

# COVID-19

## Homeless System Response: Serving Survivors through Coordinated Entry

### Background

During the COVID-19 outbreak, it has become even more clear that survivors of violence experience stress, trauma, and health impacts that often require housing interventions and flexible supportive services. Survivors are often coping with significant trauma caused by their abuse experiences, including managing stress while working to heal and protect themselves. These experiences can have a [disparate impact on survivors](#) such as women; Black, Indigenous, and people of color (BIPOC); LGBTQ people; and others in high-risk communities. As communities work on their [coordinated rehousing strategies](#) and consider [how to house cohorts](#) or groups with similar needs, their planning and implementation processes must consider the needs of survivors of violence. This document will highlight the following fundamental considerations when serving survivors through coordinated entry (CE):

- Ensure safe and confidential access.
- Evaluate your CE system.
- Broaden assessment tools and processes.
- Reference practical considerations.

### Safe and Confidential Access to Coordinated Entry is a MUST

To keep survivors safe, CE processes must address how all people—including those who are fleeing, or attempting to flee, domestic violence (DV), dating violence, sexual assault (SA), trafficking, or stalking—will have [safe and confidential access](#) to the CE process. This includes providing a [private physical space for collecting data and providing referrals](#). One option to consider is using virtual processes and phones to allow for distancing during the COVID-19 pandemic.

Some survivors may still choose not to disclose information about violence, but by incorporating the opportunity to disclose as part of the CE process, staff are communicating that sexual assault and domestic violence are issues to which your community's CE process is attuned.

Continuums of Care (CoCs) should have clear written protocols and guidance on [how to best respond and refer when individuals disclose experiences of violence](#). This is critical to ensuring survivors receive the most efficient and effective safety resources available. When [imminent danger](#) is identified by victim service providers (VSPs), protocols and policies that provide for immediate response are essential. The CE process must allow emergency services, including all DV services, to [operate with as few barriers to entry as possible](#) and provide [survivor-driven choice](#). CoCs may allow prospective participants to access emergency service programs without first being assessed, prioritized, and then referred. Additional detailed information can be found in the National Alliance for Safe Housing (NASH) [Safety Planning Toolkit](#).

### Enhancing Trauma-Informed Access and Processes for Survivors

COVID-19 can create and exacerbate trauma causing greater difficulty in sustaining housing. CoC CE leads should incorporate agency-wide training on topics like [trauma-informed care](#) and ensure direct staff who work with survivors are [equipped](#) to promote a consistent approach for all clients at all points of contact within the CE process. The U.S. Department of Housing and Urban Development (HUD) has identified the following [trauma-informed, survivor-centered approaches](#) CoC-funded projects may utilize:

- [Prioritizing program participant choice](#) and rapid placement and stabilization in permanent housing consistent with participants' preferences;

- Establishing and maintaining an environment of agency and mutual respect (e.g., [the project does not use punitive interventions](#)) to ensure program participant and staff interactions are based on equality and minimize power differentials;
- Training staff on providing program participants with information on trauma;
- Emphasizing program participants' strengths (e.g., strength-based coaching questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants' strengths and focus on goals and aspirations);
- Equipping staff with tools so they can relate to, respect, and protect all cultures (e.g., training on equal access, cultural humility, nondiscrimination);
- Providing opportunities for connection for program participants (e.g., groups, mentorships, [peer-to-peer](#), spiritual needs); and
- Offering support for parenting (e.g., parenting classes, childcare).

When establishing a trauma-informed CE system, CoCs should apply five principles established by the [National Network to End Domestic Violence](#):

- Awareness of the effects of trauma on survivors.
- Safety for survivors on a physical and emotional level.
- Trustworthiness in processes and relationships.
- Empowerment in decision-making processes.
- Inclusiveness for all, including individuals from marginalized groups and people with disabilities.

Communities should consult with local VSPs or state coalitions against domestic and sexual violence to develop models for building a quality assessment process, including screening questions around domestic and sexual violence. For additional information, please see HUD's [Coordinated Entry and Victim Service Providers FAQs](#).

