



IMPROVING OUTCOMES FOR SURVIVORS EXPERIENCING HOMELESSNESS

A Toolkit for Victim Service Providers



ABOUT THE HOME COHORT

The [HOME Cohort](#) was founded in 2019, with support from a joint partnership with The Women's Foundation California, Fondation CHANEL (FC), Blue Shield of California, and the Hilton Conrad Foundation to bring together six different domestic violence agencies from throughout California united in their goal to end women's homelessness. For women, a leading cause of homelessness is domestic violence,¹ but tools such as the Coordinated Entry System were not designed to provide the confidentiality and safety protections that survivors need. This is why HOME focuses on growing programs and organizations that provide for the safety and economic security of survivors experiencing homelessness. HOME also serves as a model for future cohorts designed to address the intersectional needs of communities affected by issues like homelessness and domestic violence. Our goal is to end homelessness experienced by women and all survivors of domestic violence by strengthening communication & organizational connections between domestic violence agencies & housing service providers.

The cohort has three working groups that align with three overarching goals (all aimed at ending survivors' homelessness). The **Data and Survey** working group has spent time collecting survey data from both domestic violence providers and Continuums of Care (COCs) to gather baseline information about how these two entities engage with each other in different communities throughout the state. The hope is that with advocacy and outreach over the course of HOME's three years tenure, another survey at its conclusion will reveal better knowledge of COCs, better functioning of COCs

(particularly with regard to how resources are allocated and managed to support survivors), and stronger collaboration between domestic violence organizations and CoCs as well as other local entities administering homelessness funding across the state. The **Communications** working group has focused its efforts on improving the narrative in California around homelessness and domestic violence. Too often, these issues are treated as separate, when in reality, especially when we are talking about women's homelessness, they are intrinsically linked. With support from Berkeley Media Studies Group, this working group has created a communications toolkit aimed at supporting domestic violence agencies to communicate clearly and persuasively on this topic with the media, elected officials, other service providers, and more. Finally, the **Advocacy** working group launches initiatives that support survivors' housing stability and access to homeless services. Its first project has been to create a lease addendum for use in private California leases, which lays out in easy-to-understand language the housing rights of survivors in California. Our intention is that this addendum will help both landlords and survivors better understand these protections and minimize barriers to survivors accessing these rights. The lease addendum and additional cohort tools can be accessed [here](#).

The HOME cohort currently includes The California Partnership to End Domestic Violence (The Partnership), Community Overcoming Relationship Abuse (CORA), Empower Tehama, Family Violence Law Center, Haven Women's Center of Stanislaus, Human Options, and Rainbow Services.

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EXECUTIVE SUMMARY

Domestic violence and homelessness often go hand in hand, yet the level of collaboration between local domestic violence agencies and local Continuums of Care (CoC's) is inconsistent from community to community. Engaging the local CoC is left up to individual domestic violence agencies and the result is clear: inconsistent levels of engagement lead to inconsistent practical and financial support for domestic violence agencies from their CoC throughout the Golden State.

Based on surveys of domestic violence providers across the State, it is clear agencies working closely with their local Continuums of Care are: (a) more likely to be funded by them, (b) enjoy increased financial support from their continuums for their homelessness programs, and (c) are better equipped to improve outcomes for survivors experiencing homelessness. To assist domestic violence agencies better understand their Continuums of Care systems and how to more effectively engage with them, the HOME Cohort has developed a toolkit. This toolkit has resources and information domestic violence Programs can use to navigate the process of initiating and/or strengthening partnerships with their local Continuums of Care. While the surveys and this toolkit focus on the CoCs, these concepts are also applicable to the work with other local entities who may be administering homelessness funding.

Highlights of this toolkit include:

- An overview of the Continuum of Care (CoC) system
- Where Victim Services Providers (VSPs) fit into the CoC system
- The benefits and challenges of partnering with your CoC
- Engagement strategies and specific activities

This toolkit will continue to evolve with the input from all of you. As you struggle or find success, please communicate with us so we can continuously update the toolkit to reflect the best current practices. [You can reach the cohort at home@cpedv.org.](mailto:home@cpedv.org)

In partnership,

The HOME Cohort



BACKGROUND

The Department of Housing and Urban Development (HUD) designed and implemented the CoC system in 1995 to encourage communities to take a more collaborative approach to providing these services and to streamline its approach to funding services that address homelessness that were being administered through the McKinney-Vento Homeless Assistance Act. In 2009, the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act) was enacted into law, significantly amending the McKinney-Vento Homeless Assistance Act and providing detailed guidance on the responsibilities of a CoC and projects funded through the federal CoC Program. In the years since, the HEARTH Act has been amended and updated and is generally referred to as the CoC Program Interim Rule.

The CoC Interim Rule describes the CoC as a collaborative of relevant organizations – nonprofit homeless assistance providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, and organizations that serve veterans and homeless and formerly homeless individuals – that work together to plan and implement a housing and service system that meets the needs of homeless individuals and families within the CoC’s geographic area. The plan and the resulting system must include outreach, engagement, assessment, shelter, housing services, supportive services and prevention strategies.⁵

DO WE BELONG HERE?

YES. As victim service providers (VSPs), we see firsthand the ways that victimization and housing insecurity, including homelessness, intersect. We serve survivors at risk of becoming homeless or who become homeless when leaving violent relationships, survivors who are significantly more vulnerable to abuse and violence because they lack access to safe housing, and survivors who struggle with stability, including housing stability, due to the impacts of trauma. If your organization provides direct housing services like shelter, transitional housing, or rental assistance for survivors, or services that contribute to the safety and stabilization of survivors experiencing homelessness, you’re already part of the housing and homeless services systems in your geographic area, whether you’re currently connected to your CoC or not.

CoCs have been tasked with ensuring that the needs of people experiencing homelessness in the geographic area they cover are being addressed, including subpopulations with unique or specific needs including homeless youth, veterans, and survivors of domestic violence. CoCs are supposed to be collaborative in nature, and they rely on participation from community partners like you help them get it right. Your participation in the CoC can ensure that providers offering services to homeless individuals and families understand the safety and other needs of survivors, that survivors that present at general homeless programs are connected to appropriate victim services, or even help you build the capacity of your organization to begin offering housing services or increase the capacity of the housing services you already provide.

