

Increasing the Effectiveness of Government's Response to the Intersection of Homelessness, Domestic Violence and Sexual Violence in the Commonwealth of Massachusetts

Executive Summary

Domestic and sexual violence is a significant factor in housing instability and homelessness, though formal response systems are fragmented. Starting in 2009, the Patrick-Murray Administration began seeking solutions that would ensure survivors of sexual or domestic violence who are experiencing homelessness or at risk of homelessness have access to the supports they need. The Administration embarked upon multiple analyses of current conditions, existing policies, and common practices within the state systems funded through the Departments of Housing and Community Development (DHCD), Transitional Assistance (DTA), Children and Families (DCF), and Public Health (DPH). These efforts have culminated in this report and action plan, developed by Steering Committee members from the aforementioned state agencies.

This report is intended to define a target population and a new framework for how the Commonwealth serves them. The target population includes survivors of sexual or domestic violence who are homeless or at-risk, and who are eligible for services through DHCD, DPH, DCF, or DTA. The Steering Committee has also included a new framework for how to serve this group. All recommendations are based around the concepts related to the Five Domains of Wellbeing, Community Assets, and Systems Integration.

This report also outlines a specific Action Plan for how to attain this new vision. A series of eight recommendations, beginning on page 8, details steps the Commonwealth will take in order to more responsibly serve the target population across state agencies. Recommendations are heavily focused on the responsibilities of state agencies, but are meant to be implemented in coordination and partnership with community-based organizations from both the housing and homelessness sector and the domestic and sexual violence sector. The foundational recommendation (#1) proposes the establishment of an implementation structure within state government in the form of an interagency Integration Task Force charged with carrying out the remaining action items.

This report lays out the challenges to be addressed and an ambitious, but attainable path forward. First, the **Introduction** and **Background** sections provide an overview of the state's understanding of the challenges with the current systems-configuration and the timeline of key steps to develop a cohesive plan. The next section, **Re-envisioning the Commonwealth's Response: Considerations for the Steering Committee**, articulates key concepts the Steering Committee wanted to acknowledge and build into

the action plan. The **Target Population** and **Vision** sections detail the households to be served and how the Steering Committee hopes to reshape the current service system. This is followed directly by an in-depth section describing the **Anchoring Principles** that have been shown in research and practice to be effective and important for productive system integration – particularly for this target population. The Anchoring Principles are meant to serve as the framework upon which recommendations will be implemented and decisions are made. The report concludes with the **Recommendations** section.

There are eight key recommendations. Under each recommendation the reader will find a brief Background narrative that provides general information about the recommendation and its relevance. Additionally, specific Action Steps are detailed that indicate strategies for achieving the recommendation. Where appropriate, the Steering Committee has also included information on Key Considerations related to the Anchoring Principles as they are applied to the particular recommendation.

Introduction

In state FY13, domestic violence was the recorded reason for entry for 551 families or 12.9% of all entries into the state’s Emergency Assistance (family) shelter program. However, domestic violence researchers and advocates know that many more families fleeing domestic violence are recorded with other “primary” reasons for entry. In fact, in 2012 DTA domestic violence specialists completed over 2,100 Safety Assessments for families seeking shelter who experienced domestic violence within the past year. Furthermore, single adults (i.e., those without children accompanying them) are not included in this statistic as they do not qualify for EA shelter. Indeed, national surveys estimate that approximately 60% of homeless families in shelter have experienced domestic violence at some point, and 92% of homeless women have experienced severe physical or sexual assault at some point in their lives (Browne, 1998). Many families have been sheltered in motels rather than standard shelter settings because the homeless system is operating far beyond capacity. At the same time, length-of-stays in confidential domestic violence shelters remains long at five months, in large part because families do not have access to the housing they need to move out of shelter. Stays of one year are not unusual depending on immigration status or other complications with the family housing history. Single women (who either do not have children or do not currently have custody of their children) experience even longer shelter stays due to fewer affordable housing options.

Additionally, reports from Boston hospital-based domestic violence advocates and social workers indicate that numerous survivors are seeking but unable to access domestic violence shelter or an alternative safe place to go when they are in crisis.

During a three-week period in the fall of 2012, among a subset of victims seeking help finding domestic violence shelter from a hospital-based social worker or advocate, 96% were unable to access domestic violence shelter in Massachusetts at the time they were in crisis. A follow-up survey in the spring of 2013 showed that number at 84%.

The Commonwealth's funding and policies drive much of how these problems are addressed. Incomplete, inefficient and uncoordinated responses to the intersection of homelessness and domestic or sexual violence jeopardize the health and lives of people and families across the Commonwealth. State government therefore has a particular responsibility and opportunity to ensure that it is doing its utmost to effectively respond to this dangerous intersection of crises.

