



## TRANSCRIPT

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

0:00:01.7 Karla Vierthaler: Alright, that's me. Hi everyone, and welcome to part two of our Foundations of HUD Coordinated Entry and Housing For Survivors of Sexual Violence. We are very excited to have you all here. As with part one, we are recording this and it will be available on our website and probably on multiple websites, and we will share this information with sexual assault coalitions who will hopefully then share it with member programs. So my name is Karla Vierthaler, and I work for the National Sexual Violence Resource Center. And as last time, my colleague, Louie Marvin is also here with me from NSVRC. And then we have partnered with Collaborative Solutions, Shenna Morris and Jill Robinson who will present the bulk of our material today. Next slide.

0:00:53.2 KV: And so I wanted to share a little bit about how we are connected with Collaborative Solutions and other partners. There is a National Domestic Violence and Housing Technical Assistance Consortium. It is one of the only federal funding consortiums of its kind in that we are funded by four federal agencies that you see there, and then there are six program partners of which NSVRC is the newest. And you'll see those there, and I'm gonna talk about each partner in the next slides. So next slide.

0:01:36.1 KV: So what we do in the consortium is we look at domestic violence and sexual violence as it relates to housing, and we have created many, many resources that all live on our website around data related to sexual domestic violence and housing, literature reviews of the research, reports that talk about the intersections of these issues. We have many recorded webinars and research papers on how to build effective and sustainable partnerships across housing systems and victim service systems to really support survivors around homelessness and housing issues. And then we really sort of look at four key approaches to addressing preventing housing instability among survivors, and then we also do a lot of policy work around relevant laws, regulations, policies. We've been very active during the... Well, multiple pandemics that we've all been experiencing to make sure that survivors have housing, aren't evicted, etcetera. Next slide.

0:02:47.6 KV: And I think it was on the previous slide, but I'll share it now. We also are a training

and technical assistance provider. And so if you have any requests, you need any data, anything at all, we are happy to help as a consortium or as individual consortium members. So the first partner we'll talk about today is the National Alliance for Safe Housing or NASH. And NASH actually grew out of DASH, which was a DC Alliance for Safe Housing. And they do a lot of work around housing and domestic violence, making sure survivors are housed, and that housing provided is as traumainformed as possible. Next slide.

0:03:34.3 KV: We also work with the National Network to End Domestic Violence, NNEDV, which many of you are probably familiar with. They have a collaborative approach for safe housing for survivors project, also providing training and technical assistance, and they also house the Safety Net Project, so ensuring that safety is considered when technology is used to assist survivors. Next slide.

0:04:03.0 KV: And then this is NSVRC, we are the newest partner looking specifically at sexual violence and the intersections with housing. We are a nonprofit that has been around since 2000, and we work on both the prevention of sexual violence and intervention. We create the campaign for Sexual Assault Awareness Month in April. And we also provide training and technical assistance on anything related to sexual violence. Next slide.

0:04:32.8 KV: And then our partner today, Collaborative Solutions, whose mission is to work in partnership for the empowerment of human service organizations and communities in order to positively impact special needs populations. And Collaborative Solutions does a lot of work with HUD, Housing and Urban Development, and is sort of our resident expert on all things housing, as you will clearly see from Shenna and Jill today. Next slide.

0:05:02.1 KV: And also part of the consortium is the National Resource Center on Domestic Violence, which is our sister organization at NSVRC. NSVRC is a project of the Pennsylvania Coalition Against Rape, and NRCDV was a project of the Pennsylvania Coalition Against Domestic Violence, just a little fun fact. And NRCDV does a lot of work around domestic violence and has a wonderful resource called... See, I'm forgetting the name. I apologize if my brain is a little slow due to the pandemic. I'll put it in the charts or in the notes, but they have a project, a website that has a lot of different... I keep thinking safety net, but that is not it, resources around domestic violence, sexual violence and its intersectionality with a lot of different issues. They also do a lot of work around prevention of domestic violence funded through the Centers for Disease Control, and NSVRC partners with them on that work. Next slide.

