



February 25, 2025

**Los Angeles County  
Board of Supervisors**

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TO: Supervisor Kathryn Barger, Chair  
Supervisor Hilda L. Solis  
Supervisor Holly J. Mitchell  
Supervisor Lindsey P. Horvath  
Supervisor Janice K. Hahn

FROM: Christina R. Ghaly, M.D.   
Director

SUBJECT: **SUPPORTING PREGNANT PEOPLE AND NEW  
PARENTS WHO ARE EXPERIENCING  
HOMELESSNESS (Item NO. 11 FROM THE AGENDA  
NOVEMBER 26, 2024)**

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On November 26, 2024, the Board of Supervisors (Board), directed the Department of Health Services (DHS) to respond to the Directive from the motion titled Supporting Pregnant People and New Parents who are Experiencing Homelessness.

Herein is the response to the Board.

Direct the Department of Health Services, Housing for Health (HFH) division, in collaboration with the Los Angeles Homeless Services Authority (LAHSA), the Chief Executive Office Homeless Initiative (HI), the Department of Mental Health (DMH), the Department of Public Health (DPH), the Department of Public Social Services (DPSS), the Office of Immigrant Affairs (OIA), and the Department of Child and Family Services (DCFS) to:

1. Report back in 90 days in writing with a plan to better support pregnant people and new parents who are experiencing homelessness, with a focus on Skid Row. This should include, but not be limited to:
  - a. A plan for dedicated outreach to pregnant people experiencing homelessness including trainings for outreach workers on health and housing resources available to support this population.
  - b. A process for ensuring that pregnant people experiencing homelessness are offered and connected to health and behavioral health care during pregnancy and in the months following birth to address the health of the birthing

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person and any associated substance use disorders and mental health concerns including post-partum depression.

- c. Strategies for decreasing the number of unsheltered pregnant people.
- d. Trainings for staff at interim housing sites that house people of reproductive age, so that they are equipped to support reproductive health including connecting program participants to care when necessary.
- e. In partnership with health plans, federally qualified health centers, academic institutions, and other providers, a process for coordination of field and street medicine teams to identify pregnant people and provide appropriate services.
- f. Addendums to the Skid Row Action Plan to include supports for pregnant people experiencing homelessness.

In response to the motion, HFH convened a working group with LAHSA and Los Angeles County (LA County) departments named above to respond to the motion directives. The working group met numerous times over the past 90 days, convened subcommittees for each directive, and conducted community outreach to assess what resources are available, where there may be gaps, and where more support is needed.

## OVERVIEW

The 2023 Benioff Homelessness and Housing Initiative California Statewide Study on People Experiencing Homelessness<sup>1</sup> found that 26% of people experiencing homelessness who were assigned female at birth and were between the ages of 18 and 44 reported being pregnant during their current episode of homelessness. That percentage increased to 40% for people ages 18 to 24. For people of childbearing age, pregnancy is common during experiences of homelessness. Yet, despite the high rates of pregnancy during homelessness, there are few policies or programs specifically designed to prevent unintended pregnancies, identify pregnancy, or provide pregnancy options counseling for pregnant people experiencing homelessness.

It is important to note that pregnancy creates unique vulnerabilities for people experiencing homelessness. Pregnancy can be a challenging time for many in our communities, but pregnancy in the setting of homelessness is known to present significant barriers to accessing prenatal care, behavioral healthcare, and maintaining safety. The working group identified the following eight critical intervention points to prevent pregnant and parenting people from experiencing unsheltered homelessness:

- Intervention Point 1: Preventing Unintended Pregnancies
- Intervention Point 2: Supporting People to Properly Identify Pregnancies
- Intervention Point 3: Supporting People to Receive Effective Pregnancy and Options Counseling

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<sup>1</sup> California Statewide Study on People Experiencing Homelessness (2023), Benioff Homelessness and Housing Initiative, UCSF, CASPEH\_Report\_62023.pdf.