To this end, the administration has tasked a Steering Committee, consisting of leadership and representatives of the Interagency Council on Housing and Homelessness (ICHH), the Governor's Council to Address Sexual and Domestic Violence (GCADV), the Department of Children and Families (DCF), the Department of Housing and Community Development (DHCD), the Department of Transitional Assistance (DTA), and the Department of Public Health (DPH) to develop a framework that will guide systemic reforms, redesign and reorganization; and recommend a cohesive plan of action.

The purpose of the work described herein is to ensure the Commonwealth's resources are best deployed to enable survivors of domestic or sexual violence who are homeless or at risk of homelessness to live securely within their own homes and in their communities.

Of course, the economic downturn has focused important attention on ensuring that positive outcomes are reached and sustained. Factors that make this an opportune moment to address government's response to the intersection of domestic violence, sexual violence and homelessness include:

- A general move by the Commonwealth towards integration, reflected in the Administration's emphasis on interagency councils; EOHHS's interest in developing shared terms, common contracting and performance measures; and the Administration's interest in training state agency staff to better respond to cross-over issues;
- DHCD's interest in reducing reliance on family shelters and motels throughout the state, necessitating a re-examination of what community-based supports are needed to end cycles of homelessness;
- Recognition that DHCD is now the largest provider of shelter to domestic and sexual violence survivors in the state, and the need to ensure DHCD is safely and effectively supporting these survivors as it moves away from shelter/hotel based responses, per above;

- State agencies such as DCF are shifting from a narrow focus on short-term safety to a focus on sustained wellbeing, which requires a broad and integrated response, and community-based nonprofits also working to provide broad and integrated responses despite fragmented funding.

The plan described here leverages existing strengths in government systems and community-based response, draws on best practices in homelessness, domestic violence, sexual violence and the related field of child welfare.

Background

On January 28, 2009 Lt. Governor Timothy Murray convened a meeting with state agencies who participated in the Governor’s Council on Sexual and Domestic Violence. The meeting’s purpose was to encourage state agencies to begin to find opportunities to identify areas for collaboration, relative to policy and practice, which could result in better outcomes for survivors of domestic violence.

In February 2009, recognizing the lack of integration among government systems and the potential harm this could cause to the Commonwealth’s residents, Lieutenant Governor Timothy Murray, Chair of the Interagency Council on Housing and Homelessness (ICHH) and the Governor’s Council to Address Sexual and Domestic Violence (GCASDV), charged the members of the GCASDV Systems Change and Integration Committee to identify and suggest systems-level opportunities to ensure that people contending with multiple issues, (e.g., some combination of sexual and domestic violence, homelessness, addiction, mental and physical health issues), are well-served by government systems.

In Spring 2009, the ICHH launched 10 Regional Networks to End Homelessness across the Commonwealth and funded multiple promising innovations with \$8.25 M from the legislature and an additional \$1.3M from the Paul and Phyllis Fireman Foundation. The Regional Networks brought together providers and community partners in new ways and established a platform for broad collaboration.

In August 2009, the Systems Change and Integration Committee of the GCASDV released a written report that identified three problem areas, best practices in the Commonwealth relative to those areas, and recommendations for addressing these issues. The three priority problems that were the focus of this “Blueprint” were:

- Problem A: Conflicting requirements for victims involved with multiple systems may trigger new risks and harms.

- Problem B: Issue tailored continuums of care for homelessness and domestic violence require survivors to assume a 'primary issue' that neglects the interconnections between these issues.
- Problem C: Inconsistent and unclear guidelines for mandated reporting of suspected child abuse and neglect in the context of domestic violence, and for child welfare's response to these reports, create new dangers and harms.

In March 2010, the Department of Children and Families' (DCF) Domestic Violence Unit, along with the Department of Housing and Community Development (DHCD) and the Department of Transitional Assistance (DTA), began working with Northnode to map, from the practitioner perspective, possibilities for and barriers to greater integration of services related to domestic violence and homelessness; and to catalog government regulations, policies, and practices that have the effect of undermining efforts of survivors to avoid homelessness and live safely in their communities. This report was presented to a joint meeting of the ICHH and GCASDV in July 2010.

Building on the political will and momentum of these two projects, leadership of the GCASDV and ICHH continued meeting, and pulled together a variety of stakeholders in a working group throughout 2011. This group offered useful input into next steps in implementation of the key recommendations from the Blueprint and Northnode reports.

