



## TRANSCRIPT

# Foundations of HUD Coordinated Entry and Housing for Survivors of Sexual Violence Part One

Thank you. Welcome, everyone. My name is Jill Robertson. I'm with Collaborative Solutions, and my partner-in-crime today, Shenna Morris, will be supporting our webinar on Centering Survivor Safety in Coordinated Entry Systems. I do want to invite you to feel free to ask any questions as we're going along. If we're not able to answer them immediately, we will get back to them, if not during the presentation, at the end of our session.

So we do welcome your questions and feel free to message us. Also just wanted to mention before we get into the bulk of our presentation today that Collaborative Solutions is part of the Domestic Violence Housing Technical Assistance Consortium. We are one of five providers that provide technical assistance to victim service providers, domestic violence programs, homeless service provider programs that might serve survivors. Also, sexual assault and sexual violence programs.

So we want you to know that we're available to support you if you have questions or concerns about implementation, especially around coordinated entry or any other particular topic that might be impactful for survivors. So let's go ahead. We'll get started today on talking about coordinated entry.

Next slide, please. So just to get us started, we're going to do a brief overview.

So our training today is designed for victim service providers and homeless system stakeholders and providers that want to be understand safety practices in coordinated entry and the implementation of coordinated entry.

So we have some goals today. We hope by the end of our session today that you'll be able to identify practical ways that safety can be enhance in coordinated entry systems. Also hope that you'll be able to identify ways that victim service providers and Continuums of Care, or CoCs, can work together to enhance safety in coordinated entry systems. To ensure that we're all learning and talking about some of the same things from really a shared standpoint, we want to take a few minutes and look at more a little bit about the goals of coordinated entry. We want to define what coordinated entry is and just give you some practical starting places. We know

that there is some additional components around coordinated entry such as assessments and prioritizations, referrals, but today, we're really only going to be focusing on the accessing of the coordinated entry system and how it can be accessed safely from a survivor standpoint.

So let's go ahead to the next slide, please.

All right. Let's talk a little bit about coordinated entry. So what is it? I would love to know, if anybody wants to drop this in the chat, what you think about coordinated entry. What's top of the mind for you all? I'd love to know your thoughts about that. Typically, people think of it as a system or maybe a way of doing things.

The main thing with coordinated entry is it's really actually a process. A lot of times, people talk about it, and they think about the assessment tool, or they think about an intake or something along those lines, but really it's a lot more involved than that. So coordinated entry is really a means of centralizing or coordinating the process designed to coordinate program participant intake, assessment and providing referrals upon using a point in the system where you can access the system specifically.

So essentially, there's some core components of coordinated entry, and the primary areas that we're going to look at are opportunities to enhance safety as we go along in our today. So we'll be talking again about survivor safety and how that's impactful around coordinated entry. The centralized or coordinated assessment system covers respected community geographic areas, but it's also easily accessed by individuals and families seeking housing or services or maybe referrals. It's well advertised. It includes a comprehensive and standardized assessment tool.

So CE acts as a specific process where a person who is experiencing homelessness, such as a survivor, presents at a designated point of access. Then, they're assessed for their homeless assistance needs or maybe their prevention needs, and then they become eligible for specific resources based on the assessment or what they've identified as something they in particular need.

And ultimately, they're referred to those particular solutions that would help them no longer experience homelessness or get into safe and secure housing. So points of access can be a physical location. It can be a provider network or a designated hotline, or there can be some specific models that we will want to take a look at.

So let's go to the next slide. All right. So just a little bit more about coordinated entry. It is established in consultation with the Emergency Solutions Grant recipients. Oftentimes, that's your state ESG provider. It can be a city recipient, or it even could a rural location that's receiving ESG funds, but it is actually operated under the Continuum of Care. One point to make about this is that it's very oftentimes the cities or the states that oversee the Emergency

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Solutions Grant are not included in some of the decision-making, when it comes to coordinated entry. So it's very important that they're involved, especially right now when there's so much money that's coming out from the CARES, ESG-CV funds that impacts coordinated entry.