To connect program participants to housing, consider "out-of-the-box" approaches such as:

- Virtual opportunities and resources for groups;
- Peer-to-peer sessions;
- Spiritual connections to faith communities to support families during crises; and
- Online educational support for parents with children (virtual vs. place-based education, resources, etc.), and other creative solutions.

Communities should also consider having a [trauma-informed](#) intake space that they can redesign to afford privacy to anyone sharing sensitive or difficult personal information. There are long- and short-term options to improve intake space design including, at the very least, the use of "white noise" machines and physical barriers between interview areas to ensure greater [privacy](#).

### ***Additional Considerations***

- CoCs must have [emergency transfer policies and practices](#). Examples of Notices of Occupancy Rights, a Model Emergency Transfer Plan, Certification and Alternate Documentation, and Emergency Transfer Request forms are [available in multiple languages online](#).
- Honor client choice in terms of housing location and services needed.
- DV and SA providers should be engaged in all phases of the CE process from planning through implementation and evaluation. They can assist with building a safe and effective system that services those fleeing violence. You can go to [National Network to End Domestic Violence](#) to find the DV/SA service providers in your state.
- Provide for training of all CE staff in the confidentiality and privacy rights of DV survivors, included in the federal Violence Against Women Act (VAWA) and pertinent state law.

## **Evaluate Your CE System**

[Work with local VSPs](#) to examine data from CE, Homeless Management Information System (HMIS), and comparable databases (aggregate data only) to determine whether survivors are being prioritized and what types of housing and services they obtain. You can do this by looking at the data to see how many survivors are part of the CE system and examining the exit destinations. Look to see if survivors are exiting to permanent housing. If they are not, reimagine your CE processes and prioritizations. Data should show if survivors are being prioritized for mainstream permanent housing, survivor-specific permanent housing, or transitional housing. Data can also

show how the placement of survivors and their families compare to those who are not fleeing violence. If the data shows disparities, it is time for changes. Examine how the assessment process impacts survivors.

- First, consider safety. Based on listening to the survivor or any client experiencing homelessness, if the person is in an unsafe situation, the first priority has to be their safety. Once stabilized and safe, prioritizing them for a permanent housing solution must be a high priority. Work with VSPs to [assess the risks to survivors or anyone in an unsafe situation](#). Let safety be a rated criterion for prioritization.
- During this outbreak, when more people are experiencing violence, use the [evidence-supported practice of conversing with people](#)—asking pertinent questions and listening for the information needed to determine their unique housing needs and have a better understanding of each person’s context. [Conversational case management](#) provides an effective and personalized way to consider each person’s situation and needs.
- Most assessment tools were created to assess the vulnerabilities of chronically homeless individuals that have barriers that impact them over their lifespan. Most assessments do not tend to prioritize DV survivors into housing options other than DV shelters. It is time to change our practices and prioritization processes for everyone experiencing homelessness so that those in most need of permanent housing, across all the populations, are each given equal access to limited resources. Work with local VSPs to determine what assessment should be used or how to implement a fair, conversational assessment that equalizes the prioritization for housing for survivors and all populations. Review Safe Housing Partnerships’ [Helping DV Survivors Achieve Safe & Stable Housing](#) and [Coordinated Entry and Intake/Assessment Tools](#) for more guidance on best practices including [Assessing for & Appropriately Responding to the Housing Needs of Domestic and Sexual Violence Survivors](#).

## Broaden Assessment Tools and Processes

Using assessment processes and spaces that allow for flexibility in design can set the stage for voluntary disclosure of violence. By including a brief [DV/SA risk assessment](#) prior to conducting the full assessment as a matter of protocol with everyone who presents for services, CE staff can determine whether someone may need immediate help with temporary emergency housing or other crisis-driven assistance in lieu of completing the assessment process at that point in time.

HUD encourages CoCs to work with VSPs within their geographic area to establish [client-driven, trauma-informed, and culturally relevant](#) assessment and screening tools.