Subsequently, the Lt. Governor tasked ICHH and GCASDV leadership and a core group of division and program office leaders from DCF, DHCD, DPH and DTA to provide a framework for moving forward, and to shepherd and refine the integration process. The Steering Committee also included the Full Frame Initiative to support framing the vision and proposed outcomes, and to support use of the Five Domains framework for system integration as the state pursues family-centered, trauma-informed, outcome-oriented services and systems

In Spring 2013 the Steering Committee presented this plan to Lt. Governor Murray, Undersecretary Gornstein, Secretary Polanowicz, Assistant Secretary Betts, Acting Commissioner Bartlett, Acting Commissioner Monahan, and Acting Commissioner Roche. Each provided valuable feedback reflected in this plan and indicated his or her support, which has assisted in transitioning the plan from vision toward implementation. Additionally, the Steering Committee hosted its first convening event in June, bringing together Emergency Assistance providers with domestic violence and sexual assault providers. The full-day session offered information about working with homeless survivors and strategies for offering holistic, survivor-centered services, while facilitating cross-sector communication and relationship building.

Re-envisioning the Commonwealth's Response: Considerations for the Steering Committee

The Steering Committee was instructed to use the Blueprint and Northnode Report as the initial framework to develop a vision and action-oriented recommendations. As part of determining these, the Steering Committee was instructed to include and consider data/information on:

- a) The nature and extent of the intersection of homelessness and domestic violence in Massachusetts, and the nature and extent that those experiencing the intersection end up in state systems to address these issues. Aggregate data on service use patterns was considered.
- b) Current funding and program resources (federal, state, local/private) and whether these resources are best matched to need.
- c) Current/anticipated priorities from the federal, state, local and private sector.
- d) Efforts that are already working in government systems: a combination of evidence-based system practices and promising innovations.

Based on these efforts, the Steering Committee concluded that it is critical that the Commonwealth acknowledge that:

- a) the intersection of violence and housing instability presents issues of imminent risk *and* chronic risk;
- b) imminent risk of violence and homelessness also offer imminent opportunity to ensure safety and prevent homelessness;
- c) poverty, economic instability, and/or lack of access to financial resources often limit a survivor's options and impact a survivor's decision to remain in a dangerous living situation;
- d) domestic violence, sexual abuse, substance abuse, and mental illness are risk factors for homelessness. Furthermore, these issues often intersect and compound each other; and
- e) housing stabilization and homelessness prevention need to have differential responses to mitigate these risk factors.

Target Population

The target population for the Steering Committee's work, and who are to benefit directly from these recommendations are: survivors of sexual and/or domestic violence who are homeless or at risk of homelessness. These individuals or families are eligible for DCF

or DPH-funded domestic and sexual violence services and/or to receive housing or shelter services through DHCD's shelter, prevention, diversion and re-housing programs.

Vision

Survivors of domestic and/or sexual violence who are homeless or at risk of homelessness will have access to the formal and informal supports they and their families need to live and thrive securely in their communities.

This vision is not just a state responsibility, but a responsibility of whole communities. The recommendations herein reflect the centrality of communities in addressing homelessness and domestic and sexual violence, while focusing on government's role in supporting and enabling that work.

Achieving this vision will take significant effort and commitment at multiple levels. It will require systems and practitioners to build on their experience and knowledge. It will also require they develop new patterns of collaboration with each other and with assets in their local communities with which they may be less familiar, but which are important in the lives of survivors. We believe this is both necessary and entirely possible. The success of policy recommendations from earlier reports upon which this initiative builds have created a context, actually enabled by the ongoing fiscal stressors on the state, where there is real readiness to work not only collaboratively, but in innovative, integrated ways.

Anchoring Principles

DHCD, DCF, DTA and DPH—the four state agencies most centrally involved in the Commonwealth's response to homelessness, domestic violence and sexual violence—operate on priorities, embedded assumptions and habits that reflect the focus of their individual efforts. This suggests that more productively integrating systems and services is not simply about combining knowledge or streamlining processes or coordinating care. It will require hard work, negotiation and compromises.

For this reason, the Steering Committee recommends a set of Anchoring Principles that must be considered in acting on the specific recommendations and action steps described herein. No plan can be adequately comprehensive or anticipate every challenge or opportunity. Anchoring Principles help ensure that compromises and decisions are not ad hoc, but truly reflect elements of services that are tied to better results. The Anchoring Principles recommended by the Steering Committee have been

shown in research and practice to be effective and important for productive system integration.

Anchoring Principles fall into three categories: The Five Domains of Wellbeing; Community Assets; and System Integration.

1. The Five Domains of Wellbeing.

- There are Five Domains of Wellbeingⁱ that are critical to sustained individual and community wellbeing: social connectedness, safety, stability, mastery, and meaningful access to relevant mainstream resources. These are universal and interdependent (e.g., safety and social connections are tightly linked), and non-sequential.ⁱⁱ
- Progress in one domain (e.g., access to resources like housing) at significant “expense”: in another domain (e.g., safety) is unsustainable, so it is vital to minimize trade-offs among the domains. Government programs and procurement must not overemphasize progress in one domain at the expense of assets in the others.
- Each person and each family has different assets and challenges in each of the Five Domains that need to be leveraged and addressed for progress to be sustained.