WHO IS CONSIDERED HOMELESS?

Based on our own individual experiences, we each have a concept of what “homeless” means – but for the purposes of collaborating with your CoC, it helps to develop an understanding of the definition of the word as it applies to use of the common types of funding available through the CoC. Most of these funding programs require that any individual served using that funding meet the definition of “homeless” found in [24 CFR 578.3](#). There are four different categories under which a person might be considered homeless using this definition, but most projects that serve people experiencing homelessness are expected to serve individuals who fall under either Category 1 or Category 4.

Category 1: Literally Homeless

An Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- i. Has a primary nighttime residence that is a public or private place not meant for human habitation;
- ii. Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or
- iii. Is exiting an institution where(s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution

Category 4: Homeless due to Domestic Violence

Any individual or family who:

- i. Is fleeing, or is attempting to flee, domestic violence;
- ii. Has no other residence; and
- iii. Lacks the resources or support networks to obtain other permanent housing

HUD has clarified that in the context of the definition of homelessness, “Domestic Violence” includes dating violence, sexual assault, stalking, and other dangerous or life-threatening conditions that relate to violence against the individual or family member that either takes place in, or makes him or her afraid to return to, their primary nighttime residence (including human trafficking).⁴

To be eligible for services under many of the funding programs available through the CoC, a survivor must meet one – or sometimes both – of these definitions. When applying for funding through your CoC or referring a survivor to outside housing services, always be sure and determine which criteria apply.

LEARN MORE:

More information on the Category 4 definition of homelessness is available at:

[**Creating Access for Survivors: Category 4 HEARTH Homeless Designation: Fleeing, or Attempting to Flee, Domestic Violence, Dating Violence, Sexual Assault, Stalking and Human Trafficking**](#)

National Network to End Domestic Violence (NNEDV)

More information on the CoC Program and relevant regulations is available online in the [**CoC Program Toolkit**](#) on the [HUD Exchange](#).

Guidance provided to CoCs on working with survivors and VSPs is available on the [**Domestic Violence and Homelessness**](#) page on the [HUD Exchange](#).

WHY PARTNER WITH THE COC?

THE BENEFITS

Victim Service Provider (VSP) participation at the CoC level is important for a few reasons. First, we are well-situated to represent the needs of survivors experiencing homelessness because we work with them every day. On a more practical level, being a part of your CoC can give you access to useful resources, including funding, that can't be accessed any other way. The CoC also acts as a hub for building relationships with community partners with whom you can collaborate to better serve survivors experiencing homelessness.

ELEVATING SURVIVORS' NEEDS

Through partnering with their local CoCs, VSPs can ensure that survivor's needs are integrated into the overall goals and objectives of the CoC. Putting in the work to change the narrative around homelessness to include survivors is one of the most impactful investments that a VSP can make.

We know that domestic violence is a leading cause of homelessness for women and trans individuals, yet in many communities, addressing domestic violence is excluded from the Coordinated Entry System (CES), and homelessness solutions in general. To get CoCs to invest time, energy, and resources into meeting the needs of survivors experiencing homelessness, the conversation about who is experiencing homelessness must be reframed to include women and survivors.

Although VSPs work daily at the intersection of domestic violence and homelessness, not everyone on the CoC is likely to understand the ways in which the needs of survivors can differ from those of people experiencing homelessness not due to domestic violence and how services provided by VSPs differ from those offered by other types of homeless service providers.

For example, survivors need confidentiality and time to heal from their trauma and abuse. Traditional homeless shelters that do not specialize in serving survivors are not usually equipped to provide the type of environment necessary to meet that need the way VSPs are. It is important to educate your CoC on both the unique needs of survivors in your area, the capacity and experience of local VSPs to address these needs and the gaps in services that may exist in those service. Educating your CoC on these needs make it much more likely that addressing them will be part of the conversation when the CoC is designing policies, setting priorities, and making decisions about how funds will be distributed locally.

As the CoC develops new policies, they can begin to be more intentional about ensuring that the specific needs of survivors experiencing homelessness are considered, both through ensuring that homeless service providers have adequate and clear guidance on procedures and protocols for survivors being served in the homelessness system and through supporting the survivor-specific services offered by VSPs.

These policies can significantly reduce the number of survivors who fall through the cracks due to being bounced back and forth between systems. Policies that require collaboration between VSPs and homeless service providers also help the partners identify existing gaps, such as how to properly and safely capture data on survivors served and how to properly store information if necessary.

Collaboration between VSPs in the CoC will not only aid in the development of policy making but also support crucial system reforms.

IMPROVING OUTCOMES

It's undeniable that access to safe housing is crucial to survivors' success in finding safety and moving forward. For a survivor, knowing that services exist that can connect them to safe emergency and permanent housing can be a significant factor in their decisions to seek safety or to stay in a dangerous situation. We know that survivors choose to return to abusive situations for a number of often layered and intersecting reasons but having "no place else to go" can be a significant factor, especially for survivors with children or those without any family or friends to turn to.⁵ In this way, access to safe housing quite immediately improves the potential outcomes for a survivor.

In the longer term, access to immediate, temporary safe housing and services that allow survivors to keep a roof over their heads greatly improves their chances at sustaining the changes they choose to make.⁶

BUILDING CAPACITY

CoC participation can give your organization access to a variety of resources that it couldn't otherwise access – training resources, access to the Coordinated Entry System (CES) or Homeless Management Information System (HMIS), and even grant funding.

CoCs act as clearinghouses for a variety of federal, state and, in some cases, even local funding programs. Each of these funding programs requires that service providers apply directly to their CoC. Depending on the funding program and your CoCs configuration, selected providers might contract directly with the CoC to receive funds or contract directly with the originating funder.

Announcements regarding funding opportunities can be found on your CoC's website, at CoC meetings, and may also be sent out via email blasts to CoC member-organizations.

FUNDING PROPOSAL TIP:

Funding programs offered through the CoC generally focus on activities that meet the *housing* needs of participants, so it's important to write your proposal through this lens. Some supportive services may be allowable, but those are usually limited and specifically described in each funding program solicitation.