0:06:09.0 KV: Safe housing partnerships. Yep. And so our objectives today are to, by the end of the webinar, participants will be able to identify HUD housing options and how to access them. Participant programs will be prepared to make referrals to the HUD CoC coordinated entry system for clients' housing needs. And then finally, we're hoping sexual assault programs will understand the considerations for housing survivors and be confident in working with COCs to

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do so. So those are our objectives, and thank you so much for allowing me to do a brief intro, and then I will turn it over to Shenna and Jill.

0:06:53.4 Jill Robertson: Great, thank you, Karla. Good afternoon everybody, my name is Jill Robertson. I'm with Collaborative Solutions, and I'll be presenting some of the material today around HUD housing and homelessness, coordinated entry specifically. So the first thing we wanted to do today was to just take a look at some basic definitions, kind of ground all of us in some of these concepts. I will do my best to not use a lot of acronyms, but if you have questions or things come up for you, please do drop them in the chat box. We're happy to answer questions as we go along, or even answer those at the end of our session and time together. We are gonna cover a lot of ground so, please again, feel free to just send us a chat question, and we'll try to respond to those.

0:07:45.4 JR: So just looking at homelessness from a HUD standpoint, HUD has defined homelessness with four categories. The first category is literally homeless, and I'm gonna define these here in just a moment, but I wanna give a kind of a broad overview of the categories. So category two is being imminently at risk of homelessness. Category three, homelessness defined under other federal statutes. And then category four, fleeing or attempting to flee domestic violence/sexual assault. So let's take a quick look at those definitions. Category one, previous slide, please. Thank you. We're gonna be on this slide for just a couple of minutes, so just to define the literally homeless category, that is an individual or a family who might lack fixed or regular adequate nighttime residence. Their primary residence is maybe a public or private place that's not meant for human habitation.

0:08:51.9 JR: And that's really the key to this particular definition of being literally homeless, that someone is staying in a place that is either a shelter that's privately operated, or maybe they're living in a hotel or other congregate setting, but it's basically, other than the shelter and maybe a transitional facility, it would be a place not meant for human habitation. And it also could be that the person would be living in an institution for 90 days or less and who maybe previously had resided in a shelter. So that's a lot of information. We can talk more about that if you have interest, but that's our first definition.

0:09:38.1 JR: So category two, the imminently at risk of homelessness, and this is important for us to just be grounded in some of these definitions, because right now there is a ton of money in the system, and we want you to know how you can direct survivors of all sorts to these funding opportunities. So category two, imminently at risk of homelessness is an individual or a family who will imminently lose their primary nighttime residence, provided that the residence would be lost within 14 days of the date of their application for assistance, they have no other residence that they could identify, and the individual or family lacks the resources or support networks to obtain other permanent housing. So the primary thing to remember about that is you have to be 14 days away from being evicted. Now, I do say that, and that is under the normal circumstances, but during pandemic time, those definitions have changed slightly. So if

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you have people that you're serving and supporting that are imminently at risk of homelessness within 21 days, they would be eligible for various housing opportunities.

0:10:58.4 JR: Category three, just a quick synopsis of that, that it could be unaccompanied youth under the age of 25, or families with children or youth who do not otherwise qualify under the homeless definition. They might be defined as homeless under other federal definitions or statutes, and that might specifically be under the Department of Education. Their definition of homelessness varies substantially from HUD, so that might be one definition that would be different. Also those families might not have a lease or an ownership interest or occupancy agreement in permanent housing during the previous 60 days prior to the request for homelessness assistance. They may have experienced persistent instability as measured by two moves or more during the preceding 60 days. And then lastly, they can be expected to continue in this status for an extended period of time, i.e., they're going to need support and help to become housed again.

0:12:05.7 JR: And then the last definition is our category four, fleeing or attempting to flee DV. Before I talk about that, I just wanna mention that the regulations on the HUD side seem to be fairly concise in that the definition would be any individual or family who is fleeing, attempting to flee domestic violence, has no other resident, and lacks the resources or support networks to obtain permanent housing. The thing I wanna mention about that particular category is that even though it's not clear that it applies to survivors of sexual assault or sexual violence, it really does. And at the local CoC level, we want to encourage you to help your COCs shape and partner and make sure that those policies are broad enough, that all types of survivors are able to obtain housing under category four. So again, that was a lot of information. Feel free to ask questions. Let's go to the next slide, please.