2. Community Assets

- Social connections and communities—geographic, cultural, social and professional—are essential to long term, sustainable wellbeing for survivors, and for the prevention of future violence and homelessness.
- Government and community-based programs should build on, not disrupt, community and social assets.
- Survivors should be supported in remaining in their own communities if they so choose and if at all possible.
- Survivors’ knowledge of their situations should be incorporated and respected in determining service plans and placement. Returning to an abusive partner or the community where abuse occurred may be a viable solution.
- Homelessness and housing instability are deeply traumatizing and should be avoided whenever possible.

3. System Integration

- Integration of homelessness and domestic and sexual violence services must recognize the diversity of the population that experiences these issues, and must not create new barriers to services outside these three issues.

- There is knowledge and expertise in each of the three systems that is different and valuable in addressing that particular issue. Integrating, not consolidating, expertise in order to build on community assets and survivors' knowledge is critical to increasing access and long-term, positive outcomes.

Recommendations

In the past several years, work by state agencies; community-based homelessness, domestic violence and sexual violence programs; and through partnerships between government and community-based organizations (CBOs) has significantly reduced some of the barriers that were harmful to people and ultimately costly to government. These efforts, however, remain *fragmented* across systems and secretariats, *may be inadequately targeted*, and *may unnecessarily disrupt* what little stability and supports families have in their communities.

The Steering Committee believes that greater effectiveness and efficiency is attainable by:

Reducing fragmentation: Integrate the response of government agencies to increase sustainable, positive resolution of people's and families' crises, recognizing that addressing safety from violence and housing stability are necessary but not sufficient for long-term *sustainability* of individuals and families.

Increasing targeting: Develop a differential response protocol so that survivors are matched with resources based on individual circumstances, including but not limited to assessment of lethality/severity of violence.

Reducing disruption, shelter use and unnecessary relocation: Focus resources on expanded and deepened community-based responses that enable people and families to stay in community whenever possible.

Leveraging assets: Position government services and supports as leveraging the assets that people and families already have and that exist in communities, rather than forcing everyone into a costly, deficit-based mindset.

The specific recommendations that follow accomplish these four structural goals, while emphasizing processes and practices that reflect the Anchoring Principles.

Recommendation 1: Create an Integration Task Force to support policies that support survivor success

Background: Completion of the Action Plan contained herein will require a formalized implementation structure with reach across affected agencies, authority to drive change within and across agencies, and knowledge of both practice and policy. This will ensure appropriate staffing and resources are allocated over the course of implementation to achieve its success.

Action Steps:

- a) Commissioners of DCF, DPH, DTA and the Undersecretary of DHCD will each name a senior staff representative to a new Integration Task Force that also will include representation from ICHH, GCASDV, Jane Doe, MHSA and Homes for Families.
- b) The Integration Task Force is to be consulted when state regulations and policies that affect survivors of domestic or sexual violence who are homeless or imminently homeless are being reviewed and/or developed.
- c) The purpose of the Integration Task Force is to provide feedback on possible unintended negative consequences for this group of survivors and to recommend alternatives.
- d) The recommendations of the Integration Task Force will not be binding, but are intended to help the Commonwealth ensure best use of its resources and the best outcomes for survivors of violence.
- e) The Integration Task Force will produce a timeline for implementation of the recommendations contained herein within three months of being established.

Recommendation 2: Develop a common assessment tool and a differential response protocol that can be applied across DHCD, DCF, DPH, and DTA services for survivors of domestic and/or sexual violence who are homeless or at risk of homelessness.

Background: The overlap of domestic violence, sexual assault, and homelessness is a lived reality for survivors, and they may enter the system through DTA services or through DPH, DCF or DHCD funded programs. Depending on which “door” she entered through, a given survivor would have markedly different experiences, yet would not necessarily be best matched with resources based on her individual circumstances.

As such, a response that is not one-size fits all, but that reflects people’s assets and needs is warranted. Furthermore, such a response should be determined less by which “door” a survivor enters the system through than by what her actual situation is.