- Intervention Point 4: Linking Pregnant People to Prenatal or Abortion Care, Behavioral Healthcare, and Other Necessary Care/Services
- Intervention Point 5: Connecting Pregnant People to Appropriate Housing Resources
- Intervention Point 6: Supporting Pregnant People Through Birth
- Intervention Point 7: Ensuring Strong Postpartum Care
- Intervention Point 8: Supporting Newly Parenting People and Infant/Child

LA County and the homeless response system have a wide range of programs that provide many of the services listed above, but there is opportunity to better tailor programs to, and improve access for, pregnant people experiencing homelessness. This report identifies approaches to improving services and linkages for these individuals and their newborns.

## **RESPONSE TO DIRECTIVES**

**Directive A – Develop a plan for dedicated outreach to pregnant people experiencing homelessness including trainings for outreach workers on health and housing resources available to support this population.**

### **Existing Resources**

Current activities already in place to support people experiencing homelessness who are pregnant or newly parenting include a variety of resources, such as interim housing through the Coordinated Entry System for Families (CESF) that is available to people at any stage in their pregnancy and after birth. Referrals to the CESF are made through Family Solutions Centers (FSCs) throughout LA County. Interim housing referrals for pregnant people experiencing unsheltered homelessness can also be coordinated through the Emergency Centralized Response Center (ECRC), which launched in December 2024 to coordinate the operations of outreach teams and local jurisdictions addressing unsheltered homelessness across Los Angeles County's 88 cities and unincorporated areas. Street outreach teams and field medicine programs are also serving pregnant people experiencing unsheltered homelessness and can provide a variety of services, including prenatal care, ultrasound imaging, and verifications of pregnancy. In addition, there is an outreach team in Skid Row specifically dedicated to women, families, and gender-diverse individuals through the Every Woman Housed initiative.

### **Opportunities to Enhance or Expand Existing Resources**

Existing programs serving people experiencing homelessness could be enhanced by the creation of a centralized mechanism for the coordination of care for unsheltered pregnant people through existing outreach teams and providers on the ground; expedited referral pathways to get pregnant people into interim housing expeditiously; and expanded field medicine programs including partnerships with Federally Qualified Health Centers (FQHCs).

There is a need for additional training for interim housing providers and street outreach staff on pregnancy screenings, reproductive justice, options counseling, prenatal care,

contraception and abortion resources, postpartum follow-ups, and pregnancy-related programs and resources available in LA County. There is also a need for education on pathways for County departments to refer pregnant unsheltered participants for support, increased education about eligibility for family interim housing and other available resources, and to address apprehension for and mistrust of engagement with government agencies.

The DHS Community Programs training team is planning to work with subject matter experts to build a training curriculum, training materials, and a facilitator guide to provide virtual, instructor-led training to identified audiences (e.g., outreach teams, interim housing staff, field medicine providers). Training will focus on understanding outreach, assessment, and engagement of pregnant and parenting individuals who are experiencing homelessness. The training also will include available services and community resources that support reproductive health, positive birth outcomes, family planning and more.

### **Resources Needed**

County departments and programs that are not directly engaged in the homeless response system, but that encounter pregnant people experiencing unsheltered homelessness, would benefit from similar trainings as those being developed for outreach teams, interim housing providers, and field medicine teams.

Additionally, increased access to Language Assistance Programs is needed to support pregnant and newly parenting people experiencing homelessness whose primary language is not English. Language Assistance Programs are often limited to County programs, while the vast majority of services are provided by community providers. DHS is conducting a needs assessment with contracted community providers to better understand their language needs. DHS also plans to provide guidance/training on best practices, make materials available in different languages, and provide guidance for community providers on resources and vendors for interpretation and translation.

**Directive B – Develop a process for ensuring that pregnant people experiencing homelessness are offered and connected to health and behavioral health care during pregnancy and in the months following birth to address the health of the birthing person and any associated substance use disorders and mental health concerns including post-partum depression.**

### **Existing Resources**

There is an existing robust system in LA County to connect people experiencing homelessness to Medi-Cal, CalFresh, General Relief, and CalWORKS through DPSS.

