommodation in restoring or improving security and safety measures (21%) • Threats of eviction because of domestic and/or sexual violence-related disruptions (20%) • Abusive and/or threatening housing provider (19%)

TOP CHALLENGES TO MAINTAINING HOUSING (Continued)

Domestic Violence and/or Sexual Assault Organization Respondents Identified Challenges Maintaining Housing (cont.):	
Private Housing	<ul style="list-style-type: none"> Abusive and/or threatening housing provider (87%) Not being able to move due to cost associated with breaking a lease; Housing providers refuse to change the locks (86%) Sexual harassment by housing provider (85%)
Public Housing	<ul style="list-style-type: none"> Not being able to move due to cost associated with breaking a lease (86%) Eviction or threat of eviction for calling police or other emergency services (58%) Threats of eviction because of domestic and/or sexual violence-related disruptions (57%)

Culturally Specific Respondents Identified Challenges to Maintaining Housing:	
Domestic and/or Sexual Violence Survivor Specific Shelter and/or Housing	<ul style="list-style-type: none"> Housing provider refuses to provide reasonable accommodation in restoring or improving security and safety measures (28%) Abusive and/or threatening housing provider; Sexual harassment by housing provider (27%) Eviction or threat of eviction for calling police or other emergency services (24%)
Homeless Specific Shelter and/or Housing	<ul style="list-style-type: none"> Housing provider refuses to provide reasonable accommodation in restoring or improving security and safety measures (26%) Abusive and/or threatening housing provider; Sexual harassment by housing provider (23%) Eviction or threat of eviction for calling police or other emergency services; Threats of eviction because of domestic and/or sexual violence-related disruptions (20%)
Private Housing	<ul style="list-style-type: none"> Not being able to move due to cost associated with breaking a lease (79%) Abusive and/or threatening housing provider (78%) Housing providers refuse to change the locks (77%)
Public Housing	<ul style="list-style-type: none"> Eviction or threat of eviction for calling police or other emergency services (56%) Eviction or threat of eviction for calling police or other emergency services; Threats of eviction because of domestic and/or sexual violence-related disruptions (54%) Housing provider refuses to provide reasonable accommodation in restoring or improving security and safety measures; Not being able to move due to cost associated with breaking a lease (52%)

Funding Sources

Respondents were asked about various funding sources and their impact on housing for survivors.

COMMON THEMES

Funding decreases: 35% of DV/SA organization respondents and 45% of DV/SA coalition respondents reported their organizations had received HUD funding, and the majority were concerned about a reduction or loss in this funding. Of those who had received funding, 47% of DV/SA organization respondents and 57% of DV/SA coalition respondents said HUD funding had been reduced or eliminated for them or their member programs; 41% of DV/SA organization respondents with transitional housing funding and 51% with emergency shelter funding reported the funding had been reduced or eliminated. The reduction or elimination of funds resulted in fewer services available, staff reductions, and fewer survivors served.

Competition for resources: 35% of DV/SA organization respondents said they were receiving Emergency Solutions Grants (ESG) funds, and 22% said they were receiving CoC funds. The ESG funds were mainly for emergency shelter (86%) and RRH (41%); while the CoC funds were more evenly split between RRH (48%), transitional housing (46%), and permanent supportive housing (36%). DV/SA organization respondents said there were several factors that made their organization potentially less competitive for housing funding through HUD: 36% said their model is transitional housing when HUD programs are prioritizing RRH/PSH; 34% cited issues around data sharing, reports and data quality; 21% pointed to outcome measurements; and 40% said Other ("agency too small" "don't know;" or, "outside of scope of work").

Conflicts in funding requirements: Half (56%) of those DV/SA organization respondents who received funding from both OVW and HUD indicated that there were conflicting requirements that impacted their services, including: confidentiality, length of stay, flexibility of services, transitional v. RRH emphasis, different documentation, and outcome requirements.

RECOMMENDATIONS

1. **Provide additional resources to adequately meet survivors' needs for safe housing through victim-specific housing programs, particularly for emergency housing, transitional housing, and RRH.** Funding should be provided and increased from traditional sources (including HUD, OVW, and OVC) and be made available through additional, new resources.
2. **Partnerships between DV/SA programs and their local/regional CoCs are essential to ensuring that HUD-funded programs and processes designed to individuals and families are equipped to address survivors needs as well.**
3. **Advocacy between both sectors and federal, state, and local level funding partners is critical to develop consistent definitions and requirements for grants/contracts.** This will help to ensure sound implementation and successful outcomes in delivering an array of programs for survivors and their families.

Glossary

Americans with Disabilities Act (ADA): prohibits discrimination against individuals with disabilities in public accommodations and applies to all shelters operated by the government and to private shelters.

Bifurcation: the survivor is allowed to remain in place and the batterer will be taken off a lease without their permission.

Co-located Advocate: a DV/SA advocate who works in the same location as a H/H advocate (or vice versa) such as in a Coordinated Entry location, in order to streamline and coordinate services for the survivors.

Continuum of Care (CoC): a regional or local planning body that meets regularly to coordinate HUD funding for housing and services for homeless families and individuals; typically consists of housing programs, service providers, and representatives of public funding entities.

CoC Collaborative Applicant: the eligible applicant designated by the Continuum of Care (CoC) to collect and submit the CoC Registration, CoC Consolidated Application (which includes the CoC Application and CoC Priority Listing) and apply for CoC planning funds on behalf of the CoC during the CoC Program Competition. The CoC may assign additional responsibilities to the Collaborative Applicant so long as these responsibilities are documented in the CoC's governance charter.

