

**County of Los Angeles Homeless Initiative (Draft)
Downtown Women's Center Feedback
January 27, 2016**

Introduction

We are heartened by the recent stakeholder engagement process and subsequent Homeless Initiative recommend strategies released by the County of Los Angeles – the increased attention and efforts towards addressing homelessness in our county is desperately needed. We also applaud the County's openness to collaborating with the City and to including service providers in the planning process. We are pleased to see that the plan ground efforts in nationally recognized models and best practices in critical areas such as housing, health and support services, social enterprise and workforce development, and city-county coordination.

However, the lack of recognition of unaccompanied homeless women as a subpopulation¹ with specific vulnerabilities and service needs is glaring and troubling. Data² tells us that the characteristics and vulnerabilities of homeless women are unique, and thus require specific attention and services. However, a woman experiencing homelessness in Los Angeles County currently enters a service system designed by and for the majority. These services often fail to appropriately address her higher likelihood of having survived violence, her unique healthcare or job-training needs, or the ways in which her goals for her future may vary from those of a homeless man.

At this tipping point in our County's approach to homelessness, we have the opportunity to make a significant leap forward. Just as with youth and veteran homelessness before, a commitment to and success in addressing a subpopulation opens doors to increased community will, resources, and visibility for the greater population. We urge the County to lead the nation by example in addressing the needs of unaccompanied homeless women. If you design for the majority, the minority falls through the cracks – the homeless women of greater Los Angeles deserve to be seen.

Topline Recommendations

1. Recognize women as a vulnerable subpopulation among homeless individuals.

Just as (very rightly) veterans and youth have been identified as subpopulations with unique vulnerabilities, so too must unaccompanied women be recognized. DWC's experience tells us that homeless women are a tremendously resilient population in the face of staggering hardship.

¹ 100,184 individuals (28 percent) of the nation's homeless population are *unaccompanied* women (*Annual Homeless Assessment Report, 2015*), meaning adult women who are not accompanied by children or dependents and who do not qualify for family services. 8,102 individuals (32 percent) of the city's homeless are women, and 13,587 (33 percent) of the county's homeless are women (*Greater Los Angeles Homeless Count, 2015*).

² The US Conference of Mayors (*National Law Center on Homelessness and Poverty, 2012*) states that 44% of the cities surveyed identified DV as a major cause of homelessness. Half of all homeless women and children have reported experiencing physical violence, and 92% of homeless mothers have reported experiencing physical or sexual assault. Among women in Skid Row, 61% have experienced domestic violence, and 38% of survivors came directly to Skid Row after suffering abuse. Half of women in Skid Row have experienced sexual assault; 14.5% experienced sexual assault in the last year. Nearly one third (31.5%) have felt the need to perform a sexual favor in exchange for food, protection, cash, or other needs (*Downtown Women's Needs Assessment, 2014*).

However, they deserve services that address the prevalence of trauma in their lives, which is often compounded by the relative lack of safety they experience in shelters and on the streets.

Recommendations

- We recommend that unaccompanied women be recognized within the County recommended strategies as a subpopulation with specific needs.
- We recommend that data on women's homelessness be prioritized and made publicly available. A first step would be de-aggregating the 2016 Homeless Count by gender across data points.
- We recommend that there be more dedicated funding streams for unaccompanied women e.g. the \$2 million in County funding recently granted to the Department of Health Services for rapid rehousing for women.
- We recommend that the County attach specific metrics and targets to reducing homelessness among women, as has been done for veteran and youth homelessness.

2. Ensure women's needs are being fully met through housing and services in LA County.

We know that 13,587 of the County's homeless population are women, yet beyond this basic data, there is a dearth of information on how services and housing are meeting the needs of this particular subpopulation. Having data on homelessness de-aggregated by gender is an essential step to knowing whether women's needs are being met, and to developing targeted and thereby effective approaches to ending homelessness for women.

Recommendations

- We recommend that LAHSA track housing assignments by gender in the Coordinated Entry System (CES), to see if women are accessing housing at a proportionate pace to men. The Downtown Women's Center is a CES entry point for SPA 4. In 2015, we entered 150 women into CES and 27 were matched to housing (18%). Since the start of CES in 2013, we have entered 599 women and 62 have been matched to housing (10%)
- We recommend that the housing available through CES be expanded to include more permanent supportive housing and low-income units set aside specifically for women.
- We recommend that the City, County, and LAHSA add to their criteria for funding decisions the need to demonstrate how applicants are effectively addressing the unique needs of unaccompanied women experiencing homeless.

3. Require that Trauma-Informed Care be implemented across all service provision.

Among the service models critical to ensuring long-term success in ending homelessness for all individuals is Trauma-Informed Care (TIC). This best practice recognizes the traumatic impact of homelessness on an individual's physical and mental health, and hinges on asking, "What happened to you?" rather than, "What is wrong with you?" Given the level of training and outreach outlined in both the City and County plans, it is crucial that TIC be applied at all levels of service provision. When implemented throughout service delivery, TIC leads to more long-term health and housing outcomes for survivors of trauma (*Shelter from the Storm: Trauma-Informed Care in Homelessness Services Settings, 2010*). In particular when ending homelessness for women, we need a service delivery system that recognizes and is sensitive to the prevalence of past and ongoing trauma in individuals' lives.

