



Case Study

Reaching BIPOC Survivors with COVID-relief Flexible Funding in Harris County Texas

By: Suzanne Marcus, Safe Housing Alliance

Introduction

The cascading impact of both domestic violence and sexual assault, compounded by systemic racism and inequality, can create immediate and ongoing housing and economic instability, particularly for poor survivors and survivors of color. Black survivors experience domestic violence, sexual violence, homelessness, and housing instability at higher rates than their white counterparts.^{1 2} Economic abuse from a partner may leave survivors with poor credit, evictions, an uneven work history or even a criminal record, which create formidable barriers to passing the most basic landlord screening. Landlord discrimination and other barriers to housing are compounded for Black survivors, as well as for survivors with disabilities, those who are LGBTQI+, undocumented or who don't speak English. Survivors from historically marginalized communities not only face housing discrimination because of their status as victims, but they are also often unable to access mainstream victim services due to lack of language access, limited availability of culturally appropriate and accessible services, ineligibility for public entitlements, and generalized distrust based on past experiences of discrimination. For these survivors, such things as an unexpected medical bill, car repair, or missed workdays can quickly result in a financial crisis that threatens housing stability.

The COVID-19 pandemic compounds this already dire situation. A 2020 [study on the impact of COVID-19 found](#) that survivors of color are especially at risk of facing pronounced food and housing insecurity during the pandemic.³ The study also found that: (i) Financial insecurity was greatest among Black and Brown women survivors; (ii) Survivors who lacked financial resources during the COVID-19 pandemic were at greater risk of returning to a harm-doer; and (iii) Experiencing landlord sexual coercion was associated with a greater risk of food and housing insecurity. National statistics indicate that domestic violence has spiked since the onset of COVID-19.⁴ Communal shelters have downsized in accordance with social distancing guidelines, staffing is stretched thin, and advocates are challenged as never before to reach survivors in the community who do not feel safe or trusting enough to seek support from mainstream systems.

It is within this context that flexible funding is emerging as an effective strategy to address these COVID-19 related housing and economic impacts on survivors. Flexible funding is financial support to address whatever barriers exist between the survivor and safe, stable housing. Financial support can be provided in a number of ways depending on the survivor's needs, the parameters of the funding source, and organizational policy. Flexible funding can include payments to a third party requested by the survivor (i.e., a landlord, childcare provider, mechanic, health care provider and others), the use of an agency credit card to purchase necessities or services requested by the survivor, and gift cards or cash assistance provided directly to the survivor.

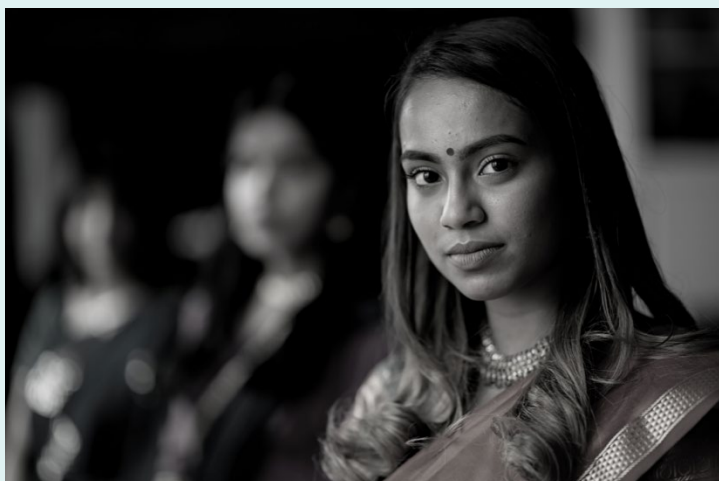
While flexible funding has long been used by advocates in culturally specific communities to support survivors, increasingly more communities are utilizing this strategy now, often for the first time. Public and private funders are substantially expanding their resources for flexible funding and programs are braiding CARES Act and other state and local relief funding with private funding to expand or extend their flexible funding projects. The Washington State Coalition Against Domestic Violence (WSCADV) used a combination of private, crime victims compensation, and CARES Act money to fund victim service programs pairing flexible funding and advocacy services. The Pennsylvania Coalition Against

Domestic Violence (PCADV) also used CARES Act funds to provide flexible funding grants to three (3) local programs. Other flexible funding projects, like FreeFrom’s Safety Fund and New York City’s Microgrant program were financed entirely through private donors to support survivors through the pandemic.

