Transitional Housing for Survivors of Domestic and Sexual Violence: A 2014-15 Snapshot

Overview Webinar #1 (Chapters 1-4)
Transitional Housing for Survivors of Domestic and Sexual Violence: A 2014–15 Snapshot

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What’s on the Project Webpage?

The project webpage is [www.air.org/THforSurvivors](http://www.air.org/THforSurvivors). The webpage contains links to

- The 12 chapters of the *Report*, each with an executive summary and a reference list;
- The Methodology webinar and four *Overview webinars*;
- Four brief *podcast interviews* highlighting the approaches of some of the providers we interviewed; and
- *Broadsides* highlighting two of the many important topic areas this report addresses.
Chapters of the Report (Overview Webinar #1)

- #01 - Definition of “Success” & Performance Measurement
- #02 - Survivor Access and Participant Selection
- #03 - Program Housing Models
- #04 - Taking a Survivor-Centered / Empowerment Approach: Rules Reduction, Voluntary Services, Participant Engagement

This is Overview Webinar #1.
Chapters of the Report (Overview Webinar #2)

- #05 - *Program Staffing*
- #06 - *Length of Stay*
- #07 - *Subpopulations and Cultural / Linguistic Competence*
- #08 - *OVW Constituencies* (Domestic Violence - Dating Violence - Sexual Assault - Stalking + Trafficking)
Chapters of the Report (Overview Webinars #3 & 4)

- #09 - Approach to Services: Basic Support and Assistance
- #10 - Challenges and Approaches to Obtaining Housing and Financial Sustainability
- #11 - Trauma-Specific and Trauma-Informed Services for Survivors and Their Children
- #12 - Funding and Collaboration: Opportunities and Challenges
The topics are interrelated.
Chapter 1: Definition of Success & Performance Measurement
Definition of Success & Performance Measurement: Framework

- Influenced by funding source / provider / survivor
  - Whose definition of success: the funder, the survivor, the provider, or staff?
  - What if different funders have different ideas about “success”?
  - What if funder and program participants have different ideas about success?
  - Are survivor-defined successes formally tracked, or “beneath the radar?”

- Definition of success influences population targeted, services provided / approach, duration of assistance, etc.

- Timeframe for measuring “success” (6 mos., 2 yrs., beyond?)

- Process measures vs. outcome measures: (whose outcomes: participants’ or program’s?)
Definition of Success & Performance Measurement: Approaches

- Use of performance measures defined by funder
  Note: 42% of providers interviewed used HUD grants!
- Use of FVPSA metrics
- Survivor-defined goals and outcomes / “goal sheets”
- Participant feedback

Examples of Approaches:
- Domestic Violence Evidence Project: metrics and tools
- Vera Institute of Justice
- Washington State Coalition’s DV Housing First Evaluation
Definition of Success & Performance Measurement: Provider Comments

a) Success is helping participants obtain safe, violence-free, sustainable permanent housing and economic self-sufficiency.

b) Success is about supporting participants in defining their own goals and in making progress toward achieving those goals.

c) Success is about supporting participants in getting the help they want; and getting to a "better place" in the broadest sense -- increased safety, awareness of community resources, feeling better about themselves and their future, etc.

d) Comments on how providers measure program performance and participants’ progress towards their self-defined goals.
Definition of Success & Performance Measurement: Key Concepts

- Balancing competing priorities (funders, participants, provider)
- Balancing competing paradigms: housing-focused vs. victim/survivor-defined advocacy and goals
- Focus on proximal outcomes, given impossibility of measuring long-term outcomes
- Purpose of measuring performance: (a) assess effectiveness of efforts to support survivors, (b) inform performance improvements, (c) sustain funding
- Quantitative metrics vs. reflective analysis
Definition of Success & Performance Measurement: Collection of Data

- VAWA MEI semi-annual report: who gets counted, and who doesn’t get counted?
- Use of diverse data systems
- How / where do participant-defined goals get recorded?
- HUD HMIS / Comparable Data Base
- Confidentiality: VAWA framework, HUD framework (VAWA prohibition on using HMIS; participation in Coordinated Entry or “parallel system”), other legal protections
- Provider comments about the data systems they use
Chapter 2: Survivor Access & Participant Selection
Survivor Access & Participant Selection: What Are the Options?

