

Transforming Our Coordinated Entry Systems to Increase Survivors' Access to Housing Options

Kris Billhardt, National Alliance for Safe Housing
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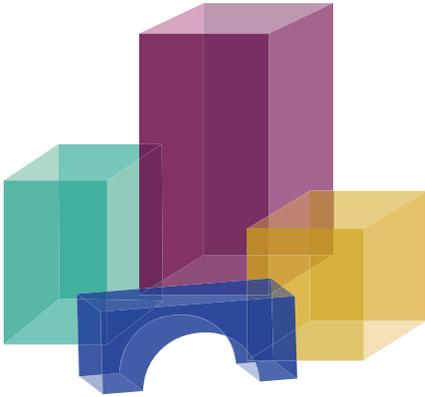
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The federal Domestic Violence and Housing Technical Assistance Consortium (the Consortium) is an innovative, collaborative approach to providing training, technical assistance, and resource development at the critical intersection of domestic and sexual violence, homelessness, and housing.

Funded and supported by an unprecedented partnership between the U.S. Department of Health and Human Services, Department of Justice, and Department of Housing and Urban Development, this multi-year Consortium brings together national, state, and local organizations with deep expertise on housing, domestic and sexual violence in order to collaboratively build and strengthen technical assistance to both housing/homelessness providers and domestic/sexual violence service providers. The Consortium aims to improve policies, identify promising practices, and strengthen collaborations necessary to improve housing options for survivors of domestic and sexual violence and their children in order to enhance safety, stability, and well-being.

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"There is no such thing as a single-issue struggle because we do not lead single-issue lives."

- Audre Lorde

Imagine summoning all that it would take to seek help at the most complex juncture of your life and then being offered just one option – or being told that there is no help at all. This is the experience of many survivors of domestic violence, sexual violence, and human trafficking (DV/SV/HT) when they reach to our homeless and victim services systems for help with housing. While survivors' housing needs are much more on the radar than even five years ago, with new targeted funding and community initiatives underway to better serve them, the systems built to respond to housing insecurity often fall short when it comes to matching them with the housing services that would best fit their circumstances. Far too often, survivors are offered the possibility of a bed in an emergency shelter regardless of whether shelter is a good answer to their immediate housing needs and whether it will lead to the long-term safety and stabilization they are seeking. Alternatively, survivors may be turned away from housing help entirely, deemed ineligible by assessment processes that fail to account for converging identities and prioritize their complex vulnerabilities.

For survivors of DV/SV/HT, quite often the moment at which help is sought is the moment when they can no longer devise a way to hang on without assistance. Though they may have had a roof over their heads, living in the context of harm caused by an abusive partner, the persistent trauma impacts of sexual violence, the daily hazards posed by a trafficker – or sometimes all three – takes an immeasurable toll on them and their children. But it can also be terrifying to seek help, especially when past attempts have resulted in exacerbated danger, or when systems responses (law enforcement, child welfare, etc.) have been imposed, only to make things worse. This is especially true for survivors who are Black, Indigenous or People of Color (BIPOC) or Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) survivors who have faced racism, discrimination and a host of gaps and inequities in important realms essential to well-being such as health, income and wealth, criminal justice and educational opportunity.

It's not just survivors, of course. None of us live "single-issue lives." Survivors face particular kinds of danger and harm that elevate their need for safe housing, but many people facing housing insecurity do so while contending with a complex and intersecting set of challenges and risks. In addition to historic and ongoing oppression, they may be living with a physical or mental health related disability or raising a child who is, battling addiction, coping

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with family or neighborhood violence or combat experience, or facing the persistent and shattering trauma impacts of witnessing genocide in their country of origin. They may have linguistic or cultural differences from the mainstream, uncertain immigration status, and any number of other factors that can be compounded by additional barriers from organizations and systems. Throw in the wide variations in the extent and wherewithal of a person's support network, their coping skills and other assets, and we have one very complex "data set." The challenges with quantification of need and vulnerability are further complicated by the imperative to which all communities must respond – that of addressing racial disparities across populations who are overrepresented in our homeless counts and underrepresented in successful housing outcomes¹.

