DV/SA Provider Questions (FINAL post stakeholder feedback) (Introduction Q3 answers B,C,D,E)

1. Does your organization consider itself a culturally specific service provider?

(A **Culturally Specific Service Provider** is a community-based program that provides culturally and linguistically specific services to victims of domestic violence, dating violence, sexual assault, or stalking.)

    a. Yes
    b. No
    c. Not sure
    d. Yes, but it's not our primary focus

2. How knowledgeable is your organization about the scope of the Homeless/Housing system (excluding domestic violence/sexual assault housing programs) in your community (i.e. knowledgeable of emergency, transitional, rapid rehousing, and permanent housing options and services offered/clearly understands process of accessing such services)?
    a. Very knowledgeable
    b. Somewhat knowledgeable
    c. A little knowledgeable
    d. Not at all knowledgeable
    e. I don't know

(if answered b (no) or c (some but not all) to Q2

2a. What are the barriers to knowing the scope of the Homeless/Housing system in your community? (Select all that apply)

    Not enough staff capacity
    System too confusing
    Not enough communication with homeless/housing providers
    Lack of trust
    Other (Please explain)

3. Is your organization involved in any of the Homeless/Housing system's meetings (e.g. Consolidated Plan Committee meetings, Continuum of Care Committee meetings)?

    a. Yes (Please list)
    b. Rarely attend
    c. Not invited
    d. Not sure

If answered b (Rarely attend) to Q3
3a. Why does your organization rarely attend the Homeless/Housing System's meetings? (Select all that apply)
    Due to not enough staff capacity

Because it's unproductive (Please explain)
Because it feels like domestic and/or sexual violence is not a priority
Other (Please explain)

3b. Why is your organization not invited? Please explain

4. What is your organization's general level of involvement in the Homeless/Housing system's meetings?
      a. Very Involved
      b. Somewhat Involved
      c. A little Involved
      d. Not at all Involved
      e. I don't know

5. Your organization's participation and feedback is valued in the Homeless/Housing system's meetings.
      a. Yes
      b. No
      c. Sometimes
      d. Not sure because another representative from my organization attends the meetings

6. Issues impacting domestic and/or sexual violence survivors are frequently discussed in the Homeless/Housing system's meetings.

      a. Yes
      b. No
      c. Sometimes

6a. Issues impacting domestic and/or sexual violence survivors are adequately addressed in the Homeless/Housing system's meetings.
      a. Yes
      b. No
      c. Sometimes

6b. Issues are resolved in a positive way for domestic and/or sexual violence survivors in the Homeless/Housing system's meetings (i.e. survivor safety is addressed, privacy and confidentiality are respected needs of domestic and/or sexual violence survivors matter).
      a. Yes

b. No (Please explain)
c. Sometimes

7. Is there a Taskforce/Working Group in your community that focuses on domestic and/or sexual violence and homeless/housing issues?
     a. Yes
     b. One is in development
     c. No, but we are interested in participating in a collaboration like this
     d. No
     e. Not Sure

7a. How is the Taskforce/Working Group that focuses on domestic and/or sexual violence and homeless/housing issues structured? (Select all that apply)
     a. It is coordinated through our Continuum of Care
     b. It is coordinated by a domestic and/or sexual violence organizations
     c. It is coordinated by a housing/homeless organization
     d. It is coordinated through a state domestic and/or sexual violence coalition
     e. Other (Please explain)

7b. Does staff at your organization regularly participate in the Taskforce/Working Group?

     a. Yes
     b. No
     c. No, but staff at other domestic and/or sexual violence organizations participate

8. How helpful is the Taskforce/Working Group in addressing issues impacting survivors' access to safe and supportive housing options in your community?
     a. Very helpful
     b. Somewhat helpful
     c. A little helpful
     d. Not at all helpful
     e. I don't know

8a. What are the desired outcomes for this Taskforce/Working Group? (Select all that apply)
     a. Build partnerships between domestic and/or sexual violence organizations and homeless/housing agencies
     b. Develop more permanent housing options for survivors
     c. Coordinate advocacy efforts such that survivors' concerns (e.g. safety and confidentiality) are included in housing/homeless policy and programs
     d. Advocate for local housing protections for survivors

e. Increase housing providers' (including the PHA) awareness of housing protections for survivors
f. Increase safety for survivors in the homeless system
g. Help facilitate or further implement a coordinated entry system that incorporates the domestic and/or sexual violence housing system
h. Other (Please explain)

8b. If the Taskforce/Working group is not helpful in addressing issues impacting domestic and/or sexual violence and homelessness/housing, please explain why.

9. Does your organization have ongoing relationships with staff from Homeless/Housing programs?
    a. Yes
    b. No
    c. Not sure

9a. How did your organization build these relationships with staff from Homeless/Housing programs?

