



Safe Housing for Survivors in Los Angeles

A Community Scan

National Alliance for Safe Housing (NASH)
Domestic Violence and Housing Technical Assistance
Consortium (DVHTAC)
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BACKGROUND AND PROCESS

The Domestic Violence and Housing Technical Assistance Consortium (DVHTAC) provides training, technical assistance and resource development at the critical intersection of domestic violence, homelessness and housing. Funded and supported by an unprecedented partnership between the U.S. Department of Health and Human Services, Department of Justice and Department of Housing and Urban Development, this multiyear Consortium brings together national, state and local organizations with deep expertise on housing and domestic violence to collaboratively build and strengthen technical assistance to both housing/homeless providers and domestic and sexual violence service providers. The Consortium aims to improve policies, identify promising practices and strengthen collaborations that improve housing options for survivors and their children in order to enhance safety, stability and well-being. The DVHTAC technical assistance team (DVHTAC TA Team) consists of Collaborative Solutions Inc. (CS), National Network to End Domestic Violence (NNEDV), National Alliance for Safe Housing (NASH), and the National Resource Center on Domestic Violence (NRCDV).

The DVHTAC TA Team was engaged in the summer of 2016 when stakeholders from the Los Angeles reached out to NASH for assistance. The DVHTAC TA Team held an initial conversation with this group of five stakeholders (a DV provider, staff to a member of the Board of Supervisors, county employee, and two staff the of the Los Angeles Homeless Services Authority, or LAHSA) to discuss what sort of technical assistance might boost current and planned efforts to expand safe housing options for survivors in the LA area. Subsequent conversations in July and August helped to better define the issues and determine how the DVHTAC TA Team could be most useful.

Initial conversations identified key individuals and groups working on DV/SA and housing in the LA area and collected impressions from the stakeholder group about systemic challenges their community is facing. There was general agreement in this group that the Coordinated Entry System (CES) was problematic for survivors and might be a good starting point for TA efforts. The LA stakeholders were also clear that they wanted to uncover and lift up existing promising practices and effective collaborations across the homeless/housing and DV/SA sectors, as well as identify opportunities for enhancing and strengthening relationships.

Stakeholder Survey. Because of Los Angeles' large geographic area, multiple jurisdictions, and the numerous individuals, providers, and other "moving parts" that comprise the DV/SA and homeless/housing systems, broader outreach was undertaken to provide a clearer picture for the DVHTAC TA Team and perhaps also help to seed wider interest and investment in any resultant technical assistance. In Fall 2016, the DVHTAC TA Team developed a short list of questions for use in an online survey. The stakeholders vetted these questions and distributed the survey link to members of standing committees invested in these issues, including the DV Task Force, DV Council, DV Shelter/Housing Group, Continuum of Care Coordinating Council, California Partnership regional representatives, and the Homeless Families Solution System.

Key Informant Interviews. Following review of survey results, DHVTAC sought further information through telephone interviews with survey respondents willing to be contacted for this purpose. While a fairly broad representation volunteered, there were some notable gaps. NASH staff arranged additional interviews to ensure that we heard from 1) providers with missions focused on underserved/disproportionately impacted/historically marginalized populations, 2) DV providers with low optimism/investment in closer collaboration between systems, and 3) for a statewide perspective, the Executive Director and Policy Director of the California Partnership to End Domestic Violence. Staff conducted nine additional interviews to include these stakeholders, bringing the total number of individuals interviewed to 20.