Coordinated entry (CE) should be a matching process, not a "pass/fail" test. People facing the flurry of questions on a standardized assessment instrument may not tell their whole story. Intimate traumas in particular can be extremely hard to disclose to a complete stranger even when help is on the line. When assessment tools or processes are not trauma-informed, the likelihood of disclosure shrinks considerably, thus resulting in inaccurate measurement of acuity². Human lives are complicated; no one housing response works for everyone, and understanding the strands of each person's complex web is what most assists in finding the best available fit.

Survivors Need a Range of Options

For survivors, emergency shelter may be the form of housing most associated with their needs due to its proliferation as a core service across victim service providers (VSPs) and fear that proceeding otherwise could result in great harm. Indeed, emergency shelter can be life-saving and is a critical component in the continuum of options that should be available to survivors. But shelter is not for everyone. Congregate living models can be hard on people coping with crisis, even before COVID 19 took root, and confidential locations may further isolate survivors from their natural support systems.



- 1 Wilkey, C. Donegan, R. Yampolskaya, S. Cannon, R. (2019). Coordinated entry systems: Racial equity analysis of assessment data. Retrieved from https://c4innovates.com/wp-content/uploads/2019/10/CES_Racial_Equity-Analysis_Oct112019.pdf
- 2 McCauley, H. & Reid, T. (2020). Assessing vulnerability, prioritizing risk: The limitations of the VI-SPDAT for survivors of domestic violence. Retrieved from https://safehousingpartnerships.org/sites/default/files/2020-08/CE_McCauleyReid_FINAL.pdf

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Just as all people facing housing insecurity need trauma-informed and tailored housing assessment, survivors need the opportunity to be matched with the housing options that others facing homelessness do.

What follows is a brief examination of the kinds of safe housing options survivors may need. There is no prescribed sequence, and there may be overlap between types (for example, bridge housing may become someone's permanent housing). The reader is urged to consider how they parallel with the variety of housing options considered for other households or individuals experiencing homelessness or a housing crisis. Balanced attention to the safety and support needs that make a survivor's circumstances unique and what they have in common with others in need of housing help makes clear that all options should be on the table.

Establishing Safety & Addressing Immediate Crisis

Temporary / Emergency Housing

- Shelter
- Hotel vouchers
- Safe homes
- Relocation assistance
- Installing security devices in current housing
- Staying with friends or family
- Protection orders
- Shallow subsidy/ financial assistance
- Safety planning, advocacy and access to trauma-informed services

Addressing Barriers to Becoming / Staying Safely Housed

Bridge Housing

- Facility-based/scattered-site transitional housing
- Joint component program
- Temporary rental subsidy
- Master leasing/transition in place
- Economic/employment support and advocacy
- Mental health/addictions support
- Rapid Rehousing
- Safety planning, advocacy and access to trauma-informed services

Embedding Safety and Lasting Stabilization

Permanent Housing

- Return to own housing
- Shared housing
- Self-sustaining following RRH subsidy
- Housing Voucher
- Public housing
- Home purchase assistance
- Permanent supportive housing
- Safety planning, advocacy and access to trauma-informed services

Establishing Safety and Addressing Immediate Crisis

Routine assessment of whether a person or household is in immediate danger when seeking housing assistance is best practice for everyone. Survivors with no other safe place to go may need temporary emergency housing to flee from a partner harming them, stabilize during the aftermath of a sexual assault, or escape an assailant or trafficker. Establishing safety, however, can take many forms, and survivors should be assisted with thinking through what feels like the best option. Cultural differences and experiences with racism and discrimination are salient here. Assessors should be attuned to the options with which survivors are uncomfortable and honor their ideas about what will help them feel safer. Some of the tools we lean on the most may not fit the bill; filing a protection order, for example, may not be a good route to safety for a number of reasons, particularly for survivors of color, LGBTQ and immigrant survivors whose experiences with law enforcement and the criminal justice system have seeded distrust, fear and self-protection against disparities and harsh outcomes for their families and communities.