10. Does your organization advocate for survivors in the Housing/Homeless system (e.g. help individual survivors you work with access housing protection such as lock changes, eviction/termination, safety within programs)?

    a. Yes (Please explain)
    b. No (Please explain)
    c. Not sure

11. Does your organization work with policy makers to address survivor's rights within the Housing/Homeless system?

    a. Yes (Please explain)
    b. No
    c. Not sure

11a. Why does your organization not work with policy makers to address survivor's rights within the Housing/Homeless system? (Select all that apply)

    a. The domestic and/or sexual assault coalition handles advocacy efforts
    b. Another local domestic and/or sexual violence program handles advocacy efforts
    c. Survivors are treated well within the system so not necessary
    d. Advocacy not received well by housing/homeless system
    e. Limited time

       f.   Limited staff capacity
       g. Other (Please explain)

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12. Does your organization have any formal agreements (e.g., MOUs or interagency agreements) with Homeless/Housing programs to coordinate domestic and/or sexual violence and housing services?
       a. Yes
       b. No
       c. Not sure

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13. Does your organization have staff co-located at a Homeless/Housing program (regardless of whether your community has a **Coordinated Entry System (CES)?**

(A **Coordinated Entry System (CES)** is a process developed to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed, referred, and connected to housing and assistance based on their strengths and needs. A CES handles assessment/screening of consumer need, data entry, referrals, and, potentially, program admissions, and prevention and diversion services as well.)

       a. Yes
       b. No
       c. Not sure

<mark>if answered "yes" to Q13</mark>

13a. To what extent has having a staff member co-located at a Homeless/Housing program assisted domestic and/ or sexual violence survivors with housing needs?
       a. A lot
       b. Somewhat
       c. A little
       d. Not at all
       e. I don't know

<mark>If answered a (a lot) or b (somewhat) to Q13a</mark>

13b. In what specific ways has having a staff member co-located at a Homeless/Housing program helped domestic and/or sexual violence survivors with housing needs?

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14. Does a Homeless/Housing program caseworker regularly work with survivors at your program's location or in another safe designated location?
       a. Yes
       b. No
       c. Not sure

<mark>if answered "yes" to Q14</mark>

14a. To what extent has having a Homeless/Housing program caseworker that works regularly with survivors at your program's location or in another safe designated spot, helped assist survivors with housing needs?
   a.   A lot
   b.   Somewhat
   c.   A little
   d.   Not at all
   e.   I don't know

14b. In what specific ways has having a Homeless/Housing program caseworker that works regularly with survivors at your program's location or in another safe designated spot, helped assist survivors with housing needs? Please explain

15. Does your organization have an open communication channel for questions and concerns with Homeless/Housing programs?
   a.   Yes
   b.   No
   c.   Depends on the Homeless/Housing program
   d.   Not sure

15a. How effective are these open communication channels at meeting survivor's housing needs?
   a.   Very Effective
   b.   Somewhat Effective
   c.   A little Effective
   d.   Not at all Effective
   e.   I don't know

15b. What are the barriers to creating open communication channels for questions and concerns with Homeless/Housing programs? (Select all that apply)
   a.   Lack of relationships
   b.   Concerns not taken seriously
   c.   Concerns not remedied
   d.   Other (Please explain)

Topic Area: Training

1.   Does your organization receive training from the Homeless/Housing community?

a. Yes
b. No
c. Not sure

2. How frequently does your organization receive training from the homeless/housing community?
  a. Monthly
  b. Quarterly
  c. Yearly
  d. As needed/with new staff
  e. I don't know

2a. What topic areas have been covered in the trainings provided by the Homeless/Housing community? (Select all that apply)
  a. Understanding the homeless/housing system
  b. Understanding the scope and work of specific homeless/housing agencies
  c. Coordinated Entry & Assessment
  d. Housing First
  e. Rapid Rehousing
  f. Building relationships with landlords
  g. Services for marginalized communities (e.g. culturally and linguistically appropriate services)
  h. Other (Please explain)

1a. Why doesn't your organization receive training from the Homeless/Housing community? (Select all that apply)
  a. Not a priority
  b. Not enough time
  c. Too much staff turn over to make an impact
  d. Training more appropriate for member programs
  e. Other (Please explain)

1b. In what topic areas would you want to receive training provided by the Homeless/Housing community? (Select all that apply)
  a. Understanding the homeless/housing system
  b. Understanding the scope and work of specific homeless/housing agencies
  c. Coordinated Entry & Assessment
  d. Housing First
  e. Rapid Rehousing
  f. Building relationships with landlords

g. Services for marginalized communities (e.g. culturally and linguistically appropriate services)
h. Other (Please explain)

3. Does your organization provide training to Homeless/Housing programs in your community?
   a. Yes
   b. No
   c. Not sure

3a. How often does your organization provide training to Homeless/Housing programs in your community?
   a. Monthly
   b. Quarterly
   c. Yearly
   d. As requested/needed with new staff
   e. I don't know

3b. What are the topic areas for trainings provided by your organization to Homeless/Housing programs in your community? (Select all that may apply)
   a. Domestic violence 101
   b. Sexual violence 101
   c. Safety planning
   d. Confidentiality
   e. Domestic and/or Sexual Violence Screening Assessments
   f. Understanding legal housing protections for survivors (federal, state, local)
   g. Services for marginalized communities (e.g. older victims, culturally and linguistically appropriate services)
   h. Survivor-Centered Voluntary Service Models
   i. Trauma Informed Care
   j. Unique barriers to housing faced by survivors (e.g. lack of affordable housing, lack of available safe housing, inclusiveness and access for LGBTQ survivors)
   k. Other (Please explain)

3c. Why doesn't your organization provide trainings on a regular basis to the Homeless/Housing community? (Select all that apply)
   a. Not a priority for your organization
   b. Not enough time
   c. Too much staff turnover to make an impact
   d. Not enough resources
   e. Another domestic and/or sexual violence organization provides training to the

Homeless/Housing community
f.   Other (Please explain)

