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May 9, 2016

To: Supervisor Hilda L. Solis, Chair
Supervisor Mark Ridley-Thomas
Supervisor Sheila Kuehl
Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: Sachi A. Hamai
Chief Executive Officer

REPORT BACK ON DOMESTIC VIOLENCE SERVICES AND HOMELESSNESS (ITEM NO. 8, AGENDA OF FEBRUARY 9, 2016)

This is to provide the Board with a 90-day report on the information requested in the February 9, 2016 Board Motion on Domestic Violence (DV) and Homelessness. The Board directed our Office to work with the Departments of Public Social Services (DPSS), Children and Family Services (DCFS), Health Services (DHS), Mental Health (DMH), Public Health (DPH), the Los Angeles Homeless Services Authority (LAHSA), the Housing Authority of the County of Los Angeles (HACoLA), the Los Angeles County Domestic Violence Council, and homeless and domestic violence service providers (Service Providers) to collect a wide range of information, as described below.

In response to the Board Motion, our Office along with the aforementioned departments (County Team), Domestic Violence Council, and Service Providers, met on two occasions to discuss and review the information related to each of the items in the Board motion. In addition to the County Team identified above, the Los Angeles County Sheriff's Department was included in the second meeting.

The DV Workgroup (Attachment I) concluded that additional work and time is needed to develop a comprehensive response to several of the requested items identified below. Both the full DV Workgroup and a subgroup of the DV Workgroup will continue to work through the summer to address each of the pending items.

Attachments II through VIII provide progress achieved to date on each of the following eight items identified in the Board Motion:

1) An inventory of emergency shelter, bridge housing and transitional housing beds targeted to individuals or families fleeing domestic violence, including information on whether beds are funded by a funding source that is expected or at-risk of ending in the near futures such as McKinney-Vento Homeless Assistance Act funds (Attachment II);

2) A review of current assessment tools and procedures for identifying domestic violence among individuals and families served through DPSS, DCFS, DMH, DHS, DPH, LAHSA, and/or the Homeless Families Solutions System and any recommended strategies if needed to strengthen or create new assessment tools and procedures for some or all of these departments (Attachment III);

3) A review of current procedures to provide appropriate support and linkage to domestic violence services for clients identified as being the victims of domestic violence and any recommended strategies to strengthen or develop new efforts for some or all of these Departments (Attachment III);

4) A description of how the Homeless Initiative's Homeless Prevention Program for Families will serve victims of domestic violence specifically addressing the unique safety needs of this population (Attachment IV);

5) A set of strategies for strengthening collaboration between domestic violence providers and homeless service providers, including the feasibility of a convening to explore and document best practices for restoring families to safety and self-sufficiency (Attachment V);

6) Rental assistance, including rapid re-housing and housing choice vouchers available to victims of domestic violence (Attachment VI);

7) Department of Mental Health programs or efforts to support domestic violence victims (Attachment VII); and

8) Options for increasing funding for Domestic Violence Shelter Based Programs (Attachment VIII).

Additionally, as instructed, the Office of the County Counsel is finalizing a separate response to the Board which will address options for increasing funds collected through marriage license fees, divorce filing fees, and batterer's program fees for domestic

violence shelter-based programs and methods for accurately reporting the amount of funds collected on a quarterly basis. This separate response will also elaborate on options for increasing funding for domestic violence shelter-based programs. County Counsel's report is anticipated in the coming weeks. Unless otherwise directed, the CEO will return to the Board with an update on the Domestic Violence Workgroup's efforts by September 9, 2016.

If you have any questions, please call me or you may contact Phil Ansell, Homeless Initiative Director, at 213-974-1752 or pansell@ceo.lacounty.gov.

SAH:JJ:PA
LC:ef

Attachments

c: Sheriff
Executive Office, Board of Supervisors
County Counsel
Children and Family Services
Domestic Violence Council
Health Services
Housing Authority of the County of Los Angeles
Los Angeles Homeless Services Authority
Mental Health
Public Health
Public Social Services

DOMESTIC VIOLENCE WORKGROUP/SUBGROUP MEMBERS (DV Subgroup members identified by shading)		
Department/Agency	**Representative**	**Title**
Chief Executive Office, Homeless Initiative	Phil Ansell	Director
	Leticia Colchado	Homeless Initiative Team
Los Angeles Homeless Services Authority	Peter Lynn	Executive Director
	Clementina Verjan	Associate Director
	Jessica Reed	Policy and Planning Analyst
Children and Family Services	Roberta Medina	Deputy Director
	Eric Marts	Deputy Director
	Mary Nichols	DV Liaison
County Counsel	Aleen Langton	Principal Deputy County Counsel
Housing Authority of the County of Los Angeles	Emilio Salas	Deputy Executive Director
Mental Health	Robin Kay	Director
	Maria Funk	MH Clinical Program Manager III
	Dolorese Daniel	MH Clinical Program Manager III
	Carrie Esparza	MH Clinical Program Manager III
	Flora Gil Krisiloff	Chief of Justice Programs, Planning and Development
	Lise Ruiz	Program Manager
Health Services	Karen Bernstein	Director, Integrated Programs
Public Health	Ellen Eidem	Director, Office of Women's Health
Public Social Services	Jose Perez	Assistant Director
	Lola Nevarez	Human Services Administrator I
	Dolores Tolentino	Program Assistant
Sheriff	Marjory Jacobs	Lieutenant
	Ralph Webb	Commander
	Suzie Ferrell	Deputy
Community Development Commission	Lynn Katano	Assistant Manager
Domestic Violence Council	Olivia Rodriguez	Executive Director
Neighborhood Legal Services of Los Angeles County	Kate Meiss	Associate Director, Policy Advocacy and Litigation
	Amy Goldman	Attorney, Family Law
Center for the Pacific Asian Family	Debra Suh	Executive Director
	TuLynn Smylie	Administrative Director
Valley Oasis	Carol Crabson	Chief Executive Officer
Los Angeles City Domestic Violence Task Force	Eve Sheedy	Deputy City Attorney
Downtown Women's Center	Amy Turk	Chief Program Officer
	Araceli Patino	Director of Permanent Supportive Housing
OPCC/LAMP Community	Patricia Butler	Director
East Los Angeles Women's Center	Barbara Kappos	Executive Director
Rainbow Services	Elizabeth Eastlund	Executive Director
Violence Prevention Coalition	Billie Weiss	Executive Director
Door of Hope	Tim Peters	Executive Director
	Regina Dupree	Program Manager

1. An inventory of emergency shelter, bridge housing and transitional housing beds targeted to individuals and families fleeing domestic violence, including information on whether the beds are funded by a source that is expected or at risk of ending in the near future, such as McKinney-Vento Homeless Assistance Act funds.