Action Steps:

- a) The Integration Task Force develops and supports the implementation of an intake/assessment tool across DPH, DCF, DTA and DHCD for survivors of violence in need of housing. Such a tool captures the right information in the right format so that the most appropriate services and supports can be provided to the survivor in as expedient and efficient (for survivor and systems) a manner as possible. Such an assessment must not center on either domestic violence or sexual violence or housing, but rather on the person or family and how these three issues and others are impacting the family's ability to live safely and securely in community.
 - i. The assessment tool would have a common core, and also a section where different state agencies could add additional questions to ensure compliance with statute, federal funding and other mandates that differ from one agency to another.
 - ii. Use of the Five Domains of Wellbeing is the preferred framework, and a tool could be modeled after Five Domains tools being used for assessment in other states, which include integration of the most current literature on particular populations.
- b) The Integration Task Force develops and supports the implementation of a differential response protocol across DPH, DCF, DTA and DHCD for survivors of violence in need of housing. Development of such a response service protocol requires both mapping existing service pathways based on what information would be gathered with the new assessment tool, and adjusting services and systems appropriately.
- c) Reframing the process around the Five Domains of Wellbeing will be an important step in creating a more trauma-informed, survivor- centered process, which itself is tied to better outcomes and more efficient services.

Key considerations resulting directly from application of the Anchoring Principles:

- Current efforts to better triage and target housing resources within DHCD and differential response protocols at DCF should be continued and further developed. Building on existing pilots of triaged and tiered levels of care will help state programs direct the right resource to survivors at the right time and in the right location to most effectively meet individuals' unique needs.
- Triage and differential response is necessary but not sufficient; individualized, family-centered planning (or survivor-centered in the case of unaccompanied survivors) that builds on individual family's assets and strengths (without unduly penalizing families for revealing non-financial assets) must occur in addition to differential response protocols.

- When families are involved in multiple agencies, including but not limited to DCF and DHCD, the level of coordination should be driven by the survivor. While coordination is often beneficial to survivor and involved agencies, there are exceptions and therefore service coordination itself should be regarded as a tool, not a mandate.
- When services are coordinated across agencies or between government agencies and community-based services, whether by developing a single plan with a family or by other means, coordination should build on survivors' assessments not only of danger and need, but also of assets and strengths in the Five Domains, and the plan should work to preserve strengths wherever possible.
- Each person and each family has different assets and challenges in each of the Five Domains that need to be leveraged and addressed for progress to be sustainable. As such, state services should move towards a framework of "structured flexibility."
- Systems and services should be guided by survivors' goals and experience, not contingent on whether they decide to leave and/or cease contact with the people who abused them, and should be configured to engage formal and informal sources of support that will maximize survivors' progress in the Five Domains.
- Decent, stable housing is essential, but providing other supports may be necessary to break cycles of violence and homelessness. Households have unique needs and the type of housing setting and services each requires will be equally as unique.
- Some people escape homelessness or address domestic violence without government programs; government reforms should be aware of and not disrupt community and social factors that enable community solutions to community problems, while providing differential levels of support to people who need differential levels of service.
- Homeless survivors choose whether to get help through the domestic violence system or the homelessness system not only because of a "presenting problem," but also because there are differential costs and benefits to participating in either system. For example, income eligibility may limit access to shelter for some, whereas for others, a desire to stay in open connection with a partner may limit access to domestic violence programs; or domestic violence shelters are full; or EA shelters have income limits that domestic violence shelters don't have. A differential response plan should take into consideration actual usage purposes and patterns, allowing for better targeting of resources.

Recommendation 3: Align future bids with Anchoring Principles

Background: Some domestic violence and sexual assault services providing community (non-residential) supports to survivors have been experimenting with models of community engagement and social network building that move well beyond the legal assistance and support groups that are also an integral part of community support to survivors. In many ways, these organizations are practicing in ways resonant with the Five Domains of Wellbeing. However, existing contracts, while not prohibiting these activities, are not aligned to expect, incentivize and track these activities. Existing contracts also do not pay for coordination, consultation and integration with housing and other providers beyond advocating for individual clients. In these communities, a strengthened, integrated response is less a question of forcing new provider behaviors than of enabling the latent potential already in some practice.

Action Steps:

- a) In preparation for future bids and future unit rate determination DHCD, DCF and DPH review current contracts that support services to survivors of domestic and sexual violence who are homeless or imminently homeless and audit required service elements for alignment with the Anchoring Principles.
- b) The Integration Task Force and community-based agencies pro-actively develop potential new or replacement service elements that should be included in future bids to align with Anchoring Principles and incentivize best practices.
- c) This process will identify common, core set of service elements that are necessary to effectively and efficiently support the target population. Individual agencies and departments will then amend this core set to meet statutory and funding requirements, as well as programmatic focus.
- d) This recommendation would not alter existing contracts or bids, but would provide divisions and departments important information to be used as services come up for re-bid in future years.

Key considerations resulting directly from application of the Anchoring Principles:

- Government programs, procurement and performance measures must not overemphasize progress in one Domain at the expense of assets in the others. For example, securing housing (access to relevant mainstream resources) is not sustainable if safety or social connections are compromised; safety is unsustainable if it comes at the expense of social connections, or the ability to determine one's one path, or stability—of housing, school, or other care deemed critical by a person or community.