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4. What training topics/issues do you believe Homeless/Housing programs should be trained on? (Select all that apply)
a.   Domestic violence 101
b.   Sexual violence 101
c.   Safety planning
d.   Confidentiality
e.   Domestic and/or Sexual Violence Screening Assessments
f.   Understanding legal housing protections for survivors (federal, state, local)
g.   Services for marginalized communities (e.g. older victims, culturally and linguistically appropriate services)
h.   Survivor Centered Voluntary Service Models
i.   Trauma Informed Care
j.   Unique barriers to housing faced by survivors (e.g. lack of affordable housing, lack of available safe housing, inclusiveness and accessibility for LGBTQ survivors)
k.   Other (Please explain)

TOPIC AREA: Coordinated Entry and Assessment

Q1. Does your community have a **Coordinated Entry System (CES)?**

(A **Coordinated Entry System (CES)** is a process developed to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed, referred, and connected to housing and assistance based on their strengths and needs. A CES handles assessment/screening of consumer need, data entry, referrals, and, potentially, program admissions, and prevention and diversion services as well.)
a.   Yes
b.   No
c.   Not sure

If answers a (Yes) to Q1
Q2: Does your community have a Coordinated Entry System (CES) that addresses the needs of survivors of domestic and/or sexual violence (includes a community in the process of developing a CES process)?
a.   Yes
b.   No
c.   Not sure

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if answered "**no"** to Q2

Q2a: Why doesn't your community have a CES that addresses the needs of survivors of domestic and/or sexual violence? (Select all that apply)
a.   Lack of coordination within domestic and/or sexual violence provider community

b. Lack of trust within domestic and/or sexual violence provider community
c. Lack of coordination with homeless service system
d. Lack of trust with homeless service system
e. Lack of relationships with homeless service system
f. Lack of knowledge (e.g. how to set up a coordinated entry system with homeless service system)
g. Data entry and confidentiality concerns with utilization of HMIS system
h. Lack of resources
i. Separate domestic violence and/or sexual violence and Homeless/ Housing funding streams are not conducive to coordination
j. Other (please explain)

Q2b: What kind of CES does your community have for domestic and/or sexual violence survivors?
        a. Single point of entry for all (for homeless services, including survivors)
        b. Multiple points of entry for all (for homeless services, including survivors)
        c. Domestic and/or sexual violence providers have independent/parallel system
        d. In development of domestic and/or sexual violence provider independent/parallel system
        e. In development of single point of entry for all (for homeless services, including survivors)
        f. In development of multiple points of entry for all (for homeless services, including survivors
        g. Other (Please explain)

Q3a: What is the entry point to the independent/parallel domestic and/or sexual violence system? (Select one of the following)
a. Intake center (centralized physical location)
b. Multiple entry points (i.e. various organizations have the ability to make referral to the system)
c. Hotline (can include 2-1-1)
d. Other (Please explain)

Q3b: How is housing availability made known within the independent/parallel domestic and/or sexual violence system? (Select all that apply)
a. Shared availability list updated by shelter and/or housing programs
b. Coordinated through hotline
c. Shared database
d. Managed through another coordinating body (e.g. coalition, local government agency) (Please explain)
e. Other (Please explain)
f. Not sure

Q3c: Is there only one standardized assessment used to determine housing eligibility within the independent/parallel domestic and/or sexual violence system?
- a. Yes (which assessment tool is used (i.e. VI-SPDAT) _____)
- b. No (please explain how housing eligibility is determined)
- c. Not sure

Q4a: What is the entry point within the single point of entry system?
- a. Intake center (centralized physical location)
- b. Community-wide hotline (can include 2-1-1)
- c. Not sure
- d. Other (Please explain _____)

Q4b: The single point of entry system is coordinated by: (Select all that apply)
- a. A local government agency
- b. Homeless program or homeless coalition /Continuum of Care
- c. Not Sure
- d. Other (Please explain _____)

Q4c: How are survivors' needs assessed (e.g., housing, safety, confidentiality and privacy) and triaged within the single point of entry system? (Select all that apply)
- a. An intake assessment is used to screen for domestic and/or sexual violence, along with other housing needs
- b. Housing placement is prioritized for domestic and/or sexual violence survivors
- c. There is a dedicated domestic and/or sexual violence specialist at the centralized intake center or hotline to assess survivor needs
- d. There is no specialized domestic and/or sexual violence assessment/triage protocol
- e. There are various precautions and measure in place to protect survivor confidentiality and safety
- f. Other (Please explain _____)
- g. Not sure

Q5a. What will the actual entry point be within the single point of entry system?
- a. Intake center (centralized physical location)
- b. Community-wide hotline (can include 2-1-1)
- c. Other (Please explain _____)
- d. Not sure

Q5b: What agency (or agencies) will coordinate the centralized intake within the single point of entry system? (Select all that apply):

a. Local government agency
b. Homeless/housing program or **homeless coalition** (A **homeless coalition** is typically a network of stakeholders working together to coordinate advocacy, and may or may not serve as the CoC. A homeless coalition often includes people who are currently experiencing or who have experienced homelessness, activists and advocates, and community-based service providers.)
c. Other (Please explain _____)
d. Not sure

Q5c: How will domestic violence and/or sexual violence survivors' needs assessed (e.g. housing, safety, confidentiality and privacy) and triaged within the single point of entry system? (Select all that apply)
a. An intake assessment is used to screen for domestic and/or sexual violence, along with other housing needs
b. Housing placement is prioritized for domestic and/or sexual violence survivors
c. There is a dedicated domestic and/or sexual violence specialist at the centralized intake center or hotline to assess survivor needs
d. There is no specialized domestic and/or sexual violence assessment/triage protocol.
e. There are various precautions and measure in place to protect survivor confidentiality and safety
f. Other (Please explain _____)