In addition to exploring temporary safe housing options, survivors in crisis or risk of imminent danger may need help to identify their most important immediate needs, secure supports that will help them to stabilize the crisis and make a short-term plan about next steps. A conversation-based approach³ can help survivors determine what will best keep them safe and what they most need to address the current situation. Partnerships with local VSPs and culturally-specific resources can be integral in helping them link to services outside of the housing system.

It is important to note that once CE assessors have identified an individual or household as survivors of DV/SV/HT, it should not be assumed that placement in shelter is automatically next on the agenda; they may have come to the CE door seeking something else. Survivors may not want to leave their current housing situation for shelter or another temporary housing situation even when facing immediate danger; they may prefer to handle the risk they know rather than the uncertainty of entering the shelter system.

3 Sullivan, C. & López-Zerón, G. (2020). Assessing for & appropriately responding to the housing needs of domestic & sexual violence survivors: A decision tree as an alternative to a scoresheet. Retrieved from https://safehousingpartnerships.org/sites/default/files/2020-08/CoordinatedEntryPapersDecisionTree_0.pdf

Safety planning around how to stay as safe as possible in their current living situation can be instrumental here, but CE assessors should also provide information about other housing options - such as rapid rehousing, relocation assistance or applying for a Housing Choice Voucher - and help the survivor to explore these options as possible elements of a long-term safe housing plan. Availability of flexible funds is an important aspect of broadening the options as well; the survivor's housing crisis may be economically-based rather than stemming directly from the need to escape danger.

Addressing Barriers to Becoming/Staying Safely Housed

As discussed above, some survivors who request housing assistance are not seeking temporary emergency housing. Conversation-based exploration of their reason for seeking help can peel away some of the layers to reveal what is underneath. For example:

- Many survivors think that entering a shelter is the only route to longer-term housing assistance
- Some survivors may choose not to uproot their lives and those of their children until clearly better options exist
- Some survivors have a history of shelter stays but have not managed to obtain housing by the time of exit - a different plan may be in order
- Survivors may have reached out to family, friends or other supports and have a temporary safe place to stay while seeking longer-term solutions
- Survivors may have already taken steps to live independently - they may have patched together enough resources to establish their own housing but face a variety of barriers to sustaining it



If safety concerns can be addressed without the displacement and destabilization that often come with entry into the shelter system, survivors can be matched to housing services that support their transition to longer-term housing and lead to or become their permanent housing. Facility-based or scattered-site transitional housing or joint component programs can be a good fit for survivors whose healing process and trajectory to a self-sustaining income may benefit from a 12-24 month stay. Rapid rehousing, short-term rental assistance and/or flexible financial assistance may provide a sufficient buffer to support survivors with minimal to moderate barriers. Master-leasing or transition-in-place programs may be necessary for survivors who must repair credit damage or eviction histories stemming from economic abuse in preparation for qualifying for a lease in their own name.

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In all cases, attention to survivors' unique support needs must be offered along with housing services to assure that survivors can bridge to a safer and more stable life. In a conversation-based CE process, learning more about what support needs the survivor may bring into services can help with service-matching. For example, some survivors may benefit from placement in housing programs operated by victim service or culturally-specific service providers who are equipped to provide the specialized support from which the survivor may most benefit.

Embedding Safety and Lasting Stabilization

Survivors' long-term or permanent housing goals may be reached following a period of subsidy or other form of bridge housing, paired with supportive services and help with income development. Some may move into new housing relatively quickly, sometimes through sharing expenses with housemates or family, resuming interrupted employment, or returning to their previous housing after safety, legal and/or income issues have been resolved. Some survivors may be qualified for home ownership assistance programs available in some communities.