The Los Angeles Homeless Services Authority collaborated with the various county departments and domestic violence service providers that provide the aforementioned forms of shelter and developed the attached comprehensive inventory.

County of Los Angeles Inventory of Programs Serving Survivors of Domestic Violence
Updated May 5, 2016

No.	Organization Name	Project Name	Project Type	Confidential Site? ('X')	City	ZIP	SPA	SD	Bed Type	Household Type	Beds HH w/ Children	Units HH w/ Children	Beds HH w/o Children	Total Beds	McKinney-Vento	Inventory Source ('X')								
																LAHSA HIC 2015	City of LA	DMH	DPSS	CA OES	Glendale CoC	Long Beach CoC	Pasadena CoC	
1	1736 Family Crisis Center	Domestic Violence Shelter-LA 1	ES	X	Los Angeles	90018	SPA 6	SD 2	Facility-based beds	SFHC	5	1	0	5	No	X		X						
2	1736 Family Crisis Center	Domestic Violence Shelter-LA 2	ES	X	Los Angeles	90018	SPA 6	SD 2	Facility-based beds	SFHC	5	1	0	5	No	X		X						
3	1736 Family Crisis Center	South Bay 1 Domestic Violence Shelter	ES	X	Redondo Beach		SPA 8	SD 4	Facility-based beds	SFHC	8	2	4	12	Yes	X		X						
4	1736 Family Crisis Center	Transitional Program-LA 1	TH	X	Los Angeles	90018	SPA 6	SD 2		SMHC	15	3	0	15	Yes	X								
5	1736 Family Crisis Center	Transitional Program-LA 2	TH	X	Los Angeles	90018	SPA 6	SD 2		SFHC	15	3	0	15	No	X								
6	1736 Family Crisis Center	Domestic Violence	TH	X	Long Beach		SPA 8	SD 4		HC	51	17	0	51	Yes			X				X		
7	Asian Pacific Women's Center, Inc.	APWC Transitional Housing Program	TH		Los Angeles	90012	SPA 4	SD 1		SFHC	13	6	0	13	Yes	X								
8	Burbank Housing Corporation	Puerta Nueva Transitional Facility	TH		Burbank	91504	SPA 2	SD 5		SFHC	14	5	0	14	No	X								
9	California Hispanic Commission on Alcohol & Drug Abuse, Inc. (CHCADA)	Pathways Homes	TH		El Monte	91731	SPA 3	SD 1		HC	14	3	0	14	No	X								
10	Casa de Los Angelitos	Casa de Los Angelitos	TH		Harbor City	90710	SPA 8	SD 2		SF	0	0	6	6	No	X								
11	Center for the Pacific Asian Family, Inc.	CPAF Emergency Shelter	ES	X	Los Angeles	90036	SPA 4	SD 3	Facility-based beds	SFHC	45	13	0	45	No	X								
12	Center for the Pacific Asian Family, Inc.	CPAF Transitional Housing Program	TH	X	Los Angeles	90036	SPA 4	SD 3		SFHC	18	7	2	20	Yes	X								
13	Domestic Violence Center of the Santa Clarita Valley	Shelter Resident Services	ES	X	Newhall	91321	SPA 2	SD 5	Facility-based beds	SMF+HC	9	3	0	12	No	X								
14	Door of Hope	Door of Hope	TH			91206	SPA 5			SFHC	56	13	0	56							X			
15	DV Center of Santa Clarita Valley		TH				SPA 2	SD 5						9					X					
16	Good Shepherd Shelter of Los Angeles	Good Shepherd Shelter	TH	X	Los Angeles	90019	SPA 4	SD 2		SFHC	48	12	0	48	No	X								
17	Haven Hills, Inc.	Crisis Shelter	ES	X	Canoga Park	91303	SPA 2	SD 3	Facility-based beds	SFHC	38	6	1	39	No	X								
18	Haven Hills, Inc.	Haven Two Housing and Employment Program	TH	X	Canoga Park	91305	SPA 2	SD 3		SFHC	102	23	0	102	No	X								
19	House of Ruth (Claremont)	Emergency Shelter for Battered Women	ES	X	Claremont	91711	SPA 3	SD 1	Facility-based beds	SFHC	33	11	2	35	No	X								
20	House of Ruth, Inc.			X	Pomona		SPA 3	SD 1						55						X				
21	Immanuel Housing Inc (Formerly Beacon Housing, Inc.)	Casa de Alegria	TH		Los Angeles	90036	SPA 4	SD 3		SMF+HC	14	8	22	36	No	X								
22	Interval House	Emergency Shelter	ES	X	Long Beach		SPA 8	SD 4	Facility-based beds	HC	14	5	0	14	No							X		