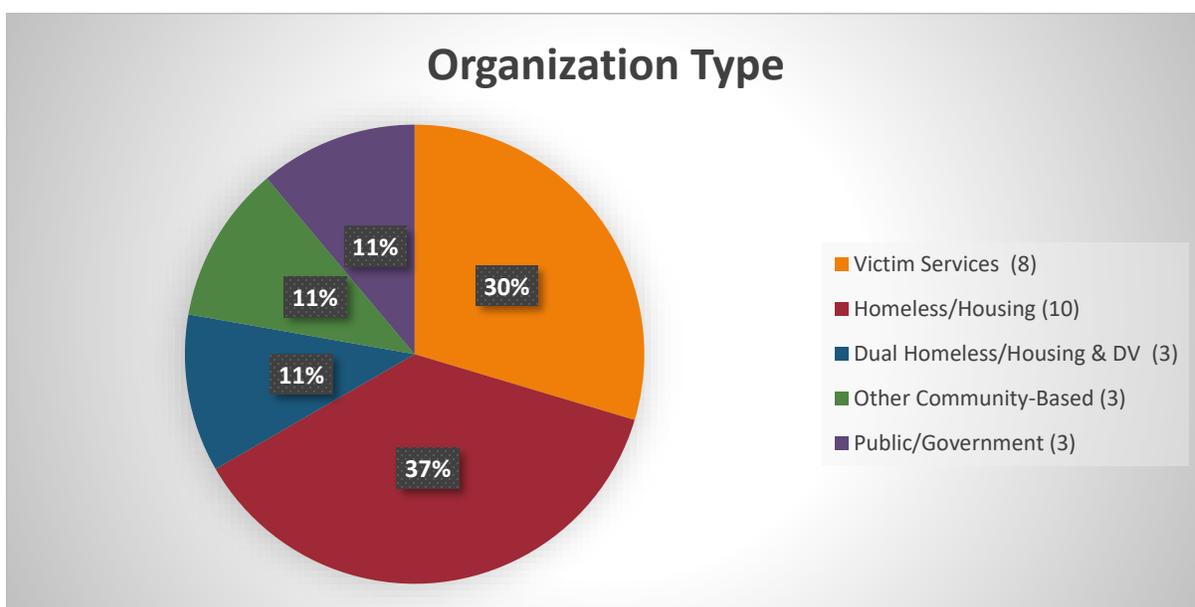
Community Scan Report. Vetted by the DVHTAC Team, this report was distributed to the original stakeholder group to fuel discussion about the best path forward in this joint effort.

STAKEHOLDER SURVEY: SUMMARY OF RESULTS

What Information Did the Survey Allow Us to Gather?

The original stakeholder group is representative of invested parties in the LA community working to improve local response to homelessness and the unique needs of survivors of domestic and sexual violence. The Survey was designed to query a broader group of stakeholders on some core aspects of LA’s homelessness response, such as: When it comes to survivors, what is working? What is each system’s approach? How well do the two systems interface with each other in planning, allocating resources, problem-solving, and understanding issues and challenges each face? What ideas do people have about steps necessary to better collaboration and alignment between systems that would expand survivors’ housing options?

Who Answered the Survey?



34 stakeholders representing 28 agencies responded, grouped by type of organization above. Within these groupings, the mix of Survey respondents also included:

- 2 culturally specific programs (both serving South Asian populations)
- 1 program serving people with disabilities
- 1 chemical dependency treatment program
- 4 faith-based programs
- 1 legal services program
- 1 Veterans program

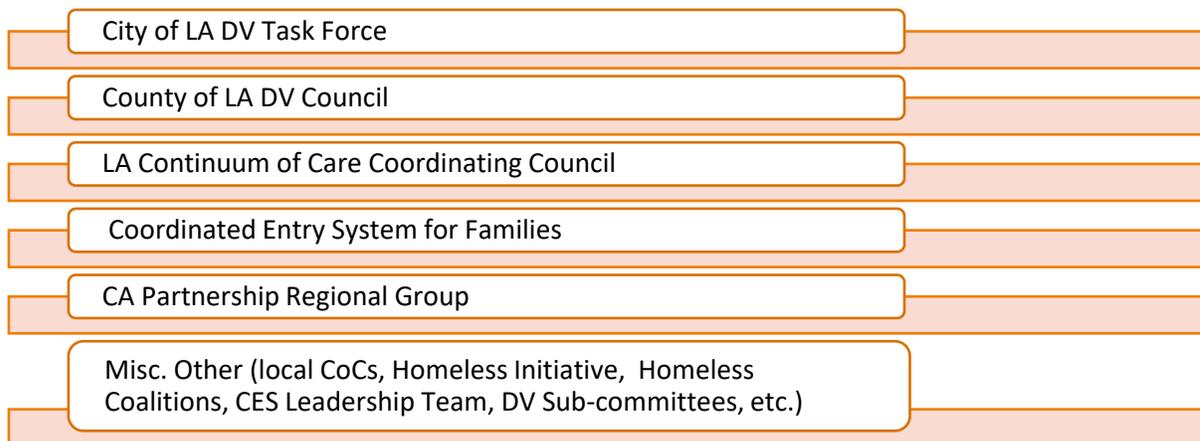
Survey Findings

- **Established committees and task forces have begun to focus on the need to better address survivors’ safety and housing needs.**

Respondents participate in a mix of committees, work groups, and task forces.

