AGN. NO.

MOTION BY SUPERVISOR LINDSEY P. HORVATH JANUARY 14, 2025

Los Angeles County Violence Prevention Centralized Access

Domestic Violence (DV) is a leading cause of homelessness[1]. It is so prevalent that fleeing DV is listed as Category 4 of the Housing and Urban Developments' (HUD) definition of homelessness. Findings from the 2022 Downtown Women's Needs Assessment showed that approximately 6,776 (or 48.4 percent of 14,000) unaccompanied homeless women were survivors who need shelter/housing each night in LA County. We also know that women of color bear a disproportionate burden of homelessness and gender-based violence in the County.[2] Currently, Los Angeles County's DV shelter system lacks a single universally used system that captures DV shelter bed availability in real time; each shelter may use a disparate/discrete intake process and as a result, shelter staff cannot see where beds might be available elsewhere for a client in need. As a result, survivors in distress must navigate this

[1] https://www.lahsa.org/documents?id=8151-la-continuum-of-care-hc2024-data-summary
[2] https://www.urban.org/stories/supporting-women-color-experiencing-homelessness-individuals-los-angeles#:~:text=Nearly%203%20in%204%20women,make%20up%20a%20disproportionate%20share

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complicated system – having to call multiple sites to identify and access one of the few shelter beds available. Without a single data repository, DV shelter service providers also struggle to locate where additional resources are available in the current County network. According to a 2020 internal study by LAHSA and LA City, this gap in real time shelter bed availability, coupled with insufficient shelter bed resources results in an estimated 90 people a week who are unable to access a DV shelter bed and are forced to either remain in an abusive home or sleep on the streets.

To respond to this gap, the Department of Public Health (Public Health), the Los Angeles Homeless Services Authority (LAHSA), and the City of Los Angeles (LA City) in collaboration with the County Chief Information Office (CIO) have identified a promising platform to centralize real-time shelter bed availability data to serve survivors of domestic violence (DV), sexual assault (SA), and human trafficking (HT). The CareConnect software platform would be leveraged to centralize data on resources for DV survivors. This system, which will be informed by victim service providers and community partners, would begin with a focus on shelter, and later be expanded to include hotel/motel voucher services and DV supportive services.

Public Health, in collaboration with the CIO, LA City, and LAHSA has begun planning a process to engage shelter service providers in the design, testing, and pilot process for CareConnect and has allocated potential funding for a consulting community agency to lead County, LAHSA, LA City, and victim service provider engagement activities for expert input into the CareConnect platform. The lead community agency will serve as the project manager and fiscal intermediary for the pilot testing phase.

This pilot is the first phase of the broader partnership on centralizing data and access to urgently needed services for DV/SA/HT survivors between Public Health, LA City, LAHSA, and service providers to create a trauma-informed system by which survivors are connected to shelter and other resources. Streamlining entry into the DV shelter system and support services can also positively impact the number of survivors achieving safety in permanent housing; optimize utilization of survivor resources; and create system alignment for DV/SA/HT service providers.

I, THEREFORE, MOVE that the Board of Supervisors:

1. Authorize the Director of the Department of Public Health (DPH) to negotiate and execute an agreement in the amount of $338,100 from the Office of Women's Health Net County Cost Funds with Southern California Grantmakers, a fiscal agent of the Center for Strategic Partnerships, for provision of consulting services for two years from the date of execution of the agreement.
2. Delegate authority to the Director of the Department of Public Health (DPH) to amend the agreement with Southern California Grantmakers if needed.
3. Direct DPH to develop target outcomes for the consulting services.
4. Direct DPH to report to the Board in writing on the progress of implementation and outcomes, in 120 days, and bi-annually thereafter.

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