This doesn't mean that the supportive services available to survivors through your traditional programs aren't important to increasing the likelihood that a survivor will be successful in housing – but it's wise to save mention of services not explicitly described as required or allowable in a funding solicitation for sections on your plans to leverage other funds or on program sustainability. That way it's clear that you aren't asking to receive funding for out-of-scope activities.

As always, be sure to read all guidance released as part of any funding opportunity for which you plan to apply.



WHAT IT TAKES

Partnering with the CoC is not always easy – the system for addressing homelessness was not originally built with survivors’ needs in mind and creating the kind of change needed in these spaces can be difficult and slow going – but the goal you’re working towards is worth it.

STAFF TIME

Partnering with the CoC requires a time commitment, but the return on this investment can be significant in terms of both positive system-wide changes for survivors experiencing homelessness and potential funding to support a VSPs work. Activities you will need to set aside time for, or commit staff’s for, include attending CoC meetings, participating on committees, and possibly helping plan or participating in direct services activities like resource fairs and training events.

When committing staff time to working with your CoC, it is important to have the same staff person(s) participating in the CoC as consistently as possible. This helps to establish not only the organization but the individual as a trusted expert, builds relationships between the staff person and other CoC members, and demonstrates to the CoC that you are committed to the ongoing work and have made participation a priority.

FINDING COMMON GROUND

The CoC is a complex set of interpersonal and organizational relationships. Recognizing that you and your organization are part of the larger system for addressing homelessness in your region and that everyone involved is working towards a common goal – ensuring that all individuals and families have access safe, adequate housing – is vital to the success of your collaboration efforts. Building connections to the work being done by your

CoC partners and building their understanding and connection to yours will only benefit you in the long run. Think of the CoC like a co-op of sorts – everybody involved does some of the work so that the whole group can reap the benefits. Your CoC likely has a large scope of work and a limited number of people to take on all the necessary tasks. You won’t have to look very far to find an area of work that could benefit from more participation, and these are opportunities for you to contribute to the greater mission.

SHARING YOUR EXPERTISE

It would be fair to say that just about every person who finds themselves homeless or marginally housed has experienced trauma of some sort. In fact, the likelihood that they have experienced or been exposed to violence is extraordinarily high. If they did not experience violence prior to becoming homeless, they almost undoubtedly have since becoming homeless. The population being served by your organization and that being served by other CoC-member organizations likely already intersects significantly and if they don’t, they probably should.

Remember that most other CoC member-organizations don’t have any expertise serving survivors and may not have had opportunities to learn concepts about the impacts of trauma that may feel like common knowledge to you.

You bring a tremendous amount of valuable expertise to the table. If there are no other victim service providers already participating in the CoC, your perspective and knowledge will be unique among the CoC participants. Sharing what you know can contribute to better, more inclusive and more trauma-informed service delivery across the entire system. **Be generous with this expertise.**

SUPPORTING COC PARTICIPATION

Understanding the funds available in your region to support your participation in the CoC can provide opportunities to create pilot positions that will lay the foundation for more permanent roles. Creating a dedicated position or set of positions within your agency whose focus is on addressing the housing needs of survivors and whose responsibilities include working with your CoC is an important step in improving outcomes for survivors experiencing homelessness in your area. Examples of activities and focus areas for these positions may include education and training, case conferencing and even policy advocacy. Examples of funding that you may be able to use to begin or expand activities related to addressing homelessness among survivors might include:

Existing Grant Funding: Chances are, grant funding that your organization already receives allows – or even requires – that your organization collaborate with community partners to ensure that the survivors you serve can access all community resources available to them. Some of the activities involved in partnering with the

CoC are likely to fall under those descriptions. Look for words like “community response” and “resource coordination” in guidance from existing funders. *Always be sure and consult with your grant managers if you have any questions about eligible uses.*

Foundation Grants: Grant opportunities available through local or regional foundations are often flexible and may even allow you to define your project’s activities, objectives, and goals as part of the application process. Look for foundation grant opportunities that prioritize activities that promote collaboration between service providers, pilot programs and/or innovative solutions.

Local Funding: Cities and counties have an interest in addressing homelessness and/or domestic violence locally and may have funding available to put towards developing and improving coordination between local systems.

Regardless of how you support these roles, it is important to document their impact to ensure sustainability.

CASE STUDY: LOS ANGELES COUNTY

In 2018, in Los Angeles County, eight regional and one countywide homelessness liaison positions were created and funded through Measure H funds. These are funds created by a ballot initiative passed by Los Angeles voters to combat homelessness. Seeing the need of resources for survivors of domestic violence, human trafficking, and sexual assault, the [Domestic Violence Homeless Service Coalition \(DVHSC\)](#) advocated for dedicated roles to serve as the liaison

between homeless service providers and victim service providers.

Two years after the creation of the position an evaluation was conducted by the National Alliance for Safe Housing to determine their effectiveness of the positions. The findings supported the need for such a position, and with this the CoC was eventually able to move these positions from temporary funding to more be funded through a more permanent and stable source.

WORKING TOGETHER

ENGAGEMENT STRATEGIES

JOINING FORCES

Are there other VSPs already involved with your CoC? If so, connect with them to discuss how you can collaborate to ensure that survivors' needs are a priority for the CoC. Find out what roles they may already have taken on and what areas still need representation. It may be beneficial, especially if you serve survivors of different victimization types or if either of you specialize in serving survivors with specific needs (i.e., culturally-specific survivor populations, families with children, etc.), to consult with one another to ensure that you can each advocate for all survivors at the various tables at which you may find yourselves.

LEARNING THE LANGUAGE

If you're completely new to the CoC system or the housing and homelessness world in general, you're going to feel like everybody's speaking a different language at first, just like they would if they came to one of your organization's internal meetings. This is a language you'll have to learn. To start, check out the Acronyms Guide and Glossary in the Appendix. After putting in some time to learn the language, you'll be relieved to find that they are talking about many of the same concepts you're used to, just using different terms. Be mindful, though, that you ask questions and get clarifications on how terms are being defined.

CoC meeting minutes are great practice material for testing out your new skill, for further immersing yourself in the context, syntax, and nuance of the language and for getting a picture of historical events in your CoC.