0:13:15.9 JR: Alright, so another definition that's really important when it comes to coordinated entry is to talk about housing first, so housing first is not really about a housing intervention per se, it's really an approach so housing first is an approach that quickly houses people that are experiencing homelessness without conditions, aspects of housing first include lowbarrier admission, rapid entry into housing, voluntary supportive services, tenants having rights and policies that prevent evictions. So what is housing first? We talked just briefly about it. I do want to mention that supportive services are often available or offered rather to maximize housing stability and to prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to entering permanent housing. So in other words, those services are offered to support clients, they're not required or mandated. That's a part of housing first.

0:14:22.8 JR: Another aspect of housing first is that instead of having a linear approach in which people who experience homelessness are required to participate in and graduate from shortterm housing like shelter or some sort of residential treatment program, rather people think broadly, housing first allows you to think broadly and you can move right into permanent housing, whether that's rapid rehousing or permanent supportive housing, "Clients do not have

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to be housing ready." Additionally, in terms of housing first, it's a low barrier admissions policy, we're gonna try to get people rapidly into housing, tenants have full rights responsibilities and legal protections, there should be practices and policies to prevent lease violations and evictions, so in other words, here's a couple of examples around this.

0:15:31.2 JR: On the tenant side, they do have full rights and responsibilities as a tenant, but specifically that would mean that they have duties and responsibilities to take care of their unit, and when a client maybe is experiencing something that would cause them not to be able to pay their rent, or they had a situation of violence where a landlord might be nervous about their particular situation, the case manager, your program would work with the client to make sure that they can continue to stay housed, that's what housing first is really all about, and it's such an important concept overall. So housing first does apply to all different housing models, and we'll talk a little bit more about what those models are, but housing first can be applied to permanent supportive housing, it can be applied in a scattered site model or private market apartments it can be applied to a single site model that has permanent supportive housing, like buildings all in the same physical location or general location, it can also apply to either newly constructed or rehabilitated units. So there's lots of options around housing first, and it does work 'cause it gets people off the streets, gets them stably housed, and then it helps them work on whatever their reasons might be for them having experienced homelessness. Let's go to the next slide please.

0:17:08.9 JR: Alright, let's talk about coordinated entry, so we'll try to define that. Coordinated entry is a required process for all CoC funded projects, it was developed to ensure that all people experiencing housing crisis have fair and equal access and are quickly identified, assessed, referred, and connected to housing resources and assistance based on whatever their strengths are and whatever their needs are. In a limited... CoC can set priorities with coordinated entry in terms of who can be housed first. Typically, persons that have experienced chronic homelessness, so maybe somebody who has been unhoused for a couple of years might take a priority, however, that is not always the case, sometimes communities prioritize survivors of violence, sometimes veterans, sometimes families, sometimes youth. So each local continuum of care can help their community establish what those priorities are in terms of coordinated entry. So let's go to the next slide please.

0:18:24.3 JR: So a little bit more about what coordinated entry is. A centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals, a centralized or coordinated assessment system covers the geographic area, it's easily accessed by individuals and families seeking housing or services as well as advertised and includes a comprehensive standardized assessment tool. Now this is somewhat of an older definition or concept around coordinated entry, the main thing to really gather and glean from this slide is that coordinated entry is a centralized process, it's not necessarily that you have to go to one specific location or you have to get into the system in one specific way, but it is centralized and there are some things that might be common within coordinated entry.

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0:19:25.0 JR: It should be easily accessible by all individuals and families who might need housing or services. It should also be advertised, this is one of the things that can be tricky for Continuums of Care that are large, making sure that there's a way of marketing, how people access housing and services is really a critical piece for Continuums of Care. And then the last thing, and I think this is something that is changing within our communities is a standardized assessment. Currently, the standardized assessment is required, but that doesn't mean we have to use the exact same tool in every community or even within the communities. So for example, some domestic violence programs, some sexual assault programs have received pots of money from HUD to develop their own coordinated entry system, they don't have to use the same assessment tool that the homeless service providers are using. So it just has to be standardized in terms of the populations that are being assessed to make sure that those particular populations are getting into the right types of housing and that it's fair and equitable. Coordinated entry also acts as a process where at a point of access... Let's start that over again.