But again, it is operated by the Continuum of Care. It's designed to be easily accessible. It's supposed to be advertised or marketed, and that has been probably a bit challenging during this COVID season. There is to be a coordinated and standardized process throughout the CoC.

Now, what that means specifically is even though there should be a standardized assessment tool possibly or at least a standardized process by which people enter into the system and determine or identify what their needs are, it doesn't necessarily mean that survivors or victim service providers use the same thing that the homeless service providers use. I know that sounds a little bit confusing, but for example, some communities have received DV bonus monies through their CoC, and they might specifically have received DV bonus money for coordinated entry. They are able to have their own unique system that supports survivors.

Now, within that system, they do have to have coordinated and standardized processes. It doesn't have to look the same as the homeless service provider system, but it does have to work together, and there needs to be coordination at the broader CoC level.

So also want to just make sure there are policies that address the needs of survivors within the CoC and around coordinated entry. So for example, some homeless service providers will serve survivors. They won't even know that they're serving them.

So we need to make sure that there is policies, good policies, safe and secure policies for survivors who are seeking assistance from the homeless service providers. So we'll talk a little bit about that as we move along, but communities basically, as they develop the processes and they address the needs of survivors that are seeking support within the system, it sometimes allows the communities to be guided by the needs of the survivors and by the needs of the community.

So hopefully, that's what coordinated entry is doing in your community. CoCs, also we want to encourage if there are any CoC representatives on the call, we want to be sure that you work with your victim service providers to come up with those policies that are safe and confidential and secure. That you provide ways of getting referrals to survivors, so that they can get into housing, and they can receive the services that they need in a safe and secure way. The best way to do that, if you're a CoC member, is to work with your victim service provider. They're going to know the needs of your survivors a lot better than you might because that's not really the audience you typically would be serving.

So work with your victim service providers. CoCs also were encouraged to work within the CoC geographic area and look at the model, that coordinated entry model, to make sure that

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it's trauma-informed and culturally responsive throughout all aspects of the assessment referral prioritization processes and policies. And just make sure that everyone is at the table when it comes to developing these policies and making sure that they're fair and equitable across the board.

Next slide, please. So goals of coordinated entry. Let's take a look at what those are, just to make sure that we're all talking about the same thing.

So some of the goals are to increase efficiency of the local crisis response system. And then another goal would be to improve fairness and ease of access to resources.

So the whole idea behind coordinated entry is not to drive people to a certain door or to do this thing or that thing, but really to make it more fair and equitable and really easier to access the resources that everyone might need within your CoC.

So it's intended to be a resourceful process, and it also should help your community identify and prioritize the needs of individuals within your communities.

So for example, you might not know as a CoC that maybe your biggest need is around prevention. Maybe it's not that you have so many people experiencing homelessness, but maybe survivors in particular need prevention resources.

So if you know that as a community, you can work together to help survivors access prevention funds. It just provides an opportunity, the process itself, to look at a bigger picture of what's happening in your CoC and in your community and really help address those needs. I also might mention that this is an opportunity for non-survivor related organizations and non-homeless service provider organizations to come to the table.

So for example, even through utility companies, Duke Energy or Vectren, you want to get them to the table and make sure that they're able to support the needs of the community because the needs might simply be around utility assistance or around other types of prevention funds that some of those community members can help direct people to. So invite them to the table as well.

All right. Let's go to the next slide.

All right. So we're going to talk about some of the coordinated entry systems models, and we're going to try to look at how those system models achieve the goals and outcomes that can occur through a number of different ways and through a number of different system models.

Next slide, please. So one such model is the central location or designated access points.

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So that's one model where individuals and families can physically go to seek assistance. Now, as you probably might be thinking about is during the pandemic, it was very difficult for people... maybe they couldn't even get out and go to a specific location.

