

**A REPORT ON THE FUNDING NEEDS
OF DOMESTIC VIOLENCE
SHELTERS IN THE
CITY OF LOS ANGELES**

Prepared by:
Shelter Partnership, Inc.
523 West Sixth Street, Suite 616
Los Angeles, CA 90014
(213) 688-2188

October 2002

ACKNOWLEDGEMENT

Shelter Partnership, Inc. would like to thank the domestic violence shelter providers for contributing their time and effort in completing the surveys for this report. We would also like to thank the City of Los Angeles Domestic Violence Task Force for their input and Dr. Madeleine Stoner for her expertise on this project.

This report was made possible through the support of the City of Los Angeles Community Development Department.

TABLE OF CONTENTS

ACKNOWLEDGEMENT	ii
TABLE OF CONTENTS	iii
LIST OF FIGURES	iv
I. EXECUTIVE SUMMARY	1
II. INTRODUCTION	6
III. BACKGROUND INFORMATION	6
IV. METHODOLOGY	7
V. CHARACTERISTICS OF DOMESTIC VIOLENCE SHELTERS	
A. Emergency Shelter Programs.....	10
B. Transitional Housing Programs	11
VI. CLIENTELE	
A. Emergency Shelter Clientele	13
B. Transitional Housing Clientele	17
VII. PROGRAM SERVICES	
A. Emergency Shelter Program Services	20
B. Transitional Housing Program Services	23
VIII. PROGRAM SERVICES AND FUNDING NEEDS	
A. Funding Levels of Services	26
B. Services in Need of Funding.....	29
C. Services to be Moved from Off-site to On-site.....	31
D. Services Provided by Outside Agencies.....	34
E. Funding for Safety Measures, Structural Repairs, and Upkeep.....	36
IX. TYPES OF HOUSING NEEDED BY DOMESTIC VIOLENCE VICTIMS.....	36
X. PROGRAM COSTS.....	37
XI. PROGRAM FUNDING	
A. State Funding	38
B. County Funding	39
C. Los Angeles Emergency Food and Shelter Program Local Board Funding	40
D. City Funding	40
E. Other Funding	41
F. Foundations and Special Events	41
XII. PROVIDERS' PERSPECTIVES	41
XIII. APPENDICES	
A. Survey Instrument	
B. Domestic Violence Provider Survey Definitions	
C. Budget Forms	

LIST OF FIGURES

Figure	Page
1. Domestic Violence Shelter Programs in the City of Los Angeles.....	9
2. Number of Beds in Emergency Shelter Programs.....	10
3. Maximum and Average Lengths of Stay in Emergency Shelter Programs	11
4. Number of Beds in Transitional Housing Programs.....	11
5. Maximum and Average Lengths of Stay in Transitional Housing Programs.....	12
6. Subpopulations Not Served by Emergency Shelter Programs.....	15
7. Most Underserved Subpopulations of Domestic Violence Victims Ranked by Emergency Shelter Providers.....	16
8. Subpopulations Not Served by Transitional Housing Programs.....	18
9. Most Underserved Subpopulations of Domestic Violence Victims Ranked by Transitional Housing Providers.....	19
10. Program Services Provided in Emergency Shelter Programs.....	22
11. Program Services Provided in Transitional Housing Programs.....	25
12. Emergency Shelter Program Services Ranked According to Level of Funding Need	27
13. Transitional Housing Program Services Ranked According to Level of Funding Need	29
14. Ranking of Services in Need of Funding Per Emergency Shelter Providers.....	30
15. Ranking of Services in Need of Funding Per Transitional Housing Providers.....	31
16. Ranking of Services to be Moved from Off-site to On-Site Per Emergency Shelter Providers.....	33
17. Ranking of Services to be Moved from Off-site to On-Site Per Transitional Housing Providers.....	34
18. Services Not Provided by Emergency Shelter Program Staff.....	35
19. Services Not Provided by Transitional Housing Program Staff.....	36
20. Average Percentage of Victims Needing Each Type of Housing	37

I. EXECUTIVE SUMMARY

Purpose

The City of Los Angeles commissioned Shelter Partnership, Inc. to conduct a survey of the City's domestic violence emergency shelter and transitional housing programs in order to understand how the domestic violence shelter system is currently funded and where the gaps in funding exist. Questions were designed to cover the basic features of each housing program, populations served, services provided, funding levels of programs, program budgets, and providers' opinions on funding needs. The results of the survey will be used by the City to direct limited resources toward meeting the needs of domestic violence victims so that effective planning of the domestic violence shelter system can occur.