Q6a: How is housing availability made known within the multiple points of entry system? (Select all that apply)
a. Shared availability list updated by shelter and/or housing programs
b. Coordinated through hotline (can include 2-1-1)
c. Managed through another coordinating body (e.g. domestic and/or sexual violence coalition, local government agency) (Please explain)
d. Other (Please explain)
e. Not sure

Q6b. Is there only one standardized assessment used to determine housing eligibility within the multiple points of entry system?
a. Yes (which assessment tool is used (i.e. VI-SPDAT) _____)
b. No (Please explain how housing eligibility is determined throughout the system)
c. Not sure

Q6c: How are survivors' needs assessed (e.g. housing, safety, confidentiality and privacy) and triaged? (Select all that apply)
a. One (shared) intake assessment tool is used to screen for domestic and/or sexual violence,

       along with other housing needs
b.   Each entry point uses its own intake assessment to screen for domestic and/or sexual violence, along with other housing needs
c.   Housing placement is prioritized for domestic and/or sexual violence survivors
d.   There is a dedicated victim specialist (staff with expertise in domestic and/or sexual violence) at one or more of the non-victim specific entry points
e.   There are no specialized domestic and/or sexual violence assessment/triage protocols at the multiple entry points
f.   There are various precautions and measures in place to protect survivor confidentiality and safety
g.   Not included at this point

Q7a. Coordinated entry works well in my community.
a.   Strongly Agree
b.   Agree
c.   Disagree
d.   Strongly Disagree
e.   Neither agree nor disagree
f.   I don't know

Q7b. My community struggles with coordinated entry, particularly as it relates to safety and confidentiality considerations for domestic and/or sexual violence survivors.
a.   Strongly Agree
b.   Agree
c.   Disagree
d.   Strongly Disagree
e.   Neither agree nor disagree
f.   I don't know

Q7c: Domestic and/or sexual violence survivors who access my community's coordinated entry system have the option to withhold consent to share data via any electronic database.
a.   Yes
b.   No
c.   Not sure

Q7c1: Survivors offered the option of withholding consent, ultimately give consent to share personal information because they feel that their housing options would be compromised.
  a.   Strongly Agree

b. Agree
c. Disagree
d. Strongly Disagree
e. Neither agree nor disagree
f. I don't know

Q7d. Coordinated entry staff members in my community are adequately equipped to assess when an individual or a family would benefit from housing in a domestic violence/sexual assault program rather than a general homeless assistance provider.
a. Strongly Agree
b. Agree
c. Disagree
d. Strongly Disagree
e. Neither agree nor disagree
f. I don't know

Q7e: During Coordinated Entry assessment, survivors are able to make their own decisions (i.e. survivor choice is respected) regarding which programs or resources they want to access so they have a range of options (i.e. whether to access domestic and/or sexual violence shelter/housing or programs available through the homeless system).

a. Strongly Agree
b. Agree
c. Disagree
d. Strongly Disagree
e. Neither agree nor disagree
f. I don't know

Q7f. Coordinated entry staff members have access to the necessary information (i.e. knowledge of programs, scope of work, etc) to make referrals to domestic and/or sexual violence agencies when needed (including when requested by domestic and/or sexual violence survivors)?
a. Strongly Agree
b. Agree
c. Disagree
d. Strongly Disagree
f. Neither agree nor disagree
e. I don't know

Q7g. Does the coordinated entry process help the community prioritize services based on vulnerability and severity need to ensure that domestic and/or sexual violence survivors who need immediate access to safe housing options receive assistance in a timely manner?

a. Yes
b. No
c. Not sure

Q7h. How are domestic and/or sexual violence survivors triaged through the coordinated entry process when they have multiple needs (e.g. older victims, Limited English Proficiency)?

TOPIC AREA: HMIS/confidentiality

1. Does your organization receive **Emergency Solutions Grant (ESG)** funds?

(HUD's **Emergency Solutions Grant (ESG)** program provides funding to: (1) engage homeless individuals and families living on the street; (2) improve the number and quality of emergency shelters for homeless individuals and families; (3) help operate these shelters; (4) provide essential services to shelter residents, (5) rapidly re-house homeless individuals and families, and (6) prevent families/individuals from becoming homeless.)

    A. Yes
    B. No
    C. Not Sure

If answered "yes" to Q1

1a. What ESG activities are you funded for? (Select all that apply)

a. Rapid Re-Housing
b. Emergency Shelter
c. Prevention
d. Other (please list)

2. Does your organization receive **Continuum of Care** funds?

(**HUD's Continuum of Care (CoC)** program is designed to promote community wide commitment to the goal of ending homelessness through the provision of funds for coordinated 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.)

    a. Yes
    b. No
    c. Not sure

If answered "yes" to Q2

2a. What, if any, Continuum of Care activities is your organization funded for? (Select all that apply)

a. Transitional housing
b. Permanent Supportive Housing
c. Rapid Re-Housing
d. HMIS
e. Coordinated Assessment
f. Not sure

3. How does your organization capture data regarding survivors seeking shelter and/or housing?
   A. Comparable database (insert comparable database vendor _____)
   B. Excel Spreadsheet
   C. Other (Please explain)

3a. Does your organization utilize a comparable database system that has been approved by your COC?

a.   Yes
b.   No
c.   Yes, but still have challenges
d.   Previously approved but being challenged now
e.   Not sure
f.   Other _____