0:20:53.3 JR: Coordinated entry acts as a specific process where a point of access is identified to assess individuals experiencing homelessness. It helps them with prevention needs and it reviews their eligibility for specific resources. There can be points of access design in a physical location, can be a provider network, it could be a hotline. We'll talk a little bit more about those specifics on what kind of access points there may be. Let's go to the next slide, please.

0:21:28.0 JR: So a little bit more about coordinated entry, it's established in consultation with the emergency solutions grant recipients of your state or your city that receives ESG or ESG CV funds, but it is operated under the Continuum of Care, the CoC. In other words, those two parties that receive federal funds should be working together to talk about and to work in collaboration around coordinated entry. It must be easily accessible as I mentioned this before, well advertised and use a coordinated and standardized process throughout the CoC.

0:22:11.8 JR: In other words, I can't use a BIs for that and another assessment tool in the same CoC. I have to use one tool or another, or one process or another, I can't vary it. But it doesn't mean within those different populations that the assessment cannot be different. And then there should be policies that address the needs of survivors who are seeking assistance from homeless service providers. So in other words, we know that many survivors will enter the system, not through a hotline or through a certain way, they may go to a homeless service provider and that should be completely acceptable, there should be a process in place for how survivors will get into the best kind of housing for them. So specifically, that process is to be such that it addresses the needs of survivors, and that means the community should have processes in place specifically for the CoC as they develop their policies, they should be working together with victim... So the CoC and Victim Service Providers should be working together to develop their policies to make sure that survivors can access the system in a safe and confidential way.

0:23:34.9 JR: It should be secure in terms of how referrals are made, there should be no

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exposure of data or privacy or PII for the survivors. So those things have to be established upfront, it can't be assumed that everyone will be looking out for survivors, those policies really need to be in place. And I do wanna encourage all of you that are on the call, as you're involved with your Continuum of Care, you can help shape these policies and make sure that survivors' needs and privacy and safety, all of those things are being met. The CoCs are encouraged to not only work with their Victim Service Providers in their CoC geographic area, but they should be working together to develop a traumainformed and culturally responsive system assessment process, referrals and prioritization policies and procedures. It's very important that Victim Service Providers, that all of you are engaged and open to collaboration with the CoC and the CoC in turn working with you.

0:24:44.7 JR: We do have a lot of data that we can share with you around survivors of various sorts that are in the system and that will be accessing coordinated entry. I'm gonna just hit a couple of highlights here, 'cause I think that might be important. One thing I just wanted to share is that we know that almost 40% of those single adults experiencing homelessness are women. That should come as no surprise to any of us on this call, we probably already knew that, and they suspect that the number is really higher. Another really important thing is that domestic violence is very common among youth, single adults and families who are experiencing homelessness. It can be the immediate cause for families, individuals, youth further being homeless. We know that African Americans represent 40% of those experiencing homelessness, and other persons of color experience higher rates of homelessness than their white peers. This is very important in terms of making sure that we have a culturally and equitable process by which everyone can find housing and receive the referrals and support that they need, so that they're not experiencing homelessness anymore.

0:26:11.4 JR: So you can see it's really a vital role that the CoC and the coordinated entry system play in assisting communities to house people who are experiencing homelessness. So that's really what coordinated entry is all about, is working together to find solutions for people experiencing homelessness in your community through this coordinated process. Let's go to the next slide, please.

0:26:40.7 JR: Alright, so here's this interesting graphic, and I'm gonna talk a little bit... I'm sorry, it's probably small on your screen, but I'm gonna talk a little bit about this graphic. On the lefthand side, you'll see the darker blue has coordinated entry core components. And I believe there are four or five things there that I wanna just mention to you. Access is one point on the blue pillar, if you will, so access is the engagement point for persons experiencing a housing crisis. Access or entry point, look and function differently in different communities, particularly for those that are in rural or balance of states, as they're a part of the CoC.