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																LAHSA HIC 2015	City of LA	DMH	DPSS	CA OES	Glendale CoC	Long Beach CoC	Pasadena CoC
23	Interval House	Domestic Violence Shelter	TH	X	Long Beach		SPA 8	SD 4	NA	HC	36	6	0	36	Yes							X	
24	Jenesse Center, Inc.	Center for Women and Children, Sites A and B	TH	X	Los Angeles	90008	SPA 6	SD 2		SFHC	74	23	0	74	Yes	X							
25	Jenesse Center, Inc.	Fannie Lou Hamer Emergency Shelter	ES	X	Los Angeles	90008	SPA 6	SD 2	Facility-based beds	SFHC	21	5	0	21	No	X							
26	Jenesse Center, Inc.	Jenesse Educational Center	ES	X	Los Angeles	90008	SPA 6	SD 2	Voucher beds	SFHC	32	23	1	33	No	X							
27	Jewish Family Services of Los Angeles	Family Violence Project/Hope Cottage	TH	X	Sherman Oaks	91423	SPA 2	SD 2		SFHC	20	5	0	20	Yes	X							
28	Jewish Family Services of Los Angeles (10)			X	Pasadena		SPA 3	SD 5						36						X			X
29	Jewish Family Services of Los Angeles (13)			X	Sherman Oaks		SPA 2	SD 2						74						X			
30	Little House*	Residential Services	TH		Bellflower	90706	SPA 7	SD 4		SF	0	0	28	28	No	X							
31	LTSC Community Development Corporation	Kosumosu Transitional Housing	TH				SPA 4	SD 1		SFHC	24	6	0	24	Yes	X							
32	OPCC	Sojourn - Services for Battered Women and Their Children	TH	X			SPA 5	SD 3		SMF+HC	22	4	0	22	No	X							
33	OPCC	Sojourn Services for Battered Women and Their Children	ES	X	Santa Monica	90404	SPA 5	SD 3	Facility-based beds	SFHC	15	3	15	30	No	X							
34	Rainbow Services, Ltd.			X	San Pedro		SPA 8	SD 4						75						X			
35	Rainbow Services, LTD.	Rainbow House Emergency Shelter	ES	X			SPA 8	SD 4	Facility-based beds	SMF+HC	33	7	2	35	No	X							
36	Restore, A Renewal For Women, Inc. ****	Restore Transitional Housing	TH				SPA 4	SD 2		SFHC	17	6	0	17	No	X							
37	South Asian Helpline & Referral Agency (SAHARA)		TH					SD 4						8					X				
38	Southern California Alcohol and Drug Program, Inc.	Angel Step Inn South - Downey	ES				SPA 7	SD 4	Facility-based beds	SFHC	20	5	12	32	Yes	X							
39	Su Casa - Ending Domestic Violence	Crisis Shelter	ES	X			SPA 7	SD 4	Facility-based beds	SFHC	22	5	0	22	No	X							
40	Su Casa - Ending Domestic Violence	Transitional Housing	TH	X			SPA 7	SD 4		HC	24	4	0	24	No	X							
41	Su Casa Ending Domestic Violence			X	Long Beach		SPA 8	SD 4						46						X		X	
42	The Salvation Army	The Salvation Army SC Division LA Santa Fe Springs TLC	TH				SPA 7	SD 4		HC	116	28	0	116	Yes	X							
43	Valley Oasis (formerly Antelope Valley Domestic Violence Council)	Stepping Into The Light	TH	X			SPA 1	SD 5		SMF+HC	27	9	8	35	Yes	X							
44	Valley Oasis (formerly Antelope Valley Domestic Violence Council)	Stepping Into The Light (Transitional #II)	TH	X			SPA 1	SD 5		SMF	27	7	0	27	No	X							
45	Valley Oasis (formerly Antelope Valley Domestic Violence Council)	Valley Oasis Shelter	ES	X			SPA 1	SD 5	Facility-based beds	SMF+HC	40	4	5	45	Yes	X							

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																LAHSA HIC 2015	City of LA	DMH	DPSS	CA OES	Glendale CoC	Long Beach CoC	Pasadena CoC	
46	Women & Children's Crisis Shelter	Women & Children's Crisis Shelter	ES	X			SPA 7	SD 4	Facility-based beds	SFHC	32	7	0	32	No	X								
47	Women Shelter	Women Shelter	ES		Long Beach		SPA 8	SD 4	Facility-based beds	SMF+HC	6	3	2	8	No							X		
48	Women's & Children's Crisis Shelter		TH	X	Whittier		SPA 7	SD 4						28						X				
49	Women Shelter of Long Beach		TH	X	Long Beach		SPA 8	SD 4						29				X		X		X		
50	YWCA Glendale		ES	X	Glendale		SPA 2	SD 5						10						X	X			
51	YWCA of San Gabriel Valley		TH	X	Covina		SPA 3	SD 5						40						X				
52	YWCA of San Gabriel Valley	Transitional Program	TH	X	Covina		SPA 3	SD 5		SFHC	15	3	0	15	No	X								
53	YWCA of San Gabriel Valley	Women in Need Growing Strong (WINGS)	ES	X	Venice		SPA 5	SD 5	Facility-based beds	HC	25	5	1	26	No	X								
54	First To Serve, Inc. ***	House of Dignity 1	TH		Los Angeles	90037	SPA 6	SD 2		SF	0	0	15	15	Yes	X								
55	First To Serve, Inc. ***	House of Dignity 2	TH		Los Angeles	90037	SPA 6	SD 2		HC	15	1	0	15	Yes	X								
56	Rainbow Services, LTD. ***	Villa Paloma Transitional Shelter	TH	X			SPA 8	SD 4		SMF+HC	42	9	2	44	Yes	X								
57	Valley Oasis (formerly Antelope Valley Domestic Violence Council) ***	Oasis House Transitional Housing Program for Victims of Domestic Violence	TH				SPA 1	SD 5		SMF+HC	21	8	0	21	Yes	X								
58	YWCA of San Gabriel Valley**	First 5 LA Rental Assistance	RRH				SPA 3	SD 5		HC	195	65	0	195	No	X								

* Primarily a substance abuse recovery program; need to confirm type of services provided to Survivors of Domestic Violence
** Closed or shifted away from DV focus
*** Funding Reallocated by April 2016
**** Funding Reallocated - November 2016

LEGEND	
ES	Emergency Shelter
TH	Transitional Housing
TS	Transitional Shelter (City Term)
SD	Supervisorial District
CD	Council District
SPA	Service Planning Area
HC	Households with Children
SMF	Single Males and Females
SMF+HC	Single Male and Female Households w/ Children
SFHC	Single Female Households with Children
SM	Single Males
SF	Single Females
SMHC	Single Male Households with Children

2. A review of current assessment tools and procedures for identifying domestic violence among individuals and families served through DPSS, DCFS, LAHSA, DMH,DHS, DPH , the Homeless Families Solutions System, and any recommended strategies if needed to strengthen or create new assessment tools and procedures for some or all of those departments

3. A review of current procedures to provide appropriate support and linkage to domestic violence services for clients identified as being the victims of domestic violence and any recommended strategies to strengthen or develop new efforts for some or all of these Departments;

During the two DV Workgroup meetings, the DV Workgroup reviewed and discussed, at great length, the many opportunities for identification of Domestic Violence within the County mainstream systems and how victims are referred for services. A chart highlighting each Department's screening tool and reason for inquiring about Domestic Violence is included in this response. Additionally, the screening tools used by homeless and domestic violence service providers were also reviewed.