Coordinated Entry System (CES): a process developed to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed, referred, and connected to housing and assistance based on their strengths and needs. A CES handles assessment/screening of consumer need, data entry, referrals, and, potentially, program admissions, and prevention and diversion services as well.

Culturally Specific Service Provider: a community-based program that provides culturally and linguistically specific services to victims of domestic violence, dating violence, sexual assault, or stalking.

Domestic and/or sexual violence survivor specific shelter and/or housing includes: domestic violence shelters and other survivor specific housing programs.

Domestic Violence and Housing Technical Assistance Consortium (DVHTAC): launched in 2015, provides training, technical assistance, and resource development at the critical intersection between domestic violence/sexual assault services and homeless services/housing. Funded and supported by a partnership between the U.S. Department of Justice, the Department of Health and Human Services, and the Department of Housing and Urban Development, this multi-year Consortium also brings together four national organizations, the National Alliance for Safe Housing (project of DASH), the National Network to End Domestic Violence, the National Resource Center on Domestic Violence, and Collaborative Solutions, Inc., to build and strengthen technical assistance to both homelessness/housing providers and domestic violence/sexual assault service providers. The Consortium aims to improve policies, identify promising practices, and strengthen collaborations necessary to enhance safe and supportive housing options for sexual and domestic violence survivors and their children.

Emergency Solutions Grant (ESG) funds: HUD's program that provides funding to: (1) engage homeless individuals and families living on the street; (2) improve the number and quality of emergency shelters for homeless individuals and families; (3) help operate these shelters; (4) provide essential services to shelter residents, (5) rapidly re-house homeless individuals and families,

and (6) prevent families/individuals from becoming homeless.

Flexible funds: cash assistance grants made to or on behalf of survivors; often at the moment of crisis, to help maintain housing or quickly stabilize housing, thus avoiding homelessness. Flexible funds can be used to address rent, as well as emergency medical expenses, debt owed, child care, auto repair, or any immediate financial need to offset housing expenses. While some federal funding can be used for flexible funds, HUD funding cannot.

Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH Act): amends and reauthorizes the McKinney-Vento Homeless Assistance Act with substantial changes, including: A consolidation of HUD's competitive grant programs. The creation of a Rural Housing Stability Assistance Program. A change in HUD's definition of homelessness and chronic homelessness.

Homeless Management Information System (HMIS): is a local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness.

Homeless specific shelter and/or housing: Homeless shelters and other non-survivor specific homeless/housing programs.

Housing First: an approach to ending homelessness that centers on providing people experiencing homelessness with permanent housing as quickly as possible without any pre-conditions – and then providing additional services as needed (supportive services are voluntary).

Private housing: privately owned apartments/houses.

Public housing: section 8 and/or local or federally subsidized housing.

Public Housing Authority (PHA): a local housing agency that receives HUD Federal funds to manage federally subsidized housing for low-income residents at rents they can afford

Rapid Re-Housing (RRH): a housing first approach that aims to help households secure stable housing immediately - often forgoing the traditional crisis shelter-to-transitional shelter model. By drawing on an established network of partner landlords and property managers who are educated about the impact of domestic violence, this approach can assist survivors to lease housing units in their own names, often despite poor credit or employment histories. Programs typically provide a monthly rental subsidy and home-based advocacy to support the family to create economic stability so that they can maintain their unit housing for the long-term.

Safe Housing Partnerships: the website for the Domestic Violence and Housing Technical Assistance Consortium, located at safehousingpartnerships.org

Section 504 of the Rehabilitation Act (Section 504): prohibits discrimination against victims with disabilities by housing providers that receive federal funding.

State Domestic Violence Coalition: means a statewide nongovernmental nonprofit private domestic violence organization that has a membership that includes a majority of the primary-purpose domestic violence service providers in the State; has board membership that is representative of primary-purpose domestic violence service providers, and which may include representatives of the communities in which the services are being provided in the State; has as its purpose to provide education, support, and technical assistance to such service providers to enable the providers to establish and maintain shelter and supportive services for victims of domestic violence and their dependents; and serves as an information clearinghouse, primary

point of contact, and resource center on domestic violence for the State and supports the development of policies, protocols, and procedures to enhance domestic violence intervention and prevention in the State.

Violence Against Women Act (VAWA): applies to all victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation, and which must be applied consistently with all nondiscrimination and fair housing requirements. It expands housing protections to HUD programs beyond HUD's public housing program and HUD's tenant-based and project-based Section 8 programs and provides enhanced protections and options for victims of domestic violence, dating violence, sexual assault, and stalking.

Victim service provider: serves domestic and/or sexual violence survivors but not primarily a domestic and/or sexual violence service provider.

“Our organization is a 501 (c)(3) organization serving the South Asian community. We have Social Workers who are caseworkers for our DV survivors who help them navigate through the systems. We use the mainstream DV local shelters when our survivors have needed a shelter... We currently do not have any direct interactions/relationships with the housing agencies. Lack of awareness about our agency might be a major factor in not being invited to such meetings. We are interested to have this relationship so that we can serve the survivors better... We hope to build a better relationship and be included in future meetings.”