One of the main purposes of the survey was to identify specific areas in need of funding to better serve domestic violence victims. Several sections of the survey instrument were designed to gauge the providers' perspective of what areas are most in need of funding. The providers' knowledge of the system is vital to identifying underserved populations and underfunded programs. Furthermore, it is the experience of the providers that can reveal emerging needs since they are the ones who interact with victims on a daily basis. This survey attempts to combine an inventory of available services with the providers' perspectives in order to paint a picture of the funding needs of the City of Los Angeles' domestic violence shelter system.

Background

Domestic violence shelters provide immediate safety and support for victims, offering secure locations. Emergency shelters provide refuge from an imminently dangerous situation. Most emergency shelters assist victims in pursuing legal means of intervention such as protection orders, in addition to offering counseling and other services. Transitional housing offers a safe environment for victims while they receive supportive services to help them in their transition to independence.

While funding for domestic violence victims has increased significantly over the past decade, most providers felt that it was still not sufficient. Shelters are often unable to assist with the kinds of supportive services, legal support, job placement, housing assistance, and prevention programs to bring long-term relief to victims in crises. Furthermore, many of the shelters have difficulties in providing services to special needs populations (i.e., active substance abusers, unaccompanied minors, seriously developmentally disabled individuals, and seriously mentally ill individuals) due to the extensive staff and resource requirements needed to appropriately serve these subpopulations.

Methodology

Shelter Partnership designed a survey instrument to gauge the funding needs of the domestic violence shelter system and pre-tested the survey with two domestic violence shelter providers. The survey was then submitted to the City of Los Angeles Domestic Violence Task Force (Task Force) for review. The Task Force had a number of comments that were addressed by Shelter

Partnership and their suggestions were incorporated into the survey. Dr. Madeleine Stoner of the University of Southern California's School of Social Work also reviewed the survey and made additional recommendations. When a final draft of the survey was prepared, a community meeting was held in order to present the survey to domestic violence shelter providers for their comments and suggestions. After the meeting, additional modifications were made to the survey, incorporating the providers' views. The survey instrument was then finalized and implemented.

There are a total of twenty-three domestic violence shelter programs, operated by fourteen domestic violence shelter providers. Of these, nine are emergency shelter programs, eleven are transitional housing programs, and three are mixed emergency shelter and transitional housing programs. For analysis purposes, one of the mixed programs was categorized as an emergency shelter program and two of the mixed programs were categorized as transitional housing programs.

Primary Findings

This report contains the findings of surveys of domestic violence shelter programs funded by the City of Los Angeles. The following categories were included in the survey: characteristics of domestic violence shelters, clientele, program services, program funding needs, types of housing needed by domestic violence victims, program costs, program funding, and providers' perspectives. All reported findings were based on the experiences and opinions of the providers. Respondents did not submit documentation or records to verify responses. Generally, Shelter Partnership did not conduct any further research to verify any of the budget information reported by the agencies. No recommendations were included in this report as it is intended to provide information to the City of Los Angeles to guide their funding decisions and recommendations.

Characteristics of Domestic Violence Shelters

There are a total of twenty-three domestic violence shelter programs in the City of Los Angeles, operated by fourteen domestic violence shelter providers. The twenty-three shelter programs provide a total of 855 beds for domestic violence victims, with 252 emergency shelter beds and 603 transitional housing beds.

The number of beds in the ten emergency shelter programs ranged from 15 to 45. The average number of beds per emergency shelter program was 25. Each of the emergency shelter programs had varying maximum lengths of stay. The shortest maximum length of stay at an emergency shelter was 30 days while the longest was 180 days. The average lengths of stay in emergency shelter programs ranged between 17 and 60 days.