Given the volume of instruments used and diverse reasons for inquiring about domestic violence, and the varying levels of staff that interact with clients, the DV Workgroup concluded that additional work and time is needed to develop a comprehensive response to the items requested above. As such, a subgroup of the DV Workgroup will continue to work through the summer to review and assess Domestic Violence screening/assessment tools, training needs and protocols, the development of a potential countywide prevention approach or framework, and the referral process for identifying and linking victims of domestic violence to services. The first meeting of the subgroup is scheduled for May 24, 2016.

OVERVIEW OF DOMESTIC VIOLENCE IDENTIFICATION PROCESS BY COUNTY DEPARTMENTS
DPSS, DCFS, DPH, HACOLA, DMH, DHS

COUNTY DEPT.	FORM USED AND TYPE OF TOOL	SCOPE OF CONVERSATION (WHY ARE QUESTIONS ABOUT DV BEING ASKED)	LEVEL OF STAFF ASKING DV QUESTIONS OR DOING SCREENING	LEVEL OF DV TRAINING PROVIDED TO STAFF INQUIRING ABOUT DV
DPSS	PA 1913, Confidential Domestic Violence Information, screening tool and disclosure of DV	To facilitate discussion around issues of DV and to encourage self-disclosure.	Eligibility, GAIN Services Workers (GSW), and Contracted Case Managers (CCM) conduct the initial screening, if the individual discloses being a victim of DV, the case is immediately transferred to a Specialized Supportive Services (SSS) Worker.	All line staff receive DV Sensitivity and Awareness Training, and SSS staff receive special training with working with victims of DV, such as how DV can interfere with an individual's ability to meet CalWORKs program requirements, informing requirements and the criteria for granting waivers, confidentiality rules and provisions; coordination of services provided through the CalWORKs WtW program.
DPSS	PA 1914, Domestic Violence Information Brochure, and Cal-3, CalWORKs Specialized Supportive Services for Victims of Domestic Violence	Resources to provide applicant/participants	Eligibility, GSWs and CCMs.	
DPSS	On-Line California Appraisal Tool (OCAT)	Assist GAIN staff with helping CalWORKs welfare-to-work participants identify issues of DV and access services.	GSWs and CCMs.	
DCFS	SDM INITIAL SCREENING TOOL – Hotline version	The purpose of this assessment tool is to assist the social worker to determine if there is sufficient information provided to identify if the situation falls within Welfare and Institutions Code (WIC) Section 300 as suspected Child Abuse: Physical abuse, Sexual abuse, Sexual Exploitation, Emotional Abuse, or Neglect including but not limited to forms of Severe Neglect, and/or General Neglect.	A DCFS Children's Social Worker assigned to the Child Protection Hotline Division. This tool is situation specific, as little may be known about the family at the time of the call by the caller (i.e., reporting party).	Annual training is provided on any Child Abuse related Laws by DCFS County Counsel. All hotline staff is retrained periodically on the identification of various forms of abuse, and the identification of questions to help solicit information from a caller to identify the type of abuse, and determine an appropriate response time to investigate the suspected abuse.

OVERVIEW OF DOMESTIC VIOLENCE IDENTIFICATION PROCESS BY COUNTY DEPARTMENTS
DPSS, DCFS, DPH, HACOLA, DMH, DHS

COUNTY DEPT.	FORM USED AND TYPE OF TOOL	SCOPE OF CONVERSATION (WHY ARE QUESTIONS ABOUT DV BEING ASKED)	LEVEL OF STAFF ASKING DV QUESTIONS OR DOING SCREENING	LEVEL OF DV TRAINING PROVIDED TO STAFF INQUIRING ABOUT DV
DCFS	SDM – SAFETY ASSESSMENT TOOL	The purpose of this assessment tool is to assist the social worker to make a determination regarding the level of safety of the child and assists in making a decision regarding whether or not the situation and initial evidence meets the WIC 300 threshold to open a case: be it involuntary or voluntary.	A DCFS Children's Social Worker assigned to the Emergency Response function within a Regional Office and/or in the Emergency Response Command Post. For situations in which there is subsequent referral, a Continuing Services Children's Social Worker may be required to investigate and utilize this tool as well. This tool is family specific, but may also highlight specific children within the family if so identified in the referral and revealed within the investigation.	All DCFS Children's Social Workers are trained on the use of the SDM tool series which are utilized throughout the life of a case. Initial training is provided in the academy and then subsequently in their Regional Offices. Periodic refresher training is also available. Training on the assessment of child abuse is also available via periodic refresher courses and via on-site training provided within a regional office.
DCFS	MHST – MENTAL HEALTH SCREENING TOOL	The purpose of this pre-screening tool is to assist the DCFS Social Worker to make an initial assessment of the child's mental health based on observation during the initial stages of the case. If the screen is positive, a referral is made for additional follow up by DMH co-located Clinicians to refer the child for a mental health clinical assessment and linkage to treatment which is medically necessary.	This tool was developed and implemented as part of the KATIE A. Settlement as a means to ensure that every eligible child is promptly referred for an appropriate mental health evaluation and treatment. It is used by DCFS Children's Social Workers during the initial stages of the case AND is used if subsequent observations are made which may warrant a new evaluation of the child's mental health needs. This tool is child and age specific. There is a tool for 0-5 and for children over 5. The MHST provided is the tool for children over 5 as it identifies Domestic Violence specifically.	Training is provided by both DCFS and DMH on the use of this tool. It is part of the DCFS new hire Academy training. At each DCFS office there are specially trained Service Linkage Specialists and Multi-disciplinary Assessment Team liaisons that receive more training on the MHST and can assist the regional DCFS Children's Social Workers as needed. Periodic refresher training is held in each Department.