Current health and behavioral health care services already in place through DHS to support people experiencing homelessness who are pregnant or newly parenting are provided by HFH's Multidisciplinary Teams (MDTs), Mobile Clinics, and Star Clinic; DHS' MAMA's

Neighborhood Program; DHS's CARE121 phoneline (abortion and supportive services); and PROMISE (a provider-to-provider consultation line where providers of prenatal and postpartum care can get assistance in how to assess, diagnose, and treat perinatal patients who may be experiencing substance use and/or perinatal mental health symptoms).

DHS' perinatal services, called MAMA's (Maternity Assessment Management Access and Service Synergy), embeds Medi-Cal managed care contractually required services into all DHS obstetric clinics. All perinatal patients are invited to join upon entrance into prenatal care where their social determinants of health are assessed and their psychosocial needs are provided for by a team of community health workers (CHW), licensed clinical social workers, and health educators, while receiving clinical obstetrical services. MAMA's offers comprehensive and well-integrated low- and high-risk prenatal and postpartum obstetrical care, with access to Maternal Fetal Medicine specialists and Reproductive Psychiatry. What makes MAMA's unique is the rigorously designed care navigation based on individual needs and validated assessment scales by MAMA's CHWs that is delivered from entry into prenatal care to 12 months postpartum. All pregnant patients receive comprehensive, coordinated, compassionate, and culturally aware perinatal psychosocial services aimed at improving maternal and birth outcomes, reducing the racial/ethnic disparities associated with poor birth outcomes, and supporting healthy infant development.

DHS's Office of Diversion and Reentry (ODRs) Maternal Health program works with incarcerated women in County jails who are pregnant and experiencing homelessness. ODR works with the Superior Courts to divert these women from jail to community housing and treatment.

Other Mental health resources include DMH's Downtown Mental Health Clinic on Skid Row and Maternal Mental Health Champions embedded in DMH clinics throughout LA County. These champions conduct groups ranging from in-person to virtual support groups for pregnant and postpartum individuals experiencing mental health challenges. They aim to provide support to help reduce isolation and offer coping strategies for those experiencing perinatal mental health issues. DMH HOME teams are also available across LA County to support individuals with Serious Mental Illness who are high acuity, including pregnant people.

DPH Maternal, Child, and Adolescent Health's (MCAH) Home Visiting Programs (HVP) continue to implement three evidence-based practice (EBP) models to provide home visiting services countywide. It was in 1997 when DPH piloted Nurse-Family Partnership (NFP), then added Parents as Teachers (PAT) and Healthy Families America (HFA) in 2018 as part of the expansion efforts. All EBP models work collaboratively to provide the best-fit home visiting service to families and avoid duplication of services for the parenting and pregnant population. In doing this, more families are being served, and home visitation is implemented more effectively through corresponding linkages and interventions, and adequately addressing needs and risks based on regular interaction and assessments during home visits. MCAH also manages the Comprehensive Perinatal Services Program (CPSP) for Los Angeles County which provides training on psychosocial perinatal services.

DPH's Project H.O.P.E. (Help for homeless pregnant and parenting families, Opportunities for a better tomorrow, Peace of mind, Early intervention, and enrichment) is a pilot home visitation program supporting pregnant and parenting families experiencing homelessness in Service Planning Areas (SPA) 2 and SPA 6. Families are paired with a community health worker and public health nurse to provide pregnancy and parenting support, school readiness assistance, connections to resources to help families achieve their goals, and mental health support.

The DPH Abundant Birth Project (ABP) guaranteed income pilot provides cash with no strings attached as a strategy to prevent stress during pregnancy for those most at risk of adverse birth outcomes. Research shows this is likely to prevent babies from being born too early or too small and can also protect the health of the birthing parent. By providing \$807/month for 18 months, eligible birthing parents have resources to support themselves and their families, and babies have a chance at a healthy start.