- Strengths vs. Limitations of DV shelters, mainstream shelters for individuals / families, mainstream TH and RRH programs
- Specialized TH programs (including both “traditional” TH and transition-in-place/RRH programs resourced to serve DV/SA survivors) are the best options for survivors who need longer-term trauma-informed support than a DV shelter can provide
- Supply vs. estimated demand for “Specialized” TH
  - One unit of specialized TH for every 9 survivors who need it?
- What happens when survivors can’t get into a “Specialized” TH program?
Survivor Access & Participant Selection: The Roles of DV Shelter vs. “Specialized” TH

- Comparing the roles of DV shelter vs. “Specialized” TH: different realities / perspectives, depending on funding / staffing:
  - Sometimes DV shelter is better resourced to offer wraparound supports; sometimes the specialized TH program is better resourced; sometimes they have similar resources, but different length of stay limitations;
  - Sometimes specialized TH is seen as a resource for survivors prepared to address their needs independently; sometimes it is seen as providing an opportunity for survivors to work with staff on multiple needs.
  - As illustrated by the many provider comments, distinctions between DV shelter and transitional housing that may be true in one community don’t necessarily apply in other communities.

- All OVW-funded TH programs are subject to VAWA / OVW provisions in the annual solicitation for TH grant proposals warning against "activities that compromise victim safety and recovery," including “restrictive conditions” and/or

"policies or procedures that exclude victims from receiving safe shelter, advocacy services, counseling, and other assistance based on their actual or perceived age, immigration status, race, religion, sexual orientation, gender identity, mental health condition, physical health condition, criminal record, work in the sex industry, or the age and/or gender of their children."

- All providers are subject to non-discrimination laws
- Housing providers (programs that own or lease their program housing) are subject to fair housing laws
- All providers are subject to the Americans with Disabilities Act, and expectations about *reasonable* accommodations and *reasonable* modifications of policies and procedures:
- Non-discrimination requirements and affirmative obligations are (also) applicable to survivors with mental health / trauma-related disabling conditions (e.g., PTSD, depression, etc.) and alcoholism ... which can affect participant behavior and participation levels.
Survivor Access & Participant Selection: Provider Approach/Comments on Sources of Referral

- How are survivors referred for consideration?
  - Announcement of vacancies vs. no announcement
  - Waiting lists vs. no waiting lists
  - Open referrals and self-referrals vs. limited referral vs. referrals only from agency shelter / outreach programs
  - No preconditions for referral vs. referring survivors who are: (a) “likely to be successful” or (b) “likely to make good use of resources” or (c) “employed or employable and likely to soon be able to cover their (share of) housing costs”
  - What about survivors who have already timed out of shelter?
Survivor Access & Participant Selection:
Provider Approach/Comments on Participant Selection

- How are participants selected?
  - Eligible (i.e., a survivor, homeless, etc.)
  - Household size compatible with housing stock (if provider owns or leases program housing)
  - Most urgent need (at imminent risk of further harm)
  - Greatest need (most serious issues)
  - First-come, first-served
  - Survivor has tenancy credentials to find a landlord willing to offer a lease (if program requires survivor to hold lease)
  - Ability to pay the rent or their share of housing costs in near-term, if contributing to rent is a program expectation
Survivor Access & Participant Selection: Lingering Challenges

- Some potentially “problematic” criteria (i.e., too subjective, imposes “restrictive conditions,” or has potential \textit{disparate impact})
  
- Seems “motivated,” demonstrated “willingness” to make use of program resources, “compatibility” with program approach and focus, likely to achieve funder-targeted “success” (e.g., housing)

- Committed to ending relationship with abusive partner

- No untreated mental health or substance use issues, or behavioral health issues that exceed staff capacity to safely manage

- Good “fit” with the other program participants

- Recommend joint guidance from federal partners on selection criteria that balances funders’ different expectations, on-the-ground realities
Chapter 3: Program Housing Models
Program Housing Models

- Who owns the housing?
- Who signs the lease?
- Is the housing in scattered site locations, clustered, or congregate?
- Is the housing part of a provider campus, or is it located in the larger community?
- Is the participant’s stay in program housing time-limited (i.e., they have to move when the program assistance ends), or can they transition-in-place?
- What is the duration, depth, and scope of assistance with housing-related costs, and what is the participant’s financial obligation?
**Program Housing Models:**

*Pros, Cons, and Provider Experience*

- In an ideal world, survivors in every community would be able to find the program whose housing, services, and timeframe best matched their needs and circumstances.