CONTRIBUTE YOUR SKILLS

Nothing builds relationships faster than working as part of a team on a project, and CoCs generally have no shortage of projects going on at any given time. These can range from committees that conduct reviews of policies and procedures to direct services events like resource fairs or food giveaways that need help with planning and implementation.

At first glance, some of these opportunities to contribute may not seem directly related to your objective of ensuring that survivors' needs are prioritized, but you may find upon a closer look that they are. For instance, the policies and procedures contained in various CoC regulatory documents often lay out guidelines for service provision under funding administered by the CoC. Participating in reviews of these documents may provide opportunities to ensure that survivors who disclose abuse to non-VSP service providers get connected to appropriate victim services, and resource fairs and other direct services events can be great venues for distributing outreach materials and doing prevention work.

In addition to taking on these supporting roles, there are several other opportunities for

you to contribute your true expertise. CoCs are required by HUD and potentially by state authorities to meet certain requirements with regards to serving survivors. CoCs without strong and consistent participation from VSPs often find themselves unsure of how to meet these requirements – or at the very least find themselves afraid to innovate or create custom plans that meet the needs of survivors in their communities. They may even be at a loss when trying to start building policies around serving survivors – but this is a language you know.

In many cases, meeting these requirements involves crafting policies that can directly impact the way that survivors are served in your local system for addressing homelessness. You are in a unique position to be able to provide leadership in these discussions and to ensure that the resulting policies will take survivor safety and autonomy into consideration and will prevent survivors from falling through existing cracks in the system. This is one of the most important roles you can fill in your CoC.

Some of these activities include:

The CoC's **Safe Transfer Policy** dictates how survivors who present at traditional shelters but whose safety is at risk in those facilities can be transferred to survivor-specific shelters.

CoCs are required to ensure that staff of all CoC-funded projects are provided with **annual trainings on domestic violence**. Coordinating this training can ensure that the information project staff receive is locally relevant and also offers a great opportunity for staff at traditional homeless services projects to make connections with victim services advocates. Having a connection to an individual advocate at a VSP can increase the likelihood staff at non-VSP projects will reach out with any questions that come up later or even when they are actively engaged in serving an individual who has disclosed abuse.

UNDERSTANDING THE DYNAMICS AT PLAY

CoCs often have unspoken dynamics and group politics playing out. You will be joining into an ongoing series of meetings between entities working together to address one of today's most pressing societal issues using a shared pool of funding that likely falls short of being able to support the needs of all service providers and the populations they serve. This dynamic can play out in interesting ways and can even influence the lens through which existing members view newcomers.

It may be helpful to investigate how your CoC functions prior to engaging with the group or along the way as you encounter unexpected dynamics. Your CoC should have governance and regulatory documents, agendas and minutes from past meetings, strategic plans and focused action plans on their website. Reviewing these documents can provide valuable insight into how your CoC functions, the roles being played by member organizations, how funding decisions are made and other factors that likely shaped the current dynamics.

Maintaining a genuine interest in supporting the system as a whole even as you work to ensure that the needs of survivors experiencing homelessness are addressed may prove difficult at times. Above all, as you move through these spaces, keep in mind that it is a scarcity of resources that forces competition for funds, not the inherent value of the services provided by any one organization or the worthiness of the populations being served.



SPECIFIC ACTIVITIES

DOMESTIC VIOLENCE AWARENESS MONTH (DVAM) EVENTS

One way to inform CoC officials along with City, County, and homeless service providers employees about the barriers faced by survivors is to coordinate or participate in a panel or a presentation in October for Domestic Violence Awareness Month (DVAM).

An example of how this can have an impact: With the help of the Los Angeles City Attorney's Office, domestic violence service providers, CoC employees, and Coordinated Entry System (CES) staff put together a virtual panel during DVAM to discuss the path survivors take from the moment leave their abuser to when they seek permanent housing. Domestic violence advocates from the Los Angeles Police Department (LAPD) spoke about the protections they can offer survivors; an attorney spoke about family court and legal support for survivors; VSPs talked about getting survivors into shelter and providing supportive services; a representative from the Los Angeles CoC, the Los Angeles Homeless Services Authority (LAHSA) discussed the Coordinated Entry System and how survivors can access care; and a survivor shared her story. The well-rounded panel allowed participants to get a 360-degree view of how survivors navigate the system and the areas where they can fall through the cracks. It also allowed individuals from different parts of the system to interact and discuss where the system can improve to support more survivors.

MAKING SURE SURVIVORS COUNT

Literally - make sure the CoC counts them. Every year, CoCs are required conduct a Point in Time (PIT) Count - a count of all individuals experiencing homelessness who are sheltered in emergency shelter, transitional housing, and

Safe Havens during a single 24-hour period in the last 10 days of January that they then must submit to HUD. Every other year, they are required to include a count of persons experiencing unsheltered homelessness within their geographic area on that same day in their submission, as well.

Because every CoC is required to participate in the PIT, it is a consistent data source that they rely on and take seriously for their planning and decision-making. Survivors experiencing homelessness should be included in the PIT Count, but for a variety of reasons, they are often underrepresented or even not represented at all. CoCs are usually aware that there are stringent confidentiality laws that apply to VSPs, though they're not necessarily well-versed in the details of these laws. As such, they may choose to err on the side of caution by not including survivors, rather than risk getting it wrong. Your participation in the CoC can help to change this. While VSPs cannot release survivor information to the CoC, there is at least one staff member within each VSP who can likely aggregate the VSPs data into the same format which the CoC will ultimately aggregate the rest of their PIT Count data.

In some cases, CoCs may have made efforts to include counts of sheltered survivors by requesting the data from local VSPs prior to the PIT Count. Some VSPs have provided their CoCs with the requested aggregate information (just counts in categories, no identifying information). Since those that don't receive funding that requires PIT participation are not obligated to provide this information, some VSPs have chosen to decline these requests. They may not have the capacity to conduct the count or may simply not see the value in providing it.