Nearly 80% of respondents indicated that their council or committee has explored or addressed the housing issues of survivors.

These groups include:



Interestingly, within each group there were respondents who indicated that attention to survivor housing issues had not occurred in their view. Barriers cited by those who felt there had been little attention to these issues included lack of time, lack of resources, politics, eligibility issues that exclude survivors from accessing CES-derived resources, the homeless/housing system’s lack of understanding of survivor safety/confidentiality issues, and the DV system’s lack of understanding of the housing system and its requirements.

- **To date, most of this work is judged to have consisted of discussion rather than concrete structural or systemic change.**

Respondents noted a number of topics explored by these committees, including: confidentiality needs of survivors; the danger posed by open data systems and how it precludes survivors from accessing the coordinated entry system; the need for longer-term

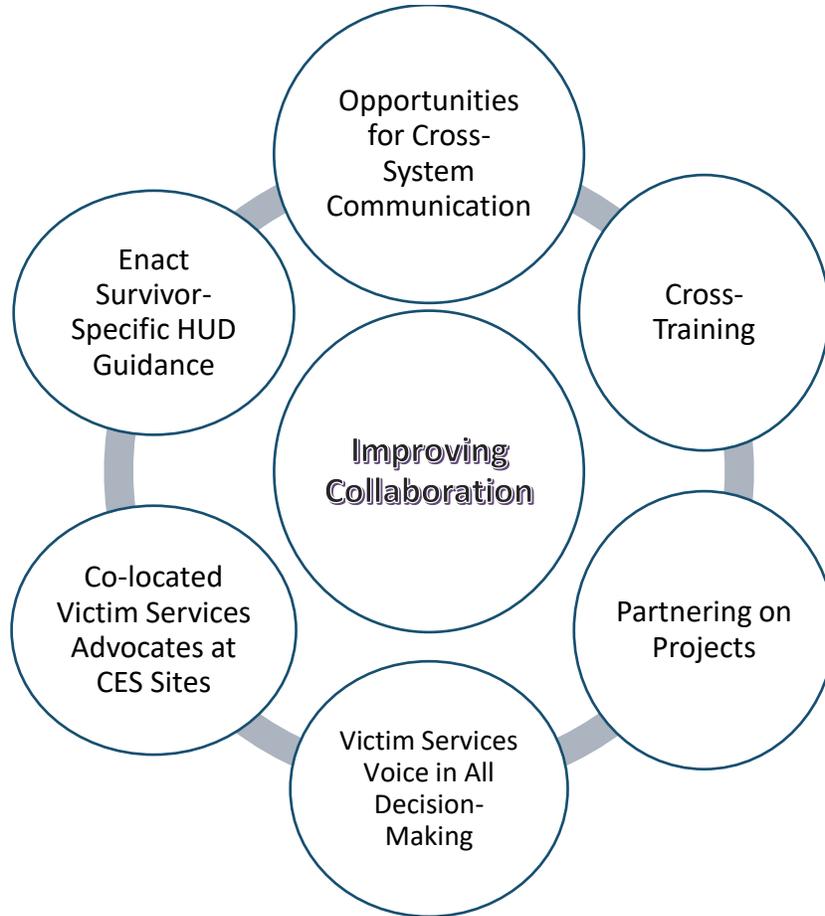
services to survivors before stabilization should be expected; and the DV system capacity loss stemming from cuts in transitional housing funds.