- In an ideal world, providers would be able to explore with prospective participants which of their various program models was best suited to what the survivor was looking for.

- In the real world, although the OVW does an excellent job trying to geographically distribute grants, limits to funding mean that not every community has its own TH program, let alone a mix of TH programs offering different housing/service models.
Program Housing Models: Pros and Cons of Different Approaches: General Considerations

Models:
- Time-Limited/Temporary vs. Transition-in-Place
- Congregate vs. clustered units vs. scattered site units
- Provider-owned vs. provider-leased vs. participant-leased

General Considerations (a sample)
- Easier access to program housing vs. mainstream housing (i.e., survivors can move into program units or find housing despite imperfect credit, low income, weak tenancy record)
- Ability to address need for heightened security
- Proximity to services vs. desire / “readiness” for independence
Program Housing Models: Pros and Cons of Different Approaches: Some Provider Considerations

- Predictability of costs
- Minimizing staff travel time
- Availability of program units, ability to maintain full caseload
- Burden on staff for property maintenance
- Minimizing provider liability as the tenant of record
- Challenge of being both landlord and service provider
- Flexibility to match apartment size to needs of survivor family
- Ability to bring participants together for mutual support
Program Housing Models: Pros and Cons of Different Approaches: Some Survivor Considerations

- Ability to transition from shelter to TH program (does the survivor have to find housing first, or is there a unit waiting?)
- Stability (will the survivor have to relocate from their program housing to a new apartment in a new neighborhood?)
- Tolerance for occasionally missing payments, occasional lapses in compliance with lease requirements
- Housing is convenient to friends, family, job, school, etc.
- Opportunity to build a tenancy record, landlord reference
- Access to peer support, staff support
Program Housing Models: Factors that Determine a “Good Fit”

- Household size
- Desire to be near or far from family/community of origin
- Participant income, employability, tenancy “credentials”
- Need for heightened security
- Desire/need for close proximity to services vs. desire for independence
- Preference for shared living situation vs. own apartment
- Access to transportation, community services and amenities
- Housing market (affordability) and job market (employability)
Program Housing Models: VAWA MEI Snapshot of OVW-Funded Units (July 2012–June 2014)

- 65% of units are scattered site. 80% of scattered site units were leased by participants.
- 27% of units were “clustered.” 61.5% clustered units owned by provider, 22.5% leased by provider.
- 8% of units were co-located with shelter.
- # of units increased from 1,253 to 1,464.
- 90% of units added were scattered site participant-leased.
- % of participant-leased units rose from 52% to 62.5%.
- % of provider-leased units fell from 22% to 12.5%.
- % of provider owned units largely unchanged (25-26%).
**Program Housing Models: Factors that Influence Choice / Affect Implementation of Housing Model(s)**

- Source of program funding and attached requirements (e.g., meets HUD Housing Quality Standards, Fair Market Rent / “Reasonable” Rent limits, geographic constraints, RRH requirement that participants be leaseholders, prohibition on mixing provider- and participant-leased housing, etc.)
- Housing market (availability of affordable housing / subsidies)
- Geography of service area (urban, rural, mixed)
- Provider willingness / capacity / opportunity to own and manage housing
- Provider willingness to assume financial risk of leasing units
- Participant ability to lease units
Program Housing Models: Factors that Influence Level of Financial Assistance with Housing-Related Costs