DPH also operates the African American Infant and Maternal Mortality Prevention Initiative (AAIMM) Doula Program, which offers free doula support to Black and African American pregnant people living in Los Angeles County, and a pilot doula program for incarcerated or reentering pregnant individuals. A doula is a trained professional who provides continuous physical, emotional, and informational support to their clients before, during, and shortly after childbirth. The programs include prenatal visits, continuous labor support, postpartum visits, and lactation support.

In Skid Row there is the DHS Star Clinic, as well as the Los Angeles Christian Health Center's Joshua House Clinic and the Wesley Health Centers' Center for Community Health. Although the three health clinics in Skid Row do not offer onsite obstetrics and prenatal care, pregnant people seeking prenatal care are referred to care outside the community.

### **Opportunities to Enhance or Expand Existing Resources**

DPH's Project H.O.P.E., a pilot program operating in SPAs 2 and 6, focuses on people experiencing homelessness who are pregnant. Expansion of this program to other regions would extend reach to additional women, including in SPA 4 and the Skid Row community. Adding doula services might also enhance the program.

There is also opportunity to increase provision of pregnancy prevention services, including contraception, screening for pregnancy and options counseling for field medicine teams, as well as obstetrician/gynecology support and consultation for field-based care. DHS coordinates monthly meetings with field medicine providers across LA County. DHS will incorporate training and information on best practices in serving pregnant people experiencing homelessness in these monthly meetings. DHS is also currently administering a survey to field medicine providers to better understand the needs of pregnant patients and

will use information from this survey to inform training content. Linkages to MAMA's care navigation services through its Care Coordinators can also be leveraged by field medicine teams.

In July 2024, L.A. Care and Health Net funded DHS, LA Christian Health Centers (LACHC), and Wesley Health Centers (JWCH) to create the Skid Row Care Collaborative, a partnership meant to increase healthcare coordination and expand capacity to deliver high-quality, accessible care to people experiencing homelessness in Skid Row. The Skid Row Care Collaborative includes opportunities to increase specialty care in Skid Row. Partners are exploring addition of obstetrics resources to the Collaborative.

All of the involved entities will also work to maximize cross-referrals between their existing programs and other departments/agencies, field teams, and non-governmental programs.

### **Resources Needed**

With additional funding, DPH could expand its ABP guaranteed income pilot to reach more pregnant people experiencing homelessness and extend its stipend payments from 18 months to two years. During the pilot, ABP has thus far enrolled 35+ homeless pregnant women. DPH could also double the size of Project H.O.P.E. to enroll 50 additional clients annually in two additional SPAs, ensuring home visiting services are available at interim housing locations. The total cost of these expansions is estimated at \$1.8M.

DHS Mobile Clinic teams are also working with the MAMA's program to assess options for consultation from an obstetrician/gynecologist for particularly complex patients.

### **Directive C – Develop strategies for decreasing the number of unsheltered pregnant people.**

#### **Existing Resources**

The CESF that is administered by LAHSA, and is a partnership with CEO-HI, DMH, and DPSS, provides a coordinated entry point to CalWORKs and other DPSS programs, DMH programs, as well as problem solving, interim housing and permanent housing resources administered by LAHSA. People experiencing homelessness at any stage of their pregnancy are eligible for problem solving, interim housing and permanent housing resources through CESF.

CESF providers struggle to meet the demand of pregnant people and families experiencing unsheltered homelessness due to lack of family interim housing programs capacity.

#### **Opportunities to Enhance or Expand Existing Resources**

LAHSA consulted with CESF operators who expressed the need for additional resources to be invested in family permanent housing programs, such as Housing Navigation, Time

Limited Subsidies, Master Leasing and the Flexible Housing Subsidy Pool, to facilitate the rapid turnover of interim housing beds to create capacity in the interim housing system for new pregnant people and families experiencing unsheltered homelessness.