Survey responses reflected victim services providers' strong interest in ensuring that LAHSA, elected officials, and the larger homeless/housing system understand and validate the unique safety needs of survivors, why services need to look different, and why transitional housing and shelter remain important to the housing services continuum. To date, however, there appears to be a lack of consensus on what kind of structural, system-wide change should be undertaken. Some respondents offered examples of small-scale progress, such as success with a particular agency-to-agency collaboration, but survey responses overall provided little to indicate that the two systems are in agreement about what over-arching change would best serve the safety needs of survivors seeking housing and services from non-victim services programs.

- **Broad agreement exists that the aspects of the housing system that work well for survivors are the DV-specific housing programs – shelter and transitional housing.** Respondents from both the DV/SA system and the homeless/housing system hold the victim services providers and the quality of their programs in high regard. Respondents also agreed that there are not enough DV emergency shelter beds or transitional housing units, especially after cuts in the past two Notice of Fund Availability (NOFA) cycles, the process by which Housing and Urban Development awards federal funds to local jurisdictions to support efforts to end homelessness. Also noted as working well is the Downtown Women's Center, a homeless program which is recognized as serving many victims of violence. A few respondents expressed that the CES system is improving the degree to which they make referrals to the DV system when DV is identified at assessment.
- **Multiple systemic barriers make it difficult to address DV/SA housing needs.** Beyond the fact of scarce affordable housing in the LA area, respondents described some primary realities challenging their ability to respond to the housing needs of survivors:
 - Deep cuts to DV transitional housing have left victim service providers with decreased ability to move survivors from emergency shelter into bridge or transitional housing.
 - Survivors entering emergency shelter tend to have complex needs and high danger levels. Most respondents feel these survivors often require longer-term residential services allowing time to address trauma impacts, civil/immigration legal issues, and either attain affordable housing or income to sustain their household once exited.
 - To many across both systems, the homeless/housing system is not currently a safe option for survivors due to lack of training, survivor-sensitive protocols, trauma-informed assessment, and safe practices around data collection, storage, and sharing.
 - Also noted were barriers to housing resources – within both systems – for limited English proficiency (LEP) households, the inability to access transitional housing except through a DV shelter, and waiting times that prolong vulnerability and danger.

Concrete suggestions were offered to improve collaboration.

Alongside convictions that the deep expertise of victim service providers is critical in formulating any systems change, most felt survivors would benefit from a CES they could access safely. Suggestions about what would move this work forward are depicted below:



Amidst a plentiful offering of suggestions for improving collaboration, there was a definite thread of opinion that victim services and homeless/housing systems should remain separate, and that survivors’ unique needs won’t be met if they are absorbed into the general homeless population. One respondent noted that that because of the unpredictable threat level posed by the abusive partner, survivor households sometimes require the provision of a second housing placement (“safety transfer”) in order to become safely and stably housed. These survivors, if included in the broader homeless population, not only present a challenge when measuring outcomes, but they must also compete with others in need of first-time placement; separate systems, funding, and metrics would alleviate these complications. Another respondent felt that safety can’t be adequately addressed by the homeless/housing system, and survivors need the trauma-informed and confidential settings only victim services agencies can provide.

- **Optimism outweighs pessimism.**

Most felt that stakeholders from the two systems can work together to develop a CES that functions well for survivors. As depicted below, a majority of respondents (88%) indicated that they were at least somewhat optimistic. No one was “not at all optimistic,” and 22% were “very optimistic.” Reasons for optimism included a sense that all involved recognized the need for changes, the degree of collaboration that already exists, a sense that there is openness to the need for a tailored response for survivors (and some precedent for such with other populations), the presence and potential influence of some in the community who understand “both worlds,” and the growing awareness in the DV community that more than one approach is needed. Some respondents also referred to a collaborative and potentially instructive “pilot program” currently underway between a DV program, LAHSA, and a homeless program.