- Amount of grant/other funding and “local” need for assistance
- Cost of “local” housing and utilities vs. participant incomes
- Source and amount of grant funding and attendant constraints (e.g., with HUD: “Written Standards developed by the Continuum of Care administering CoC grant, or the state/county/jurisdiction administering ESG grant; with TANF grants, the administering state’s requirements; etc.)
- Program Approach: predetermined flat level of assistance, predetermined decreasing level of assistance, HUD formula = difference between rent and 30% of survivor income; periodic re-determination of assistance based on survivor circumstances
Chapter 4: Taking a Survivor-Centered & Empowerment Approach
Taking a Survivor-Centered / Empowerment Approach

- Rules Reduction
- Voluntary Services
- Trauma-Informed
- Empowerment
**Survivor-Centered / Empowerment Approach: Rules Reduction: Context & Provider Comments**

- Providers have substantially reduced reliance on program rules, especially rules requiring participation in services.
- What kinds of rules remain and why?
  - Increasing recognition that some of the “challenging behaviors” that rules/sanctions sought to address were developed as coping strategies in abusive situations, -- or – concomitants of complex trauma, PTSD, TBI.
  - Residual rules on sobriety, readiness to seek MH care, willingness to permanently leave partner, lack of “active engagement” ... *may be at odds with voluntary services, “no restrictive conditions,”* non-discrimination.
Survivor-Centered / Empowerment Approach: Voluntary Services: Context & Provider Comments

- Different perspectives about the meaning of voluntary services and the role of staff in supporting / encouraging participant engagement
  - Trust and understanding underlying relationship between advocate (case manager) and survivor are fundamental to program “success”
- Balancing active support with caution against overreach
  - Inform participants about availability of assistance, and see if they seek help –vs. – proactively, periodically reach out to offer assistance, support, and encouragement
- Survivor-Defined Practice Scale - (Goodman et al., 2016)
Survivor-Centered / Empowerment Approach: Voluntary Services: Barriers to Engagement

• Reasons why participants may not be “engaged” (sampling)
  ➢ Services don’t feel relevant, don’t match survivor priorities
  ➢ Difficult tradeoffs attached to paths forward / survivor ambiguity about next steps
  ➢ Obstacles related to physical, mental, emotional health
  ➢ Anger or frustration at limited options, sense of hopelessness
  ➢ Lack of trust in program
  ➢ Depression, substance use, PTSD, TBI, other trauma-related factors affecting “energy,” “motivation,” sustainability of effort
Survivor-Centered / Empowerment Approach:
Voluntary Services: Pressures - Challenges - Strategies

• Challenges to be mindful of:
  ➢ Pressures to shorten lengths of stay and demonstrate “successful outcomes” may result in policies that link participant selection to perceived motivation or level of engagement in shelter, or that link duration or magnitude of TH assistance to “engagement” or “effort.”
  ➢ When do required case management “check-ins” cross the “line” and compromise the voluntary services approach?

• Resources for supporting participant engagement
  ➢ Motivational Interviewing
  ➢ Tip Sheets on Creating Trauma-Informed Services published by the National Center on Domestic Violence, Trauma, and Mental Health
Survivor-Centered / Empowerment Approach: Voluntary Services: Provider Comments

- Provider comments describe different approaches:
  - Focus on trusting relations, non-judgmental communication
  - Use motivational interviewing
  - Focus on deadlines and “natural consequences”
  - Make participation easy, fun, useful, rewarding
  - Meet survivors where they are, respect boundaries / choices
  - Persistent outreach / support / validation, especially if survivors seem “stuck”
  - Clear expectations

- Not all providers embrace voluntary services as “best” approach
Survivor-Centered / Empowerment Approach: Empowerment: Context and Provider Comments

- Meaning of “empowerment”
- Empowerment practice / counseling / advocacy (Sullivan 2006)
- Empowerment in different domains of survivor lives
  - MOVERS – measuring empowerment with respect to safety (Goodman, Thomas, & Heimel, 2015)
- How providers afford participants / alumni opportunities to shape decisions and play leadership roles that affirm the value of their experience, perspectives, and opinions.
- Provider comments: how staff know when survivors feel empowered, how the program supports empowerment, how participants and alumni are afforded meaningful opportunities
Thank You!
For more information visit: www.air.org/THforSurvivors

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