OVERVIEW OF DOMESTIC VIOLENCE IDENTIFICATION PROCESS BY COUNTY DEPARTMENTS
DPSS, DCFS, DPH, HACOLA, DMH, DHS

COUNTY DEPT.	FORM USED AND TYPE OF TOOL	SCOPE OF CONVERSATION (WHY ARE QUESTIONS ABOUT DV BEING ASKED)	LEVEL OF STAFF ASKING DV QUESTIONS OR DOING SCREENING	LEVEL OF DV TRAINING PROVIDED TO STAFF INQUIRING ABOUT DV
DCFS	Multidisciplinary Assessment Team (MAT) Assessment	The purpose is to assess the needs of children and their families as they enter foster care for the purpose of providing the needed supports and services in a timely manner. The conversation on domestic violence is conducted as part of a trauma-informed assessment to identify the child's underlying needs and the parent's capacity to meet these needs. This assessment results in a plan that the child's team formulates to support the child's needs.	The staff asking the questions are mental health assessors from contracted mental health agencies who are either licensed or supervised by a licensed professional to do these assessments.	The assessors are trained via their home agency and are part of broader training on trauma-related mental health needs. There are 50 different community-based mental health agencies that conduct MAT Assessments.
DCFS	Up Front Assessments	The Up-Front Assessment (UFA) provides the DCFS Children's Social Worker with valuable information on an adult's parenting or caregiving capacity. It is to assist in identifying risks in a household due to issues related to mental health, substance abuse, and domestic violence. From the results of the UFA, the DCFS Children's Social Workers are able to refer parents/caregivers to community agencies with expertise in services for mental health, substance abuse, and domestic violence.	Family Preservation Agencies contracted by DCFS complete the UFAs. They are conducted by a licensed clinician, or a Master's level or higher assessor under the supervision of a licensed clinician. This assessment includes the administration of the Behavioral Severity Assessment Program (BSAP) tool—a standardized tool used in other jurisdictions.	A qualified and experienced UFA clinician from one of the Family Preservation agencies provides training for all UFA clinicians or assessors annually. This training is not done by DCFS.
DCFS	Assessment of Domestic Violence	The purpose of this policy is to provide guidance to all Children's Social Workers on the specific aspects of Domestic Violence and it's nexus to Child Abuse. While not all incidents of Domestic Violence are reported to the Child Protection Hotline, those that occur in the presence of the children or where a child may have been involved in the incident should be reported. The existence of Domestic Violence in a home with children may	This guide is accessible on the DCFS policy website and available to all Children's Social Workers in program functions, and to their Supervisors and Managers.	The mandatory training is provided routinely by the DCFS Training academy for all new social workers. The training is a 3-hour comprehensive look at DV dynamics and child welfare practices. The trainers are all DV subject-matter experts. The new hire training also includes four full-day interactive simulation training scenarios. All touch on DV but one

OVERVIEW OF DOMESTIC VIOLENCE IDENTIFICATION PROCESS BY COUNTY DEPARTMENTS
DPSS, DCFS, DPH, HACOLA, DMH, DHS

COUNTY DEPT.	FORM USED AND TYPE OF TOOL	SCOPE OF CONVERSATION (WHY ARE QUESTIONS ABOUT DV BEING ASKED)	LEVEL OF STAFF ASKING DV QUESTIONS OR DOING SCREENING	LEVEL OF DV TRAINING PROVIDED TO STAFF INQUIRING ABOUT DV
		be a nexus to other forms of child abuse or neglect. As a result, if a case is opened, the plan for services will include a safe case plan designed for the DV adult victim, children and batterer to address the impact of domestic violence on the family and attempts to identify the underlying source of the conflict.		has DV as the main focus. In addition to the specific DV 3-hour training and the simulation trainings, DV is discussed in many of the other required training components in the new hire Academy. Periodic refresher training for all DCFS staff is also available but not mandatory. The refresher trainings are normally 2 days and include special focus on safety planning and include a panel of experts from first responders to DV advocates.
HACoLA	Referral Tool: Weekly LASD and LBPD 273.5 calls for service for 68 HACoLA sites	The law enforcement (LASD and LBPD) calls for service information report identifies domestic violence victims which are referred to the HACoLA Clinician and Case Managers.	HACoLA Clinician and Case Managers receive the calls for service for follow-up.	HACoLA staff seek in-service training from Domestic Violence Council partners and End Abuse Long Beach.
HACoLA	Assessment Tool: Family Resource Intake Assessment	As part of the intake assessment, the HACoLA Clinician and Case Managers ask questions about domestic violence history and current domestic violence issues.	HACoLA Clinician and Case Managers ask the domestic violence questions.	HACoLA staff seek in-service training from Domestic Violence Council partners and End Abuse Long Beach.
DPH	Domestic Violence Personalized Safety Plan	Used by the Nurse Family Partnership PHNs if they know of violence or if seems appropriate. Could happen at any point of 2.5 year relationship with client, during home visits. Creates a safety plan.	Client and Public Health Nurses	NFP PHNs trained with National Office's training curriculum.
DPH	CPSP Prenatal Combined Assessment/ Reassessment tool	Tool is used as a part of prenatal assessment to identify risks and address health and social problems among pregnant women. Contains some DV questions as part of the assessment.	Medical provider - the physician themselves or often a Comprehensive Perinatal Health Worker, medical assistant or nurse in the office.	Quarterly trainings by the CPSP Clinical Social Work Consultant focused on DV/IPV. Trainings are about 3-4 hours long and also address mandated