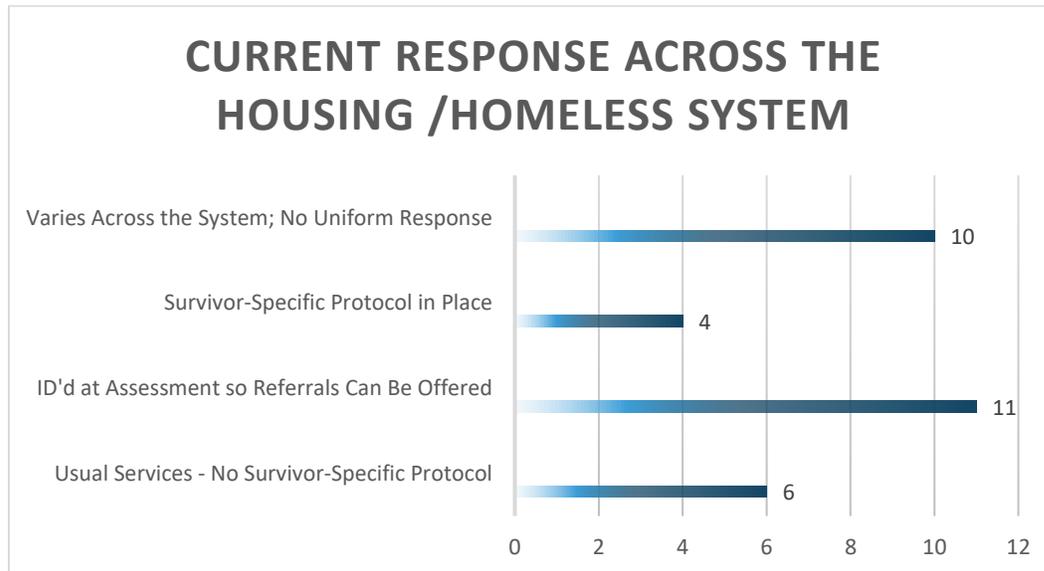
Grounds for less optimism included the recent transitional housing cuts as an indicator of the low priority assigned to survivor-sensitive housing, a lack of transparency in what is communicated to the provider community, the size and complexity of the system, and the fact that in some circles the conversation has yet to truly begin.



- **Current Practice: Only 13% of respondents believe that the homeless/housing system has broadly and fully adapted its approach to serve survivors safely and effectively.**

As depicted below, nearly 20% of respondents feel that survivors receive usual services rather than an approach adapted to survivors’ needs. Almost half, however, see some measure of responsiveness, with a third indicating that assessors attempt to identify victimization during intake in order to provide targeted referrals, and another 13% believing that early identification triggers referral to victim services as well as specialized response within their own system, such as privacy protections, priority placement, and trauma-informed practices. The last group of respondents, almost one third of the group, indicated

that survivors experience a mix of all of these possibilities, depending on the provider or staff person from whom they seek services.



FOLLOW-UP INTERVIEWS

What Information Did the Interviews Allow Us to Gather?

Where the Survey allowed us to go broader in our outreach to the provider and stakeholder community, the follow-up interviews allowed us to go deeper, and to further explore topics and observations respondents shared in short-answer form. Survey responses left us curious about:

- Why are there differing perceptions of the degree to which key committees were taking up the issue of the intersection between domestic and sexual violence and homelessness?
- What dynamics within systems and between the two systems – and governance bodies – might be helping or hindering progress?
- What transpired around the loss of Transitional Housing funds, how has it impacted the LA community, and what has been done since?
- What does the victim services system see as its role in improving how the housing system works for survivors?
- What kind of partnering across systems is occurring, and how is it working?
- Beyond restoration of transitional housing capacity, what kinds of housing approaches are victim services providers invested in increasing or creating?
- What more can we learn about projects and initiatives (planned or underway) that were referred to in survey responses?

Who Did We Interview?

22 Survey respondents were willing to be contacted for a follow-up conversation. We selected 13 who would ensure a good mix of individuals from both systems, government, and culturally specific providers. Eleven of those contacted participated in interviews that averaged about an hour in length. Interviews were based on uniform questions with additional probes based on comments offered during the conversation and/or their survey responses.