## **Resources Needed**

CESF operators stated the need for additional funding for Housing Navigation, Time Limited Subsidies, Master Leasing and the Flexible Housing Subsidy Pool. Operators also shared the desire for piloting a program that would allow families to move into apartments provided as interim housing and transition-in-place to permanent housing through Time Limited Subsidies, federal rental assistance or the Flexible Housing Subsidy Pool.

To ensure that sufficient permanent housing resources are identified for the CESF on a timely basis, the working group recommends that LAHSA and DPSS provide a bi-annual report to the Board of Supervisors on CalWORKs Homeless Programs, and CESF System Utilization and System Capacity Needs. This report could provide a bi-annual assessment of system utilization, resource gaps, and funding scenarios to address resource gaps. Similar reports were provided to the Board of Supervisors from 2019 through 2020 in response to the motion “Enhancing the Coordinated Entry System (CES) for Homeless Families (Item No. 12, Agenda of December 18, 2018).”

**Directive D – Develop trainings for staff at interim housing sites that house people of reproductive age, so that they are equipped to support reproductive health including connecting program participants to care when necessary.**

## **Existing Resources**

While there are several trainings offered to support pregnant and/or parenting individuals in developing skills to care for their baby or children, few trainings have been developed to target social service providers in supporting this population. Below are trainings currently available to interim housing providers in Los Angeles County that address foundational topics impacting pregnant or parenting residents in interim housing sites and one that was developed specifically to help service providers better serve pregnant clients.

LAHSA’s Centralized Training Academy (CTA) provides standardized training for new staff at interim housing sites. This comprehensive training, per the scope of requirements in the provider’s interim housing contract, includes relevant training topics such as harm reduction and trauma-informed care, which are required yearly or for newly hired employees.

DMH and the UCLA Public Mental Health Partnership (PMHP) has over 250 anytime/live trainings and pathways available at no cost via the DMH + UCLA Wellbeing for LA Learning Center. PMHP offers Perinatal Mental Health 101: What to Know, created by Maternal Mental Health NOW, which focuses on perinatal mental health for all disciplines.



Maternal Mental Health Now offers training to build providers' capacity to address perinatal and postpartum mental health. The organization offers in person and self-paced online options for mental health and social service providers to gain the skills needed to support the emotional wellbeing of new and expectant families.

Other existing resources include DCFS's preventive and support services for new and first-time parents, baby supplies, and information on early childhood education and child health/mental health.

### **Opportunities to Enhance or Expand Existing Resources**

Though there are numerous trainings available that are relevant to serving people experiencing homelessness, the workgroup identified several topics that would be particularly beneficial to the development of foundational skills/knowledge for working with those who are of reproductive age and/or pregnant. The following topics were identified as priorities for development as new trainings, with a foundation of trauma-informed care and harm reduction specifically related to reproductive care: prenatal care, reproductive counseling, options for unintended pregnancy, STI/STD and HIV education across populations, how to identify pregnant participants who are experiencing mental illness, how to navigate medical care (insured and uninsured), and navigating resources within the CESF.

The LAHSA CTA can be leveraged as a centralized platform for dissemination of existing and new trainings relevant to pregnant and parenting people experiencing homelessness. Additionally, LAHSA will add any new trainings developed to address knowledge gaps to the scope of requirements for existing and new interim housing contracts.

The DHS Community Programs Training Team is another resource for curriculum development and training provision.

Additionally, DMH Maternal Mental Health Champions could participate in LAHSA quarterly meetings with interim housing providers to increase interim housing provider knowledge regarding how to support and link pregnant and newly parenting people experiencing homelessness to behavioral health care.

### **Resources Needed**

DHS Community Programs Training Team will work with experts in the field to build a training curriculum and training materials to provide virtual, instructor-led training for interim housing staff that is tailored to address the gaps specific to this population.

Directive E - In partnership with health plans, federally qualified health centers, academic institutions, and other providers, include a process for coordination of field and street medicine teams to identify pregnant people and provide appropriate services.