3b. How is your comparable database funded?
a.   ESG
b.   CoC
c.   Other (Please explain)
d.   Not sure

3c. Can the comparable database system generate HUD-required ESG reports?
a.   Yes
b.   No
c.   Yes, until recent changes with CAPER
d.   Not Sure

3d. Can the comparable database system generate the HUD-required CoC reports?
a.   Yes
b.   No
c.   Not Sure

3e. Does the comparable database have all of the data fields required by CoC or ESG funding?
a.   Yes
b.   No
c.   Not sure

3f. Does your organization enter information for all of the data fields per client?
    a.   Yes
    b.   No
    c.   Not sure

3g. Does your organization have staff to operate the comparable database?
a.   Yes (how many _____)
b.   No
c.   Not sure

3h. Does a state domestic and/or sexual violence coalition manage the database for multiple domestic and/or sexual violence organizations?
    a.   Yes
    b.   No
    c.   Not sure

4. Does your Coordinated Entry System (CES) utilize HMIS?
    f.   Yes
    g.   No
    h.   Not sure

5. Does your CES utilize a comparable database to HMIS?
a.   Yes (If known, please indicate which database your CES uses _____)
b.   No
c.   Not sure

<mark>If answers A (yes) to Q4 or Q5</mark>
5a. Your community's CES and related data-system (i.e. HMIS or comparable database) ensure survivor safety and confidentiality while allowing survivors access to needed housing resources.
a.   Strongly Agree
b.   Agree
c.   Disagree
d.   Strongly Disagree
e.   Neither agree nor disagree
f.   I don't know

<mark>If answered "strongly agree" or "agree" to Q5a</mark>

6. How does your community ensure survivor safety and confidentiality while allowing survivors access to needed housing resources? (Select all that apply)
   a. Your organization shares non-identifiable information into the shared database with contact details of the program
   b. Survivors go to another agency to enter their personal information
   c. Survivors' personally identifying information does not have to be entered into HMIS because a verbal/in-person prioritization system exists
   d. Other (Please explain)

6a. What are the elements that have helped develop your comparable database system to ensure survivor safety and confidentiality? (Select all that apply)
   a. Technical assistance
   b. Developed "work-around" with funder to address needs of victims
   c. Strong local understanding of the comparable database requirements
   d. Other (Please explain)

6b. The homeless/housing system's HMIS addresses survivor confidentiality by: (Select all that apply)

   a. Providing clients informed options to opt out of answering questions with "refused to answer"
   b. Providing clients the ability to give limited information
   c. Providing clients the option to not be entered in HMIS at all
   d. Providing data safety protocols
   e. Other (Please explain)
   f. Not sure
   g. I don't believe our system offers any of these options for survivors

<mark>if answered "disagree" or "strongly disagree" to Q5a</mark>

7. How do you think the challenges to ensuring survivor safety and confidentiality, while allowing survivors access to needed housing resources, can be resolved? (Select all that apply)

   a. Clearer guidance from HUD and training for local staff on the laws governing victim service provider's obligations around data
   b. Clearer guidance from DOJ and training for local staff on the laws governing victim service provider's obligations around data
   c. Best practice models and training on practical solutions to address database issues
   d. Don't know
   e. Other (Please explain)

7a. If your program and community have experienced challenges with reaching consensus about how to best obtain data from domestic violence agencies, what concerns arise? (Select all that apply)

a. Survivor safety and confidentiality
b. Not meeting the requirements of VAWA and FVPSA
c. Not being competitive for HUD grant funds
d. Community will lose competitiveness for grant funds
e. Pressure from funder to change practices/violate VAWA
f. Not meeting the requirements of ESG or CoC programs
g. No solution/continuous stalemate with funder
h. Other (Please explain)

7b. Has your organization faced pressure during program monitoring/audits to reveal client files or databases with personally-identifying information?

        a. Yes
        b. No
        c. Not sure

==If answered "yes" to Q7b==
8. When faced with this pressure, has your organization felt confident utilizing VAWA confidentiality provisions to protect personally-identifying information?
        a. Yes
        b. No
        c. Not sure

==**TOPIC AREA: Federal, state and local legal protections (think VAWA, Fair Housing Act, state/local: anti-discrimination, eviction, lock changes, etc)**==

Q1: What challenges do you hear about in your community when it comes to survivors trying to access/find safe and stable housing, within each of these different types of housing systems?

(**Domestic and/or sexual violence survivor specific shelter and/or housing includes:** Domestic violence shelters and other survivor specific housing programs)

(**Homeless specific shelter and/or housing includes:** Homeless shelters and other non-survivor specific homeless/housing programs)

(**Private housing includes:** Privately owned apartments/houses)

(**Public housing includes:** Section 8 and/or local or federally subsidized housing)

In my community, sometimes survivors face barriers or are denied access to housing systems

because: (Select all that apply)

	Domestic and/or Sexual Violence survivor specific shelter and/or housing	Homeless specific shelter and/or housing	Private housing	Public housing
The survivor must meet additional requirements before being accepted into their shelter and/or housing (e.g. obtain protection order, counseling, police report)				
The survivor discloses that s/he is experiencing or has experienced domestic and/or sexual violence or is perceived to be a survivor (i.e. believed to be a survivor by housing provider even if the survivor has not disclosed)				
The survivor has limited English proficiency (LEP)(e.g. has another language as their primary language and may need an interpreter/ translator)				
The survivor is a Native person				
The survivor is Deaf or hard of hearing				
The survivor is a person of color				
The survivor has an active addiction				
The survivor has a criminal history				
S/he is a survivor of sex trafficking				
S/he is or perceived to be lesbian, gay, bi-sexual or transgender				