But there *is* value to providing this data - in fact, it is essential that survivors are counted and noticed in this count. Because many sources of data about CoC services come from HMIS,

a system which VSPs are prohibited by law from entering client records into, the annual PIT Count is often the only opportunity we get to demonstrate that survivors are represented within the system at all. These reports are used by individual CoCs, state funders and even the federal government to inform decisions about funding allocations. If survivors experiencing homelessness are not adequately represented, these entities do not have the information they need to support allocating funds within larger homelessness funding programs specifically to serve survivors.

California has the largest homeless population in the United States and the most built out CoC program, yet in 2020, 2 of the 10 largest CoCs in the state did not even mention domestic violence in their Point in Time Counts. PIT data can be a powerful tool for advocating for the prioritization of survivors' needs in funding decisions, so it's crucial that survivors be accurately represented in this data.

CENTERING SURVIVOR VOICES

Another crucial aspect of working with your CoC is supporting survivors in being comfortable speaking to the CoC about their own experiences, and creating that access for them. Survivors understand the difficulties of navigating both the homeless provider system and the domestic violence provider system and can give an accurate depiction of what can be improved. Survivors often think that once they leave their abuser, they will be safe. They are looking for basic human needs – food, shelter, and safety for themselves and their children. However, the significant barriers when trying to access services often re-traumatize survivors and can send them back to their abuser. Centering survivor voices when working with CoCs will help re-frame the narrative of homelessness and bring a new perspective on what survivors and homeless individuals need.

CREATING A COALITION

Navigating the CoC takes a considerable amount of time and effort, especially for VSPs. Creating coalition of organizations in your CoC that can work together at the intersection of domestic violence and homelessness and navigate the system together is an effective way to spread these responsibilities out, to develop allies within the system, and to create a system that truly works for survivors.

Accessing funding available through the CoC can be challenging for VSPs, and even when adequately funded they struggle to address both the impacts of victimization and the practical impacts of homelessness. Non-VSP providers are often in the inverse situation – they may be effective at addressing strictly housing-related needs but are not equipped to address victimization-related issues. Too often, survivors are pushed back and forth between the homeless services system and the victim services system and end up falling through the cracks. Close collaboration between the two sectors is crucial to closing these gaps.

According to a study from the California Department of Public Health, creating multi-sector collaborations is key to supporting sexual and domestic violence survivors.⁷ The [Domestic Violence Homeless Services Coalition](#) in Los Angeles is a strong example of a multi-sectoral partnership that focuses on the intersection of domestic violence and homelessness and includes individuals from domestic violence services, homeless services, survivors, CoC officials, and County officials (see the sidebar for more information). Creating a coalition with other organizations in your CoC makes cross-sector communication easier and systems change more efficient. Further, when VSPs make asks or recommendations to the CoC, they have a coalition of organizations and individuals to support them.

CASE STUDY: THE DOMESTIC VIOLENCE HOMELESS SERVICES COALITION

The Domestic Violence Homeless Services Coalition (DVHSC) was created in fall 2016 through two Los Angeles service providers - the Downtown Women's Center (DWC) and Rainbow Services, and with support from the Conrad N. Hilton Foundation and the Blue Shield of California Foundation.

The coalition focuses on the intersection of domestic violence and homelessness and aims to create a client-centered system that increases access to safe housing and supportive services for survivors of domestic violence and their families, with an emphasis on integrated, trauma-informed care.

Leading partners in the coalition include the Los Angeles Homeless Services Authority (LAHSA), Community Legal Aid SoCal, Corporation for Supportive Housing (CSH), Speak Up!, Los Angeles County Domestic Violence Council, and County Supervisor Sheila Kuehl's office. Before the creation of the DVHSC, the domestic violence system operated separately from the homeless services system, even though HUD's definition of homelessness includes those who are homeless due to fleeing domestic violence. This meant homeless survivors were regularly pushed between systems and not getting the services they needed.

In 2016, Downtown Women's Center reached out to the county to create a coordinated strategy to allocate city and county resources to survivors. As a result, the Board of Supervisors helped convene a workgroup to identify how to address the unique needs of women and survivors of domestic violence, including strategies to strengthen the

collaboration between domestic violence services and homeless service agencies.

With support from the Blue Shield of California Foundation and the Hilton Foundation, DVHSC was born and brought together individuals from the domestic violence sector, the homeless sector, the CoC, the city, and the county. Through a community scan, DVHSC determined that finding permanent housing was an incredibly difficult process that proved almost impossible for many survivors. The coalition prioritizes the needs and voices of survivors to create systems changes in Los Angeles, specifically in regard to finding affordable, permanent housing solutions for survivors. Today, the coalition includes 450 individuals representing 80 community-based organizations, government officials, philanthropic circles, and individuals with lived experience of homelessness and domestic violence.

DVHSC has worked to transform the Coordinated Entry System to make it easier to navigate while still maintaining survivor confidentiality, pushed policymakers to increase funding for survivor housing and domestic violence service providers, determined the role and scope of the domestic violence regional coordination efforts, and centered those with lived experience.

To find out more about DVHSC, please visit downtownwomenscenter.org/dvhsc and stay tuned for their new website with information on how to start your own coalition.

ABOUT THE DATA

THE CHALLENGES

Demonstrating that survivors make up a significant percentage of people experiencing homelessness is one of the biggest challenges VSPs working with CoCs face. The more significantly a particular subpopulation is represented in the overall population of people experiencing homelessness, the more likely it is that programs serving that subpopulation will be prioritized for funding, so this challenge has real-world implications for VSPs as they compete for funding available through CoCs.

The CoC traditionally determines the level to which a specific population is represented within the overall population through system-wide reporting mechanisms based on data entered into the Homeless Management Information System (HMIS), a shared database system into which CoCs generally require that all projects funded by the CoC enter client-level data. This system allows the CoC to generate reports that can count the *unduplicated* number of persons in services on a system-wide basis. This means that an individual receiving services from more than one service provider within the system in a reporting period is only counted once on system-wide HMIS reports. This feature allows CoCs to get a more comprehensive and accurate picture of the population being served than they would get from combining aggregate reports (reports that provide only a count of persons or a count of persons with particular characteristics).