-Culturally Specific Organization Advocate

Questions? The Consortium TA Team provides individualized technical assistance and training to communities interested in expanding the array of safe housing options for domestic and sexual violence survivors. We can support domestic and sexual violence advocates, homelessness and housing providers, and other allied partners interested in building stronger community collaborations.

Visit SafeHousingPartnerships.org to access the Consortium's comprehensive collection of online resources and to request TA, training and other support.



The State of Missouri Program Standards for ESG-Funded Homelessness Prevention Programs

The State of Missouri developed the following ESG-funded Homelessness Prevention Program standards to ensure:

- Program accountability to individuals and families at-risk or at imminent risk of experiencing homelessness
- Program compliance with HUD and State of Missouri rules
- Program uniformity
- Adequate program staff competence and training, specific to the target population being served

DEFINITIONS:

Homelessness prevention – A program designed to prevent individuals and families from becoming homeless by remaining stably housed and achieving long-term stability in that housing. Homelessness Prevention assistance is offered without preconditions (such as employment, income, absence of criminal record, or sobriety), and the resources and services provided are typically tailored to the unique needs of the household. The core components of a Homelessness Prevention program are housing identification and relocation, short-and/or medium-term rental assistance, move-in (financial) assistance, and case management and housing stabilization services. [24 CFR 576.103](#)

Imminent Risk – For the purposes of Homelessness Prevention, imminent risk of homelessness means: An individual or family who will imminently lose their primary residence, provided that: (1) Residence will be lost within 14 days of the date of application for homeless assistance; (2) No subsequent residence has been identified; and (3) Has an annual income below 30 percent of median family income for the area, as determined by HUD; (4) Lacks resources or support networks needed to obtain other permanent housing (5) Any individual or family who is fleeing, or is attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; and has no other residence and lacks the resources or support networks, e.g., family friends, faith-based or other social networks, to obtain other permanent housing. [24 CFR 576.2](#)

At-Risk—For the purposes of Homelessness Prevention at-risk of homelessness means: (1) An individual or family who: (i) Has an annual income below 30 percent of median family income for the area, as determined by HUD; (ii) Does not have sufficient resources or support networks, e.g., family, friends, faith-based or other social networks, immediately available to prevent them from moving to an emergency shelter or another place described in paragraph (1) of the “homeless” definition in this section; and (iii) Meets one of the following conditions: (A) Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance; (B) Is living in the home of another because of economic hardship; (C) Has been

notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance; (D) Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by Federal, State, or local government programs for low-income individuals; (E) Lives in a single-room occupancy or efficiency apartment unit in which there reside more than two persons or lives in a larger housing unit in which there reside more than 1.5 persons reside per room, as defined by the U.S. Census Bureau; (F) Is exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution); or (G) Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved consolidated plan. [24 CFR 576.2](#)

Family - includes, but is not limited to, regardless of marital status, actual or perceived sexual orientation, or gender identity, any group of persons presenting for assistance together with or without children and irrespective of age, relationship, or whether or not a member of the household has a disability. A child who is temporarily away from the home because of placement in foster care is considered a member of the family. [24 CFR 5.403](#).

Housing First- an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry.

Homeless Management information System (HMIS)- The information system designated by the Continuum of Care to comply with HUD's data collection, management, and reporting standards and used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at-risk of homelessness. [24 CFR 576.2](#)

Coordinated Entry- a process developed to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed for, referred, and connected to housing and assistance based on their strengths and needs

PERSONNEL

STANDARD: The program shall be adequately staffed by qualified personnel to ensure quality service delivery, effective program management, and the safety of program participants.

CRITERIA:

1. The program provides training to all paid and volunteer staff on both the policies and procedures employed by the program and on specific skill areas as determined by the program.
 2. All paid and volunteer service staff participate in ongoing and/or external training and development to further enhance their knowledge and ability to work with individuals and families experiencing homelessness and/or other issues that put individuals or families at risk of housing instability.
 3. All paid and volunteer staff should be trained in cultural competency and skilled at working
- Approved by the Missouri GCEH: 00/0/2018

with diverse populations.

4. For programs that use HMIS or a Comparable Database, all users must abide by the standard operating procedures found in the HMIS/Comparable Database Policies and Procedures manual provided by the HMIS/Comparable Database vendor. Additionally, users must adhere to the privacy and confidentiality terms set forth in the User Agreement.
5. All staff have a written job description that at a minimum addresses the major tasks to be performed and the qualifications required for the position.
6. Staff should be knowledgeable about mainstream programs and services in the community.
7. The program operates under an affirmative action/civil rights compliance plan or letters of assurance.
8. Agency staff review current cases and individual service plans on a regular and consistent basis to ensure quality/coordinated services.

CLIENT INTAKE PROCESS

STANDARD: The program will be an active member in the Coordinated Entry system. The program will have minimal entry requirements to ensure the most vulnerable of the population are being served to prevent participants from becoming literally homeless. The program will assist participants in maintaining housing stability or locating safe, affordable housing that meets participants' needs in accordance with client intake practices and within ESG guidelines.