OVERVIEW OF DOMESTIC VIOLENCE IDENTIFICATION PROCESS BY COUNTY DEPARTMENTS
DPSS, DCFS, DPH, HACOLA, DMH, DHS

COUNTY DEPT.	FORM USED AND TYPE OF TOOL	SCOPE OF CONVERSATION (WHY ARE QUESTIONS ABOUT DV BEING ASKED)	LEVEL OF STAFF ASKING DV QUESTIONS OR DOING SCREENING	LEVEL OF DV TRAINING PROVIDED TO STAFF INQUIRING ABOUT DV
DPH	CPSP Combined Postpartum Assessment tool	Postpartum assessment used to identify risks and address new/ outstanding health and social problems amongst women who just had a baby. Contains some DV questions as a part of the assessment.		reporting. In addition, 1 hour of an initial all-day training on CPSP program is dedicated to IPV training. (Both of the above training curricula are currently suspended due to trainer vacancy. Expect to fill position within 6 months.) Provider must have customized protocols in place to address problems identified in assessment.
DPH	CPSP Danger Assessment tool	Assessment used if provider or clinic staff knows or suspects violence. Reviews and assesses risk factors associated with increased risk of homicide for women and men in violent relationships.	Client and clinic staff	
DPH	Los Angeles Mommy & Baby Survey (LAMB)	Population based survey on a wide variety of health issues given to women who have recently given birth and reside in Los Angeles County. Contains some DV questions as part of the survey.	Self-administered survey mailed to women; occasionally, DPH staff (trained clerks to Epidemiologists) may walk women through survey on the phone.	Training not provided since the surveys are self-administered for the most part.
DPH	LAMB follow-up survey	Follow-up survey given to women that participated in the LAMB survey. Contains some DV questions as part of the survey.		
DPH	Addiction severity index-assessment tool (interview) with DV questions.	Social, health and sexual abuse related questions among people with substance use disorder.	Substance Abuse Community Service Center Assessors – they are required to be certified Substance Use Disorder counselors.	The assessors are required to receive training in administering the tool from their agency, per the agency's contract with DPH.
DPH	Sexually Transmitted Disease Client Health Questionnaire.	Questionnaire administered to clients in Public Health STD clinics. Contains questions on risky behavior and an assessment of intimate partner violence.	Administered by Clinic Nurses, Public Health Investigators, Nurse Practitioner or MD.	Training on form usage is primarily provided by peers. Clinicians received CME training on Sexual Assault and recent training for STD clinical staff on DV.
DPH	Community Health Services (CHS), Targeted Case Management Assessment	Comprehensive assessment administered to clients during home visits for follow-up on communicable diseases. Contains DV/IPV, reproductive coercion and human trafficking screening questions.	Public Health Nurses	New form, still being piloted and revised through June 2016. CHS leadership taught use of form. All CHS staff recently participated in DV training. DPH nursing personnel receive training on DV during orientation.

OVERVIEW OF DOMESTIC VIOLENCE IDENTIFICATION PROCESS BY COUNTY DEPARTMENTS
DPSS, DCFS, DPH, HACOLA, DMH, DHS

COUNTY DEPT.	FORM USED AND TYPE OF TOOL	SCOPE OF CONVERSATION (WHY ARE QUESTIONS ABOUT DV BEING ASKED)	LEVEL OF STAFF ASKING DV QUESTIONS OR DOING SCREENING	LEVEL OF DV TRAINING PROVIDED TO STAFF INQUIRING ABOUT DV
DMH	Mental Health Triage; Adult, Child and Specialized Foster Care versions	Questions (prompts) are designed to assess risk/safety concerns for the purpose of determining scheduling priority: • Victim of violence/abuse • Perpetrator of violence/abuse	Any staff approved by program manager	For clinicians there is a licensure requirement of a one-time, two-day training in DV. There is no requirement for non-clinicians.
DMH	Full and Re-Assessments; Adults	Question (prompt) is designed to assess for clinically relevant aspects of psychosocial history, specifically family and relationships: • Domestic violence	Clinician	For clinicians there is a licensure requirement of a one-time, two-day training in DV. There is no requirement for non-clinicians.
DMH	Full and Re-Assessment; Child - Adolescent	Question (prompt) is designed to assess for clinically relevant aspects of developmental milestones, specifically environmental stressors: • Exposure to family conflict/violence	Clinician	For clinicians there is a licensure requirement of a one-time, two-day training in DV. There is no requirement for non-clinicians.
DMH	Co-Occurring Joint Action Council Screening Instrument	Questions are designed to assess for clinically relevant aspects of substance use disorder: • Have you ever been in a relationship where your partner has pushed or slapped you? • Before you were 13, was there any time when you were punched, kicked, choked or received a more serious physical punishment from a parent or other adult?	Can be any staff but typically completed by a clinician as a required part of the Adult Assessment.	For clinicians there is a licensure requirement of a one-time, two-day training in DV. There is no requirement for non-clinicians.
DHS	Staying Healthy Assessment	Required by health plans for Medi-Cal managed care patients at annual physical with primary care provider. Includes 3 questions relevant (though not specific) to DV.	Generally patients fill out form themselves, but some sites have staff help patients go through the form. Patients can also fill it out in advance on the electronic patient portal.	Training not required.
DHS	Strong Start Initiative –MAMA's Neighborhood psychosocial assessment	Intimate Partner Violence questions asked of pregnant women by Perinatal Health Care Coordinators as part of psychosocial assessment at first visit. Repeated at least once per trimester and then once postpartum.	Perinatal Health Care Coordinators (community worker level staff)	Care Coordinators go through initial and periodic trainings to support administration of serial assessments and follow up contacts, including specific training on Intimate Partner Violence and Reporting.

OVERVIEW OF DOMESTIC VIOLENCE IDENTIFICATION PROCESS BY COUNTY DEPARTMENTS
DPSS, DCFS, DPH, HACOLA, DMH, DHS

COUNTY DEPT.	FORM USED AND TYPE OF TOOL	SCOPE OF CONVERSATION (WHY ARE QUESTIONS ABOUT DV BEING ASKED)	LEVEL OF STAFF ASKING DV QUESTIONS OR DOING SCREENING	LEVEL OF DV TRAINING PROVIDED TO STAFF INQUIRING ABOUT DV
DHS	Outpatient nursing intake	Includes one question relevant to DV – "Has anyone ever hurt or threatened you?" as part of general nursing intake at outpatient clinic visits.	Nursing	See below*
DHS	Domestic violence screening as part of ORCHID	Completed if patient answers Yes to question above during nursing intake.		
DHS	Emergency Department triage	Patients are asked if they were injured by a family member or significant other, or if they feel unsafe at home.		