On completing these interviews, there were some notable gaps in our group of key informants, and we reached out to some of those interviewed for help with introductions on our behalf. Below are the gaps we sought to fill:

- The marked racial, cultural, and linguistic diversity in LA undoubtedly results in all programs serving a varied demographic, and some interviewees spoke to issues faced by survivors from marginalized communities. We felt it important to hear directly from providers whose mission is rooted in serving underserved/disproportionately impacted/marginalized communities. **Four such agencies participated.**
- Some DV providers expressed feeling guarded about cross-system work, but felt that given the need for survivors to safely access to as many housing resources as possible, it makes sense to work together to make the CES safer. Input we received also hinted at a subset of victim service providers who see survivors as a distinct population requiring entirely different expertise than is available within the homeless/housing system. These misgivings about closer collaboration and alignment should be heard and understood. **One follow-up interview was conducted to explore this theme.**
- Most victim service providers we spoke with are identified primarily as DV providers though they include sexual assault survivors in the population they serve. We felt it would be of value to hear from a program identified primarily by its sexual assault advocacy to capture any additional insights they can lend. **One such interview was conducted.**
- We invited the perspective of the California Partnership to End Domestic Violence, which is invested in increasing housing options for survivors statewide. **One interview with two CA Partnership staff was conducted.**

The table below documents the 16 agencies or offices we spoke with (some conversations involved two attendees, for a total of 20 stakeholders interviewed):

California Partnership to End Domestic Violence	San Gabriel Consortium on Homelessness/Midnight Mission
Los Angeles LGBTQ Center	Haven Hills
Sojourn Center for Battered Women	YWCA Glendale
Little Tokyo Service Center	Peace Over Violence
Neighborhood Legal Services of LA County	Rainbow Services
Downtown Women’s Center	LA DV Council
Valley Oasis	Center for Pacific Asian Families
Jenesse Center	1736 Family Crisis Center

What Information Did the Interviews Add to Our Survey Results?

Without exception, the stakeholders interviewed were generous with their time, invested in their communities, and fiercely committed to the safety and housing rights of survivors as well as those of the larger homeless population. They consistently applauded the hard work of their non-profit partners and the public employees engaged in this work, even while acknowledging concerns and frustrations. Their input was invaluable in helping NASH/DVHTAC gain a clearer picture of dynamics and challenges in LA area.

Here is some of what we heard:

- **It's complicated.**

Reference to LA's ten million people, 4,000 square miles, enormous racial, ethnic, and linguistic diversity, and huge homeless population was frequent in these conversations. Though some agreed that it would be of benefit to their efforts to hear about what's working in other parts of the country, there is a healthy degree of skepticism that solutions found in other communities could ever work in LA. Outside experts should expect that challenge.

- **Attention to domestic and sexual violence as part of formulating a response to homelessness is a relatively recent development.**

Many interviewees described victim service programs as somewhat sidelined from planning efforts and funding streams until approximately two years ago. That stems in part from the fact that most victim service programs have not historically been funded through the Continuum of Care, with the exception of some HUD-funded DV transitional housing. At the same time there seems also to have been a lack of public acknowledgement that DV is a significant contributor to the homelessness problem. For example, in its first iteration, the County's Homeless Initiative contained little mention of DV as a concerning element of the problem or include provisions to address it. Victim services advocates offered public comment, met with elected officials, and helped to change that. A DV Subcommittee, described as "very energized," was established and has gone to work on specific projects connected to the Homeless Initiative.

Currently there is a growing number of people working at the intersection of DV and homelessness. However, there has been some damage done (such as cuts to DV transitional housing), and a lingering sense of vulnerability for DV residential services remains as City, County, and joint efforts pick up steam to change the response landscape.

- **Cuts to DV transitional housing historically funded by HUD in the last two NOFAs have impacted the victim service system's capacity to safely house the most vulnerable survivors.**

Many programs have heavily relied on transitional housing for DV shelter clients who are unable to secure another safe housing option before they must exit. Some City programs that experienced cuts have been temporarily backfilled with local public funds, but there is no assurance that support will be ongoing. Hopes are high that the "rating and ranking"

process that occurs with each HUD renewal application can be shaped to align with HUD's guidance around the appropriateness of transitional housing as an appropriate option for special populations.