So we'll talk about some other ways that coordinated entry... some other models that are available. But the central location can be one or multiple designated locations within the CoC geographic area. It can also be a hybrid model of multitudes of designated locations, all conducting the same type of assessment process. So we'll talk a little bit more about that going forward.

All right. Next slide, please.

Let's take a look at another model. This is a very common model now. It's probably been within the last maybe 5 plus years that hotlines became very popular, and we found ways of operationalizing those. So 211 is a very common hotline system that is available within communities. Sometimes, the hotline can screen or it directly connects the caller to the appropriate services.

So there's lots of different ways of using this hotline system to get people to the right location, whether it be for a service or whether it be for housing. 211 has a lot of great expertise in this area. So just want to commend them to you if your community is not using them. It doesn't have to be 211. There could be other hotline options available.

So this model does often show up for survivors in a community where specific DV hotlines would be the point of access and survivors can be directly connected to an advocate to go through other components of the CE process.

So for survivors, they might not want to call in to 211 and share very many details, but they can give some tips, some clues to 211 and get to a victim service provider to get the appropriate referrals and get into the appropriate housing.

Great, next slide. Perfect.

So let's talk about the geographic area or the No Wrong Door concept. It's kind of a funny thing, but it is not funny in terms of where people need to turn, they should be able to go any place within your Continuum of Care and get the information they need and be able to get the referrals they need.

So the geographic area, No Wrong Door, is for individuals and families. They can present at any homeless service provider location and then, they can get their referral to either housing or services. So wherever they go, they're going to have a standard assessment, a standard intake to be able to get to where they need to be.

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So this is something that's very common within CoCs, when it comes to coordinated entry, and I think actually, there's a lot of merit to making sure that people have more than one option. They don't have to just go to one location to get the referrals, but whatever works in your community is good.

Next slide, please.

So the case worker team concept is a designated team of people providing the assessment services at provider locations in the CoC. So what this allows is it allows different individuals and different programs to learn how to do assessments and do them well. Many of you have are probably familiar with the VI-SPDAT, and that tool is largely going away from coordinated entry.

You may have heard us even talk about that in the past. So this provides an opportunity for a few key people to really learn how to do assessment well in a trauma-informed and equitable way.

So we want to make sure that if this is the model that you used that you have the assessors trained, so that they're really very human centered and really aware of survivor needs... a survivor that presents to coordinated entry system is most likely not going to share everything right off the bat.

So it will take a skilled assessor to help get that individual or family to the right location, to a safe location.

Next slide, please.

And then, another model is the regional hubs concept, and this is really something that we see in larger states or larger geographic areas, like balance of states. They typically have hubs that are part of the larger CoC, something called a hub.

So maybe it's within a two or three county area. There's a hub, or maybe it's half of the state or a quarter of the state. Lots of different ways of doing that, but the regional hubs are really a creative and opportune way of making sure that people in a relatively small area are able to get to a place where they can be assessed, where they can receive their referrals, and maybe where they can even get housing close to where they want to live. So regional hubs are another good solution.

Regardless of any of these models that we talked about, staff training on DV and sexual violence dynamics is very important. We want to make sure that those assessors are able to recognize and have responsive system tools, processes and procedures to address those important needs of survivors.

We want to make sure that having these things in place supports the coordinated entry system and its design to prevent causing trauma or harm in any way and to support survivors in their

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needs for housing and for autonomy and for maintaining safety and confidentiality. So these are just a couple of models. I'm sure there are others. We'd love to hear models that you're aware of. Feel free to drop those in the chat, and now, I'm going to turn it over to Shenna.

Thanks, Jill.

Yeah.

Before we hop into some of the safety considerations to be thinking about, originally we were going to try to hold some of the questions to the end of the call, but I think it may be a good natural point to just lift up some of the things that have come into the chatbox as you were going through the various different models because there's already some good kind of sharing and questions that have come about.