Recommendations

- We recommend that TIC be made a grant requirement for homeless service providers funded through City, County, and LAHSA. We believe utilization of the model would ensure the strongest outcomes and the greatest likelihood of ending the cycle of homelessness not just for women, but for all homeless individuals.
- We recommend that TIC be integrated into all the outreach and engagement strategies, and training opportunities e.g. CES case managers, “C-3” Teams, LAPD.

4. Ensure that Workforce Development programs address women’s specific job needs.

Workforce development and job readiness programs within homeless services have traditionally been geared towards men. If we want to encourage success in ending homelessness for women, we must invest in long-term solutions that serve their job needs. This includes programs that serve older populations re-entering the workforce and programs that recognize and support the ancillary benefits of workforce training (health and wellbeing, community building) in addition to standard metrics such as increased income.

Recommendations

- We recommend continued regional advocacy for federally-funded programs such as LA:RISE (administered through the Los Angeles Economic and Workforce Development Department), that specifically address hard-to-reach populations and are designed to meet the job readiness needs of this under-supported population.
- We recommend more direct collaboration and alignment between employment and workforce development and homelessness sectors in creating opportunities for high-barrier individuals (including women).
- We recommend that recognition that employment programs be both about the health and well-being of individuals as well as increased income

Detailed Recommendations**B3 Partner with Cities to Expand Rapid Rehousing**

- Add Community Based Organizations/Housing Providers to “Collaborating Agencies”.
- Caution all funneling of rapid rehousing dollars through lead Coordinated Entry System Lead Agencies. Add some competitive contracts through LAHSA for Rapid Rehousing programs.

B4 Facilitate Utilization of Federal Housing Subsidies

- DWC supports this policy. Landlords need additional incentives beyond guaranteed rent through a voucher, especially home repair guarantees and coverage of rent while waiting for PHA inspections.

C2-Increase Employment for Homeless Adults by Supporting Social Enterprise

- This is an excellent strategy. Add language around supporting the needs of women within a trauma-informed care setting, and recognizing ancillary benefits of social enterprises for job readiness

C3-C6

- These are great strategies, and provide much-needed support to help people on benefits.

D1 Model Employment Retention Support Program

- Add technical assistance in best practices supported by SAMHSA, such as Supportive Employment

D3 Supportive Services Standards for Subsidized Housing

- Add requirement for use of the following Evidenced Based Practices: Housing First, Harm Reduction, Trauma Informed Care, and Critical Time Intervention (a case management model).

D5 Support for Homeless Case Managers

- Add requirement that County Homeless Case Managers are trained through the United Homeless Healthcare Partners (UHHP) Case Management Institute.

E1 Advocate with Relevant Fed and State Agencies to Streamline SSI and VA Benefits

- This is one of the most important recommendations. SSI benefits can take nearly two years for approval; homelessness should be a high factor in approval of SSI.

E3 Create Partnerships for Effective Access and Utilization of ACA Services

- This is one the most important recommendations.
- Add recommendation that all CES surveyors have access to applying for Medi-Cal should applicant state they do not have insurance and qualify for Medi-Cal.
- Add recommendation that Community Based Organizations implement Evidenced Based Practices for the treatment and management of chronic health conditions most seen in homeless population (i.e., diabetes and chronic heart problems).

E4 First Responders Training

- Include trauma as an area of focus within the training.
- Add Community Based Organizations/Housing Providers to “Collaborating Agencies”.

E-5 Decriminalizing Poverty

- Very important recommendation.
- Recommend among detailed performance metrics once policy is implemented: analysis of spend across cities on policing toward homelessness, percentage of arrests/citations of homeless individuals as compared to total arrests within city populations; arrest/citations rates of homeless men versus homeless women.

E6 Countywide Outreach System

- Add requirement for common training curriculum that includes best practice model of Trauma Informed Care.

E7 Strengthen the CES

- Add requirement for all HUD funded housing providers to move turn-over units into the CES.
- Add incentives for non-HUD funding housing providers to add units into CES (incentives could mirror those in B4.
- Add data analysis to ensure parity of housing placement across subpopulations including women, families, and veterans.

E8 Enhance Emergency Shelter System

- Add County advocacy efforts to combat NIMBYism for shelters that need to move from night programs to 24-hour programs.

Homelessness ends here.

- Encourage shelters to sub-contract with community based providers making referrals into shelter beds for more coordinated case management efforts. (e.g., a shelter contracts with a COB that makes referrals, guaranteeing x amount of beds if the referring agency conducts the case management). Prevents duplication of case management and preserves the relationship formed by the original case manager and client.

E9 Enhanced Data Sharing and Tracking

- Add women as a target subpopulation in “5) *Develop Countywide targets to reduce chronic, veteran, family, single adult and TAY homeless*”

E15 Homeless Voter Registration and Access to Vital Records

- Add ensure that voter polling locations are in nearby proximity to homeless services

E17-Regional Homelessness Advisory Council and Implementation Coordination

- Add Community Based Organizations to ‘Collaborating Departments/Agencies’

Next Steps

The Downtown Women’s Center urges the County to fully fund its plan and to identify dedicated sources of funding for its strategies. The recommendations made above are not heavy-cost items, and will ultimately result in savings down the line. Further, once the strategies go into implementation, governance will take on great importance. Continuing to engage service providers and individuals with lived experience will be crucial to ensuring accountability and success. The Downtown Women’s Center looks forward to continuing to work with the County to end homelessness for good.