- **There is no over-arching or system-wide DV protocol across all Coordinated Entry sites.** Cross-system partnership is occurring to varying degrees in the LA area. At least one of the contracted lead agencies responsible for Coordinated Entry has a formal (sub-contractual) relationship with a DV program; others have less robust or nascent relationships that include cross-referral but little else. Some CES leads are dual (homelessness and DV) agencies, which positions them to be better attuned to survivor safety and best practices. Broadly speaking, however, it seems to be the case that each of the eight Service Planning Areas (SPAs) has its own practices when domestic violence or sexual assault is disclosed as part of the reason for needing help with housing. This creates a patchwork of different possibilities for survivors accessing the system, dependent on where they seek services.

- **“We straddle both worlds, and the system is very broken. Change is going to require leaving behind some of what we’re entrenched in.”**

Multiple interviewees listed barriers survivors face within both systems – often based in limited resources or as yet nonexistent protocol, but also deriving from the overwhelming challenge of keeping up with the diverse composition and needs of the survivor population.

Here is a sampling of what we heard:

- Survivors with limited English proficiency often find that interpretation services are not offered by homeless service providers, and that open beds are unavailable to them on the DV side because their language can't be accommodated.
- LGBTQ survivors may avoid seeking help from the victim services system, which from their perspective is still all too often uncomfortable with male and trans survivors, only to experience harassment in the homeless system.
- Victim advocates may resort to coaching survivors in need of housing help not to disclose DV when they go to the homeless system so that they are not automatically routed back to the DV system – which doesn't have the housing resources they need.
- Many women who originally became homeless due to domestic violence - and are now experiencing violence because they live outside - find it difficult to get housing help in either system. They are poor prospects for rapid re-housing because they have low employability and a host of unattended issues, and they are not in immediate danger as defined by a DV system that is forced to triage based on current and extreme danger from intimate partner violence.
- With no dedicated emergency shelter for victims of rape and sexual assault, these survivors may enter DV shelters and find they must adapt to a DV-centric program and population.

- **Rapid Re-housing is not broadly viewed as a good fit for survivors.**

Perhaps somewhat in defense of the ongoing importance of emergency shelter and transitional housing in a climate where it feels threatened, a strong case has been made by victim service providers and allies that the survivor population needs long-term and place-based services and support. Interviews revealed, however, a recognition by victim service providers in LA that not all survivors need that level or type of services. Some interviewees expressed fear that survivors being housed in the community could lead to discovery by the abusive partner and further victimization. That troubling possibility aside, most seem concerned about any housing model that is not paired with supportive services to address the lasting and complex aftermath of violence and trauma and the unsolved puzzle of who would be able to provide them. Others pointed out the inadequacy of rental assistance-based approaches for most survivors who come into their programs as they are on the whole poor, have little to no work experience, and are simply incapable of developing income fast enough to pay their own rent within a few months.

As some interviewees described it, eligibility for Rapid Re-housing as currently practiced in LA requires that the household can demonstrate acquisition of sufficient income to sustain the cost of housing within just a few months. One victim service provider said that not a single survivor her program has referred to a new Rapid Re-housing program had been accepted.

- **There is strong agreement that the CES system should be made safer for survivors so that they have access to as many resources as possible.**

Despite concern that elements of the current CES system are lacking in terms of best practices around safety and trauma-informed approaches, there was no indication from stakeholders that they see development of a separate but comparable CES for survivors – as allowed by HUD – as the way forward for LA. In terms of possible pathways to ensuring safe access, suggestions included: requiring each CES lead to sub-contract (and share funds) with a victim services agency; funding victim services programs to co-locate advocates at each CES site; referring all survivors to the victim services system for danger assessment prior to proceeding with a housing assessment; and implementing ongoing DV system-conducted training in initial screening and safety planning. Whatever pathway is developed, clear delineation of the complimentary roles of victim service providers and homeless service providers seems important to stakeholders to guard against “overreach” or conflict. Assurances to that effect would do much to allay concerns about whether the homeless/housing system should be empowered to assume this responsibility more fully.