## **Existing Resources**

HFH worked with the Community Clinic Association of Los Angeles County (CCALAC) and presented to CCALAC Street Medicine Collaborative Workgroup on January 2, 2025, on current capacity of field medicine and street medicine teams and barriers to caring for pregnant patients who are experiencing homelessness. HFH also administered a survey to FQHC and private field medicine teams to collect information on pregnant patients experiencing homelessness and is reviewing the results of the provider survey to assess capacity and gain additional feedback on needs of different programs countywide. The last survey was sent out on January 13, 2025, and there have been six program responses so far.

One challenge reported by field medicine teams is that most teams are seeing less than five pregnant patients at any given time, making it challenging to scale resources to effectively serve pregnant patients.

Further, current State regulations do not manage prenatal care as a sensitive service and as such, health plan authorization is needed for obstetric and related providers to provide pre-natal services. This limits the ability of pregnant homeless patients to be efficiently cared for within the various systems of care, including connection to DHS' MAMA's program.

## **Opportunities to Enhance or Expand Existing Resources**

To enhance and expand on services offered to the target population in Skid Row, education and consulting obstetrician/gynecologist support is needed for field-based teams. There is also a need for discussions with the health plans on streamlining the prior authorization process to facilitate access to prenatal services.

## **Resources Needed**

As noted above, perinatal expertise is critical to serve the needs of this population. DHS can provide training for existing field medicine teams and staff at interim housing sites to readily identify "maternal warning signs" and other obstetric conditions requiring urgent evaluation. These groups can also be trained on improved care navigation to both routine and urgent perinatal care. For people experiencing homelessness, distance of resources is a serious barrier; DHS will help to develop workflows to access medical transportation opportunities available through the health plans.

Directive F – Develop addendums to the Skid Row Action Plan (SRAP) to include supports for pregnant people experiencing homelessness.

Community dialogs that took place about this motion in Skid Row highlighted the need for strategies to prevent homelessness among pregnant and newly parenting people to be integrated into existing SRAP strategies rather than result in addendums to the SRAP.

## **VULNERABLE POPULATIONS**

Interventions for Highly Complex and Vulnerable Pregnant and Newly Parenting People Experiencing Homelessness

### **Unique Needs & Existing Resources**

Within the population of pregnant people experiencing homelessness, the working group identified that there is a subset of people who are highly vulnerable with complex conditions. This subpopulation needs skilled practitioners with expertise in multiple fields and strong connections to other supportive programs and specialists that can provide care, in addition to specialized programs equipped to meet the varied needs of these complex cases. There is a particular need for staff with expertise in substance use disorder (SUD), domestic violence (DV)/intimate partner violence (IPV), sexual assault, sex trafficking and survival sex work and understanding of how to support pregnant people experiencing these complexities during pregnancy.

In addition to the LA County resources already mentioned that serve pregnant and parenting people experiencing homelessness, there are community organizations that have special programs or expertise in supporting pregnant people with these complexities, such as: United Coalition East Prevention Project's (UCEPP) residential SUD treatment program for women who are pregnant or have a case with DCFS; Homeless Health Care Los Angeles (HHCLA), which has extensive expertise working with people who use drugs and have dual diagnosis; and The Sidewalk Project, which has extensive experience working with people who use drugs and are involved in sex work or sex trafficking. To address the needs of the most vulnerable groups, these programs need to coordinate closely with complementary health partners well versed in managing their clients' unique needs.

### **Opportunities to Enhance or Expand Existing Resources**

The most complex cases of pregnant people experiencing homelessness would be better managed if training was expanded for providers and clinicians already trained in working with pregnant or newly parenting people experiencing homelessness to include topics related to those who also: have experienced DV/IPV, or sexual assault; have experienced sex trafficking or survival sex work; have used substances or experienced addiction; identify as LGBTQIA+ and/or gender nonconforming; live with mental health conditions, physical disabilities, or STIs/STDs; or have a dual diagnosis.