Ensuring Black, Indigenous, and People of Color (BIPOC) survivors can access flexible funding often requires new partnerships outside the traditional domestic violence and sexual assault (DV/SA) service system. In a [survey](#) of 1,000 survivors who accessed COVID-19 relief flexible funding from FreeFrom’s Safety Fund (a low barrier flexible fund available to survivors throughout the country), Black, Latinx and Indigenous respondents ranked receiving flexible funding from banks/credit unions and the federal government more highly than DV/SA organizations when asked to identify the safest and most convenient places to apply for and receive cash assistance. As incidence statistics and this study show, BIPOC survivors are disproportionately impacted by COVID-19, and yet are often less likely to access mainstream domestic violence programs for support.⁵

Spotlight on Flexible Funding in Harris County, Texas

This case study will examine how the Harris County Domestic Violence Coordinating Council (HCDVCC) in Houston, Texas utilized a variety of COVID-19 relief funding sources to provide over three million dollars of flexible funding grants to survivors in their region. As the funding intermediary, HCDVCC centered the needs of BIPOC survivors by looking outside the mainstream victim service sector when selecting the fourteen flexible funding program grantees. This case study highlights HCDVCC’s strategy to get flexible funding to BIPOC survivors who were less likely to access COVID-19 relief funds and other resources from mainstream institutions or through channels outside their cultural community or natural support system, including survivors who were undocumented and those still living with the harm-doer. The capacity-building support required by some of the programs to successfully utilize these funds is outlined, as well as approaches the wider field can consider to minimize common funding barriers BIPOC organizations face to accessing flexible funding for the survivors they serve.



Background

HCDVCC's mission is to develop and implement a community wide plan to end domestic violence. To that end, HCDVCC administers funds, provides training and technical assistance to providers and community stakeholders, and leads the multi-disciplinary DV High Risk Team (DVHRT), which aims to reduce lethal and near-lethal intimate partner violence assaults. HCDVCC also helps increase survivor access to safe housing through supporting a parallel domestic violence Coordinated Entry (CE) system. Through a grant from the U.S. Department of Housing and Urban Development (HUD) for DV Rapid Rehousing, HCDVCC funds DV programs to offer rental subsidies and utility allowances to survivors experiencing homelessness for up to a year.

Motivated by the grave impact of the COVID-19 pandemic on Harris County (over 350,201 cases and 3,292 deaths as of March 2021, with BIPOC communities being disproportionately affected),⁶ HCDVCC partnered with The Center for Violence Prevention at the University of Texas Medical Branch to conduct the [Harris County Health and Relationship Study](#). The Study sought to assess the impact of COVID-19 on survivors and their service needs. This Study found that of the 446 survey respondents who were impacted by DV within the past year: 83% had experienced psychological abuse; 69% had experienced physical DV; and 28% had experienced sexual DV. The majority of respondents (78%) had experienced two or more types of DV. Over 50% of respondents reported the abuse increased during COVID-19. This study found that Black respondents, followed by Hispanic respondents, had the highest rates of sexual DV victimization, and Black respondents had the highest rates of physical DV victimization. Further, 56% of respondents experienced homelessness during the pandemic, and economic needs made it difficult for DV survivors to leave violent relationships. Respondents also shared that cash and rental assistance were critical to surviving the pandemic.

HCDVCC's allocation of over three million dollars of flexible funding to help survivors cope with the impact of COVID-19 responded directly to the needs highlighted in that study. These funds came available in three stages. At the onset of the pandemic, HCDVCC secured \$500,000 in private funding through the Greater Houston Community Foundation and United Way, which they quickly dispersed to thirteen (13) agencies for distribution to survivors in need of financial assistance. Soon after, HCDVCC secured \$750,000 in CARES Act funds through Harris County, which they passed through to survivors throughout the county's usual constellation of funded DV programs in the form of \$1,200 or \$1,500 gift cards depending on family size.