So one of those things is around or related to having that separate coordinated entry system for survivors specifically, and if that would be something that could be done or a process that could be applied for, if the victim service provider got DV bonus funds through, say, a rapid rehousing or joint component project.

If that was the project versus a coordinated entry system only type of funded project, if they would be able to still have a separate system. So that was one of the questions. I'm going to pitch it over to you, Jill.

Okay.

Fair enough. Okay.

I'm reading the question. I'm sorry I wasn't very clear about that.

So one of the funding options under the DV bonus funds, which are part of the Continuum of Care funding included a specific DV coordinated entry project. So that is typically viewed as a separate project, so it might make up all of the victim service providers in a CoC. It might be a part of that process, but typically, there might be one victim service provider or a coalition that would be the lead on that, putting together some of the processes and policies specifically for survivors within that CoC.

Now, however, to your question around the rapid rehousing or the joint component, it's certainly possible that you could use some of that particular funding to build a coordinated entry system for survivors, but it does kind of eat into the funds for those projects.

So that would be something you'd want to work with your CoC and your other victim service providers to make sure that everybody was in agreement to do that because most likely, you

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wouldn't have enough money in and of yourself to do that within just a rapid rehousing or a joint component project. I hope that answers your question, but please feel free to follow up with another question.

And then I also just want to lift up the question that was posed by a peer or a couple of questions posed by a peer out of Maine to victim service provider peers who may be on the call or CoCs who are on the call around what other states have a CoC for the entire state.

So I'm thinking something like a balance of state perhaps, and what are they doing to coordinate the assignment of resources for survivors. How often does the coordinated entry system committee meet, if there is one?

And then do you have one meeting just for coordinated entry system problems that might arise, or other meetings for actual assignments, referrals? How does the committee report back to the CoC?

So again, in addition to listening to any information that we share today, we also just want to extend the invitation for you all to support each other in the chat and respond if this is a similar model or design in your community, and you may have some recommendations for the question that have been posed.

All right.

So now we can move on to the next slide and start to talk a little bit about again, looking at some of those safety considerations when we're talking about coordinated entry and the various different models that we just went through.

So if you want to go to the next slide, please.

All right. So one consideration to think about is access to our communities' coordinated entry system safe? So you'll recall earlier in the presentation, when we were describing what a coordinated entry system was, we talked about the need for the system to be easily accessible and very well advertised. So we know that this can be complex when we are thinking about coordinated entry access points for survivors depending on what coordinated entry model is being used.

Particularly, when we are looking at whatever model may be available in rural communities. So in cases where the victim service provider is an access point there, there should be detailed protocols and practices in place that prioritize the protection, safety and confidentiality of all involved. And so when this is not the case, it is still just as important for homeless service system providers who are acting as or who are operating an access point to have protocols and practices in place around safety and confidentiality.

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Victim service providers, I think, as we lifted up earlier can be very strong resource to work with in enhancing access point safety and putting practices and protocols in place because of their in-depth knowledge of survivor safety needs and the unique safety barriers that very often, survivors can face.

So for example, in a smaller rural community, there is often the strong possibility of both the survivor and the person who is using violence against that person or who has used violence against that person, having some of the same networks or for service provider locations to actually be known because we know the confidentiality of locations sometimes is not so confidential. But by working with victim service providers, communities may have the opportunity to address these type of challenges head-on in their policies, so that survivors are able to access indeed the housing resources that they need safely.

So next slide, please.

So to overcome some of the safety challenges with access points, communities may want to work together to explore access models such as a virtual access point or a designated hotline where individuals can call, as Jill mentioned earlier.

And as we stated earlier, this can be like a 211 hotline or a lot of times, I know that domestic violence programs may have their own separate hotline or sometimes, coalitions may host a statewide hotline. So these can be safer alternatives that are offered to survivors and accessing coordinated entry systems and helping them to move forward throughout the systems process.