The thirteen transitional housing programs had between 5 and 177 beds. The average number of beds per transitional housing program was 46. The transitional housing programs had a range of maximum lengths of stay between 90 and 540 days. The average lengths of stay in the transitional housing programs ranged between 90 and 450 days.

Each provider was asked to estimate the percentage of clients that lived in the City of Los Angeles before entering the shelter. The range of clients that lived in the City was between 50% and 98%. The weighted average estimate of women living in Los Angeles City before entering a housing program was 76% for emergency shelter programs and 83% for transitional housing programs.

Clientele

Emergency Shelter

All ten of the emergency shelter programs stated that they served the hearing and sight impaired, large families, monolingual Spanish speakers, recovering substance abusers, immigrants/refugees, single women, seniors, and women with infants.

An examination of the inventory of subpopulations not served indicates that several subpopulations may have difficulty accessing emergency shelter. It appears that active substance abusers and unaccompanied minors may have the most difficulty accessing emergency shelters. In addition, male victims would encounter significant hurdles in trying to obtain shelter. This is most likely due to the fact that most of the programs were housed in single structures that would force female victims to have to live alongside male victims.

Seven emergency shelter providers ranked families with male teenagers and women with teenagers as the most underserved populations. Monolingual victims/recent immigrants (speaking languages other than English and Spanish) were ranked as the next most underserved populations. Single women, women with children, families, and large families were also ranked as significantly underserved, with an overall score close to some of the top ranked underserved populations.

Transitional Housing

Similar to emergency shelter programs, all thirteen of the transitional housing programs stated that they served the hearing and sight impaired, large families, monolingual Spanish speakers, recovering substance abusers, refugees, same sex victims, single women, seniors, and women with infants.

Subpopulations that may have the most difficulty accessing transitional housing include active substance abusers and unaccompanied youth, followed by male victims, severely mentally ill and developmentally disabled populations, chronic homeless individuals, and persons living with HIV/AIDS.

Transitional housing providers ranked recent immigrants and monolingual victims (speaking languages other than English or Spanish), as the most underserved subpopulations. Families, single women, large families, families with male teenagers and undocumented immigrants also appear to be universally viewed as underserved. Also ranked fairly high were mentally ill persons, active substance abusers, and disabled persons.

Program Services

The reported results include all of the services offered by providers on-site (at the shelter), off-site (not at the shelter but could include the agency's drop-in center), or both on-site and off-site.

Emergency Shelter

All of the emergency shelter programs offered the following services either on-site, off-site, or both on-site and off-site: alcohol recovery and drug recovery, case management, child advocacy, children's services, clothing, follow-up, food/meals, group support, housing placement assistance, individual counseling, legal and social advocacy services, legal services, medical care, mental health services, phone counseling, public benefits assistance, schooling, and transportation.

Transitional Housing

All of the transitional housing programs offered clothing, case management, family counseling, group support, housing placement assistance, individual counseling, job training and placement, language support, legal and social advocacy, legal services, life skills programs, literacy support, medical care, parenting classes and public benefits assistance, either on-site, off-site, or both on-site and off-site.

Program Services and Funding Needs

Emergency Shelter

Childcare was the service ranked as the most underfunded service by emergency shelter providers. Other services ranked as having the greatest need for funding included follow-up, HIV/AIDS services, literacy support, and mental health services. In addition, language support, children's services, legal services, alcohol recovery, drug recovery, child advocacy, and medical care all appear to be in need of additional funding.

Transitional Housing

Overall, transitional housing providers rated services as more in need of funding than did emergency shelter providers. Mental health services were the program service that was ranked as most underfunded, with a little less than two-thirds of the providers ranking it as extremely underfunded.

Other services that appear to have a great need for funding included phone counseling, children's services, legal services, language support, transportation, housing placement assistance, literacy support, and childcare. In addition, HIV/AIDS services, family counseling, group support, legal/social advocacy, alcohol recovery, drug recovery, individual counseling, and child advocacy all appear to be in need of additional funding.