0:27:30.8 JR: So access, especially for a large geographic area, they may have regional hubs, they may have divided the state into small... Not necessarily regions, but maybe they've divided the state into half. There's lots of different approaches to that. So access is a very important

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component that COCs need to think through. Upon the initial access, the individual or households will likely begin some type of assessment. So that's I believe the next bullet point is assessment. And we talked a little bit about that. During the assessment, the person's needs and their level of vulnerability will be documented for purposes of determining their prioritization.

0:28:23.4 JR: So in other words, the assessment is not just an exercise in futility, it's really trying to get at what are the specific needs of that unique person that's right in front of you, that needs housing, what do they need? Do they need veterans housing? Do they need safe and secure housing? Do they need a large enough place for 10 family members? What exactly do they need? So that's the importance of the assessment process. The prioritization is something we talked about a few slides ago, that the CoC will look at which audience, which group of people within the Continuum of Care will receive the priority. I'm sure all of us know that housing is very limited throughout the US, especially affordable attainable housing, so communities have to make decisions, they have to prioritize which audiences will receive the housing. And as much as we would like that not to be true, we would like everyone to receive housing, communities do have to set prioritization and determine who will receive housing first, second, third, on down the line. I wish it wasn't that way, but unfortunately, that's where we are at this point.

0:29:41.2 JR: And then a final element is referral and housing placement, where people are referred to available CoC units, housing resources, and other CoC policies and guidelines. So in other words, after they've gone through the assessment process, the person who's doing the assessment works through the prioritization. Maybe there isn't housing available, but maybe a referral could be made to a hotel for a period of time or to maybe a shelter in a nearby community. Lots of different things, or maybe the person really just needs some concentrated case management. That can be another referral that is made at that time.

0:30:28.7 JR: Also, if you look at the slide, you'll see a little bit more about how the system is in theory supposed to work. So you'll notice on the blue pillar, there's an arrow that says diversion. Well, the goal would be as people come into the coordinated entry system, instead of getting them caught up in the process of coordinated entry, maybe they could be diverted to a family member or to something else that really meets their needs. Maybe they need concentrated case management, maybe they need an ID, maybe they need a whole host of different things that isn't really related to housing, so they could be prevented from getting caught up in the process, in the system, so to speak. Maybe they could be diverted. If you notice the next blue pillar that's shorter is a temporary shelter, typically in an emergency or in a crisis, people would go to a temporary shelter for maybe 30 to 45 days.

0:31:36.2 JR: At the bottom of that lighter blue pillar, you'll see street outreach. And those folks are people that are living in places not meant for habitation. Oftentimes, they will need referrals to, if we follow the arrow, to permanent supported housing. So housing with services to keep them housed. So there's a lot to be said there. And I'll just keep it really brief. If you look at the

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orange boxes, you'll see a few other types of housing, and we're gonna talk a little bit more about those, but rapid rehousing and then transitional housing or other referral locations that can be made. And again, I won't go into details 'cause I know we're gonna be talking about that soon. So let's go to the next slide, please.

0:32:27.8 JR: Alright, so what exactly are the goals of coordinated entry? So the goals are really to increase the efficiency of the local crisis response system and to provide fairness and ease of access to resources. Some of you may have been involved with homeless services or might have been involved with domestic or sexual assault programs through years before McKinneyVento Act was put into play, and back then, basically it was first come, first serve concept as far as how people got into housing. So the coordinated entry goals, if you will, have changed that so that if I'm not the first person there, I still have a fair and equal acts, equal way of gaining access to housing and resources. So that's some of the goals and the intended consequences of coordinated entry, it doesn't always work that way, but those are the goals that hopefully we can achieve through the system. We're gonna take a look now at some other aspects of coordinated entry. Let's go to the next slide.

0:33:49.9 JR: So let's discuss some coordinated entry systems models. Next slide, please. So these are some ways that you might be able to access coordinated entry. So we talked briefly about this, there could be a central location or a designated access point, that would be a location where individuals and families can physically go to seek assistance. The central location could also be one or multiple designated locations within a CoC geographic area. So if you're part of a large state, physically like Texas for example, or really any of the Midwestern states, most likely your state is divided into regions, or maybe it could be divided into halves or something like that. So there would be multiple central locations within your continuum of care.