CRITERIA:

1. All Program participants must meet the following program eligibility requirements:
 - a. The household must meet either category 2 or category 4 of the homeless definition, set forth by [HUD](#); At-risk individuals are eligible for assistance in Homelessness Prevention projects.
 - b. Individuals and families must have an annual income below 30% of AMI
2. Programs cannot disqualify an individual or family because of evictions or poor rental history, criminal history, credit history, sexual orientation/gender, or on the basis of domestic violence history.
3. The program explains the services that are available and the expectations for participation. A copy of the program expectations are given to the household prior to program entry.
4. The program will maintain a Release of Information that allows the sharing of information with relevant people and/or agencies. Program participants will be offered copies of all Releases of Information that they have signed, and have the right to revoke any Release of Information without penalty.
5. For each individual and family determined ineligible to receive Emergency Solutions Grant (ESG) assistance, the record must include documentation of the reason for that determination.
[24 CFR 576.500](#)

PRIORITIZATION

STANDARD: Programs will determine and prioritize eligible families and individuals to target Homelessness Prevention assistance.

CRITERIA:

Approved by the Missouri GCEH: 00/0/2018

1. The program will prioritize each applicant household using the local CoC Coordinated Entry process.

PROGRAM OPERATIONS

STANDARD: The program will assist participants in achieving housing stability within their current housing or locating other safe, affordable housing that meets participants' needs.

CRITERIA:

1. Assistance will be tailored to individual client needs in order to achieve housing stabilization.
2. The program may provide assistance in accordance with the ESG [CFR 576.105/106](#). Eligible costs may include rental application fees, moving costs, temporary storage fees (up to 3 months), security deposits (up to 2 months), short and/or medium term rental assistance, utility deposits, utility payments (including up to 6 months arrears), rental arrears (one-time payment of up to 6 months arrears), credit repair, and legal services related to obtaining or retaining permanent housing.
3. The program staff and the participant work together to develop a housing stabilization plan, which may include financial goals, periods and amounts of assistance, meeting schedules, employment goals, and a program exit strategy. [24 CFR 576.105](#)
4. Agencies should have standards for client income contribution. If an agency has income contribution standards they must apply to all program participants.
5. For one-time assistance the program may make a one-time payment for up to 6 months of arrears for rent and each utility in accordance with [24 CFR 576.106](#) and in accordance with any additional requirements by the ESG funder.
6. The program provides assistance in locating and accessing other suitable housing when necessary.
7. In locating housing, the program considers the needs of the individual or family at-risk of experiencing homelessness.
8. Programs will assess potential housing for compliance with ESG requirements for habitability, lead-based paint, and rent reasonableness and fair market rent standards prior to the participant signing a lease with the landlord, and the program signing a rental assistance agreement with the landlord.
9. The program signs a rental assistance agreement with the landlord which must set forth the terms under which rental assistance will be provided, which meets all the requirements of the ESG Funder, and as outlined in ESG [CFR 576.106](#)
10. The program participant must sign a legally binding written lease with the landlord which must include a lease provision or addendum that includes all requirements that apply to tenants, the owner, or lease under 24 CFR part 5, subpart L (Protection for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking)
11. Individual case management is offered to program participants at least monthly. Case management includes the following:
 - a. **Housing Stability Case Management** assists participants in achieving permanent housing stability, which may include:
 1. Assessment of housing barriers to stability, needs, and preferences
 2. Development of a stabilization plan for maintaining or locating housing

3. Outreach to and negotiation with landlords
4. Tenant support and/or counseling
5. Coordinating utility services
6. Housing search
7. Making moving arrangements
8. Assistance with submitting rental applications
9. Understanding leases
10. Assessment of housing for compliance with ESG requirements for habitability, lead-based paint, and rent reasonableness
11. Monthly documented contacts with HP participants.
- b. **Ongoing Case Management** services include assessing, arranging, coordinating, and monitoring the delivery of individualized services to facilitate housing stability by:
 1. Developing an individualized housing stabilization plan, including planning a path to permanent housing stability
 2. Developing, securing, and coordinating services
 3. Obtaining Federal, State, and local benefits
 4. Monitoring and evaluating program participant progress
 5. Providing information about, and referrals to, other providers
 6. Conducting re-evaluations to determine on-going program eligibility
12. Other eligible services may be provided including:
 - c. **Legal Services** to resolve a legal problem that prohibits a program participant from obtaining or retaining permanent housing, including:
 1. Client intake
 2. Preparation of cases for trial
 3. Provision of legal advice
 4. Representation at hearings
 5. Counseling
 6. Filing fees and other necessary court costs
 - d. **Mediation** between the program participant and the landlord or person(s) with whom the participant is living
 - e. **Credit Repair**, including:
 1. Credit counseling
 2. Accessing a free personal credit report
 3. Resolving personal credit problems
 4. Other services needed to assist with critical skills related to household budgeting and money management
13. The program will re-evaluate the household for continued eligibility a minimum of once every 90 days. To continue to receive Homelessness Prevention assistance, the household must demonstrate:
 - f. Lack of resources and support networks. The household must continue to lack sufficient resources and support networks to retain housing without program assistance.
 - g. Need. The program must determine the amount and type of assistance that the household needs/wants to (re)gain stability in permanent housing.

- h. Income. The household's annual income must be below 30% AMI.
- i. ESG funder requirements. Any additional requirements by the ESG funder.

SERVICE COORDINATION

STANDARD: The program will assist program participants, pursuant to [24 CFR §576.400](#), in attempting to obtain appropriate supportive services and other Federal, State, local, and private assistance available for such individuals as needed and requested by the household.

