Policies to Ensure Safe Access for Survivors of Domestic Violence

PROPOSED PROCEDURE

This document proposes edits to the Santa Maria / Santa Barbara County Continuum of Care’s (CoC) Coordinated Entry Policies and Procedures that would address two issues impacting the privacy and safety of survivors of domestic violence (“DV survivors”).

The first section proposes edits to Coordinated Entry Policies and Procedures, which would provide guidance to non-victim services providers on how to store DV survivors’ information in HMIS. The second section proposes edits to Coordinated Entry Policies and Procedures, which would provide a protocol for how staff should proceed when a DV survivor presents at a non-victim services provider access point seeking entry to the Coordinated Entry System.

Domestic Violence Policies

A. Privacy and Safety

1. Programs which are primarily for survivors of violence (“victim service providers”) are prohibited from contributing client-level data into the HMIS System. However, these programs must record client-level data within a comparable internal database and be able to generate aggregate data for inclusion in reports.

2. Victim service providers should ask incoming households experiencing homelessness whether they want their HMIS record to be de-identified in HMIS if such a record exists. If de-identification is desired, the victim service provider should have the survivor sign a letter stating the request. The victim service provider must then send the request to the HMIS Lead or designee.

3. If a non-victim service provider becomes aware that a household being served is fleeing or attempting to flee violence, the provider should:

   a. Immediately offer the household a warm referral to a victim service provider; and

   b. Check the HMIS System to see if there is an existing record for the household and proceed as follows:

      i. If there is no existing HMIS System record for the household, explain the Release of Information and offer the household the option to have their information entered into HMIS de-identified. The provider should explain the process for housing referrals if entered without personal identifying information (PII) (referral would be processed through the service provider entering the record into HMIS, who would then attempt to locate the client if a referral is made).

      ii. If there is an existing HMIS System record for the household that includes the household’s personal identifying information, offer the household the option to make this existing HMIS profile de-identified. The provider should immediately notify the HMIS Lead or designee if they change a previously existing profile from
identified to de-identified so that other providers serving the household are notified of this change.

iii. If the DV survivor is part of a household in HMIS that includes their abuser, offer the survivor the option to remove their identity from the existing household and create a new and separate de-identified client profile. The provider should notify the HMIS Lead or designee.

### Safeguards for Domestic Violence Survivors

**A. Access**

All staff conducting assessments at DV-dedicated and non-DV-dedicated access points will be trained on the complex dynamics of domestic violence, trauma informed care, privacy and confidentiality, and safety planning, including how to handle emergency situations.

**B. Assessment**

1. **Victim Service Providers**
   
i. The participating domestic violence service providers will conduct the VI-SPDAT or Family VI-SPDAT triage assessment with the individuals and families staying in their shelters and transitional housing programs. These service providers are prohibited by law from using HMIS, so the VI-SPDAT or Family VI-SPDAT and additional eligibility criteria that is usually included in the HMIS standard intake will be completed on a paper form. This modified intake form will only include the minimum information necessary to determine eligibility and prioritization and it will specifically exclude personally identifying information, including: name, date of birth, social security number, and last permanent address. The service provider completing the form will include the name of the agency, the appropriate staff contact, and an alternate staff contact. All communication about the assessment and any possible placements will be conducted through the service provider to maintain client confidentiality. The domestic violence service provider will include an internally generated ID number that the agency can associate with the client, but that cannot otherwise be identified with the client. Coordinated Entry staff will use this number to identify the client when communicating with the service provider.

2. **Non-Victim Service Providers**
   
i. Prior to initiating the VI-SPDAT or Family VI-SPDAT, access points that are not victim service providers will screen all incoming households to determine whether they are DV survivors at risk of harm by using the Pre-Screening in the Guidelines and then DV Screening Tool if appropriate.
   
ii. If a household indicates that they are DV survivors at risk of harm, the assessor must offer them the choice of:
      
      1. An immediate offer of a warm handoff to a victim service provider for services, including safety planning and the VI-SPDAT or Family VI-SPDAT; or
      2. Continuing to receive the VI-SPDAT or Family VI-SPDAT from the non-victim service provider who will enter the household’s information into the community queue in HMIS without PII; or
      3. Continuing to receive the VI-SPDAT or Family VI-SPDAT from the non-victim service provider who will enter the household into the community queue in HMIS.
   
iii. If a DV survivor is already in the community queue because they have undergone a VI-SPDAT or Family VI-SPDAT with their abuser, the survivor should be given the option to be re-assessed without the abuser.