VSPs are prohibited from entering client-level data into the CoC-wide HMIS due

to laws intended to protect the privacy of survivors. Because client-level data on survivors experiencing homelessness who are served by VSPs is not included in the community-wide HMIS, this information is not reflected on the system-wide HMIS reports that the CoC uses to assess the characteristics of the overall population of people experiencing homelessness being served in their area. Adding the total number of persons or households experiencing homelessness served at area VSPs to the total number of persons or households served at traditional homeless service projects in an area is likely to result in inaccurate reports, as it is possible that persons within those totals are duplicates. For example, if a survivor received services from both a VSP and one or more traditional homeless service provider within the same period, adding the totals from the VSP's report and the total from the system-wide HMIS report would count that survivor twice (or more, if the survivor was served at multiple VSPs, as each maintains its own, separate records system).

This challenge has no easy solutions, although some individual CoCs have developed strategies for mitigating the potential for duplication, including developing modified procedures for VSPs to enter survivors' HMIS data elements in a de-identified manner. This strategy should be approached with extreme care, though, as it is conceivable that a survivor's record to be identified only by a set of factors (such as race/ethnicity + household size or even age + date entering services) even without their PII attached. Other strategies include providing data staff at a VSP access



to the client-level data maintained in the community-wide HMIS to identify duplicate persons and note the level of duplication identified between the systems when providing their aggregate reports to the CoC, or even hiring one individual to maintain both systems.

Fortunately, though, many of the outcomes measured by collecting and analyzing HMIS Data Elements do not, in fact, require strict de-duplication of individuals across projects, only within projects. These factors can be measured and reported using an HMIS-Comparable Database operated within a VSP.

HMIS AND HMIS-COMPARABLE DATABASES

WHAT EXACTLY IS HMIS?

HMIS refers to a database system into which housing, street outreach, and other supportive service providers who receive funding through CoCs and certain other state and federal programs are generally required to enter certain specific information into for each household they serve. Many different software vendors offer HMIS products, each of which must meet specific requirements set forth and updated periodically by HUD. These requirements include allowing projects to collect and record HMIS Data Elements and the ability to accurately generate specific project-level and system-level reports.

HMIS DATA ELEMENTS

Think of the set of HMIS Data Elements as a “pre- and post-survey” – a tool through which certain information about a participant’s circumstances are recorded at entry to a housing program and then again when they exit that program for the purpose of measuring changes in their circumstances while enrolled in the program. HMIS measures outcomes related

to housing status, income (earned income or income from any other source, like Cash Aid or Unemployment benefits) and access to non-cash resources (like CalFresh, medical insurance, etc.).

HMIS assessments also include a few other questions that measure factors that won’t likely change during a participant’s time in a program but that may be important to determining a potential participant’s eligibility for a particular project or that are used in aggregate reporting to provide insights into who is being served in a particular project or system. These include personally identifying information (name, date of birth, SSN), basic demographic questions (race/ethnicity, veteran status, etc.) and questions on topics such as History of Homelessness, Disabling Conditions (physical disabilities, chronic health conditions, developmental disabilities, HIV/AIDS, mental health disorders and substance use disorders), and Domestic Violence Victim status.

Once the data on these factors have been collected and entered into an HMIS, the system can produce reports that reflect an individual’s, a project’s or even a system’s outcomes. For example, because a participating household’s monthly cash income amount is measured at entry, through updates and annual assessments during the household’s participation, and then again at exit, the system can determine the percentage of participating households whose monthly cash income increased during their participation. Because Income Development is a goal for households participating in housing stabilization services and projects are expected to assist households with developing their incomes, this factor is valuable in determining the effectiveness of that project in assisting households with meeting this goal.

HMIS-COMPARABLE DATABASES

While VSPs are prohibited from entering client-level data into a shared HMIS, VSPs can enter the same data elements into a stand-alone system referred to as an HMIS-Comparable Database – a database accessible only to staff within their project or organization – that can then generate the same project-level reports as a standard HMIS. Use of one of these systems is often a requirement of receiving funds available through a CoC or through certain state or federal housing-focused funding programs.

HMIS data elements overlap to a limited extent with those VSPs are likely collecting for reporting to state and federal funders for survivor-specific programs – for instance, each likely requires collection of the same or similar basic demographic information. However, most VSP-specific funding programs do not require the collection of the specific “pre- and post-” data elements required as part of HMIS participation. Depending on the type of case management software or system a VSP is using, this requirement may necessitate that the VSP implement a separate system for collecting the required data elements or consider migrating their existing client records system data to a software solution designed serve as both a case management system and an HMIS-comparable database at the same time.

The good news is that most of the data elements collected as part of HMIS are similar to the information already being collecting as part of Case Management or other Advocacy services designed to assist a survivor with stabilization, so getting direct services staff started using an HMIS-Comparable database is just a matter of training staff to enter that information into specific electronic forms.

VSPs who do not currently collect HMIS Data Elements do not need to wait until they have been awarded funds through the CoC to

begin collecting HMIS Data Elements – in fact, implementing HMIS data collection prior to being required to collect and report on this data can offer a VSP certain advantages.

As with any new implementation, starting up HMIS data collection, training staff and working out the inevitable glitches is a process. Working through them without the added pressure of meeting reporting deadlines be significantly less stressful.

Pre-implementation of HMIS data collection can also increase a VSP’s chances at being selected for funding through the CoC, as many funding applications available through the CoC ask for information commonly found on standard, project-level HMIS reports.

GETTING STARTED COLLECTING HMIS DATA ELEMENTS

To get started collecting HMIS Data Elements – whether because your VSP has been awarded funding that requires it, to use as a tool for changing the conversation around who is experiencing homelessness in your community, or to better position your VSP for accessing CoC funding, it’s helpful to develop a relationship with your CoC’s HMIS Lead Agency. Serving on the CoC’s HMIS Committee is great ways to facilitate this connection, but you can also simply reach out to them. Including the staff in your agency responsible for meeting your current grant reporting obligations in this process is strongly advised, as they have a practical understanding of your agency’s current system and capacity for data collection and reporting.

COORDINATED ENTRY SYSTEMS

CoCs are required to use a system for prioritizing individuals and families for services,

usually referred to as the CoC's Coordinated Entry System. The intent of the Coordinated Entry System is to allow people experiencing homelessness or at risk of experiencing homelessness to connect to the services within the system that are most likely to meet their needs through a standardized assessment rather than needing to engage with and be assessed separately for each available service. Assessing all individuals and households using a standardized assessment is intended to allow CoCs to prioritize those with the highest needs for their most intensive interventions.