The City of Los Angeles' Department for Community Investment for Families (CIFD) provides training and other resources for people/providers who serve those who have experienced IPV, DV, and human trafficking. CIFD provided training at the February 2025 Monthly Outreach Collaborative meeting on IPV, DV, and human trafficking resources for outreach staff from multiple agencies and providers.

## **Resources Needed**

Training is needed for field medicine and clinical staff doing perinatal work in supporting pregnant people who are using drugs and who want to safely sustain a pregnancy and give birth.

Interventions for Newly Arrived and Other Undocumented Migrants who are Pregnant or Newly Parenting and Experiencing Homelessness

## **Unique Needs & Existing Resources**

For newly arrived and other undocumented migrants, there will likely be some needs that are different from other people experiencing homelessness. Eligibility for some benefits will be different for undocumented migrants, but pregnant and newly parenting migrants should be connected to all benefits for which they are eligible. There may be a need for language support if clients have limited English-speaking skills. Important connections include programs that support migrant populations in immigration proceedings and understanding their legal rights.

As a component of the ARP-funded Capacity Building for Immigrant-Focused CBOs program, the Office of Immigrant Affairs (OIA) developed a Mobile Legal/Case Management Team initiative (“Mobile Team”) to provide case management and limited scope immigration legal services to unhoused migrants over a 12-month period, while conducting cross-sector training for immigrant rights and homelessness service providers. A consortium of three established nonprofit organizations – Esperanza Immigrant Rights Project, Asian Americans Advancing Justice, and Amanecer Community Counseling – was announced in late 2024 and recently launched the project. This initiative will enhance OIA’s work to conduct trainings for service providers, while greatly expanding capacity to meet the direct service needs of newly arrived and other undocumented persons experiencing homelessness. The consortium partners have deep experience providing culturally competent services to the most vulnerable migrant populations, and significant capacity for in-language service provision.

The project aims to provide direct services to at least 500 migrants in 2025. The consortium is preparing an initial training in February 2025 for shelter operators, case managers and outreach workers to increase understanding of engagement with unhoused immigrants at this moment of considerable federal immigration policy change (subsequent training will include immigrant eligibility for benefits and services, among other topics). OIA is working with LAHSA to maximize training attendance, as well as facilitate relationships with shelters and social service providers to promptly connect the Mobile Team with the project’s target population in need of direct services. The Mobile Team will conduct in-language legal orientation sessions to help community members understand their legal rights and the immigration process they face. The project aims to build lasting partnerships, facilitate

referrals, and foster greater cross-sector understanding between immigration legal providers, shelters and social service providers serving unhoused populations.

LAHSA's Centralized Training Academy held a training called "Engaging Latina/o/e/x Communities in Street Outreach." This training taught new engagement strategies that are specific to Latina/o/e/x communities with the aim of understanding the unique cultural and lived experiences of unhoused Latina/o/e/x individuals and how these influence service engagement. The training also supports learning around new resources specific to Latina/o/e/x communities.

### **Opportunities to Enhance or Expand Existing Resources**

While there are some language resources in the system, a need has been identified to expand on Spanish language resources. Also, given the changes in federal policy, there is a need to increase training for community members and service providers on understanding undocumented individuals' legal rights and how to engage with immigration officers.

OIA expects that the Mobile Team will directly address a portion of this need, while referring community members to other available trainings and "know your rights" sessions. OIA also anticipates that the Mobile Team will identify additional gaps and the scope of unmet direct service needs among the target population throughout the course of the project year.

### **Resources Needed**

There is a need for additional Spanish-speaking staff at key contact points, such as the ReFresh Spot in Skid Row, to engage with migrant families.

If you have any questions, you may contact me, or your staff may contact Sarah Mahin, Director of Housing for Health, at [smahin@dhs.lacounty.gov](mailto:smahin@dhs.lacounty.gov).

CRG:sm

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