0:34:48.3 JR: The other option under central location or designated access point is a hybrid model of multiple designated locations, they all conduct the same assessment and they basically work the same way. So those are some of the options. The CoC does have to designate an access point, so you can't just have it be in one location one day, and another location the following week. It has to be something that everybody knows where they can go to find support. The location is supposed to be marketed so that people who are experiencing homelessness will know where they're to go. Could be marketed through whatever means, people, social media, it could be marketed through library announcements, it could be marketed through radio spots, there's lots of different ways that marketing can take place. Another good marketing tool is 211, they can be a great conduit in terms of communication, and they can also help in COCs with the referral process. Let's go to the next slide, please.

0:36:04.5 JR: So another aspect of coordinated entry and how somebody might get into coordinated entry is through an assessment hotline. Now, some of these have changed a little bit, so 211 is frequently one of the hotline systems or it can be. Also, there are domestic violence and sexual assault programs that have their own hotline. So there's a lot of different roads in

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terms of how a hotline might work. Sometimes within 211, they will do the screening or they may directly connect the callers with the appropriate services and not do any kind of screening whatsoever. Typically, the only downside to the 211 is that they do tend to have some turnover, and so training would need to occur on a regular basis. So if you as a sexual assault, sexual violence program are able to offer any kind of hotline services to make sure that people get into housing, would be a great service to your CoC. This model does often show up, this hotline model shows up for survivors in a community where specific DV hotlines are available and will be the point of access, so that survivors can go directly to that hotline and get connected to an advocate and then be assigned hopefully to some sort of housing solution. Let's go to the next slide, please.

0:37:45.1 JR: So you may have heard this in the HUD world, but in a geographic area, there really is to be no wrong door. And what in the world does that mean? Well, individuals and families can present really at any homeless service provider location, and either get a referral or get support in one form or another. Maybe the homeless service provider is able to conduct an assessment, and through the way the CoC has their coordinated entry set up, they can make the referral directly to housing, so there's really no wrong door, the person experiencing homelessness and need of housing can go to anyone and get help that they may need. So regardless of where that person presents, there would be procedures in place for an intake when in an assessment, it would be the same for everyone throughout the CoC. This is most common in smaller continuums of care that don't have the physical geographic limitations like a balance of state might have or a large state that's made up of primarily one or two COCs. So this is another way that coordinated entry can be managed. Next slide, please. All right, it is my great pleasure to turn the mic over to Ms. Shenna Morris.

0:39:14.8 Shenna Morris: Thank you, Jill. Thank you. Good morning or good afternoon everyone, depending on where you are. Great to have all of you all with us today. Again, my name is Shenna Morris, and I am also one of the HUD TA providers with Collaborative Solutions supporting you all through this learning today. And so now we will take a little bit of time to explore some of the housing project types that survivors might be referred to from the various different coordinated entry systems that Jill just mentioned. So if we could go to the next slide.

0:40:00.3 SM: So the first housing model is that of transitional housing, and this is typically a short or mediumterm housing option that survivors are able to access through coordinated entry systems or can be referred to, and it is housing that is available from as little as one month, all the way up to 24 months. And within this housing model, participants would be offered supportive services, individuals experiencing homelessness would have access to those supportive services. And again, this is considered a very short or mediumterm housing option, we really should be working towards supporting the survivor towards more permanent housing.

0:40:56.0 SM: In transitional housing, the participant must have either a sublease or an occupancy agreement, and this must be for a term of at least one month and be automatically

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renewable upon expiration for that maximum term of 24 months, because if you recall me just mentioning the time in this housing model can be as little as one month, up to 24 months. So once a program participant is identified for the housing, the project recipient or the organization that the survivor may be receiving assistance from will then execute a sublease or that occupancy agreement with the survivor or the program participant, formalizing, essentially, their right to the housing that they will be living in. It will also kind of lay out any specific program expectations that may be had while they are receiving transitional housing assistance and services.