- Funding and subsidizing (and/or removing regulatory barriers to) housing solutions that leverage social and community connections should be actively explored by the state. For example, co-housing can help people and families build new social connections and support each other in a variety of ways. However, this is currently not allowable under most subsidies.
- Services and systems should adopt a stance of being social-network oriented: supporting homeless survivors to identify and engage potentially helpful friends, family, neighbors and others; support informal social network members' own efforts to assist survivors; and help survivors expand or build new support networks.ⁱⁱⁱ
- Emergency shelter—whether homeless shelter or domestic violence—is just that—for emergencies that cannot be addressed by a combination of government programs, community-based services and informal supports to survivors as they stay in community. Alternative means should be explored to prevent shelter-system entry.
- While minimum program standards must be clearly articulated and monitored to ensure adequate care, program design must consider opportunities for flexibility that allow for unique responses when necessary to realize the desired outcomes.

Recommendation 4: Employ joint purchasing to support most vulnerable cross-over populations

Background: Chronically homeless or episodically homeless survivors, who often have multiple other challenges, may not be effectively served by programs that are effective with survivors who have not experienced multiple homeless episodes. Organizations that specifically target chronically homeless survivors of violence or episodically homeless survivors may themselves face conflicting expectations when, in supporting multiply challenged survivors, they contract with multiple state agencies. Inefficiencies created by unaligned reporting periods must be addressed, as must conflicting priorities of different systems.

Emerging practice-based evidence suggests alternative programming can be effective, but such programming does not fit well within any of the established service models under Chapter 257. Chapter 257 currently is being implemented for residential domestic violence services, and community-based services will be subject to 257 rates shortly.

As such, organizations that are equipped to offer services to this population may be forced to use program models that are less effective simply because these are models for which a unit rate has been set. This stifles needed innovation, inefficiently

uses the Commonwealth's resources and does not effectively meet the needs of this vulnerable population.

Action Steps:

- a) DHCD, DCF, and DPH jointly issue a contract expansion or mini-procurement to purchase services that specifically target this cross-over population.
 - i. This procurement would also provide the basis for a time-study and other information necessary for the Commonwealth to establish a unit-rate for these services. It is possible that an initial procurement could be funded through a federal grant (e.g., SAMHSA).
- b) The Integration Task Force supports development of draft service elements and performance measures that align with the Anchoring Principles.

Key considerations resulting directly from application of the Anchoring Principles:

- Integration of homelessness and domestic and sexual violence services must recognize the diversity of the population that experiences both homelessness and domestic and/or sexual violence (e.g., those who are elderly, youth, GLBTQ, immigrants and refugees, people with mental health challenges or addiction issues, and those coming out of correctional facilities.) Systemic integration of domestic and sexual violence and homeless services should not create new barriers to survivors' receiving help from other systems and support from survivors' own communities.

Recommendation 5: Invest in Training

Background: In order for best practices to be introduced and standardized across service delivery systems, adequate training must be provided. Training for state agency staff as well as staff at community-based partners is often underfunded and under-prioritized. It is through training that common language is developed and adopted, and that goals and strategies can be rolled out. Additionally, formal opportunities for knowledge-sharing across systems is very uncommon, resulting in survivors continuing to experience fragmentation as they work to connect to the supports they need.

Action Steps:

- a) Include provision of trauma-informed services and application of the Five Domains of Wellbeing in basic training for all new staff at DHCD, DTA, DCF and DPH.

- b) Include components on trauma and the Five Domains of Wellbeing in ongoing professional development at DHCD, DTA, DCF and DPH by 2014. In training contracted providers and vendors, DCF, DHCD, DPH and DTA will encourage participation by other community organizations working with marginalized survivors to enhance content and leverage expertise. DHCD, in partnership with the Integration Task Force, will ensure that relevant DHCD staff and employees of contracted adult and family shelters receive essential information, training and ongoing support on issues of child welfare (DCF, filing 51a's, etc.) as they relate to sexual and domestic violence, and providing trauma-informed services. DHCD will capitalize on Regional Networks as an opportunity to pilot the development of proactive policies focused on responsive and safety-promoting mandated reporting practices.
- c) To ensure intra- and inter-agency policies and practices are aligned with the Anchoring Principles, develop and provide foundational and cross-agency training to agency administration and staff to support an explicit shift to asset-based agency policy as well as practice with individual families. Leveraging assets, whether in systems, communities, or families, while addressing gaps in resources provides opportunities for state agencies to coordinate responses in a way that improves efficiency and outcomes for families and for systems, regardless of which systems a given family interfaces with.