As communities are having conversations around again, reimagining your coordinated entry systems and enhancing safety and confidentiality and equity and access, it's really critical to enhance safety access to housing resources for survivors, if CoCs indeed work alongside VSPs or domestic and sexual violence coalitions. In the development of your models, where victim service providers can be an access point.

Next slide, please.

So here's a second consideration to think about. Is the overall coordinated entry system trauma informed? So a coordinated entry system that leads with trauma-informed approaches is really key to centering survivor safety and the safety of the people who are, of course, broadly experiencing homelessness. This is applicable in both realms, right?

So as you recall from some of our earlier slides, there are many different models of coordinated entry systems, which means that the process can look several different ways based off of which model a community may be using. But regardless of the model, the overall system should lead with a trauma-informed approach. For coordinated entry systems to be trauma-informed, it's really important that the individuals implementing the various parts have the necessary training

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and tools to facilitate trauma-informed assessment of the survivor situation. That's critically important that folks be able to lead with cultural responsiveness and equity, and that there is an ability to support the survivor's choice in housing placement preferences.

So that they had that autonomy, that it is survivor led in the ways that it can be. So this can look like acknowledging the survivor's trauma and offering any mainstream or community-based resources, such as the local victim service provider, or even thinking about any type of other community base or culturally-specific programs that may be available in the area and that the survivor may have some interest in and can resources from.

It can also look like highlighting resources or housing placement options that, again, support survivors' choices and their identities, such as offering housing options that honor what the survivor has defined as what is important to them and what makes them feel safe.

Other considerations when reflecting on whether your community's coordinated entry system is trauma-informed can include thinking about does your community's coordinated entry process include protocols to ensure safety of all individuals and families seeking assistance.

So thinking about that more broadly, right?

So for example, are you accounting for the trauma, experiences and needs of LGBTQ+ survivors, survivors with disabilities, survivors from historically marginalized and/or immigrant communities, Deaf and hard of hearing survivors?

Thinking about all of the vast needs that survivors may have and the ways in which they may need to seek assistance. One more consideration to this point is, does your community's coordinated entry process have a trauma-informed and collaborative process where, or when a survivor may be in immediate danger and in need of emergency housing assistance?

So for example, does your systems protocol lead with supporting the survivor and connecting with the victim service provider such as by doing a warm introduction or handoff versus simply providing the survivor with the contact number to call themselves?

And a lot of times, this may be a survivor's experience when not encountering or reaching out for resources through a victim service provider but kind of entering the general homeless system space. So this is something to think about.

It's important to understand that when a survivor, again, that when survivors are often seeking assistance, they are telling their stories multiple times, so it can be very retraumatizing, so, again, by providing that warm handoff, say, to your victim service provider partner, the survivor can feel supported, and the level of retraumatization can be minimized, next slide, please.

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And so we just talked a great deal about trauma-informed care, and so just to give a little bit of background on some of the principles of trauma-informed care, these are five principles taking from the National Network to End Domestic Violence, which is one of the Domestic Violence Housing and Technical Assistance Consortium, as Jill mentioned earlier.

And these principles, when you look at them, they can further assist CoCs in strengthening trauma-informed approaches in coordinated entry systems. And I'm going to drop the link to these in the chat here.

And so by reflecting on and taking steps to incorporate principles of this sort, this allows an opportunity for CoCs and victim service providers to work together and find common ground on the approaches that, again, best meet the needs of their communities and those of survivors, next slide, please.

So here's a third consideration or question to ask about your community's coordinated entry system. How do system assessment tools account for safety? So I think Jill may have mentioned this earlier. The conversation, of course, around assessment tool and survivor safety is one that is very nuanced, and it is continuously evolving as more is learned about the challenges and unique needs of survivors, the challenges they have in accessing housing resources and maintaining confidentiality while doing so.