The survivor has a male child over the age of 12				
S/he is a survivor of sexual violence (non-intimate partner violence)				
S/he is a survivor over the age of 50				
S/he is a survivor of teen dating violence				
The survivor's family, age of children or composition of the family seeking shelter				
The survivor is an immigrant (documented)				
The survivor is an immigrant (undocumented)				
<mark>The survivor has an animal companion/pet (not for reasonable accommodation)</mark>				
The survivor has a disability				
The survivor has a mental health issue				
The survivor has poor credit and/or poor rental history				
The survivor opts out of sharing confidential information due to safety and/or privacy issues				
The survivor is a member of a minority religious group				
The survivor is a male				
Other				

Q1a. Please use the space below to provide any examples of barriers or challenges (from those listed in the previous question) faced by survivors in your community when it comes to survivors being able to access/find safe and stable housing.

Q2: What challenges do you hear about in your community when it comes to survivors trying to stay in/keep housing? (Select all that apply)

(**Domestic and/or sexual violence survivor specific shelter and/or housing includes:** Domestic violence shelters and other survivor specific housing programs)

(**Homeless specific shelter and/or housing includes:** Homeless shelters and other non-survivor specific homeless/housing programs)

(**Private housing includes:** Privately owned apartments/houses)

(**Public housing includes:** Section 8 and/or local or federally subsidized housing)

	Domestic and/or Sexual Violence survivor specific shelter and/or housing	Homeless specific shelter and/or housing	Private housing	Public housing
Housing provider refuses to provide reasonable accommodation in restoring or improving security and safety measures (e.g. repair locks, windows, doors, and other physical features of residence)				
Housing providers refuse to change the locks				
Not being able to move due to cost associated with breaking a lease				
Eviction or threat of eviction for calling police or other emergency services				
Threats of eviction because of				

domestic and/or sexual violence-related disruptions			
Abusive and/or threatening housing provider			
Sexual harassment by housing provider			

Q1b. Please use the space below to provide any examples of barriers or challenges (from those listed in the previous question) faced by survivors in your community when it comes to survivors trying to stay in/keep housing.

Q3: Does your organization work with a local **Public Housing Authority (PHA)** to help survivors seeking lease bifurcation and/or emergency transfer?

(A **Public Housing Authority (PHA)** is a local housing agency that receives HUD Federal funds to manage federally subsidized housing for low-income residents at rents they can afford.)

(**Bifurcation** means the survivor is allowed to remain in place and the batterer will be taken off a lease without their permission.)

(**Emergency Transfer** allows survivors to transfer to another available and safe dwelling unit.)

  a. Yes
  b. No
  c. Not Sure

Q3a: Please rate how effective the PHA is in helping survivors seeking lease bifurcation and/or emergency transfer?
  a. Very effective
  b. Somewhat effective
  c. A little effective
  d. Not at all effective
  e. I don't know

Q4: Does your organization work with a local PHA to create and expand housing options for survivors?

a. Yes
b. No
c. Not sure

4a. How does your organization collaborate with your local PHA to create more safe housing options? (Select all that apply)
   a. The PHA prioritizes all survivor applications by placing them at the top of the waiting list
   b. The PHA has a local voucher program specifically for domestic and/or sexual violence survivors who are exiting domestic and/or sexual violence survivor shelters/transitional housing program or are homeless as a result of domestic and/or sexual violence.
   c. PHA provides vouchers or helps fund in some way housing that your organization operates
   d. PHA provides permanent housing vouchers for survivors exiting your program
   e. Other (Please explain)

Q5: Does your organization work with private landlords to assist survivors seeking privately owned housing?
a. Yes
b. No
c. Not sure

Q5a: If your organization works with private landlords to assist survivors seeking privately owned housing, please explain how your organization works with private landlords:

Q6: To the best of your knowledge, how familiar is your organization with federal housing laws and protections for domestic and/or sexual violence survivors? Please rank your familiarity with each law.

	Not Familiar	A Little Familiar	Somewhat Familiar	Very Familiar
Violence Against Women Act (VAWA 2013)				
Fair Housing Act (FHA)				
Title VI of the 1964 Civil Rights Act				
Americans with Disabilities Act (ADA)				
Section 504 of the Rehabilitation Act				
Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH Act)				

Q7: To the best of your knowledge, how has your organization utilized each of the following federal laws and protections in advocacy efforts with survivors? (Select all that apply)

	Violence Against Women Act (VAWA 2013)	Fair Housing Act (FHA)	Title VI of the 1964 Civil Rights Act	Americans with Disabilities Act (ADA)	Section 504 of the Rehabilitation Act	Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH Act)
Verbally summarized the protections that apply to the survivors situation						
Provided the survivor with a written document outlining the protections						
Assisted the survivor with a demand letter to help her/him self-advocate						
Assisted the survivor with self-certification (or other documentation if applies						
Provided legal counsel and/or represented the survivor in a legal proceeding						
Provided a referral to legal counsel						
Have not utilized						
Other						

Q8: To the best of your knowledge, what are the most common ways your organization has utilized the federal housing laws and protections in your advocacy efforts with shelter or other housing organizations within the homeless system? (Select all that apply)

a. Summarized the protections that apply via e-mail, phone or in -person (informal communication)
b. Provided the shelter or other housing organization with a written document outlining the protections (e.g. fact sheet, toolkit, etc)
c. Provided training (e.g. webinar, in-person training) to shelter or other housing organization staff
d. Provided legal counsel and/or represented the survivor in a legal proceeding against the shelter or housing organization

e. Other (Please explain)
f. We do not use any of these
g. Not sure

Q9. Do your domestic and/or sexual violence local and/or state laws provide housing protections to survivors (e.g. fair housing protection, eviction protection)?
a. Yes
b. No
c. Not Sure