Types of Housing Needed by Domestic Violence Victims

Providers stated that for hotline callers, an average of 58% needed emergency shelter, an average of 12% needed transitional housing, and an average of 13% needed permanent housing. For victims exiting emergency shelter, an average of 7% needed more emergency shelter, an average of 66% needed transitional housing, and an average of 27% needed permanent housing. Providers indicated that for victims exiting transitional housing, an average of 5% needed more transitional housing and 90% needed permanent housing.

Program Costs

The average cost of providing emergency shelter with services for one person for one night ranged from \$9.79 to \$153.99. The average cost of providing transitional housing with services for one night ranged from \$6.24 to \$85.00.

Program Funding

All programs received both public and private funding, although amounts varied appreciably. The average amount of public funding received by emergency shelter programs was 86.3% of their total operating budget, ranging from 58% to 100%. Transitional housing programs had an average of 83.9% of public funding, ranging from 18% to 100%.

A variety of public funding programs were accessed by providers, including state, county, city, and other local programs. Foundations and special events also contributed to many programs' budgets.

Providers' Perspectives

Several providers responded to an open-ended question asking if they had any comments concerning the domestic violence shelter system and its funding needs. The comments reflected several common needs, including: more funding in the system overall; greater flexibility in funding; funding for more qualified staff, maintenance and rehabilitation work, special needs populations, and specific programs; greater oversight from the City; and more collaboration between domestic violence providers. Another theme expressed was the difficulty of accessing funding programs.

II. INTRODUCTION

The City of Los Angeles commissioned Shelter Partnership, Inc. to conduct a survey of the City's domestic violence emergency shelter and transitional housing providers in order to understand how the domestic shelter system is currently funded and where the gaps in funding exist. Questions were designed to cover the basic features of each housing program, populations served, services provided, funding levels of programs, program budgets, and providers' opinions on funding needs. The results of the survey will be used by the City to direct limited resources toward meeting the needs of domestic violence victims so that effective planning of the domestic violence shelter system can occur.

One of the main purposes of the survey was to identify specific areas in need of funding to better serve domestic violence victims. Several sections of the survey instrument were designed to gauge the providers' perspective of what areas are most in need of funding. The providers' knowledge of the system is vital to identifying underserved populations and underfunded programs. Furthermore, it is the experience of the providers that can reveal emerging needs since they are the ones who interact with victims on a daily basis. This survey attempts to combine an inventory of available services with the providers' perspectives in order to paint a picture of the funding needs of the City of Los Angeles' domestic violence shelter system.

III. BACKGROUND INFORMATION

Domestic violence is the establishment of control and fear in a relationship through violence and other forms of abuse. The batterer uses acts of violence and a series of behaviors, including intimidation, threats, psychological abuse, and isolation, to coerce and control the other person (Uniform Crime Reports, Federal Bureau of Investigation, 1990). Persons of all cultures, races, genders, occupations, income levels, and ages experience domestic violence.

It is often difficult for a victim of domestic violence to flee his/her batterer for a variety of reasons. Many victims stay with their batterers because they lack both social and economic resources, fear that they might be hurt more or killed by their batterers if they flee, do not want to have a "failed marriage," or fear being alone. One of the primary reasons victims tend to stay with their batterers is because they do not have access to safe shelter.

Domestic violence shelters provide immediate safety and support for victims, offering secure locations. Emergency shelters provide refuge from an imminently dangerous situation. Most emergency shelters assist victims in pursuing legal means of intervention such as protection orders, in addition to offering counseling and other services. Transitional housing offers a safe environment for victims while they receive supportive services to help them in their transition to independence.

The publicity surrounding the O.J. Simpson trial in 1994 focused attention on the tragedy of domestic violence. Simpson was charged with murdering his wife, Nicole Brown Simpson, and her companion, Ronald Goldman. While Simpson was acquitted of these charges, it was learned that Nicole Brown Simpson repeatedly sought protection from her husband through calls to law enforcement and domestic violence shelters.