And, again, this is a very opportune time for victim service providers to leverage their expertise and work with CoCs in developing tools that support survivors in being open to share immediate concerns, any challenges or needs that they have or, again, safety concerns that they have. The initial point of access where assessment occurs can essentially be a survivor's first impression of your community's overall homeless response system, and so how you can best meet as well as how you can best meet or not meet their needs.

So typically, we all know that the assessment period can be a short process, quick, which only leaves a matter of moments to build any type of baseline trust or rapport with an individual, and this is another place where victim service providers can play a critical collaborative partner role by training coordinated entry staff on ways to ask assessment tool questions around violence and ways in which to respond when a survivor may disclose that they've been dealing with domestic or sexual violence because, again, these are very retraumatizing experiences that people are sharing, and we know that they are having to build that trust in this short period of time.

And so we want to make sure that we are all adequately equipped to be able to respond to this person's need around safety as well as housing.

So this, again, just reemphasizes the importance of coordinated entry systems being trauma-informed at every point of the process, but particularly at that assessment phase. And so using assessment tools that allow for trauma-informed and participant-driven assessment can set

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the stage for, again, voluntary disclosure of violence. Another thing is that it is important to also think about the data that is collected in assessment tools and be knowledgeable on the confidentiality and privacy rights that survivors have under things like VAWA, particularly for survivors presenting at nonvictim-service-provider homeless provider systems.

It's important that survivors understand, again, what their privacy rights are and what risk may be associated with sharing their information, and it's important for them to know where their data is being stored and how it may be shared.

So those are really critical pieces to accounting for safety for survivors, making sure that they are aware and knowledgeable of what will happen with the data that they do share. And this, again, supports survivors in making really informed decisions and ultimately being in control of their own safety. So now I'm going to transition into lifting up a community model here before we go into the final consideration, if we can go to the next slide.

And so this is directly related to our point around assessment tools, you know, looking at assessment tools. One community that I want to highlight as an example of where some good assessment tools may exist is the Delaware State CoC and DV Coalition. And so the Delaware State CoC and DV Coalition have worked together, actually, in creating a customized assessment tool specifically for survivors, and this assessment tool is used by DV advocates to prioritize rapid rehousing units within the DV housing inventory.

The tool encourages a conversational approach to exploring survivor housing needs and combines this approach with assessing survivors' vulnerability and safety. And so more information about this community and the approach that they take can be found in the special topic series paper entitled "Transforming Our Coordinated Entry Systems to Increase Survivor Access to Housing," and this can be found on the safe housing partners' website, as well as I am going to pop the link here in the chat with the title quickly.

And so, again, you can use this resource to find out more information on some of the things that they do with the assessment tool. And so through their use of this assessment tool, advocates can complete the vulnerability index, service prioritization decision assistance tool, which is the VI-SPDAT.

That's just me, you know, saying what the acronym actually stands for. This helps them fill out the VI-SPDAT in a more trauma-informed manner, and so the simultaneous use of these tools, the assessment that they've developed as a community along with the VI-SPDAT, allows this often complex nature of survivor vulnerability, to be captured more effectively and in ways that are less, again, retraumatizing to survivors.

So for survivors not accessing DV rapid rehousing units in this community, advocates are able to confidentially place survivors on the by name list of the broader coordinated entry

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system there. And so in addition to this too, the VI-SPDAT tool used for the CoC does actually incorporate some questions which assess for vulnerability related to experiences of violence. But, again, they have taken it a step further with some of the assessment tools that they have built out. And so please feel free to look at that resource that was dropped in the chat.

Next slide, please, and so one more consideration that we want to think about or look at is, are our systems' response policies and guidance clear? Is it easily understood?

So, again, how... Is it easily understood how to best respond when a survivor does disclose that they are fleeing or have experienced violence? Again, emergency shelter shouldn't be the first and only option given to a survivor, but in cases where there appears to be an increased risk, it is important that CoCs have a clearly written, plain language protocol and guidance on how to best respond and refer survivors.