0:42:12.8 SM: So as I mentioned a moment ago, supportive services are also offered under this model, they are not mandatory, but they must be offered to the participants as a part of the program. Transitional housing can be targeted to specific audiences so, for example, they can be prioritized to serve victims of violence or serve individuals who have some experience with substance abuse issues, so they can be targeted in communities. And then there are some limitations around the resources or funding that is allocated towards transitional housing, and we'll talk about how that gap is kinda filled here in a little bit as we progress along and talk about some of the other housing models. One thing that we have found is that transitional housing can be a effective model for both survivors as well as prioritizing unaccompanied youth populations. All right, if we can go to the next slide.

0:43:35.5 SM: So, another form of permanent housing funded by the CoC program is that of rapid rehousing. And so, permanent housing is defined as a communitybased housing without a designated length of stay in which formally homeless individuals and families live as independently as possible. And so, recipients may be experiencing either category one, two, three, or four of the homeless definition, as we spoke to earlier, and I think Jill went through those various different categories. Under permanent housing, a program participant must be the tenant on a lease or a sublease for an initial term of at least one year, and again, that is renewable and is terminable only for cause.

0:44:39.7 SM: Also further for the leases or subleases, they must be renewable for a minimum term of one month. Just before we dive further into the rapid rehousing piece, to mention, the CoC program, actually funds two types or components of permanent housing, the one that I've mentioned here, which is rapid rehousing, but then also a permanent supportive housing, which we will discuss a little bit later on in the presentation. And so to be, again, eligible for either types of these permanent housing solutions, a person, again, must be considered homeless by HUD's definition.

0:45:27.5 SM: For the CoC rapid rehousing, a person may be literally homeless or in the risk of homelessness, this also is a housing model that can provide a short or mediumterm rental assistance. It is limited at that 24month cap as well, and again, it is intended to move individuals experiencing homelessness rapidly into housing, and there being no wait period, no pre-requisite to them, being able to go immediately into housing. That is the intent of rapid rehousing

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programming. One of the things about rapid rehousing is that it emphasizes housing search and relocation services, and again, that short and medium term rental assistance to move homeless persons and families as rapidly as possible into permanent housing. So sometimes we'd like to think of rapid rehousing, as a intervention approach that is informed by the principle of housing first.

0:46:53.5 SM: In rapid rehousing, case management and supportive services, again, are those things that are required to be offered to participants of those programs. So the survivor or the participant does not necessarily have to accept the services or participate in the service, but essentially the recipient program or program offering the housing resource must offer those services to the program participant. And if we would like to go to the next slide.

0:47:38.3 SM: And so just to look at a couple of the core components of rapid rehousing. So some of the services that are provided, again, under rapid rehousing include case management, that housing identification piece, which kind of goes hand in hand with the case management as advocates and what have you will navigate and help support the participant or the survivor in identifying housing resources, really kind of using that survivorled approach. And then also, there are services under rapid rehousing regarding rental and move in assistance, so payment for things such as rental arrears or any legal service costs that an individual may need assistance with in order to access or secure housing.

0:48:36.5 SM: In addition to these services that are mentioned here on the slide, there are also other service supports such as childcare and transportation, as well as mental health services, which can be provided as supportive services, under rapid rehousing, and we know that a lot of times that these can be really critical support for survivors and either again, securing or retaining that housing. If we can go to the next slide.

0:49:13.5 SM: And so you may recall earlier that I mentioned some of the funding limitations on transitional housing, or, yeah, that some of the funding limitations there. And so one way that that gap has been filled is through the joint component approach housing approach. And so in 2017, HUD offered the Joint Transitional Housing and Permanent Housing Rapid Rehousing Project, which is again known as the Joint Component through the competitive CoC NOFO at that time. And so what this essentially did was combined two of the existing HUD program components that I just spoke of, Transitional Housing and Permanent Housing Rapid Rehousing into a single project which would serve individuals and families experiencing homelessness.