Other survivors, however, face higher barriers to healing and income development such as serious health issues, trauma or disability. True stabilization will require the kind of sustained economic support provided through a housing voucher, subsidized housing, or permanent supportive housing. Some communities have designated set-asides for survivors as a special or priority population, but in many jurisdictions, survivors have limited access to these options. Permanent supportive housing in particular is often reserved for people who are chronically homeless with diagnosed disabling conditions and the highest vulnerability scores. Survivors may not meet these requirements because:

- Their victimization experiences may not have resulted in the sustained and/or repeated instances of homelessness outlined in the prevailing definition of "chronicity"
- Assessment instruments provide an inadequate measure of survivors' unique vulnerabilities resulting in a lower score than needed to qualify
- Most available units are for unaccompanied adults, and many survivors have children
- Survivors may avoid official diagnosis of disabilities – especially mental illness – due to privacy concerns, stigma and potential child custody issues

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As is true with others who are served within our housing systems, survivors' attainment of permanent housing and lasting safety and stability is subject to disruption even once in place. Legal issues, trauma impacts, child custody contests and chronic health conditions caused by abuse can be lasting and disruptive. Many survivors continue to live on the edge economically – housed, but still poor and struggling, and for BIPOC and LGBTQ folks, still enduring insidious impact of discrimination and disparities. Safety and stabilization may also be further compromised by renewed or ongoing attempts on the part of an abusive individual or trafficker to regain control and sabotage the survivor's independent life, abusive or predatory landlords, and the lasting impacts of economic abuse. Linkages to supports remain of primary importance, and providers should clearly message that the door to help is always open – and develop ways to ensure that they have the services to back that message up.



Re-Envisioning Coordinated Entry

When the U.S. Department of Housing & Urban Development (HUD) rolled out its guidance and expectations around implementation of Coordinated Entry (CE), jurisdictions all across the country labored long and hard to establish systems that both respond to community need and comply with HUD's requirements, including use of a uniform and coordinated assessment process.

Now, some years later, a growing number of communities are re-thinking the systems they put in place and the tools they use to determine need and prioritization for often scarce housing resources. What is catalyzing this analysis?

- Central to this re-examination is data capturing service outputs and outcomes for populations who are disproportionately impacted by housing insecurity. Where inflow remains high and housing success remains low, the failure to “move the needle” on disparities begs the question about whether racial bias is baked into established systems and tools.
- The disparate impact of COVID19 when disaggregated by race has amplified these concerns, and has also prompted development of a more nimble response that moves away from lengthy waiting lists and crowded shelters and toward expedited connection to housing and flexible financial assistance.
- Many communities have seen the need to better incorporate a trauma-informed and individualized approach that responds to the complex and intersecting identities and realities of people experiencing housing insecurity – not limited to but including the lived experiences of survivors of DV/SV/HT.

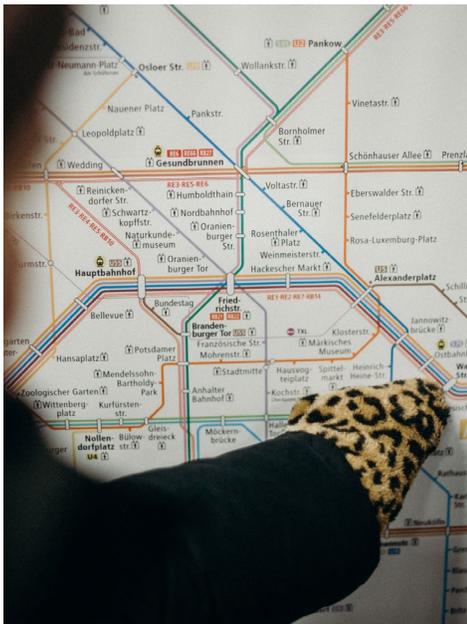
With these considerations in mind, change is underway. Communities are developing their own assessment tools, modifying how the VI-SPDAT (Vulnerability Index – Service Prioritization Decision Assistance Tool) is used, incorporating training to equip assessors

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to use less rigid processes, adopting conversation-based problem-solving⁴, and working in partnership with victim service and culturally-specific providers to share in design and assessment protocols to enact a more meaningful response.