*DHS Training (with emphasis on Emergency Departments):

Harbor-UCLA: For medical residents, DV awareness is integrated into a number of lectures throughout the year. For nursing staff, the Dept. of Emergency Medicine Nursing Training Program includes a 1.5 hour lecture on intimate partner violence.

Olive View: for medical residents, training on domestic violence recognition and management is part of the core curriculum for emergency medicine, and is included in the emergency medicine conference curriculum each year. Most of the ER and urgent care nursing supervisors attended the Domestic Violence Awareness Program 4 hour training offered by Human Resources in March.

LAC+USC – for faculty and residents, intimate partner violence is covered in grand rounds by one of the attending physicians who is an expert in the field, every 3 years or so. All nurses going through the Emergency Nursing Training Program receive comprehensive lectures on Domestic Violence, covering all aspects (causes, recognition/identification, the assault cycle, prevention, documentation, legal aspects, psychosocial aspects, and follow up care). In addition, it is discussed during other lectures (trauma in pregnancy, trauma mechanisms, near-drowning, and trauma assessment).

Orientation/Re-orientation: Each facility's orientation manual and annual re-orientation manuals include information on mandatory reporting of domestic violence and reporting protocols.

4. A description of how the Homeless Initiative's Homeless Prevention Program for families will serve victims of domestic violence, specifically addressing the unique safety needs of this population

The Domestic Violence Workgroup discussed the barriers that a victim of domestic violence may have in accessing homeless prevention programs. As such, a representative selection of members of the Domestic Violence Workgroup will participate as collaborators in the implementation of Homeless Initiative Strategy A1, Homeless Prevention Program for Families. Recommendation of the Domestic Violence workgroup is that Strategy A1 includes protocol to address some of the special needs of victims of Domestic Violence, such as:

- Domestic Violence victims may not have yet left the batterer's home; and
- Domestic Violence victims may not have the documentation that would normally be required to access homeless prevention services.

Further updates on Homeless Initiative Strategy A1 and the intersection with Domestic Violence will be provided as part of the Quarterly Homeless Initiative updates to the Board.

5. A set of strategies for strengthening collaboration between domestic violence providers and homeless service providers, including the feasibility of convening to explore and document best practices for restoring families to safety and self-sufficiency

The Domestic Violence (DV) Workgroup had significant discussion about the need to strengthen collaboration between domestic violence providers and homeless service providers. Additionally, several representative members of the DV Workgroup attended the Lunch and Learn Session sponsored by Supervisor Kuehl's office on Domestic Violence services in Multnomah County to identify any documented best practices for restoring families to safety and self-sufficiency.

The DV Workgroup identified that some of the barriers to successful collaboration among the homeless services delivery system and domestic violence service delivery system include:

- Lack of funding to support domestic violence programs;
- Lack of data on victims of domestic violence; and
- Lack of best practices that are proven models based on data.

To address these issues, the DV Workgroup identified a need for an ongoing structure that brings together County Departments, Homeless Service Providers and DV Service Providers. As such, the Los Angeles Homeless Services Authority (LAHSA) will convene group of DV Service Providers and Homeless Service Providers to discuss and possibly plan a local DV Conference where a broader discussion can occur on strategies for strengthening collaboration between the mainstream County departments, DV and Homeless Service Providers.

An update on this item will be provided by September 9, 2016.

6. A report back on rental assistance, including rapid rehousing and housing choice vouchers available to victims of domestic violence

The Domestic Violence Workgroup had significant discussion about the nature of housing services needed to keep DV victims safe. To explore some of the concerns identified by the DV Workgroup, a request for technical assistance was submitted to the National Alliance for Safe Housing, District Alliance for Safe Housing, Inc. The initial conference call to discuss the needs of Los Angeles County is scheduled for May 12, 2014. An update on this item will be provided by September 9, 2016.

The DV workgroup identified that there is a lack of a "fit" between existing available housing services under Rapid Rehousing and how DV clients can be served. The attached document, prepared by members of the DV Workgroup, highlights this gap.

INTERSECTIONS BETWEEN HOMELESS & DOMESTIC VIOLENCE PROGRAMS

"[W]e remain committed to protecting all survivors of these forms of violence – women, children, and men. **Having a safe, stable home is critical for survivors of domestic violence to start a new chapter in their lives . . .**"

- HUD Secretary Julian Castro, March 2015

As we work together to ensure safe and stable housing for our community members, we must recognize that there is no "one size fits all" solution. Victims of domestic violence and their families experience the very real danger of physical harm, combined with recurring trauma, isolation, and other forms of abuse. The safety needs of domestic violence survivors, combined with their trauma histories, require specific scrutiny of programs which HUD and local government agencies consider "best practice." Domestic violence victims who are homeless make up 21% of the total homeless count in Los Angeles County. Domestic violence survivors have unique safety needs that require specialized services, supported by both targeted and increased funding.

Current HUD definitions and the application of HUD-supported programs do not adequately address the needs of domestic violence survivors. This document provides definitions of current homeless service models and discusses the challenges and opportunities for implementing these models to serve survivors of domestic violence.

Continuum of Care is HUD's term for the network of funders, service providers, and other agencies who address homelessness in a given region. Per HUD, *"The CoC Program is designed to promote communitywide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, and State and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effect utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness."*[1]

Coordinated Entry System (CES) & Homeless Family Solution Systems (HFSS)
Both the single-adult CES and HFSS are intended to address homelessness in LA County by streamlining the application process for various services/programs. The current system does not include comprehensive procedures to ensure the short-term or long-term safety of victims of DV, Substance Abuse and stalking. HUD's Special Needs Assistance Programs released a brief: "Ensuring Access for Domestic Violence Survivors" within the Continuum of Care (CoC) of homeless funding.[2] This includes

[1] https://www.hudexchange.info/programs/coc/

[2] Oliva, Ann (2015). *SNAPS In Focus: Ensuring Access for Domestic Violence Survivors*. Retrieved from: https://www.hudexchange.info/news/snaps-in-focus-ensuring-access-for-survivors-of-domestic-violence/

safe locations that can maintain confidentiality of information provided, and interviewers trained to understand elements of DV and trauma, to ensure information disclosed during the interview is privileged. Additionally, sites must be language accessible. Often times, victims are unable to escape abuse if services are not provided in languages they speak. Any central data collection system must include a separate, secure and confidential module for DV victim information.