State funding for domestic violence shelters has increased significantly since 1994 when legislation was passed to provide an initial \$11.5 million to the state Department of Health Services for battered women's shelters across the state of California. Local funding has also increased significantly. In 1994, the Los Angeles City Council adopted a motion requiring that the City of Los Angeles Housing Department (LAHD) and the Community Development Department (CDD) set aside \$5 million annually for the development and operation of new or expanded domestic violence facilities. CDD currently allocates \$2.6 million annually for operating costs in domestic violence shelters in the City of Los Angeles.

While funding for domestic violence victims has increased significantly in the past decade, most providers felt that it was still not sufficient. Shelters are often unable to assist with the kinds of supportive services, legal support, job placement, housing assistance, and prevention programs to bring long-term relief to victims in crises. Furthermore, many of the shelters have difficulty in providing services to special needs populations (i.e., active substance abusers, recent immigrants, developmentally disabled individuals, and mentally ill individuals) due to the extensive staff and resource requirements needed to appropriately serve these subpopulations.

IV. METHODOLOGY

Shelter Partnership designed a survey instrument to gauge the funding needs of the domestic violence shelter system and pre-tested the survey with two domestic violence shelter providers. The survey was then submitted to the City of Los Angeles Domestic Violence Task Force (Task Force) for their review. The Task Force had a number of comments that were addressed by Shelter Partnership and their suggestions were incorporated into the survey. Dr. Madeleine Stoner of the University of Southern California's School of Social Work also reviewed the survey and made additional recommendations. When a final draft of the survey was prepared, a community meeting was held in order to present the survey to domestic violence shelter providers for their comments and suggestions. After the meeting, additional modifications were made to the survey, incorporating the providers' views. The survey instrument was then finalized and implemented.

Each of the providers scheduled a meeting time to be interviewed with the survey. A copy of the survey instrument, definitions, and a budget worksheet were sent to each provider in advance of the interview. Providers were instructed to review the survey instrument and prepare their program budgets in advance. Surveys were conducted during the summer of 2001.

All responses to the survey were based on the experiences and opinions of the providers. Respondents did not submit documentation or records to verify responses. Generally, Shelter Partnership did not conduct any further research to verify any of the budget information reported by the agencies.

There are a total of twenty-three domestic violence shelter programs, operated by fourteen domestic violence shelter providers. Of these, nine are emergency shelter programs, eleven are transitional housing programs, and three are mixed emergency shelter and transitional housing programs. For analysis purposes, one of the mixed programs was categorized as an emergency

shelter program and two of the mixed programs were categorized as transitional housing programs.

V. CHARACTERISTICS OF DOMESTIC VIOLENCE SHELTERS

There are a total of twenty-three domestic violence shelter programs in the City of Los Angeles, operated by fourteen domestic violence shelter providers. Of these, nine are emergency shelter programs, eleven are transitional housing programs, and three are mixed emergency shelter and transitional housing programs.

Emergency shelter is housing that is provided on an emergency basis to domestic violence victims fleeing their batterers. An emergency shelter may also provide additional services such as counseling, public benefits assistance, transportation, etc. Transitional housing is a type of supportive housing used to facilitate the movement of domestic violence victims into independent living. Transitional housing programs typically offer housing counseling, case management, job training and placement, counseling, support groups, and classes in parenting and family budgeting. The three mixed emergency shelter and transitional housing programs provided both types of housing in the same structure. It is important to note that shelters were not classified as emergency or transitional by their lengths of stay but rather by the types of services that they provided.

The twenty-three shelter programs provide a total of 855 beds for domestic violence victims, with 252 emergency shelter beds and 603 transitional housing beds (see figure 1).