Conclusion

Transformation does not come with a road map – but there are markers along the way. Recent protests have generated candid discussions about long-overdue attention to deeply rooted racism and where it shows up in our own systems. Our gaze must also land on how intersectional identities and trauma histories may be confounding our efforts to streamline identification of who is most in need of help. The unique safety issues and barriers posed by DV/SV/HT further compel us to examine how we can best weigh a survivor's true vulnerability and match it with the right response.



As can be seen in the ensuing examples, communities are rising to these challenges and working towards building CE processes that are tailored, are informed by people with lived experience and data about disproportionality, and that depart from heavy reliance on scores derived from off-the-shelf tools (most commonly the VI-SPDAT). When paired with adequate training to support assessors' more individualized and trauma-informed engagement with those requesting help, the multi-issue lives of survivors and others experiencing housing instability can be more fully "seen" and considered in the prioritization process.

What follows are some notable community examples of re-envisioned CE aimed at better identification and response to the needs of survivors. The reader is encouraged to consider how such approaches lend themselves to benefit other populations as well.

4 Sullivan, C. & López-Zerón, G. (2020).

Coalition Ending Gender-Based Violence (Seattle/King County)



King County and the Seattle metropolitan area in Washington State will soon be implementing a new parallel DV CE process that will determine entry into all housing resources held by the DV system excluding shelter. Housing options include a broad swath of those needed by survivors, including transitional housing, permanent housing, rapid-rehousing, rent assistance and in the future, DV-specific Housing Choice vouchers. Planned for an early 2021 rollout and assisted by a DV Bonus award, intensive work among stakeholders to carefully craft the process has been underway for the past 18 months. Current national attention to racial justice has supported examination of the community's CE process in the larger system as well as within the victim services system, and the Coalition's coordination work has included proactive outreach to culturally-specific providers to ensure diverse perspectives are helping to shape the process.

The DV CE process will employ the Domestic Violence – Coordinated Housing Access Point (DV-CHAP), a tool developed in the community on which all participating agencies will be thoroughly trained. Well-aligned with a guided conversation model, the tool allows the assessor, when a housing opening is announced, to come away from a conversation with an applicant having substantive information about the household's circumstances and a clear sense of the degree to which they are likely to experience barriers to securing the resources needed for stabilization and safety. Applications will then be discussed jointly by the agency looking to fill the housing opening, agencies who have submitted referrals and a representative team of stakeholders, with priority consideration to populations disproportionately impacted by housing insecurity in the Seattle/King County area. Those not matched with services can be re-considered as new slots open up and will also be assisted with applying for services in the general homeless/housing system.

Seattle/King County has also funded a DV Centralized Helpline, where a 12 to 15 person advocate team will be co-located at Crisis Connections, the community crisis help line. Seen as the new "front door" to DV services, this team will not only assist with conducting pre-screens for housing assessment referrals but will also free up individual provider agencies and help create capacity for more intensive housing advocacy work.



Michigan Coalition to End Domestic and Sexual Violence (MCEDSV)

A growing number of domestic and sexual violence coalitions are investing efforts in opening new housing options to survivors, and Michigan is a prime example. MCEDSV's leadership staff has substantial footing in both the victim services and homeless/housing services worlds, and with twin interests in racial equity and effective response to survivors the Coalition has made great progress towards change in CE assessment practices and policies on a statewide level.

MCEDSV grounds its survivor housing advocacy in a human-centered approach. Starting from the recognition that nearly all who enter homelessness have experienced trauma of many kinds – just as survivors have – allows a healthy move away from an environment in which we separate populations from one another and compete for who is the most exceptional. They assert that to do so is to lose sight of the fact that we all have the same goal, and consequently our interest in meaningful assessment is global.

Michigan plans a two-stage roll-out. In the first stage, CE assessors at Continuums of Care (CoCs) will continue to use the VI-SPDAT as per usual. Importantly, during this stage all assessors will be trained in the neurobiology of trauma and in implicit bias; this is seen as critical to enacting a professionalized standard of care in preparation for the next stage. In Stage 2, the assessment process will evaluate the incorporation of a modified “decision tree approach” or other best practice to ensure that CE is fluid, individualized and allows a deeper understanding of a household's complex and intersecting issues. The goals will be to ensure that all persons who experience housing insecurity are treated with dignity and respect, and housing resources are best utilized.