0:50:12.9 SM: In this Joint Component Project, we find or we know that it may be a very effective approach for survivors in particular who may need both that transitional and that rapid rehousing support, because if you recall me mentioning earlier, transitional housing is kind of that temporary hopefully solution that is utilized to support people along the way to accessing permanent housing, which would be what the rapid rehousing component is. A participant or a survivor could access both aspects of the Joint Component Project, so they could be in the transitional housing portion for a short time, or they could utilize it for the full

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24 months, depending on what their needs are, or like I was saying, they could do a portion transitional housing and a portion of the rapid rehousing. Essentially, their total experience within the joint component would be capped at that 24month time period, so they would cap out at that 24 months. And also within this joint component, again, it is a housing program that also encompasses those supportive services that I mentioned earlier, and would be inclusive of that case management support as well. Okay, if we can go to the next slide.

0:51:52.4 SM: And so I mentioned that we would take a look a bit further at the permanent supportive housing piece here later in our presentation, and here we are and so just to define that a little bit, HUD defines permanent supportive housing as permanent housing with an indefinite lease or rental assistance and it's paired with supportive services to assist people experiencing homelessness, who also have a disability or families with an adult or child member with a disability, helping them to achieve a housing stability. And so I think that we really wanna call attention to that, the key difference or key thing that stands out for permanent supportive housing is that there must be someone who is experiencing homelessness present that is also experiencing a disability of some sorts. So the goal of permanent supportive housing is to achieve permanent housing stability for these highly vulnerable participants such as individuals with disabilities. Next slide, please.

0:53:16.7 SM: Alright, and so just to continue with defining permanent supportive housing here a bit, it is a preferred approach to meeting the housing needs, again, of individuals with special needs, vulnerable populations, and there are many studies that have shown that permanent supportive housing is indeed an effective method of ending various homelessness, along with assisting the most vulnerable communities and populations. So again, being a preferred intervention for those with chronic physical or behavioral health conditions that can really impact the ability to maintain or even access housing opportunities.

0:54:03.2 SM: In permanent supportive housing programs, individuals are also able to access and be provided with an array of supportive services, which can overall help them to increase their housing stability, increase their level of independence, and support them in becoming more selfsufficient. It can be beneficial to the health outcomes that individuals or participants of permanent supportive housing may experience and just assist them in overall becoming healthier, as well as there could be some increase in the rates of employment or job readiness through these type of programs because those are supportive services that essentially are provided under this program as well. Just to mention a couple of other services or supportive services that are provided under permanent supportive housing, this also includes life skill services, things like financial planning, again, that general case management, really whatever that survivor or individual needs in order to secure or retain safe housing.

0:55:33.7 SM: Okay. And so I think after going through those models, I'm going to turn it over to my colleague, Karla, to kind of drive home all of the points of why this conversation was so critical and important today. So if we can just go back to the SASV survivors and housing slide.

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0:56:01.6 KV: Shenna, we made an executive decision with our last 30 minutes to just leave a little time for questions, and I'd also wanted to share that you all had great, great questions in the chat. We've tried to respond as well as possible to those, but we are available for technical assistance if there are additional questions that come up, so I think we just wanted to leave Jill and Sheena an opportunity to see if there was anything additional in the questions that either of you responded to in the chat that you wanted to share about.

0:56:40.6 JR: Karla, just one thing I wanted to mention was, there were quite a few questions around the EHV vouchers, and I just wanted to mention that this is a really good opportunity to work with your CoC to make sure that policies are broad enough to serve all types of survivors. One of the things that people tend to focus on with the HUD definition under homelessness category four is around the fleeing, and when it comes to sexual assault and sexual violence, those survivors don't necessarily fall into that category. But I would say that as a CoC, as part of a sexual assault/sexual violence program, you can work with your CoC to broaden those policies, so the fleeing is the least common denominator, that's the least you can do, but you can certainly do more. You can add to that definition to make sure that the policies are inclusive to serve all types of survivors. So if you're part of a CoC that doesn't have that broad stroke in your policies, I really encourage you to make sure you add the broadest, most comprehensive perspective on survivors as you can.

0:58:23.9 KV: And I think that's it for today so thank you all for being here and participating. And thank you Shenna and Jill for providing such wonderful information, and please keep an eye out for more information from us around sexual violence and housing. And please don't hesitate to reach out if you have additional questions. Thanks, everyone.