Figure 1. Domestic Violence Shelter Programs in the City of Los Angeles

Program	Emergency Shelter	Transitional Housing
1736 Family Crisis Center, L.A. DV Shelter I	X	X
1736 Family Crisis Center, L.A. DV Shelter II	X	X
African Community Resource Center, Refugee Safe Haven	X	X
Asian Pacific Women's Center, Transitional Housing Program		X
Center for the Pacific Asian Family, CPAF Emergency	X	
Center for the Pacific Asian Family, CPAF Transitional		X
Chicana Service Action Center, East L.A. Bilingual Shelter	X	
Chicana Service Action Center, Free Spirit Shelter	X	
Chicana Service Action Center, Ramona Gardens		X
Chicana Service Action Center, Pueblo Del Rio		X
Haven Hills, Haven Hills Shelter	X	
Haven Hills, Haven Two		X
Jenesse Center, Jen 1	X	
Jenesse Center, Fannie Lou Hammer		X
Jewish Family Services, Tamar House	X	
Jewish Family Services, Hope Cottage		X
Ocean Park Community Center, Sojourn Services	X	
Prototypes, Star House		X
Rainbow Services, Rainbow House	X	
Rainbow Services, Villa Paloma		X
Southern California Alcohol and Drug Programs, Inc., Angel Step Inn	X	
W.A.V.E., Harbour Community		X
Women's Care Cottage, The Cottage		X

A. Emergency Shelter Programs

There are a total of ten emergency shelter programs. The number of beds in the emergency shelter programs ranged from 15 to 45 (see figure 2). The average number of beds per emergency shelter program was 25.

Figure 2. Number of Beds in Emergency Shelter Programs

Emergency Shelter Program	Beds
1736 Family Crisis Center, L.A. DV Shelter I	20
Center for the Pacific Asian Family, CPAF Emergency	45
Chicana Service Action Center, East L.A. Bilingual Shelter	18
Chicana Service Action Center, Free Spirit Shelter	18
Haven Hills, Haven Hills Shelter	38
Jenesse Center, Jen 1	34
Jewish Family Services, Tamar House	16
Ocean Park Community Center, Sojourn Services	15
Rainbow Services, Rainbow House	18
Southern California Alcohol and Drug Abuse Programs, Inc., Angel Step Inn	30
Total	252

Four of the agencies owned the structures in which they operated their programs and six agencies leased the structures. For the six programs that leased their structures, lease payments ranged from \$625 to \$2,900 per month, with an average payment of \$1,815 per month. Two programs did not specify the amount of their lease payments.

Eight of the emergency shelter programs were operated in single family homes; one program operated in apartment units and another operated in both single family homes and apartment units. The single family homes had between three and thirteen bedrooms. The programs operated in the apartments had between one and six units.

None of the agencies expressed an interest in purchasing their structures if they did not already own them. Many of the agencies mentioned that they already had a secure agreement in place or it was not feasible to purchase the facilities for a variety of non-economic reasons.

Each of the emergency shelter programs had varying maximum lengths of stay. The shortest maximum length of stay at an emergency shelter was 30 days while the longest was 180 days. The average lengths of stay in emergency shelter programs ranged between 17 and 60 days, with 28 days as the average length of stay for all the emergency shelter programs (see figure 3).

Figure 3. Maximum and Average Lengths of Stay in Emergency Shelters Programs

Emergency Shelter Program	Maximum Length of Stay	Average Length of Stay
1736 Family Crisis Center, L.A. DV Shelter I	60 days	60 days
Center for the Pacific Asian Family, CPAF Emergency	180	45
Chicana Service Action Center, East L.A. Bilingual Shelter	45	20
Chicana Service Action Center, Free Spirit Shelter	45	22
Haven Hills, Haven Hills Shelter	30	20
Jenesse Center, Jen I	45	20
Jewish Family Services, Tamar House	30	17
Ocean Park Community Center, Sojourn Services	45	30
Rainbow Services, Rainbow House	45	29
Southern California Alcohol and Drug Abuse Programs, Inc., Angel Step Inn	45	20

B. Transitional Housing Programs

The thirteen transitional housing programs had between 5 and 177 beds. The average number of beds for each program was 46 (see figure 4).