CoCs are tasked with developing a Coordinated Entry System that meets HUD requirements, which include being accessible throughout CoC's geographic area, connecting people experiencing a housing crisis with emergency services with as few barriers as possible, conducting marketing and outreach activities to ensure that all people experiencing homelessness are aware of the system and know how to access it, including those who would be unlikely to apply otherwise, and ensuring that access to the system does not exclude or discriminate against persons based on membership in a protected class.

In addition to meeting these requirements and others detailed in HUD's [Coordinated Entry Core Elements](#) guide and the additional documents it references, CoCs must ensure their Coordinated Entry System processes do not compromise survivor safety.

CoCs take a variety of approaches to this requirement. Some develop policies and procedures to de-identify or otherwise obscure survivors' personal information within the system. Others choose to implement a separate, parallel system for survivors. It's important that VSPs who plan to utilize funding available through their CoCs familiarize themselves with the manner in which they will be expected to participate in Coordinated Entry System being used in their area.

When considering whether to apply for funds through your CoC, take care to read sections of funding solicitations that reference Coordinated Entry System carefully and consult with your CoC, it's HMIS Lead Agency and/or it's Coordinated Entry System Committee prior to accepting an award if you have any unanswered questions.

LEARN MORE:

More information and links to additional resources about protecting survivor confidentiality:

[Confidentiality Toolkit](#)

National Network to End Domestic Violence (NNEDV)

[Confidentiality and Safety](#)

Safe Housing Partnership

More information on HMIS and Coordinated Entry System is available on the [HUD Exchange](#) at:

[HMIS Data Standards](#)

[HMIS Comparable Database Manual](#)

[Coordinated Entry Core Elements](#)

[Coordinated Entry Policy Brief](#)

[Coordinated Entry Community](#)

[Samples Toolkit](#)

APPENDIX

A. ADDITIONAL RESOURCES

California Partnership to End Domestic Violence (CPEDV):
[HOME Cohort Webpage](#)

HUD Exchange:

[SNAPS In Focus: Ensuring Access for Survivors of Domestic Violence](#)

[SNAPS In Focus: Addressing the Needs of Persons Fleeing Domestic Violence](#)

[CoC Program Toolkit](#)

[HMIS Data Standards](#)

[HMIS Comparable Database Manual](#)

[Coordinated Entry Core Elements](#)

[Coordinated Entry Policy Brief](#)

[Coordinated Entry Community Samples Toolkit](#)

National Alliance on Safe Housing:

[The Safe Housing Alliance](#)

National Network to End Domestic Violence (NNEDV):

[Creating Access for Survivors: Category 4 HEARTH Homeless Designation: Fleeing, or Attempting to Flee, Domestic Violence, Dating Violence, Sexual Assault, Stalking and Human Trafficking](#)



B. ACRONYMS

The list below contains several commonly-used acronyms, some of which are referenced in this toolkit. You may encounter acronyms not included on this list in your interactions with your local CoC or in funding solicitations. Always be sure to ask for clarification if you encounter terms or acronyms in contexts with which you are not familiar.

Cal OES	California Governor’s Office of Emergency Services
CES	Coordinated Entry System
CoC	Continuum of Care
CPEDV	California Partnership to End Domestic Violence
DOJ	Department of Justice
DV	Domestic Violence
DVAP	Domestic Violence Assistance Program
DVHF	Domestic Violence Housing First
ES	Emergency Shelter
ESG	Emergency Solutions Grant
FVPSA	Family Violence Prevention and Services Act
HHAP	Homeless Housing, Assistance and Prevention Program
HDIS	Homeless Data Integration System
HMIS	Homeless Management Information System

HUD	United States Department of Housing and Urban Development
IH	Interim Housing
IPV	Intimate Partner Violence
NASH	National Alliance on Safe Housing
NAEH	National Alliance to End Homelessness
NNEDV	National Network to End Domestic Violence
OVC	Office on Victims of Crime
OVW	Office on Violence Against Women
PSH	Permanent Supportive Housing
RRH	Rapid Rehousing
SO	Street Outreach
TH	Transitional Housing
TIC	Trauma Informed Care
VAWA	Violence Against Women Act
VOCA	Victims of Crime Act
VSP	Victim Service Provider

C. GLOSSARY

This glossary contains several commonly-used terms, some of which are referenced in this toolkit. You may encounter acronyms not included on this list in your interactions with your local CoC or in funding solicitations. Always be sure to ask for clarification if you encounter terms or acronyms in contexts with which you are not familiar.

AT-RISK OF HOMELESSNESS (ARH)

HUD definitions at 24 CFR 91.5:

Category 1: Individuals and families

An individual or family who:

- i. Has an annual income below 30% of median family income for the area; AND
- ii. Does not have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or another place defined in Category 1 of the “homeless” definition; AND
- iii. Meets one of the following conditions:
 - a. Has moved because of economic reasons 2 or more times during the 60 days immediately preceding the application for assistance; OR
 - b. Is living in the home of another because of economic hardship; OR
 - c. Has been notified that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance; OR
 - d. Lives in a hotel or motel and the cost is not paid for by charitable organizations or by Federal, State, or local government programs for low-income individuals; OR
 - e. Lives in a Single Room Occupancy or efficiency apartment unit in which there reside more than 2 persons or

lives in a larger housing unit in which there reside more than one and a half persons per room; OR

- f. Is exiting a publicly funded institution or system of care; OR
- g. Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient’s approved consolidated plan;

Category 2: Unaccompanied Children and Youth

A child or youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under another Federal statute.

Category 3: Families with Children and Youth

An unaccompanied youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under section 725(2) of the McKinney-Vento Homeless Assistance Act, and the parent(s) or guardian(s) or that child or youth if living with him or her.

CHRONICALLY HOMELESS (CH)

HUD definition at 24 CFR 578.3:

1. An individual who:
 - i. Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
 - ii. Has been homeless and living or residing in a place not meant for

GLOSSARY, continued

human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years; and

- iii. Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;
2. An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or
3. A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

CONTINUUM OF CARE (COC)

Group responsible for the implementation of the requirements of HUD's CoC Program interim rule. The CoC is composed of representatives of organizations, including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable

housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons.