Downtown Women's Center (DWC) is one example of a program serving DV survivors that has entirely switched over to use of CES. Unfortunately, the data shows that the housing availability does not come close to meeting the need. From September 2013 to December 2015, DWC entered 599 women into CES and only 62 (10%) were matched to housing.

Permanent Supportive Housing (PSH) is designed for chronically homeless people, with a diagnosed disability/medical condition/mental illness and a certain amount of time spent homeless before qualifying for this program. Most PSH programs are designed for single adults (currently). This program design excludes most DV survivors, who are often housed until the time they choose to leave their housing as a result of continued domestic violence, and who may or may not have a medical or mental health diagnosis. HUD has not redefined the eligibility requirements for PSH, and until they do so, the majority of domestic violence victims will not be able to access PSH.

The PSH model is effective for single women who have histories of trauma and homelessness as evidenced by the success of Downtown Women's Center. Although 60% of the women living at Downtown Women's Center (DWC) have reported experiencing domestic violence in their lifetime, they entered PSH through the HUD Continuum of Care.

Rapid Re-Housing (RRH) provides temporary rental assistance for a limited period of time to homeless families. To qualify for rental assistance in LA, a family must either be currently living on the streets or in an emergency shelter. If a DV survivor is currently living at home with their abuser and attempts to access the RRH resources, they might be told they are either ineligible or must enter an emergency shelter first, even though "fleeing DV" qualifies a family for RRH. Given the lack of DV specific emergency shelter beds, it is not feasible to expect all DV survivors to enter shelter. While policies are changing in order to address the needs of survivors, there remains a gap between policy and practice. Additional education of homeless service providers at the local CES & HFSS lead agencies is needed in order to properly support survivors.

Financial abuse experienced by many survivors creates additional barriers to accessing RRH, as they are often starting with little to no income when the decision is made to leave their abusive situation. The 3 to 12 months of assistance provided in the RRH model is often insufficient time for victims of domestic violence to overcome trauma and address legal and other issues, such as adequate childcare, that assist them with obtaining employment to cover the cost of rent.

Batterers continue to pursue their victims after separation, particularly when children are involved. Accordingly, placing survivors in a known unprotected location immediately following the survivor's decision to leave may subject that survivor and their children to an increased level of danger.

Transitional Housing Programs (THP) is supportive housing with a time limit (typically 12-24 months). The program design is equivalent to the services and type of housing provided by PSH providers: wraparound services offered on-site, case management, counseling, support groups, etc. THPs provide a safe refuge for survivors to establish a home free from violence. When a victim flees their abuser, they are at the greatest risk of a lethal assault.[3] Most government-funded emergency shelter programs are required to limit the length of stay to a few months at most. This puts victims in danger of being located by an abuser who may retaliate with deadly violence when they move from a confidentially-located emergency shelter into permanent housing. DV-specific transitional housing that is confidentially-located provides safe housing during the time it takes to secure protective orders and resolve other legal issues which may put the victim at risk. Batterers often withhold adjusting victims' immigration status to threaten deportation without the children as a way to control the victims. Adjusting immigration status to enable victims to become employable also takes longer than the emergency shelter stay.

For the safety of survivors, and to promote survivor choice, a true Continuum of Care will include multiple options for housing support and stability: emergency shelter, transitional housing, RRH, PSH, and a pathway to permanent affordable housing options, such as Section 8.

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[3] Campbell, et al., *Risk Factors for Femicide in Abusive Relationships: Results from a Multisite Case Control Study.* Published in the American Journal of Public Health, June 2003.

7. A report back on DMH programs, or efforts in place to support domestic violence victims

The Department of Mental Health (DMH) has a variety of programs currently in place to address the needs of domestic violence victims. Domestic violence victims that meet the criteria for specialty mental health services can – and are – seen in DMH directly operated and contract programs. In addition, DMH offers several Prevention and Early Intervention evidence-based practices focusing on individuals who are in crisis or suffering from trauma. These include the following:

- Crisis-Oriented Recovery Services, which help individuals, focus on immediate situations that may be part of the domestic violence situation (e.g., an incident of abuse, loss of residence, arrest of perpetrator, etc.);
- Prolonged Exposure-Post Traumatic Stress Disorder Services, which assist individuals to process traumatic events and reduce symptoms of PTSD in addition to depression, anger and anxiety;
- Seeking Safety – a present-focused therapy that helps people attain safety from trauma, PTSD or substance abuse, focusing on the development of safe coping skills while utilizing a self-empowerment approach; and
- Trauma-focused CBT, an early intervention for transition age youth intended to reduce symptoms of depression and psychological consequences of trauma resulting from various events including domestic violence and traumatic loss.

Within each of the County's eight Service Areas, DMH has ensured that clients of domestic violence shelters can be accommodated within existing directly operated and contracted programs, and that information is available regarding how to access these services.

In an effort to explore additional opportunities for supporting domestic violence providers, DMH staff also met with several representatives of the domestic violence shelters. As a result, DMH will be implementing the following:

- Additional training in issues surrounding domestic violence for DMH staff;
- Training of domestic violence programs regarding mental health services; and
- Including domestic violence providers in the DMH stakeholder planning process for expansion of Prevention and Early Intervention (PEI) programs.

8. A report back on options for increasing funding for Domestic Violence Shelter-Based Programs

Currently domestic violence shelter based programs are funded by marriage license fees and batterer's program fees. Apart from those funding sources, a reallocation of general funds or a special tax could increase funding. This will be elaborated upon in the separate response by the Office of the County Counsel.