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Delaware Coalition Against Domestic Violence (DCADV)



Well attuned to the housing needs of Delaware's survivors, DCADV has been actively building relationships with the homeless/housing system for several years. Its Policy Coordinator sits on the Statewide CoC board, which has helped DCADV to become a key voice and educator about the intersections between DV and housing insecurity, and the unique vulnerabilities and housing needs of survivors. To ensure cross-system capacity-building, the Statewide DV Task Force has formed a housing subcommittee with the primary task of educating the DV advocacy community about working with housing systems to help survivors access assistance.

Delaware is small geographically. Its three counties together provide a range of victim services including hotlines, shelters, transitional housing and culturally-specific programs. When the state was awarded DV Bonus funds for rapid rehousing (RRH), DCADV saw the opportunity to move away from program-by-program response and formed an ad hoc work group to develop a statewide approach to implementing survivor-dedicated RRH.

DV providers voiced concern about using the VI-SPDAT to assess survivors' housing barriers, and DVADV worked with the CoC to greenlight use of a DV-specific tool. After examining existing tools, the work group decided to develop its own. Using a consensus process, DVADV staff and DV program advocates created the Domestic Violence Rapid Rehousing Prioritization tool (DVRRHP). Currently used only for the RRH units operated within the DV system, the tool was designed to be quick, trauma-informed and conversational. Given the small scale, all assessments are conducted by one experienced direct services supervisor who knows the tool well and takes the time to create safety, trust and conditions that will encourage disclosure.

With this tool, applicants are determined to be eligible for services if they fit Category 4 ("fleeing or attempting to flee") of HUD's homelessness definition. Through guided conversation with the survivor, the assessor explores survivors' complicated issues and vulnerabilities. Applicants are prioritized for RRH placement based on assessed vulnerability coupled with a team discussion/decision process. This system has been in place for about a year, and currently boasts no waiting list.

While interface between the victim services CE and the larger CE system is not yet fully built out, there is a mechanism in place allowing survivors to be entered on the by-name list anonymously. Though the larger CE system still requires the VI-SPDAT, the DV advocate completes the VI-SPDAT using a trauma-informed approach rather than requiring the survivor to tell their story to another assessor.

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Help Hope Home

Ending Homelessness In Southern Nevada

Clark County, Nevada

Clark County encompasses the city of Las Vegas and is served by two DV programs, one of which, SafeNest, is actively engaged in enlarging its ability to assist survivors with their post-shelter housing needs. The community's first iteration of CE utilized the VI-SPDAT in the adult system, with plans to gradually phase-in the family and youth systems. After conducting focus groups with subpopulations and examining data, the CoC found that the VI-SPDAT's criteria for measuring vulnerability (long periods of homelessness, for example) did not result in high enough scores for survivors to be eligible for housing placement.

The community ultimately decided to develop their own tool (the Community Housing Assessment Tool, or CHAT) to allow some factors to be more heavily weighted and allow balanced scoring across populations. The CHAT measures vulnerabilities specific to each subpopulation and to unique elements of their community, including risks connected to extreme heat and gambling and other addictions. The following process was implemented:

- A brief triage assessment captures household composition and asks a short series of questions to sort out the basics (family, youth, adults without children, or DV) and allows routing to the appropriate tailored assessment.
- If DV is found in the initial triage, it triggers an immediate referral to SafeNest to conduct a trauma-informed safety assessment. If the household is determined to be in imminent danger, they are assisted with crisis stabilization, often through placement in emergency shelter, followed by the longer DV assessment.
- Every attempt is made to place survivors in the RRH units operated by Safe Nest to ensure the availability to DV-specific services. If SafeNest does not have a RRH opening, the survivor can be referred anonymously to the provider of another housing option that fits their needs.