Again, this is essential to ensuring survivors receive the most swift response and adequate safety resources that are available in your communities, so having practices and clear policies in place that guide assessors on how to direct or provide information to survivors on accessing emergency shelter immediately without first being assisted, prioritized and referred is critical.

And, again, this is also another good place where there's a great opportunity for victim service providers and CoCs to work together in developing those coordinated entry response policies and guidance that incorporates considerations of safety.

All right. If we can go to the next slide, and so, again, just lifting up another community example where the community has taken the approach in looking at their systems policies and giving clear guidance.

So looking at the New Orleans Jefferson Parish CoC, their policy is to ask all individuals about safety, and they do provide clear guidance on how to respond if a person is in that kind of immediate danger or has any safety concerns.

And they also provide some good guidance on how to facilitate VAWA emergency transfers, which we know is critical as well to ensuring that survivors, you know, remain safely housed in times when they may need to flee another housing location quickly, next slide, please.

So now let's look at just a couple of repeated things, things that we may have touched on throughout the presentation when talking about working together and how systems can work together to center the safety needs of survivors and coordinated entry.

So looking at cross-systems training to understand system requirements and survivor safety needs, we've talked about this a little bit, about how victim service providers, you all are a critical resource, again, to helping homeless service providers and those operating, you know, at the

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heads of your coordinated entry systems really understand some of the critical needs, safety needs that survivors may have and what their challenges may be. Cross-systems working groups to develop coordinated entry models and policies and protocols, again, that being a strategy in working together to ensure that survivor safety is indeed centered and, you know, prioritized.

And then also looking at cross-systems collaboration to ensure that safe referrals are happening, and that there is safe access overall to coordinated entry systems is another way that stakeholders can come together.

So I want to take a little time to pause here before we move into the resource slide, where there are a couple of things that we've highlighted for you all today, and see if there are any questions that have come through so far.

Shenna, I think there might be a couple of questions.

One thing that came up before was around 211, and I wanted to make sure that we went back and addressed that. So the specific question was around whether... Let's see if I can find it.

Does any state use 211 or similar call center counselors to conduct the assessment tool? I just wanted to comment on that because I know in some states, they did try to do that, and what they found was that 211 has some turnover, so it was difficult to have them actually conduct the assessments unless the assessment is just a couple of quick questions, and then they're referred on to another party.

So it depends on how you want to go about doing that, but if it comes to an involved assessment tool, I don't think it's really fair to 211 for them to be running through that unless that's something that you've entered into some agreement with them, that they will conduct those longer assessments.

Otherwise, they should just be doing an initial screening and then moving them on to the next location that can better meet the needs of the survivor or anyone experiencing homelessness.

You raise a good point, too, though, Jill, about the rate of turnover sometimes that 211 experiences, and so, you know, just thinking about how that could potentially be another opportunity for working together as systems stakeholders to address, you know, turnover and sustaining approaches that are ultimately going to meet the safety needs of survivors so looking at ways to decrease, you know, disruption of safety approaches and policies and procedures when it comes to those type of models.

Yeah, that's a great point.

Another question was around the by-name list, and just somebody was inquiring about whether

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Delaware, like, who owned the by-name list there, and I think that it... I'm...

This isn't really a question for me to answer, but really I did want to just briefly mention that it is important to think through who owns your by-name list, whether that's a victims service provider or the CoC because of the confidentiality aspects.

You do want to make sure that you're getting consent, and even if you get consent, you still owe it to those survivors to make sure you're keeping their data as confidential and safe as you possibly can. So you could conceivably use them, but I would be very thoughtful about that. And then Candace is mentioning it's also a problem because 211 is used in referring directly to housing providers, okay, which bypasses the coordinated entry system.

Yeah, that's a really good point, so, yeah, I'd be really thoughtful about who owns those lists, and also what 211 is doing in terms of their referral systems.