Q9a. To what extent does your organization understand the domestic and/or sexual violence local and/or state laws that provide housing protections to survivors (e.g. fair housing protection, eviction protection)?
a. A lot
b. Somewhat
c. A little
d. Not at all
e. I don't know

TOPIC AREA: Rapid Re-Housing, Housing First, Flexible Spending

1. Does your organization provide **Rapid Re-Housing (RRH)?**

(**Rapid Re-Housing** (RRH) is a housing first approach that aims to help survivors secure stable housing immediately - often forgoing the traditional crisis shelter-to-transitional shelter model. By drawing on an established network of partner landlords and property managers who are educated about the impact of domestic violence, survivors are able to lease housing units in their own names, often despite poor credit or employment histories. Programs typically provide a monthly rental subsidy and home-based advocacy to support the family to create economic stability so that they can maintain their unit housing for the long–term.)

a. Yes
b. No
c. Not sure
d. Does not apply

1a1. Why doesn't your organization provide Rapid Re-housing? (Select all that apply)
a. Not part of our program model
b. Need support in developing a RRH model
c. Do not have relationships with landlords and property managers
d. Unable to access rapid re-housing funds
e. Do not have funding

f. Other local domestic and/or sexual violence organization(s) provide RRH

g. Other (Please explain)

1a2. Would your organization do RRH if more domestic and/or sexual violence designated funding existed specifically for this model?
a. Yes
b. No
c. Not sure

1b1. What is your source of funding for your RRH program (this can include elements of the RRH program, such as services, assistance with housing costs)? (Select all that apply)
a. HUD (ESG, Continuum of Care, Public Housing Authority)
b. TANF
c. State or local designated funds
d. Foundation or private funding
e. Other (Please explain)

1b2. What is the average length of time that assistance is provided to survivors enrolled in your RRH program?
a. Less than 3 months
b. 3-6 months
c. 6-12 months
d. 12-24 months
e. Other (Please explain)
f. Not sure

1b3. If you collect data on the survivors who retained housing (e.g. survivors able to maintain rent payments, may include having a lease) once RRH financial assistance/services end, what is your average retention rate?
a. Above 75% retained housing
b. More than 50% retained housing
c. Less than 50% retained housing
d. Less than 25% retained housing
e. Do not collect data

1b4. What elements of your program contribute to the relatively high retention rate? (Select all that apply)
a. Advocates conduct mobile/home based advocacy
b. Case load supported by adequate staffing
c. Strong relationships with landlords

    d.   Strong community partnerships to enhance/provide support services
    e.   Pets allowed in RRH housing or separate pet housing is offered
    f.   Sufficient resources have been provided for RRH services
    g.   Other (please expand)

2. Are survivors able to access RRH through Housing/Homeless service providers?
    a.   Yes
    b.   No (Please explain)
    c.   Not sure

(if answered "yes" to Q2)
2a. Does your domestic and/or sexual violence organization continue to provide advocacy and supportive services to survivors who access RRH through housing/homeless service providers?
    a.   Yes
    b.   No
    c.   Not sure

3. How often has your organization encountered the following barriers when attempting to implement RRH?

	Always	Often	Sometimes	Rarely	Never	Not sure
HUD defined length of stay is too short						
HUD eligibility criteria is too narrow						
HUD documentation requirements are too onerous						
Longer-term subsidy needed						
Program includes disincentives to help survivors who need more help in the future						
HUD requires program provide HMIS data						
Local Preference (i.e. CoC) defined length of stay is too short						
Local Preference (i.e. CoC) eligibility criteria is too narrow						
Local Preference (i.e. CoC) documentation requirements are too onerous						

Local Preference (i.e. CoC) requires program provide HMIS data					
Other (Please explain)					

4. Does your organization utilize a **housing first** approach?

(**Housing first** is an approach to ending homelessness that centers on providing people experiencing homelessness with permanent housing as quickly as possible without any pre-conditions – and then providing additional services as needed. [supportive services are voluntary])
 a.   Yes
 b.   No
 c.   Not sure
 d.   Does not apply

4a. How effective would you say the housing first approach is for survivors of domestic and/or sexual violence?
 a.   Very Effective
 b.   Somewhat Effective
 c.   A little Effective
 d.   Not At all Effective
 e.   I don't know

4b. Why is the housing first approach your organization uses effective? (Select all that apply)
 a.   Facilitates permanent housing for survivors
 b.   Survivors you serve tend to prefer living in their own housing as opposed to a shelter facility
 c.   Most cost effective approach
 d.   Staff prefer this approach
 e.   Survivor choice is respected
 f.   Other (Please explain)

4c. What are the barriers facing your organization to making the housing first approach effective for survivors? (Select all that apply)
 a.   Push back from the board of directors/organizational leadership
 b.   Resistance from staff
 c.   Survivors you serve tend to prefer the way housing is currently provided by your organization
 d.   Concern for survivor safety & confidentiality
 e.   Lack of affordable housing options

    f.   Lack of community support
    g.   Other (Please explain)

4d. Has your agency considered a housing first approach?
        a. Yes
        b. No
        c. Not sure