CRITERIA:

1. Arrangements shall be made as appropriate and available with community agencies and individuals for the provision of education, employment, and training; schools and enrichment programs; healthcare and dental clinics; mental health resources; chemical dependency assessments and treatment; legal services; budgeting and credit repair; and other assistance requested by the participant, which are not provided directly by the program.
2. Other mainstream resources for which, if eligible, a client may be assisted in obtaining, include: Emergency Financial Assistance; domestic violence shelters; local Housing Authorities, public housing, rent subsidies and subsidized housing; temporary labor agencies; childcare resources and public programs that subsidize childcare; consumer credit counseling service agencies; youth development and child welfare; Community Support Programs; WIC; SNAP; Unemployment Insurance; Social Security benefits; Medicaid/Medicare.

TERMINATION

STANDARD: Termination is expected to be limited to only the most severe cases. Programs will exercise judgment and examine all extenuating circumstances when determining if violations are serious enough to warrant termination.

CRITERIA:

1. In terminating assistance to a program participant, the agency must follow the due process provisions set forth in [24 CFR 576.402](#), as well as the following process: (1) providing the program participant with a written copy of the program rules and the termination process before the participant begins to receive assistance; (2) written notice to the program participant containing a clear statement of the reason for termination; (3) providing a review of the decision, in which the program participant is given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the termination decision; and providing (4) prompt written notice of the final decision to the program participant.
2. Termination under this section does not bar the program from providing further assistance at a later date to the same individual or family.
3. Programs are encouraged to re-house, rather than terminate assistance to households that are evicted from their housing while participating in the Homelessness Prevention program.

FOLLOW-UP SERVICES

STANDARD: The program shall attempt to provide a continuity of services as necessary to all participants following their exit from the program. These services can be provided directly and/or through referrals to other agencies or individuals.

CRITERIA:

1. The program develops exit plans with the participant to ensure continued housing stability and connection with community resources, as desired.
2. It is recommended that a program attempt to follow up with phone or written contact at least once after the client exits the program. A program may provide follow-up services that include identification of additional needs and referral to other agency or community resources in order to prevent future episodes of housing instability.

CLIENT FILES

STANDARD: The documentation necessary for the effective delivery and tracking of service will be kept up to date and the confidentiality of program participants will be maintained.

CRITERIA:

1. The file maintained on each participant must, at a minimum, include information required by HUD and the funder, eligibility documentation and backup, housing stabilization plans, and case notes.
2. Client information must be entered into HMIS or a Comparable Database in accordance with the data quality, timeliness and additional requirements found in the HMIS/Comparable Database Policies and Procedures manual provided by the vendor.
3. The program will maintain each participant file in a secure place and shall not disclose information from the file without the written permission of the participant as appropriate except to project staff and other agencies as required by law.
4. All records pertaining to ESG funds must be retained for 5 years after the expenditure of all funds from the grant under which the program participant was served. Copies made by digital scanning, photocopying, or similar methods may be substituted for the original records. Records pertaining to other funding sources must adhere to those record retention requirements.

EVALUATION AND PLANNING:

STANDARD: Ongoing program planning and evaluation will be conducted.

CRITERIA:

1. The program has written goals and objectives for its services to meet the outcomes required by HUD, the local Continuum of Care, and the funder.
2. The program reviews the case management, housing, and follow-up needs of program participants and the existing services that are available to meet these needs. As appropriate, revisions to goals, objectives and activities are made based on program evaluation and HMIS data.
3. The program exhibits due regard for participant privacy in conducting and reporting its evaluation.



2018 Annual Report

Overview

This annual report includes information from November 2017-October 2018 as the report is submitted by November 1 of each year.

The Governor's Committee to End Homelessness (GCEH) met the first Monday of every month unless that date occurred on a holiday. Therefore, the GCEH met ten times since the submission of the 2017 annual report.

Highlights during this time period include:

- Approved new [bylaws](#) in December 2017;
- Approved current Executive Committee in December 2017;
- Approved its [Action Plan](#) in July 2018;
- Approved January 2019 Point-in-Time Count for the state in August 2018;
- Approved Emergency Solutions Grant (ESG) [Rapid Rehousing Written Standards](#) in August 2018; and
- Presented data, policy and information that supports the approved Action Plan.

The website address is: www.endhomelessnessmo.org.

Membership and Attendance

We believe we can accomplish more when there are diverse perspectives at the table. Voting members have been appointed by the Missouri Governor, but the committee also invites any interested, non-appointed agencies and individuals to our meetings. A full list of membership is available [online](#).

Executive Committee

The current [Executive Committee](#) started their positions in January 2018 and will serve for a two-year term.

- Jennifer Carter Dochler, Missouri Coalition Against Domestic and Sexual Violence: Chair
- LaTeacha Tigue, philanthropist: Vice-Chair
- Ivy Doxley, Children's Division: Secretary

The Missouri Housing Development Commission (MHDC) Community Initiatives department helps staff the GCEH by overseeing the website, listserv, and logistics for the meetings such as reserving the room and providing the conference call line.

Meeting Agendas, Meeting Minutes and Presentation Handouts

Meeting materials are uploaded onto the GCEH website and can be found [online](#). Meeting materials and related announcements are emailed via the GCEH listserv. The GCEH listserv allows three emails per month to be circulated to members of the GCEH. Individuals can subscribe to the listserv off of the website or contact MHDC to be added. Currently, there are 174 individuals who are on the listserv.

Missouri Continua of Care Subcommittee (MC2)

There is one standing subcommittee of GCEH. This meeting is for the [lead agency](#) of each of the state's Continuum of Care (CoC) to meet as well as any interested party. Representation is from all eight CoCs: Kanas City, St. Louis County, St. Louis City, Springfield, St. Joseph, Joplin and Balance of State. The subcommittee is currently reviewing the [Discharge Policy](#).