Thanks so much, Jill. So you all have done some great community sharing here in the chat today and have posed some great questions, and, you know, we would really encourage you all again to visit the Safe Housing Partnerships' website as well as reach out for any assistance or questions that you all may have, and with that, can we go to the next slide?

So here are a couple of resources to highlight that are actually on that Safe Housing Partnerships' website. The first one here you heard me mention earlier. It is the one where the Delaware model can be found as well as several other community models are highlighted in this particular special topics paper, and that is the transforming coordinated entry to increase survivors' access to housing options paper.

And then we also have some information on the Safe Housing Partnerships' website that talks about incorporating domestic violence providers into a coordinated assessment process and what that can look like.

There's also some information available on coordinated entry and victims service providers, an FAQ document as well as a little bit of a, maybe a deeper dive or some other nuanced questions that are addressed in the FAQ on the coordinated entry process.

So, again, would encourage you all to look at that website. There are a plethora of resources and webinars and tools on that website, and, again, technical assistance can be requested through the Safe Housing Partnerships' website, as well as technical assistance can be requested through the HUD exchange as well if assistance is needed, and then next slide, please.

And so just to leave you all, again, with our contact information for myself and Jill here, please do not hesitate to reach out if you do have questions after this webinar.

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If you have questions that may not necessarily be related to today's specific content, please, you know, still feel free to reach out to us, and we will do our best in assisting you ourselves or most certainly putting you all in contact with the folks who can assist you. Did you have anything else to share, Jill?

Yeah, one thing. So there was a question about... And there were a couple of questions around this that are really good and don't have super-simple answers but around overcoming issues that arise when coordinated entry prioritizes based on chronic homelessness or months of homelessness, which really can negatively impact prioritization for survivors.

I would just say that there is not a simple answer to that, but the best thing is to be involved with your CoC, so each CoC... And they should be doing this right about now or at least annually. They should be looking at their coordinated entry priorities. They should actually have a policy, and now would be a really good time to be at the table and reminding your CoC members that survivors...

I think, you know, the data is staggering when you really look at survivors that are in the system as a whole. Like, I don't know. I want to say the statistics are, like, 60 to 80 percent of the people that experience homelessness have some sort of domestic violence, sexual assault, sexual violence experience, so it's a very high percentage of people, and it is an opportunity for CoCs to really recraft their policies and prioritize survivors.

So I encourage you to get to the table and remind people and help them prioritize survivors. That's your best ticket. Shenna, did you have any advice on that?

No, not other than, you know, that really hits, touches back on that point around, you know, the system being trauma-informed, and the processes and policies being trauma-informed.

That seems to be a really key stress point and opportunity, like you're saying, for victim service providers and other CoC stakeholders to really be working together to reimagine that system.

Right, and Kate reminded us and such a good reminder. Now, between now and I think July 1st, CoCs are supposed to be building their MOUs with public housing authorities for those EHV vouchers, so we want to see survivors get those vouchers, and the only way to do that is to be at the table and to be helping shape that MOU between the CoC and the public housing authority, so please get it, be engaged, hold your CoCs accountable.

They have a lot of responsibility, but you can help them see the way that they should move and what their considerations should be and how they need to change their policies.

All right. And if you need more kind of insights for just procuring around how to build those relationships with your CoC contacts, we did a webinar.

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I think it's been a week or two ago now. That should be posted on the Safe Housing Partnerships' website soon where we do talk about a little bit of how to build those relationships with you CoC.

And, again, if that is something that you want to process or think through further as a victim service provider on ways to build those relationships, again, please do not hesitate to reach out to us, or we can put you in contact with other DVH tech partners who have worked with victim service providers to build those relationships.

All right. Is that looking like all of our questions?

I think so, but if anybody has any last-minute questions, please feel free to drop them in there. We really appreciate your joining us today and being a part of our webinar and really appreciate your chatting and sharing your incredibly valuable information, so, thanks, everybody.

All right. Thank you so much. We'll wrap up here. Have a good day, everyone.

Thank you.