When HCDVCC was subsequently awarded an additional \$2.1 million in CARES Act funding through Harris County, they committed to extending their reach toward the communities experiencing the most disparate and pronounced impacts of COVID-19. This required moving beyond the agencies typically funded through federal, state, and local public funding. Building on their existing efforts to partner with culturally specific providers and neighborhood organizations, they also explored faith-based organizations, survivor-led groups, and other grassroots entities serving BIPOC survivors, many of whom were not seeking services through mainstream providers or government offices. As HCDVCC's Executive Director Barbie Brashear put it, "We wanted to make sure that we weren't just getting funds into the hands of those coming forward for services...there was this larger picture of those who needed to be served." To better ensure that the allocation process would truly support a diverse range of programs, HCDVCC were proactive in their outreach, quickly established an

infrastructure and Request for Qualifications (RFQ) framework, and streamlined the application process. Funded programs were also offered capacity-building support as they stood up these new services.

Spotlight on HCDVCC’s Flexible Funding Grantees

The fourteen (14) agencies that ultimately received these COVID-19 relief flexible funds from HCDVCC have been largely unrecognized by the established domestic violence services system and have been historically less likely to receive public funding for their work supporting survivors, underwriting their work instead through donations, fundraisers, deferring their own salaries, enlisting volunteers, and looking to community members for support.

Of these 14 agencies:

- 8** Had never received grants from HCDVCC
- 4** Serve culturally specific communities
- 2** First-time grantees
- 2** Survivor-led organizations
- 1** Faith-based organization
- 1** Not specifically a victim service program but serves many survivors

Below are profiles of some of the grantees:

Bethels Baptist Church, located in Southeast Houston, has 13,000 parishioners and is surrounded by dense multifamily housing which is home to 25,000 people. 65% to 70% of these housing units are occupied by single mother-headed households. Senior Pastor Walter August Jr. notes that Bethels Church has a large and strong outreach and social service program consisting of services for youth and children, job training and GED programs for adults, and counseling and social services for individuals and families. Bethels also runs one of the largest food pantries in Houston, which has consistently served families throughout the pandemic. HCDVCC encouraged Bethels Church to apply for a flexible funding grant after learning from a former Board member that their food pantry staff was hearing from a growing number of survivors seeking financial support, and Bethels saw the funds as a way to quickly respond to these needs. The Church applied for and received a \$236,000 flexible funding grant, the second largest grant that HCDVCC provided. With this funding, Bethels provided 200 survivors with flexible funding and referrals to other community services, including DV programs.

Fresh Spirit is a non-residential counseling and support center for survivors, started by Dr. Conte Terrell in 1997. A survivor herself, Dr. Conte had financial resources and secure housing, so she found herself at a loss when she discovered that available DV services and support were all tied to entering a DV shelter. This experience motivated Dr. Conte to create Fresh Spirit, where survivors receive counseling and other services in a non-residential setting. While Fresh Spirit is for all survivors, Dr. Conte's program is particularly tailored to Black survivors who may be in homes with financial means but who are often unable to leave abusive situations due to the lack of community and family support and the impact of economic abuse. Fresh Spirit is a small organization, with a budget consisting of private donations and a VOCA grant to support a small counseling staff. Dr. Conte referred to the \$120,000 flexible funding grant that Fresh Spirit received as a "game changer" because it allowed the program to triple the amount of support they were able to provide.

Daya's mission is to empower South Asian survivors of domestic and sexual violence through culturally specific services and to educate the community to end the cycle of abuse. Daya serves between 370 to 450 clients a year, most of whom are immigrant survivors facing language access barriers to services, in-law abuse, immigration status abuse, and lack of familiarity with or inclination towards mainstream systems. While Daya has historically provided some flexible funding to survivors they work with, the \$77,000 grant they received through HCDVCC allowed them to serve 66 families (177 people), many of whom had recently fled abusive situations and needed housing, and others who were still living with the harm-doer and desperately needed money for food, transportation, phones, and laptops.