Action Plan Highlights

The GCEH supports the following [key strategies](#) to accomplish the Goals of ending homelessness:

- Share national and local “best practices” to support planning to end homelessness
- Strengthen communication at all levels
- Encourage collaborations and cross-sector problem solving
- Review and share data to evaluate Statewide progress in ending homelessness
- Encourage development of specific strategies as needed to address unique needs of underserved populations

GCEH facilitated these key strategies by inviting a variety of participants to present at each meeting to share best practices and encourage collaboration. Presentations included:

- Violence Against Women Act 2013 housing rights requirements;
- Missouri's 2018-2022 Consolidated Plan process and feedback;
- Head Start and early childhood homeless initiatives;
- Homeless Youth initiatives and research;
- UMSL Homeless Study;
- SSI/SSDI, Outreach, Access and Recovery (SOAR) program;
- Missouri Community Action Network (MO CAN) Poverty Report;
- Missouri Foundation for Health #NetBenefit campaign; and
- Department of Economic Development Veterans.

Family First Prevention Services Act (Family First): New Opportunities for Coordination to Help Prevent and End Family and Youth Homelessness

The intersections between involvement with the child welfare system and housing instability and homelessness is well documented for both families and youth and young adults. Families experiencing homelessness are at increased risk of family separation and placements in foster care, while families involved with the child welfare system face delayed reunification when facing homelessness. Youth with a history of child welfare involvement including prior placements in foster care are also more likely to experience homelessness and for longer periods of time.

- A Philadelphia, PA study of families found that mothers who experienced homelessness were 4 times more likely to be involved with the child welfare system compared to other low-income mothers, and more likely to have their children placed in out-of-home care.¹
- A Milwaukee, WI study found that families involved with the child welfare system who experienced homelessness in the year prior to their child being placed in out of home care had a 50% less chance of reunification than families without an episode of homelessness.²
- The National Youth in Transition Database surveys youth in foster care at age 17 and every 2 years post-exit from foster care until age 23; 43% of the 5,583 youth who completed all three waves of the National Youth in Transition Database survey reported having had a homeless experience by age 21 (at either age 17, 19, or 21)³
- The Voice of Youth Count, a national survey of unaccompanied youth ages 13 to 25 who have experienced some form of homelessness or housing instability found that nearly one third of the youth had experienced some form of involvement with the child welfare system in their lives.⁴

The Family First Prevention Services Act (Family First) was signed into law on February 9, 2018. This legislation creates historic reforms that are a positive step forward to help children remain safely with their families and support youth on a successful transition to adulthood by restructuring the main federal funding stream for child welfare to expand and enhance prevention efforts. While additional child welfare reforms are needed, Family First includes long overdue changes to federal child welfare investments focused on prevention for children and youth at risk of foster care by giving states the flexibility to use funding previously limited to payments for foster care and adoption on time-limited prevention services. It also limits federal funds for congregate care placements, including group homes, shifting focus towards youth being placed in home-based settings. These new tools have the potential to: support local child welfare systems increased use of evidence-based interventions that contribute to family preservation and maintaining children and youth safely with their families, as well as strengthening supports for reunifications; promote and increase permanent families for older youth;

¹ Culhane, Jennifer F.; Webb, David; Grim, Susan; Metraux, Stephen; and Culhane, Dennis (2003) "Prevalence of Child Welfare Services Involvement among Homeless and Low-Income Mothers: A Five-year Birth Cohort Study," *The Journal of Sociology & Social Welfare*: Vol. 30 : Iss. 3 , Article 6. Available at: <http://scholarworks.wmich.edu/jssw/vol30/iss3/6>

² Courtney, Mark E; McMurty, Steven L; Zinn, Andrew (2004) "Housing Problems Experienced by Recipients of Child Welfare Services" *Child Welfare: Arlington* Vol. 83, Iss. 5, 393-422.

³ Children's Bureau (2016). "NYTD Data Brief 5: Highlights from the NYTD Survey: Outcomes reported by young people at ages 17, 19, and 21 (Cohort 1)" found at: https://www.acf.hhs.gov/sites/default/files/cb/nytd_data_brief_5.pdf

⁴ Morton, M.H., Dworsky, A., & Samuels, G.M. (2017). *Missed opportunities: Youth homelessness in America. National estimates*. Chicago, IL: Chapin Hall at the University of Chicago .http://voicesofyouthcount.org/wp-content/uploads/2017/11/ChapinHall_VoYC_NationalReport_Final.pdf

support youth in extended foster care and those transitioning out of foster care; and help address opioid and other substance use challenges faced by vulnerable families involved with the child welfare system.

Homeless assistance providers often lack the expertise and funding and struggle with identifying providers of the much needed services to support families involved with, and youth transitioning out of the child welfare system that are being housed with homelessness assistance funds. Child welfare agencies are not always aware of the range of housing options that may be available in a community including housing assistance for families and youth at risk of or experiencing homelessness and may wait until a case is approaching closure before addressing housing needs. Child welfare funding for services to support youth transitioning out of foster care is also extremely limited, as is funding for targeted homeless assistance and housing resources for youth with prior foster care involvement. Family First provides opportunities to change the trajectory for child welfare involved children, youth and families including those experiencing housing instability and homelessness by providing state child welfare agencies with the option to use federal funding to provide services differently including provision of prevention and reunification services that, when matched with housing resources, can help achieve positive outcomes for families and youth engaged with both the homeless response and child welfare systems. When the two systems collaborate and leverage resources they have the potential to:

- Prevent and shorten time in out-of-home placements for children and youth,
- Increase access to and connect households with services that can help stabilize housing and exit homelessness,
- Strengthen family connections, and
- Improve education, employment, and well-being outcomes for youth transitioning out of foster care.