Key considerations resulting directly from application of the Anchoring Principles:

- Concepts of trauma and Five Domains should be incorporated into development of related protocol and policy through leveraging existing staff expertise or building in that expertise through training or new hires. Such professional development should be thought of broadly and include formal trainings when possible as well as in the context of supervision and train-the-trainer models.
- State agencies will adapt trainings that equip staff to work with people facing multiple challenges through a Five Domains context. Agencies will identify existing opportunities (e.g., provider meetings, Networks).
- Skill building, training and support are needed to help agencies and their staff learn to identify resources and investments across government agencies, create mechanisms for sharing and leveraging these assets, and build on-- rather than disrupt or forcing tradeoffs among-- the strengths that exist in families and communities.

Recommendation 6: Invest in Partnerships and Information Sharing

Background: While the focus of this plan is on the role and responsibilities of the four funding agencies within state government, those agencies will not be able to realize full success without adequately engaging the expertise and partnership that exists in

the community. This directly aligns with the Anchoring Principles in recognizing that formal state systems should not and will not be able to provide survivors with every support they need. Community partnerships should be facilitated to be agile, responsive, creative, survivor-centered, and in accordance with the Five Domains.

Action Steps:

- a) The Integration Task Force and its partners will convene EA family shelters, individual shelters, and sexual and domestic violence community-based and residential/shelter providers (contracted and non-contracted) to share information about programming, resources, and eligibility, and to build cross-sector partnerships.
- b) DHCD, DTA, DCF and DPH will encourage and participate in partnerships (beyond standard contracting) with contracted and non-contracted community-based agencies that address concerns across the Five Domains. They will identify examples from within their agencies and develop a plan to increase the number and nature of them over the next 24 months. The Integration Task Force will assist agencies in identifying existing planning and convening groups for partnership enhancements, such as Regional Networks, CoCs, Family Resource Centers, and Community Coalitions. The Integration Task Force will provide agencies with guidance on best practices.
- c) The Integration Task Force will work with leadership from DHCD, DCF, DPH and DTA to create a forum wherein regional managers from those agencies can meet regularly with each other and community-based leaders to: share information, problem-solve, identify opportunities and challenges to improving services and coordination within a Five Domains framework, and create a formal process for channeling such regional issues back to central offices for additional action as necessary. This will help ensure policies from multiple agencies aren't in conflict with one another and help meet the goal of serving people adequately in their communities.
- d) DHCD, DTA, DPH and DCF will reinforce the expectation that providers are forming and nurturing relationships across sectors to ensure homeless survivors' safety and wellbeing in the Five Domains, and will support them in those efforts. Strategies should include cross-sector convening, peer learning, contracting, and joint planning exercises.

Key considerations resulting directly from application of the Anchoring Principles:

- Policy and protocols should be developed through a survivor centered approach that ensures confidentiality and safety.
- Information sharing should be focused on improved responses and collaboration, not case specific information unless written consent is given by the survivor.

Recommendation 7: Reinforce and Strengthen Existing Policy and Practice

Background: The Blueprint and Northnode reports indicated challenges with state employees and vendors' being misinformed about or misapplying existing policies and practices. The result can be unintended negative consequences for survivors. The Steering Committee recognizes that policies governing the administration of programming for survivors experiencing homelessness must be examined to ensure they adhere to the Anchoring Principles. Further, each state agency must ensure quality control measures are in place so that policies are implemented as intended and are supporting, rather than competing with, one another.

Action Steps:

- a) The Integration Task Force will work with leadership from DHCD, DPH, DCF, and DTA to provide uniform guidance to all relevant stakeholders (e.g., hotlines, domestic violence/sexual assault providers, EA providers, DHCD staff, DTA staff, DCF staff) to, whenever possible, help families safely stay in their homes/communities so that shelter is a last resort, not a first option. The guidance will emphasize the importance of family-centered planning to increase families' options, while holding offenders accountable. Guidance will also include the likely need to work with other systems (e.g., police, courts, high risk assessment teams), as well as with community organizations and informal supports.
- b) DHCD will review and update all sexual and domestic violence- related EA policy and practice memos, publications and other training tools regarding documentation of abusive situations to recognize a variety of verifications, including, but not requiring, restraining orders (209(a) and 258(e)).
- c) To reduce children's time spent in DCF care, DCF will issue clear guidance to DCF staff that they are to readily provide written documentation of homelessness to homeless parents where reunification is the goal. Conversely, DHCD and DYA will make DHCD and EA staff staff aware of the availability of such documentation and the need to accommodate the family.
- d) DHCD will align EA and public housing regulations and definitions to allow for and facilitate family reunification where a DCF reunification plan exists.
- e) To reduce any need or incentives for families to move among and between EA and domestic violence shelter programs, DHCD and DCF will implement a process to examine/review specific case detail on any direct movement from EA to domestic violence shelter beds or vice versa.