An-Nisa is a predominantly volunteer-led program serving Muslim families in Houston. Founded twelve years ago as a women's shelter, it has evolved into a wrap-around, multi-service agency providing in-house counseling and other mental health supports, case management and youth education, with an annual budget of \$729,000. Eighty percent (80%) of An-Nisa clients are refugees and immigrants representing over forty (40) different cultures. An-Nisa's Executive Director, BiBi Kahn, explained, "We're so busy wrapped up in doing work that we never reached out for grants...we're just too busy." It wasn't until last year that An-Nisa hired their first grant writer who secured VOCA funding for the organization that allowed them to add seven paid caseworker and counseling positions to their staff of thirty volunteers. Kahn said she was initially hesitant to apply for the HCDVCC funding based on concerns that reporting requirements and other grant management tasks would be too cumbersome. "But then when I saw that it was flex funding," Kahn said, "I knew we needed it, and it makes a difference. This is the closest thing to my heart right now. It's not just rent, food – there's so much it can do." Kahn reconsidered and was successful in securing a \$54,000 award to assist An-Nisa to provide flexible funding to survivors they served.

In looking across these four (4) agencies' experiences with this funding process, the following key themes emerged:

1) BIPOC organizations had previously rarely been recognized for their extensive experience providing flexible funding and mobile advocacy.

Long before the terms "flexible funding" and "mobile advocacy" came to be described and embraced as best practices in mainstream survivor-centered advocacy, organizations like Daya and An-Nisa were using these strategies. Daya's Executive Director, Rachna Khare, provides one example of how they often respond to survivors still living with the harm-doer who reach out to Daya through social media. "We ask, 'Can you take a walk, go to the grocery store?' We're creative in how we connect with the survivor. We've never called it mobile advocacy because this has always been the way we do things," explained Khare. When COVID-19 hit, Daya saw a spike in contacts from survivors through their social media accounts, and their advocates creatively found safe ways to meet their needs. "We got a lot of laptops and smartphones to survivors – we'll drop them off in neighbors' mailboxes and conduct a lot of safety planning around it. Gift cards are really easy to hide," making it possible to provide survivors still in dangerous situations with desperately needed financial assistance. Like Daya, the survivors An-Nisa serves are often undocumented and unable to access cash assistance of any kind. Raising emergency funds through their donor network to help a survivor purchase a car, pay for daycare, medical bills, food, or rent is something they've been doing since the agency's inception.

Despite these notable track records in service delivery and responsiveness to survivors' needs, HCDVCC's grant marked the first time Daya and An-Nisa received public money specifically for providing flexible funding. The funds allowed them to increase their support to survivors who already know and trust their organizations. Kahn explains, "I can help more survivors...we just

jumped right into what we needed to do.” Khare shared that like An-Nisa, Daya staff knows exactly how to ensure the funding gets to the survivors who need it most:

“It makes more sense to fund the groups on the ground, who have the trust. If you want to reach the people who are not being reached, instead of telling them to go to you, you have to go to them, and we’re already there. We have the trust to get the funds out there.”

2) Decoupling flexible funding from shelter-based services increased access for survivors.

During the pandemic, many mainstream DV programs were compelled to devise alternative community-based routes to advocacy and support for survivors as congregate living shelters were shuttered, de-populated, or avoided by survivors fearful of exposure to COVID-19. But for many BIPOC survivors, avoiding shelters was not new and they may never have been perceived as the place to go for help for a number of reasons, including general distrust of mainstream institutions, cultural and language access barriers, past experiences with racist, discriminatory or culturally insensitive program policies and staff, or not seeing leaving their relationship and community as the best way to stay safe. Organizations like Fresh Spirit and Bethels Church have long provided alternatives to shelter and other mainstream victim services for BIPOC survivors, often without the financial support furnished by government grants and formal recognition as victim service providers.

Dr. Conte established Fresh Spirit specifically for survivors who do not need or want shelter. “Most women think they need to go to shelter to get services and won’t go to a shelter because of stigma. So many women will stay (in abusive situations) because they’re accustomed to a lifestyle. But they need the help,” she explained. With this specific survivor in mind, Dr. Conte opened a nondescript office not far from a high-end shopping mall where survivors can receive counseling, court advocacy and case management within a nonjudgmental and welcoming environment. “We had a small petty cash fund to help a survivor out, but nothing to the extent that we were able to do with HCDVCC’s grant – where we could say to 125 families: ‘We’re going to pay your rent, get your car fixed, pay utilities.’” When Fresh Spirit received HCDVCC’s flex funding grant, they created and distributed a short eligibility survey through faith-based and social media networks so that they could connect with people who were in abusive situations but did not necessarily identify as survivors. “Our staff conducted direct community outreach. Many survivors minimize and downplay, because that’s what they’re accustomed to doing, but we know,” said Dr. Conte. “Many of the survivors had not heard of our organization. Here, most people have heard of the Houston Area Women’s Home and some of the bigger names, and they equate that to a shelter.” Dr. Conte said she sees the surprise and relief on survivor’s faces when they come to the office to pick up the funding and see that it’s nothing like a shelter. “I have always been strategic about having Fresh Spirit in high-end locations. Even if you went to a shelter, and got the services, who wants to go back to the shelter to go to support groups,” said Dr. Conte.