Summary of Changes under the Family First Prevention Services Act

The Family First Prevention Services Act amends Title IV-E and Title IV-B of the Social Security Act which governs federally funded child welfare activities across the country.⁵ The legislation also amends the John H. Chafee Foster Care Independence Program (Chafee), a federal grant given to states to serve youth who are transitioning out of foster care.

Major Changes to Title IV-E of the Social Security Act:

- Allows states to use Title IV-E funds, previously limited to expenditures associated with out-of-home placements and adoptions, on time-limited qualifying prevention services (substance abuse, mental health, and in-home parenting skills), with the goal of supporting the needs of families of children who, without these services, would likely require out-of-home placement.

Major Changes to Title IV-B of the Social Security Act:

- Updates the Promoting Safe and Stable Families Program, a block grant program with the primary goal of preventing unnecessary separation and ensuring permanency through reunification, adoption or other arrangements, by removing time limits on reunification services and allowing for 15 months of aftercare services for reunified families.

⁵ Children's Bureau (2018). "Information Memorandum: New Legislation – Public Law 115-123, the Family First Prevention Services Act within Division E, Title VII of the Bipartisan Budget Act of 2018." Found at <https://www.acf.hhs.gov/sites/default/files/cb/im1802.pdf>

- Reauthorizes and updates the Regional Partnerships, targeted grants to increase the well-being of, and improve the permanency outcomes for, children affected by methamphetamine or other substance abuse. The updates to the grants better align with the new Title IV-E prevention services focus, including specifying mandatory partners, such as the public child welfare agency, appropriate courts and the state agency administering the substance abuse prevention and treatment block grant, as well as optional public and community based partners.

Major Changes to Chafee:

- Expands the eligible age from 21 years old to 23 years old for services authorized under Chafee and extends eligibility for employment and training vouchers for youth who have aged out of care to the age of 26.

Opportunities to Leverage the Family First Prevention Services Act to Prevent and End Family Homelessness

Planning for the implementation of the provisions under Family First provides new opportunities for child welfare agencies to engage affordable housing providers and the homeless response system to leverage each other's expertise and resources. These partnerships can lead to increased options for housing with supports for families involved with the child welfare system that are at-risk of or experiencing homelessness; and help the homeless response system and child welfare system more effectively serve a greater number of families to meet both their child welfare and housing goals. Below are suggested ways to leverage the new legislation to prevent and end family homelessness for families in the child welfare system:

1. **Match safe, affordable housing with newly allowable prevention services under Title IV-E funding and expanded prevention and reunification services under Title IV-B funding for families in the child welfare system at-risk of or experiencing homelessness.** Matching prevention and reunification services such as substance abuse services and in-home parenting supports with safe affordable housing can help prevent the need for out-of-home placements and sustain family reunifications while preventing or ending a family's experience of homelessness. These types of partnership have been particularly impactful when serving child welfare-involved families impacted substance abuse disorders. For example, CSH's Keeping Families Together is a supportive housing intervention that has been recognized as an effective response for child welfare-involved families impacted by substance abuse; the evaluation of a New York City pilot showed promising results with 90% of families remaining housed, 100% of families reunifying with their children, and 61% of the child welfare cases being closed within 10 months.⁶ The ability to provide these services leverages new affordable housing opportunities. For example, providing substance abuse treatment in safe, supportive housing settings creates an opportunity to support families in rearing safety together by leveraging Family First with innovative forms of treatment such as recovery coaches and medication-assisted treatment. Family treatment courts, in which a judge convenes a multidisciplinary, collaborative team approach to serve families who require substance abuse treatment and who are involved with the child welfare system, can be leveraged to formally link housing, child welfare, treatment, and other services agencies.

⁶Swan-Jackson, R., Tapper, D., and Fields, A. (2010) "Keeping Families Together: An evaluation of the implementation and outcomes of a pilot supportive housing model for families involved in the child welfare system". Metis Associates.

- 2. Promote housing partnerships in State Child and Family Services Plans to leverage and enhance Family First services.** States can embed child welfare and housing partnerships in State Child and Family Services Plans by describing implementation plans that include housing resources and the homeless response system as key partners for responding to the needs of child welfare-involved families and youth at-risk of or experiencing homelessness in State Child and Family Services Plans. These plans outline evidence-based interventions that will be used under Family First; recognizing the importance of housing as a platform from which to deliver successful services in these state plans will help emphasize its importance with local child welfare leaders responsible for implementing the provisions of Family First. These plans can leverage other recent federal legislation, such as the Child Abuse and Treatment Act, which requires the development of plans of safe care for newborns prenatally exposed to harmful substances, which can include housing linked with supportive services.
- 3. Promote the opportunity for housing providers and homeless response system partners to be included as a part of the teams receiving re-authorized and updated Regional Partnership grants under Title IV-B.** Including housing providers and homeless system response partners in the Regional Partnership Grant (RPG) program aligns with the program goal of helping states, tribes, and communities across the nation develop regional partnerships to provide, through interagency collaboration and integration, programs and services that increase permanency, safety and well-being outcomes of children who are in an out-of-home placement or are at risk of out-of-home placement as a result of a parental substance use. A supportive housing approach aligns with the RPG which focuses on addressing common systemic and practice challenges that are barriers to optimal family outcomes, including engagement of parents in substance use treatment; differences in system paradigms and training; conflicting timeframes across the systems; and service shortages in child welfare services and substance use treatment systems.