CONTINUUM OF CARE (COC) PROGRAM

HUD funding source to (1) promote communitywide commitment to the goal of ending homelessness; (2) provide funding for efforts by nonprofit providers, and state and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; (3) promote access to and effect utilization of mainstream programs by homeless individuals and families; and (4) optimize self-sufficiency among individuals and families experiencing homelessness.

EMERGENCY SHELTER (ES)

Emergency Solutions Grant (ESG) definition at 24 CFR 576.2:

Any facility, the primary purpose of which is to provide a temporary shelter for the homeless in general or for specific populations of the homeless and which does not require occupants to sign leases or occupancy agreements.

EMERGENCY SOLUTIONS GRANT (ESG) PROGRAM

HUD funding source to (1) engage homeless individuals and families living on the street; (2) improve the quantity and quality of emergency shelters for homeless individuals and families; (3) help operate these shelters; (4) provide essential services to shelter residents; (5) rapidly rehouse homeless individuals

GLOSSARY, continued

and families; and (6) prevent families and individuals from becoming homeless.

HOMELESS

HUD definitions at 24 CFR 91.5:

Category 1: Literally Homeless

An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- i. An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
- ii. An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, State, or local government programs for low-income individuals); or
- iii. An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

Category 2: At Imminent Risk of Homelessness

An individual or family who will imminently lose their primary nighttime residence, provided that:

- i. The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;

- ii. No subsequent residence has been identified; and
- iii. The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing.

Category 3.: Homeless under other Federal Statutes

Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:

- i. Are defined as homeless under section 387 of the Runaway and Homeless Youth Act (42 U.S.C. 5732a), section 637 of the Head Start Act (42 U.S.C. 9832), section 41403 of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2), section 330(h) of the Public Health Service Act (42 U.S.C. 254b(h)), section 3 of the Food and Nutrition Act of 2008 (7 U.S.C. 2012), section 17(b) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)), or section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a);
- ii. Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;
- iii. Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and (iv) can be expected to continue in such status for an extended period of time because of chronic disabilities; chronic physical health or

GLOSSARY, continued

mental health conditions; substance addiction; histories of domestic violence or childhood abuse (including neglect); the presence of a child or youth with a disability; or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment.

Category 4: Fleeing domestic abuse or violence

Any individual or family who:

- i. Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;
- ii. Has no other residence; and
- iii. Lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, to obtain other permanent housing.

HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)

Local information technology system used by a CoC to collect participant-level data and data on the provision of housing and services to homeless individuals and families and to persons at risk of homelessness. Each CoC is responsible for selecting an HMIS

software solution that complies with HUD's data collection, management, and reporting standards.

HOMELESSNESS PREVENTION (HP)

From ESG Requirements on the HUD Exchange website:

Housing relocation and stabilization services and short-and/or medium-term rental assistance as necessary to prevent the individual or family from moving to an emergency shelter, a place not meant for human habitation, or another place described in paragraph (1) of the [ESG] homeless definition.

The costs of homelessness prevention are only eligible to the extent that the assistance is necessary to help the program participant regain stability in their current housing or move into other permanent housing and achieve stability in that housing.

Eligible costs include:

- Rental Assistance: rental assistance and rental arrears
- Financial assistance: rental application fees, security and utility deposits, utility payments, last month's rent, moving costs
- Services: housing search and placement, housing stability case management, landlord-tenant mediation, tenant legal services, credit repair

See 24 CFR 576.103.

PUBLIC HOUSING AUTHORITY (PHA)

Local entity that administers public housing and Housing Choice Vouchers (HCV) (aka Section 8 vouchers) and may administer additional housing programs.

GLOSSARY, continued

PERMANENT SUPPORTIVE HOUSING (PSH)

HUD definition at 24 CFR 578.3:

Permanent housing means community-based housing without a designated length of stay, and includes both permanent supportive housing and rapid rehousing. To be permanent housing, the program participant must be the tenant on a lease for a term of at least one year, which is renewable for terms that are a minimum of one month long, and is terminable only for cause.

Permanent supportive housing means permanent housing in which supportive services are provided to assist homeless persons with a disability to live independently.

RAPID REHOUSING (RRH)

From ESG Requirements on the HUD Exchange website:

Housing relocation and stabilization services and/or short-and/or medium-term rental assistance as necessary to help individuals or families living in shelters or in places not meant for human habitation move as quickly as possible into permanent housing and achieve stability in that housing.

Eligible costs include:

- Rental Assistance: rental assistance and rental arrears
- Financial Assistance: rental application fees, security and utility deposits, utility payments, last month's rent, moving costs
- Services: housing search and placement, housing stability case management, landlord-tenant mediation, tenant legal services, credit repair

See 24 CFR 576.104

RELEASE OF INFORMATION (ROI)

Written documentation signed by a participant to release his/her personal information to authorized partners.

STREET OUTREACH (SO)

From ESG Requirements on the HUD Exchange website:

Essential Services related to reaching out to unsheltered homeless individuals and families, connecting them with emergency shelter, housing, or critical services, and providing them with urgent, non-facility-based care. Eligible costs include engagement, case management, emergency health and mental health services, transportation, and services for special populations.

See 24 CFR 576.101.

ENDNOTES

- 1 "Pressing Issues Facing Families Who Are Homeless." The National Center on Family Homelessness, 2013
- 2 U.S. Department of Housing and Urban Development. (2002). Evaluation of Continuums of Care for Homeless People, Final Report. http://webarchive.urban.org/UploadedPDF/continuum_of_care.pdf
- 3 Continuum of Care Program, 24 C.F.R. §578 (2017)
- 4 HUD Exchange CoC and ESG Virtual Binder. Category 4: Fleeing/ Attempting to Flee Domestic Violence. Available at <https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-esg-homeless-eligibility/four-categories/category-4/>
- 5 Clough, A., Draughon, J. E., Njie-Carr, V., Rollins, C., & Glass, N. (2014). "Having housing made everything else possible": Affordable, safe and stable housing for women survivors of violence. *Qualitative Social Work*, 13(5), 671-688.
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