- f) DHCD and DCF will institute quality control measures to ensure that the process of obtaining documentation and presenting documentation among agencies minimizes hassles and is minimally traumatizing.

Key considerations resulting directly from application of the Anchoring Principles:

- Not all survivors of domestic violence will seek verification of their status for housing purposes; not all homeless survivors seeking reunification with their children will seek verification of homelessness status. Nonetheless, survivors should be informed of the availability of this documentation, of the benefits it may afford should they qualify, and of the potential negative implications of seeking documentation (if any). The decision of the survivor, given this information, should determine the course of action.
- Training and state issued guidance will emphasize the importance of family-centered planning to increase families' options, while holding offenders accountable. Guidance will also include the likely need to work with other systems (e.g., police, courts, high risk assessment teams), as well as with community organizations and informal supports.
- Understanding the wide array of requirements families who are interfacing with multiple systems is daunting. Training for front line workers must include a method(s) to trigger questions about other systems involvement and some basic knowledge of requirements and resulting consequences, if not followed, to adequately serve a family.
- Community-specific information is necessary for state agency personnel to appropriately address the needs of families. State agency work does not happen in a vacuum and must be informed by what is actually happening on the ground. Requirements for local housing authorities, residential programs, childcare agencies and other state agencies are just some that should be considered.
- Incorporate mechanisms for quality control and adherence to a broader-based vision to meet the needs of individual families in the context of their community.

Recommendation 8: Take Immediate, Concrete Steps to Launch Full Action Plan

Background: In order to create the foundation necessary for full implementation of this Action Plan, the following items will be prioritized as short-term goals.

Action Steps:

- a) Identify an Interagency Training and Collaboration Coordinator with expertise in the intersections of violence, poverty, homelessness and trauma, and understanding of each of the relevant systems and their interactions. This

Coordinator will report jointly to the Agencies (DHCD, DCF, DTA, DPH) and be appointed by agency heads. This position may be philanthropically underwritten and be in existence for 2-3 years to get people used to doing business differently. Responsibilities may include:

- Staffing the Integration Task Force;
 - Knowing who is training on what and coordinating where there may be opportunities for joint training and/or cross training; and having the ability to make it happen;
 - Identifying possible synergies and conflict spots in policy and practice; providing leadership on the interagency interface opportunities;
 - Ensuring that curricula are integrated and trauma-informed and that training of all frontline staff is trauma-informed and appropriately addresses the issues that survivors may be facing; and
 - Coordinate and lead Integration Task Force's work to inventory participating agencies' existing policies that affect the target population, assessing for alignment with the Anchoring Principles.
- b) Each Commissioner/Undersecretary will appoint a direct-report trauma specialist to work in tandem with the Training and Collaboration Coordinator.
- c) DHCD will consider expanding access to HomeBASE household assistance to income-eligible DV shelter residents through the FY15 budget.

ⁱ The Five Domains framework has been developed by the Full Frame Initiative, Inc. in collaboration with effective community-based organizations and researchers. These Five Domains meet important criteria for indicators and therefore have relevance not only for practitioners but for researchers and contracting agencies. They are “**centrally [important], cumulative** (the more people have, the more likely they will experience positive current and future outcomes), **compelling** to various publics, **sensitive to change**, and **concise**” (extracted from Scales et al., 2008, 7).

ⁱⁱ Attending to the Five Domains of Wellbeing is a systemic approach, centering on creating positive movement in five areas that a wide body of medical, public health, psychology and sociology research, as well as our lived human experience, tell us we *all* need to thrive. Significant deficits in one or more areas significantly compromise development, health, and productivity (see e.g., Marmot, 2004); violent victimization can create these deficits directly (e.g., it inherently undermines safety and often leads to reduced sense of autonomy) and indirectly (e.g., stigma and shame might lead a victim to isolate herself). Clinical treatment for trauma and mental health issues often ignores the role of context, including important relationships and the deep centrality of family in shaping an individual’s response and options for response (e.g., Cook & Kilmer, 2010; Goodman et al, 2010). Positive movement in these domains cannot be achieved solely in the context of work with an individual in a program; practitioners must consider family and community context and personal history in their achievement of clinical goals and outcomes. Significantly, we believe that movement in all Five Domains is only possible when the full context of people’s lives is considered—social connections, the material and socioeconomic conditions that shape experiences and options, and the intersecting demographic dimensions that shape a person’s identity and society’s response to that identity (e.g., race, gender, sexual orientation, religion, income, education).

ⁱⁱⁱ See Goodman, L. A., & Smyth, K. F. (2011). A call for a social network-oriented approach to services for survivors of intimate partner violence. *Psychology of Violence* 1(2), 79-92.