4e. If your organization has considered a housing first approach, where is your organization in the process of adopting one?
   a.   Preliminary internal discussions
   b.   In the process of implementing
   c.   Looking for funding
   d.   Nearly completed implementation
   e.   Considered housing first, but decided against it at this time

5. What are the barriers to adopting a housing first approach? (Select all that apply)
   a.   Inadequate affordable housing stock
   b.   Inadequate landlord relationships
   c.   Inadequate subsidized housing/permanent supportive housing options for survivors with high needs
   d.   No advocacy capacity to implement
   e.   Don't think it could be applicable to survivors (Please explain)
   f.   Push back from Administration/Board
   g.   Lack of staff buy-in (Please explain)
   h.   Inadequate training
   i.   Other (Please explain)

6. Has your agency ever had **flexible funds** available for survivors?

(**Flexible funds** are cash assistance grants made to survivors, often at the moment of crisis, to help maintain housing or quickly stabilize housing, thus avoiding homelessness. Flexible funds can be used to address rent, as well as emergency medical expenses, debt owed, child care, auto repair, or any immediate financial need to offset housing expenses.)
   a.   Yes
   b.   No
   c.   Not sure

6a. What was the funding source for your organization's flexible funding? (Select all that apply)

a. Agency donations (e.g. private donations – discretionary funds)
b. Private foundations
c. Eligible activities through HUD funds
d. Eligible activities through OVW-Transitional Housing funds
e. Local/state government funds
f. Other (Please explain)

6b. Does your agency utilize discretionary funds to support flexible funding grants for survivor-directed needs, including housing stability related costs?
a. Yes
b. No
c. Not sure

6c. What is the total amount of funding that your agency has provided to survivors through flexible funds in the previous fiscal year?
a. Less than 10K
b. 10k – 20k
c. 20k-40k
d. 40k-60k
e. 60k – 100k
f. Other (Please explain)

6d. Does your organization have policies for flexible fund distribution?
a. Yes
b. No
c. Not sure

If answered "yes" to Q6d
6e. What do the policies for fund distribution include? (Select all that apply)
a. Determination of survivor eligibility
b. Cap on amount per survivor
c. Length of time survivor may receive flexible funds
d. Whether a survivor may return for another request for funds or support
e. Types of requests that can be funded
f. Other (Please explain)

If answered "yes" to Q6
6f. Are survivors who receive flexible funds also receiving (or provided with the option to receive) further advocacy and supportive services through your agency?
a. Yes
b. No
c. Not sure

6g. Do advocates follow up with survivors after the survivor has received flexible funds to determine if the support was effective?

a. Yes
b. No
c. Not sure

6h. Compared to the other services that you provide, how effective would you rate flexible funding as a homeless prevention strategy?

  a. Very effective
  b. Somewhat effective
  c. A little effective
  d. Not at all effective
  e. I don't know

7. Why doesn't your organization utilize flexible funds for survivor-directed needs, including housing stability related costs? (Select all that apply)

  a. Not familiar with this model/intervention
  b. Do not have access to funding streams that would allow us to do this
  c. Need assistance in determining how
  d. Not part of our agency's mission/programs
  e. Other (Please explain)

Topic Area: Funding

1. Does or has your organization received HUD funding (through the Continuum of Care or another program)?
a. Yes
b. No
c. Not sure

1a. Has your organization been concerned with losing HUD funding?

  a. Yes
  b. No
  c. Not sure

1b. Has your organizations HUD funding allocation been reduced or eliminated?
a. Yes
b. No

c. Not sure

1c. Has your organizations HUD funding for Transitional Housing been reduced or eliminated?
  a.   Yes, the funding has been reduced
  b.   Yes, the funding has been eliminated
  c.   No
  d.   Not sure

2. If your organization has experienced a reduction or elimination in HUD funding for transitional housing, what has been the impact of that reduction or elimination? (Select all that apply)
       a.   Fewer survivors served
       b.   Fewer units available
       c.   Staff reduction
       d.   Fewer service availability
       e.   The program has had to fold
       f.   Other (Please explain)

3. Does or has your organization received HUD funding for emergency shelter?
a. Yes
b. No
c. Not sure

3a. Has your HUD funding for emergency shelter been reduced or eliminated?
  a.   Yes, it has been reduced
  b.   Yes, it has been eliminated
  c.   No
  d.   Not sure

4. What has the impact of the reduction or elimination in HUD funding for emergency shelter been for your organization? (Select all that apply)
  a.   Fewer survivors served
  b.   Fewer units available
  c.   Staff reduction
  d.   Fewer services available
  e.   The program had to fold
  f.   Other (Please explain)

5. What makes your organization potentially less competitive for funding? (Select all that apply)
   a.   Services model – transitional housing when HUD programs are prioritizing RRH/PSH
   b.   Issues around data sharing, reports and data quality
   c.   Outcome measurements
   d.   Other (Please explain)

6. Does your organization struggle with competing OVW and HUD funding requirements/restrictions that make it challenging to provide services?
   a.   Yes (Please explain)
   b.   No
   c.   Not sure
   d.   Only receive OVW funding
   e.   Only receive HUD funding
   f.   Do not receive funding from OVW or HUD

==if answered "yes" to Q6==

6a. If you receive funding from both OVW and HUD, are there conflicting requirements that impact your services?
   a.   Yes (please describe conflicting requirements)
   b.   No
   c.   Not sure

7. Do you have anything to add regarding funding concerns your organization has related to your programs?
   a.   Yes (Please explain)
   b.   No