- **The use of an open data system (HMIS) looms large in victim service provider concerns for survivor safety.**

For some victim service providers, this is the primary reason for hesitation in looking to the homeless/housing system to a greater degree. Some interviewees expressed a belief that a robust data system and survivor safety shouldn't have to be mutually exclusive, and that HMIS does not constitute a deal-breaker. For at least one provider, it is a matter of across-

the-board implementation of a thorough informed consent process prior to any data entry at CES sites; this would allow survivors to make their own decisions about their safety risks. We heard about a pilot project that had the victim service program assigning the survivor household a code, tracking the required data in-house, then providing data in aggregate form to the CES partner. Another suggestion was to develop a closed or semi-closed data system (requiring higher authorization levels to see survivor data), which other communities around the country have implemented.¹

- **In-progress and upcoming initiatives bring new opportunities for moving the needle on systems change and service innovation.**

In addition to the attention to DV now encompassed within the Homeless Initiative, there seem to be strong champions on the Board of Supervisors, some evident program-level attempts to partner across systems, and a growing number of people and programs working at the intersection of DV/SA and homelessness. New Rapid Re-housing demonstration projects, one funded by the City and one by the State, will provide evaluation and outcome data as well as a chance to compare impact of the model as enacted by the City (in use by the homeless/housing system) with the model as enacted by the State (which builds in modifications specific to survivors).

A third new project will be launched in mid-February 2017. Co-led by the Downtown Women’s Center and Rainbow Services, this two-year project begins with a facilitated planning process to inform collaborative and concerted efforts to progress on systems change in line with the goal of increasing housing options for survivors.

A FEW FINAL NOTES

1. Implementing HUD guidance and requirements

More than one stakeholder referred to the progress that could be made if HUD’s guidance around domestic violence and sexual assault were to be fully implemented in the homeless/housing system. HUD’s January 23, 2017 Notice includes a helpful summary of existing and additional requirements for coordinated access and assessment that pertain to special populations, as well as additional pertinent policy considerations they put forth as recommendations. This could be a helpful framework in undertaking asset mapping and system review as part of moving forward.

2. Training

Cross-training is broadly recognized by LA stakeholders as an essential element in improving the system and increasing safety for survivors. On the homeless system side, training can be driven and provided by victim service providers who are the content and practice experts on domestic

¹ DVHTAC does not believe that such “semi-closed” data systems are necessarily compliant with the federal confidentiality requirements of the Violence Against Women Act and related legislation. DVHTAC looks forward to working with LA and other communities to review proposed data collection processes.

violence and sexual assault. Every consideration should be made to funding providers who take this on. While it may take some work to develop consensus across programs, developing and using the same curriculum at all CES sites would be ideal.

3. Preserving Tailored Response Across Service Planning Areas

Every effort should be made, with DV/SA experts in a pivotal role, to identify the essential and over-arching protocol, policy, and practice guidelines that could be implemented system-wide. Because of the exceptional level of diversity, geographic differences, and other complexities across the County, each SPA should continue to tailor other elements to the needs, nature, and composition of the community in which it operates.

4. Revisit Rapid Re-housing

Many decisions about Rapid Re-housing are community-level and not dictated by HUD. Several stakeholders referred to the very brief period of rental assistance and need to demonstrate income capacity as a considerable barrier to many survivors (and perhaps others who also need a longer runway to stabilization). Consideration might be given to a more flexible subsidy period so as to open this resource up to more households and better stabilize housing and reduce returns to homelessness.

5. Painstaking Efforts to Lift Up Other Voices

Domestic violence has been more focal in the conversation about improving housing options for survivors than have sexual assault, trafficking, and street and community violence. This stands to reason. DV programs are recipients of HUD funds and providers of shelter and housing; even if somewhat sidelined, they have a foot in the housing world. Some interviewees expressed hope that conversations about safety, trauma-informed services, and systems change can employ an inclusive definition of “survivor.” As well, ensuring the participation of organizations who serve disproportionately impacted survivor populations is key to a process that considers the issues from many angles. Because of geographic distances and gridlock across the region, efforts to include web-based participation or video conferencing in convenings and work sessions might help to support this.

NEXT STEPS

Stakeholders in the LA community were described by one interviewee as being “on the bubble of change” and positioned to both honor the tried-and-true (including seeking restoration of some lost residential capacity) AND embrace new models and partnerships that could expand the community’s ability to address the full range of survivors’ housing needs.

Based on what we heard, we absolutely agree.

We hope we have read your pulse. The next steps originate in your community. We stand ready to pick up the dialog about how we might be of help as you further outline your plan.