Survivors who received flexible funding through Bethels Church learned of the resource at the Church's food pantry, through its social media accounts, and through word of mouth in the community. Pastor August noted that through informal survivor networks, such as alerting friends and neighbors in need, the Church provided 200 survivors with flexible funding, many of whom would have never identified themselves as survivors. "I know it (flex funding) changes people's lives and reminds people they aren't forgotten." There were also survivors already in the church, that staff knew of and could help with flexible funding. "We made grants for utilities, housing allowance for rent, food. We helped with a family that had a fatal DV, and they used funds for funeral costs, and clothing for the funeral." Because Bethels Church is not an established victim service provider, as part of their grant agreement Church staff offered referrals to DV services to every survivor who received flexible funding assistance.

3) Key elements helped make flexible funding grants accessible to BIPOC organizations.

- Grants were provided up front to the organizations.
HCDVCC provided all 14 organizations with initial funding followed by a second installment from which the programs drew down. This funding model allowed the diverse group of smaller, BIPOC, grassroots organizations to participate. These organizations typically do not have the available cash needed for grants based on cost reimbursement and may not have staff time required to manage the laborious process of tracking spending and compiling documentation to submit for reimbursement.
- Administrative funding was provided.
Programs could use 10% of their funding for administrative costs, which was particularly essential in navigating challenges agencies faced to disbursing the funds to survivors in sometimes complex circumstances. Advocates at Daya, for example, had to help clients who were unbanked or who shared an account with the abuser to establish their own accounts to safely receive the flexible funding. For organizations with minimal staff, the funds were used to strengthen their case management and outreach efforts and cover staff time needed for the increased documentation and record-keeping required for reporting.
- Funder advocacy
HCDVCC used its institutional power and position to leverage resources for BIPOC survivors and the organizations that serve them. Its staff advocated to the County and other funders to designate COVID-19 relief funds for flexible funding, including urging adoption of a grantmaking process that ensured the funds would be accessible to BIPOC survivors. Advocacy efforts extended to terms of the awards, such as the provision of upfront payments, minimization of required documentation and adapting other requirements to lessen the administrative burden on organizations and survivors. Funders were successfully convinced to accept "information unavailable" as a sufficient response to required demographic information given how challenging that data is to obtain when a survivor is living with the harm-doer and in an intergenerational family dynamic. "For us, it was about telling the stories of the organizations to the funders and

saying ‘You monitor us – we’ll take the hit. But let’s get the money into survivors’ hands,’” Brashear said.

4) HCDVCC partnered with the grantees to help them navigate potential compliance barriers.

HCDVCC recognized its institutional power and privilege and committed to lending its resources to support grantees, many of whom were new to the complex and onerous aspects of managing government grants without an infrastructure built out to do so. They saw their role as providing a pathway for these organizations – the recognized experts in working with BIPOC survivor populations – to access the funds and put them to use as seamlessly as possible. Through dialog with awardees, they identified ways to lift the administrative burden as much as possible and took on the responsibility for many of the compliance requirements that come with public funding, with grantees providing the necessary demographic information and documentation as the funds were spent.

Throughout the funding period, HCDVCC helped to provide opportunities for collaborative learning across the funded programs by hosting conference calls in which they could share strategies, problem-solve together, and support each other’s work. This sharing of expertise among the programs was a boon to the project’s success. HCDVCC also made itself available as a “thought partner” to assist grantees who faced barriers along the way. Khare provided this illustration: “I told her (Brashear) what the barriers are for our clients, whether it’s immigration status, different kinds of abuse, inability to report to the police, language access, whatever it is, and she said, ‘Let’s figure out a way to solve it.’ It’s never easy, but we commiserate together around the bureaucracy, and we still make it happen.”