### Community Spotlight

#### ***Kentucky Homeless Coalition (KHC) and Kentucky Coalition Against Domestic Violence***

The Kentucky Coalition Against Domestic Violence, in partnership with KHC and approved by the Balance of State (BoS) Advisory Board, uses a hybrid CE process for survivors. The hybrid includes a conversational component, a referral, and the completion of a VSP inclusion form. The survivor is then prioritized for rapid rehousing or permanent housing based on these steps. Here is the initial question asked:

*“One thing I’d like to do before we begin is see if you’d like information about our local domestic violence program. So, for instance, if a partner has ever threatened to hurt you, or made you afraid, or hit, slapped, kicked, or otherwise physically hurt you or made you do something sexual you did not want to, it might be helpful for you to talk to someone confidentially. Our local domestic violence program can help you fill out a victim service provider inclusion form. The answers you give will be kept confidential and not become part of the shared database. Would you like to speak to someone at that program and perhaps fill out this survey with them?”*

If the answer to the question above is “yes,” then the service provider will ask if they may make a referral to the regional domestic violence program so that the program can continue the assessment in a manner that is sensitive to survivors’ needs and offer additional services. If the respondent declines, the service provider will continue the assessment.

## Practical Considerations

### Referrals

Now is a good time to examine your referral system and processes. Building relationships with VSPs is necessary to ensure you [integrate services to meet the needs](#) of all those experiencing homelessness. VSPs can assist with training your CoC in trauma-informed care practices. [Building relationships with landlords](#) is important during COVID-19 because more survivors are at home with a current or former spouse or intimate partner. Landlords must understand what VAWA is and [what their obligations are](#) to be [VAWA compliant](#) in receiving HUD rental assistance for clients.

### Prevention Funding Options

[Legal services](#) are an eligible expense under the Emergency Shelter Grants Program component of Emergency Solutions Grants (ESG). Funds may be used for these services to the extent that other appropriate legal services are unavailable or inaccessible within the community.

- Eligible activities include child support, guardianship, paternity, emancipation, and legal separation; orders of protection and other civil remedies for victims of DV, dating violence, SA, and stalking; appeals of veterans and public benefit claim denials; and the resolution of outstanding criminal warrants.
- Component services or activities may include client intake, preparation of cases for trial, provision of legal advice, representation at hearings, and counseling. Fees based on the actual service performed (i.e., fee-for-service) are also eligible, but only if the cost would be less than the cost of hourly fees. Filing fees and other necessary court costs are also eligible. If the subrecipient is a legal services provider and performs the services itself, the eligible costs are the subrecipient's employees' salaries and other costs necessary to perform the services.

Working with your local legal aid society may allow clients to have legal support for [eviction proceedings](#), rental arrears guidance, or other legal needs related to housing.

### General Policies and Practices

CoCs should work with local VSPs to create policies and practices that best serve survivors of DV. The CE system should develop, modify, and continue to advance existing policies and procedures with [a survivor-centered approach that prioritizes survivors' rights and needs](#) to strengthen the community's response to homelessness.

Be sure your policies are [inclusive](#). For those experiencing SA or sexual violence, housing access and stability are real issues. CoC policies should reflect how sexual assault/violence survivors will be prioritized to ensure safety.

It is critical that your CoC and jurisdiction partner with a [diverse range of local stakeholders](#) to ensure your CE process is rooted in [equity-based decisions](#). Many BIPOC and those in high-risk categories are disproportionately impacted by COVID-19. Organizations that work with diverse populations are well-positioned to lead communities in assessing the impact of COVID-19 on marginalized groups and devising appropriate housing solutions.

### Develop Language Access Protocols

The CoC CE process may include the need for conversations that are stressful and nuanced. Ensuring meaningful language access for all participants is essential and required by law. Organizations that receive federal funding are required to take reasonable steps to ensure meaningful access to their programs and activities by individuals with Limited English Proficiency (LEP). Similarly, it is important to ensure access for individuals who are deaf or hard of hearing. For help with developing a language access plan, visit the National Latin@ Network's [LEP toolkit](#).

Language access is critical for LEP survivors, as updated info/materials about COVID-19 and/or housing options for survivors during COVID-19 may not be readily available and could cause survivors to remain in dangerous/precarious housing situations.