

Coordinated Entry:

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How Can Domestic Violence Agencies and Survivors Fit?

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WASHINGTON STATE COALITION

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AGAINST DOMESTIC VIOLENCE

Welcome!

Current Lay of the Land

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HEARTH ACT

- Continuum of Care Interim Rule sought feedback from victim services providers on whether they should be exempt from participating (with a comparable system) or whether they should have the option to participate or not.

State Regulations

- Don't address how victim services providers should be included in Coordinated Entry—process left to each county.
- Assumes that emergency DV shelter is separate

And What About DV Survivors?

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- Original, primary need for emergency shelter is safety, not due to literal homelessness
- Because of safety issues and/or financial impact of separation, may become literally homeless and may need homeless/housing services
- Many survivors will need a place in the system at some point
- How can we support their safety and self-determination?

Systems Challenge with Coordinated Entry

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- DV Advocacy is survivor-driven
- DV Housing First approach supported as a key strategy in homeless prevention and housing access for survivors
- Housing stability becomes question rather than “will you be homeless but for this assistance?”
- Challenges with homeless eligibility and documentation requirements—self-certification acceptable and often preferable for DV survivors

So how is it working?

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Large/Urban Communities

Struggling with
volume of those in
need and capacity

Medium Communities

Great success stories

Small Communities

Often only one
agency

Confusion with
HMIS


Creating an Effective Coordinated Entry

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What is working?

- DV households are prioritized
- Strong partnerships
- Sheds light into community dynamics, resources, and issues
- Some communities are identifying DV and making appropriate referrals



What isn't working?

- Lack of communication between organizations
- Lack of shelter space
- Lack of housing
- Families get pushed out of shelter and have no where to go
- Incorrect referrals that don't match the needs of families
- Sometimes placements aren't appropriate
- Time out factor
- Lack of training on trauma
- High housing barriers
- Screening out (because of DV, Chemical dependency)
- Data is being duplicated

* These responses were recorded from workshop participants

Challenges in Accessing Resources

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- Long wait to get in for appointment and on another waiting list not helpful, survivors getting lost
- Current confusion in DV shelters about length of emergency shelter stay—more shelter hopping, return to abusive relationship
- Referral to available housing resource not always a good one
- Impacts of trauma, including chemical dependency use, may prevent acceptance into programs
- Placement of survivors leaving county or coming to county

Things to Consider when Working with Survivors

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- Safety
- Abuser sabotage
- Lack of resources
- Limited support networks
- Immediate & long term needs
- Trauma
- Confidentiality
- Privacy

DV Providers and the Coordinated Entry System

Strategies for Success

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Location

2

Assessment and Process

3

Staffing

4

Outcomes

1) Location

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- Are the assessment locations safe and private?
- Are there safe and private alternatives?
- Is there mobility to meet someone where they are?
- Are there emergency accommodations for a survivor in immediate danger?

2) Assessment and Process

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- What about screening for domestic violence?
- Does the staff know how to ask the questions to make the safest and most appropriate referral?
- Is there a partnership with regular communication with the local DV agency(ies)?
- What are your certification procedures for survivors?

3) Staffing

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Approach

- Using empowerment, strength-based, survivor-driven approaches to providing services



Knowledge

- Understanding the dynamics of domestic violence and the barriers survivors face when rebuilding their lives
- Legal protections for survivor



Collaboration

- Partnering with DV advocates to ensure the needs of survivors are being met
- Working with other community providers to ensure appropriate referrals

4) Outcomes

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- Are DV providers working with homeless assistance providers to connect survivors to stable housing?
- See “Closing the Gap: Integrating Services for Survivors of Domestic Violence Experiencing Homelessness”—The National Center on Family Homelessness

Integration Strategies

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Awareness and
Understanding

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Communication and
Coordination

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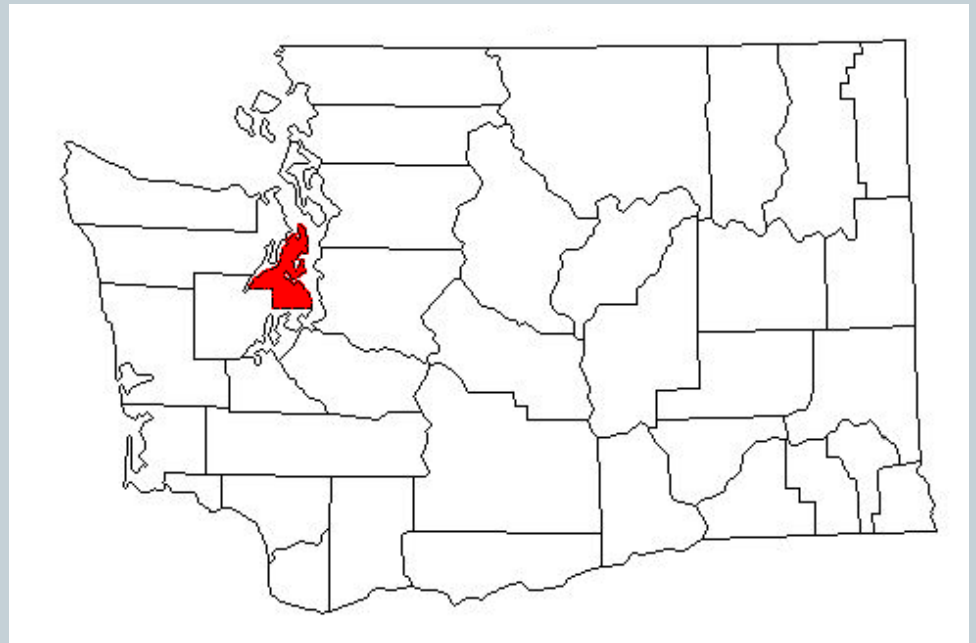
Collaboration

Where is it working?

Kitsap County

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- Population 251,113
- Large Geographic Territory
- Multiple Military Bases



Keys to Success

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- Multi-agency staff
- Strong Community Partnerships
- Collaboration between agencies
- Prioritization of DV households
- Shared Goals

Our goal is to realize the benefits of a centralized intake for households in crisis while preserving autonomy and leveraging the expertise of individual agencies.

How will you move forward?

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- **Ask yourself:**
 - Write down what can you do differently to create collaborative relationships with your community's DV providers?
- **Share:**
 - How will you collaborate with other community providers to ensure that the needs of survivors are being met?

Questions?

Learn more:

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Thank you!

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