5) Receiving flexible funding grants from HCDVCC helped BIPOC organizations gain access to mainstream DV networks and positioned them to receive more funding.

Harris County utilized this influx of flexible funds not only to assist the broadest group of survivors possible, but also to begin to rectify long standing exclusion of organizations serving BIPOC survivors from the conversations, partnerships, and opportunities for resource acquisition that strengthen the broad community response to survivors. Kahn and Dr. Conte both described the isolation from mainstream DV provider networks they had historically experienced as small BIPOC organizations and how inclusion in this large-scale effort brought their remarkable work to the attention of other providers. Dr. Conte explained, “I am at the table with mainstream programs now...I was not at the table before. I don’t know why – we’ve been doing this for over twenty years, but people haven’t heard of us, and it was just hard to infiltrate. We’re small, grassroots, African American CEO-led and founded...we know DV is three times as likely in the African American community...Before COVID the partnerships weren’t there.” Kahn from An-Nisa shared a similar experience, “We weren’t included in mainstream DV work. I felt really locked out. It wasn’t until now that we feel a part of this really big movement, we feel so included now.”

Receiving public dollars to provide flexible funding also served to position organizations to receive more. “We’ve gotten more flex funding grants because we’ve shown that we can do it,” Khare observed. Khan concurs, “The funding legitimized us. I hate to say it, money was never the problem, but getting funds from the government was very legitimizing.” Bethels Church, despite its deep commitment to addressing the needs of survivors in its community, was previously unrecognized as a DV service provider. The project showcased its capacity to provide DV-specific services and manage public funds; the Church was named as one of the most effective grantees in the project and is well-positioned for future DV-specific funding opportunities.

-
1. Flowers, Z., Lovelace, T., Holmes, C., Jacobs, L., Sussman, E., Wee, S., & Muro, M. (2018). Showing Up: How We See, Speak, and Disrupt Racial Inequity Facing Survivors of Domestic and Sexual violence. https://csaj.org/document-library/REEP_Report_Showing_Up_FINAL.pdf
 2. Petrosky, E., Blair, J. M., Betz, C. J., Fowler, K. A., Jack, S. P., & Lyons, B. H. (2017). Racial and Ethnic Differences in Homicides of Adult Women and the Role of Intimate Partner Violence—United States, 2003–2014. *MMWR Morb Mortal Wkly Rep* 2017;66:741–746. <https://www.cdc.gov/mmwr/volumes/66/wr/mm6628a1.htm>
 3. Ruíz, E., Ruvalcava, Y., Berenstain, N., & Fluegeman, S. (2020). Measuring the economic impact of COVID-19 on survivors of color. Me Too. and FreeFrom. https://metoomvmt.org/wp-content/uploads/2020/11/MeTooFreeFrom_CovidImpactReport2020.pdf
 4. National Domestic Violence Hotline. (2020). COVID-19 special report [Infographic]. <https://www.thehotline.org/wp-content/uploads/media/2020/09/The-Hotline-COVID-19-60-Day-Report.pdf>
 5. Durrence, A., Doyle, K., Passi, S. (2021). Trust Survivors: Building an Effective and Inclusive Cash Assistance Program. FreeFrom. <https://www.freefrom.org/wp-content/uploads/2021/06/TrustSurvivorsReport.pdf>
 6. Center for Violence Prevention, The University of Texas Medical Branch. (2021). The Harris County Health and Relationship Study (pp 4). https://www.hcdvcc.org/wp-content/uploads/2021/04/HCHR-Study-Brief-Report_March-21-1.pdf

This publication is supported by Grant Number #90EV0451 to the National Resource Center on Domestic Violence from the Administration on Children, Youth and Families, Family and Youth Services Bureau, U.S. Department of Health and Human Services. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. Department of Health and Human Services.

Don't forget to tag us in your advocacy posts on social media.
@SafeHousingTA



#SafeHousingIsAHumanRight



safehousingta.org
712 H Street NE, #726
Washington, DC 20002

This resource was developed as part of a collaboration with