Clark County's CE assessors must complete training to develop familiarity with population-based tools, a DV awareness unit provided by SafeNest, and coaching in trauma-informed best practices, including attention to how best to ask the questions, how to make the environment safe and private, and how to check in with people along the way.

Stop Abuse for Everyone, Austin/Travis County TX



Stop Abuse for Everyone (SAFE) provides services across multiple survivor populations, including DV/SV/HT and child abuse. The agency has a long track record of working across systems to provide effective response, including in the homeless/housing system. A longstanding member of the Austin/Travis County CoC, SAFE has been a vital part of the community's robust attention to CE considerations specific to survivors.

Austin/Travis County currently uses the VI-SPDAT as part of their assessment process. Unlike in other communities, however, when data is examined survivors score quite high. SAFE's Senior Director of Housing points to four factors as to why:

- The system adopted a commitment to avoid "screening out," which is reflected in practices, protocols and data.
- System-wide attention is paid to trauma-informed screening and creating the conditions under which people feel safe in disclosing private information.
- SAFE was an active partner in development of the CE process, survivor-specific considerations are embedded throughout, and safety concerns are weighted in the prioritization process.
- Training in DV/SV/HT is required for all assessment staff.

Austin has implemented additional elements that contribute to a more effective access system including establishment of a Racial Equity Workgroup, a VAWA housing protections workgroup and enhanced screening when DV is identified. Survivors presenting at non-DV entry points are offered screening through SAFE, which can provide privacy protections if the survivor does not wish to share their personally identifying data. SAFE offers survivor-specific transitional housing and RRH, and employs two fulltime CE assessors within their program to facilitate screening for survivors.

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Multnomah County, Oregon



Multnomah County is one of the most populous in Oregon, encompassing the cities of Portland and Gresham. Its homelessness response includes multiple homeless/housing and VSPs, several of which are culturally- and linguistically-specific. In 2014, VSPs began discussions around streamlining entry to the housing resources operated within the victim services system. This early work led to establishment of a parallel DV CE system responsive to HUD's CE requirements. Providers wanted to ensure that housing access policies and practices were well-aligned with survivors' safety needs and afforded ready linkage with victim services.

Over the course of a year, VSPs and staff from the County's Domestic and Sexual Violence Coordination Office worked together to build an assessment process that was trauma-informed, survivor-centered and featured multiple entry points. The group ultimately decided to develop its own community-tailored assessment tool, the SSA (the Safety and Stabilization Assessment). Designed with the dual goal of assessing housing barriers and the impact of DV/SV in various realms of applicants' lives, the SSA helps identify applicants whose safety and support needs might be better served within DV/SV housing system vs the larger homeless/housing system.

Conducted by the designated and trained coordinated access advocate in whichever VSP the survivor has turned to for help, the SSA is a "split form." The tool first focuses on imminency of danger; the full assessment is put aside if the survivor's situation requires referral and planning to ensure immediate safety. During the full SSA, the advocate works with the survivor conversationally to get a picture of their housing needs, including their plan to build income, the likely period of time financial support will be needed, the need/desire for culturally-specific services and other support with which the victim service system can be particularly helpful (the "Advocacy Opportunity" score). The Recommended Housing Plan developed through this conversation is brought to the Resource Coordination Team, where applications can be discussed in light of the specific housing openings currently available. Every effort is made to honor what the survivor requests; for openings that seem not to meet a survivor's needs (such as too short a period of rent assistance), if the survivor feels they can be successful they will be referred for the opening.

Since its development, the SSA has been expanded to be more responsive to survivors of sexual violence, and an "Open Doors" committee is examining the tool through an accessibility lens to ensure its utility for survivors with disabilities. Tested, refined and working well for survivors and providers alike, implementation of this survivor-centered assessment process has also improved cohesion across VSPs, enhanced collaboration with the CoC and brought substantial new resources into the victim services system (from DV set-asides to more housing dollars), thus increasing the County's capacity to provide survivor-specific housing help.