Opportunities to Leverage the Family First Prevention Services Act to Prevent and End Youth Homelessness

The Family First Prevention Services Act was enacted at a pivotal time in our nation's response to preventing and ending youth homelessness. Beginning in Fiscal Year 2017, Congress has appropriated funding on an annual basis for the Youth Homelessness Demonstration Program (YHDP) under the U.S. Department of Housing and Urban Development (HUD) homelessness assistance grants, and HUD has required applicants to partner with their local child welfare agencies. Communities across the country are working to implement coordinated community responses to youth homelessness and this legislation, along with resources being made available through extended foster care, can offer critical tools that will prevent and end homelessness for young people across the country. Below are suggested ways to leverage Family First and extended foster care resources to prevent and end youth homelessness:

- 1. Match safe, affordable housing with the newly allowable prevention services under Title IV-E funding and expanded prevention and reunification services under Title IV-B funding for pregnant and parenting youth in the child welfare system at-risk-of or experiencing homelessness.** Pregnant and parenting youth involved with the child welfare system can be at greater risk of experiencing homelessness when they exit foster care. Connections to stable housing with these expanded prevention

services under Family First, including mental health and substance abuse treatment, and in-home family strengthening programs, can help to reduce the risk of future homelessness and minimize the likelihood of future involvement with the child welfare system, including family separation. The ability to provide these services leverages new affordable housing opportunities.

2. **Utilize the newly allowable prevention services under Title IV-E funding and expanded prevention and reunification services under Title IV-B funding to support youth to remain safely and stably housed with family and/or guardians as they transition to adulthood.** Youth who have been reunified, adopted, or placed into a guardianship can still be at high risk of experiencing homelessness as they transition to adulthood, and some families struggle to continue to support youth beyond the age of 18. As states and counties implement these new and expanded supports, they should ensure the resources can also be accessed by older youth, and the families and guardians caring for them, to help them remain stably housed and prevent them from experiencing homelessness.
3. **Form partnerships between the child welfare system, affordable housing providers, and the homeless response system to use expanded Chafee eligibility and extended foster care resources to expand housing with supports for youth transitioning out of the foster care system who are at-risk-of or experiencing homelessness.** Chafee support services, along with extended foster care supports, can be matched with affordable housing resources to ensure youth remain stably housed and supported while finishing higher education, establishing sustainable employment, and moving to self-sufficiency. Expanded Chafee eligibility also allows for child welfare agencies to offer transition services to youth exiting extended foster care, as well as those exiting foster care at age 18 who choose not to enter extended care. Up to 30% of the state's Chafee grant can be used as direct assistance for housing, which can include stipends to be used to help pay rent in the private market, support to live with a friend or relative, or independent living programs similar to transitional housing. Extended foster care funding can also be used to support these different housing options. Communities should ensure they are leveraging all funding sources to create the housing with supports that will assist youth formerly in foster care successfully transition to adulthood.
4. **Build and work to sustain partnerships between the child welfare system and homeless response system to transfer best practices in youth housing programs from the homeless response system to those administered and/or funded by the child welfare system.** The homeless response system can offer their expertise in ensuring that independent living programs funded by Chafee practice Housing First principles and are focused on preventing and quickly ending youth homelessness. The homeless response system can also partner with the child welfare agency to identify and engage private landlords and other housing providers who are willing to work together to serve youth transitioning out of foster care and into adulthood who are at-risk-of experiencing homelessness, ensuring a broader array of housing options for youth currently and formerly in foster care.

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EMPOWER MISSOURI HOUSING EMPLOYERS



Saturday, November 17
9am: Annual Meeting for members
10am: Opening Session
4pm: Conference ends
Hickman High School
1104 North Providence Rd
Columbia, MO 65203
RSVP: (573) 634-2901

HOUSING IS ONE OF OUR MOST BASIC HUMAN NEEDS, but for many in Missouri it is out of reach. Join us at the Housing Empowers conference to learn about and work towards policies that put people first, ensure affordable, accessible housing, and protect tenant's rights to a clean, safe, home.

Empower Missouri's 117th Annual Conference focuses on affordable housing, featuring Tara Raghuveer as luncheon keynote speaker with a variety of workshops to choose from. This year our conference is condensed into one jam-packed day, and only \$35 registration. You're also invited to a pre-conference cocktail reception on Friday, November 16 at the Holiday Inn Executive Center.

PEOPLE

POLICY

PROTECT

Save the Date
Empower Missouri Annual Conference
Housing Empowers
November 17, 2018

Saturday, November 17:
 9am: Annual Meeting for members
 10am: Opening Session
 12pm: Luncheon Keynote Speaker Tara Raghuveer, Housing Campaign Director of People's Action
 4pm: Conference ends
 Hickman High School, 1104 North Providence Road
 Columbia, MO 65203

\$35 per person through October 31. \$50 per person November 1-17. \$15 student and low-income rate

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 RSVP requested (573) 634-2901
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