Figure 4. Number of Beds in Transitional Housing Programs

Transitional Housing Program	Beds
1736 Family Crisis Center, L.A. DV Shelter II	20
African Community Resource Center, Refugee Safe Haven	20
Asian Pacific Women's Center, Transitional Housing Program	24
Center for the Pacific Asian Family, CPAF Transitional	21
Chicana Service Action Center, Ramona Gardens	86
Chicana Service Action Center, Pueblo Del Rio	60
Haven Hills, Haven Two	105
Jenesse Center, Fannie Lou Hammer	15
Jewish Family Services, Hope Cottage	24
Prototypes, Star House	20
Rainbow Services, Villa Paloma	26
W.A.V.E., Harbour Community	177
Women's Care Cottage, The Cottage	5
Total	603

Ten of the agencies owned the structures in which they operated their transitional housing programs. The remaining three agencies leased the structures. Many of the agencies that owned their structures were under arrangements where they received a loan from a government agency and their loan payments were being repaid in services. Of the agencies that leased their structures, one specified that they had lease payments of \$2,700 per month and two did not specify the amounts of their lease payments.

Six of the transitional housing programs were operated in single family homes, two programs were operated in a combination of single family homes and apartments, three programs were operated in apartment units, and two were operated in trailers. The programs operated in single family homes had a range of two to six bedrooms. The programs operated in apartment complexes had between six and thirty-eight units. Of the two programs operated in a combination of single family homes and apartments, one consisted of two single family homes with one bedroom and four apartment units and the other was in a single family home with two bedrooms and three apartment units. The two remaining programs operated in seven and ten trailers, respectively.

None of the agencies expressed an interest in purchasing their structures if they did not already own them. Once again, respondents expressed that they had secure agreements in place or could not purchase the properties for reasons that were not of an economic nature.

The transitional housing programs had a range of maximum lengths of stay between 90 and 540 days. The average lengths of stay in the transitional housing programs was between 90 and 450 days, with an average length of stay of 209 days (see figure 5).

Figure 5. Maximum and Average Lengths of Stay in Transitional Housing Programs

Transitional Housing Program	Maximum Length of Stay	Average Length of Stay
1736 Family Crisis Center, L.A. DV Shelter II	270 days	180 days
African Community Resource Center, Refugee Safe Haven	270	180
Asian Pacific Women's Center, Transitional Housing Program	540	300
Center for the Pacific Asian Family, CPAF Transitional	365	180
Chicana Service Action Center, Ramona Garden	120	90
Chicana Service Action Center, Pueblo Del Rio	120	90
Haven Hills, Haven Two	540	270
Jenesse Center, Fannie Lou Hammer	365	270
Jewish Family Services, Hope Cottage	270	200
Prototypes, Star House	365	240
Rainbow Services, Villa Paloma	270	180
W.A.V.E., Harbour Community	540	450
Women's Care Cottage, The Cottage	90	90

VI. CLIENTELE

Each provider was asked to estimate the percentage of clients that lived in the City of Los Angeles before entering the shelter. The range of clients that lived in the City was between 50% and 98%. The weighted average estimate of women living in Los Angeles City before entering a housing program was 76% for emergency shelter programs and 83% for transitional housing programs.

A. Emergency Shelter Clientele

1. Unserved Subpopulations

The domestic violence emergency shelter providers were asked which subpopulations their shelter programs did not serve. Definitions for each subpopulation were made available (see Appendix B). For each subpopulation not served, providers were asked to indicate if it was due to choice or lack of resources.

All of the emergency shelter programs stated that they served the hearing and sight impaired, large families, monolingual Spanish speakers, recovering substance abusers, immigrants/refugees, single women, seniors, and women with infants.

All of the programs did not serve unaccompanied minors. Eight programs specified that this was due to choice since it was not legal for the programs to serve unaccompanied minors without parental consent; one program stated that they were able to serve these clients in their youth shelter. One program indicated that they did not serve unaccompanied minors due to a lack of resources.

Nine of the emergency shelter programs did not serve active substance abusers. Five programs stated that this was due to choice and suggested that women who were abusing may not be capable of dealing with their domestic violence issues. Four programs specified that they did not serve these women due to a lack of resources, such as professionally trained staff and adequate space to house abusers and non-abusers in separate areas. Also mentioned by providers was the inability to have intensive medically supervised detoxification programs on-site.

Eight programs did not serve male victims. Six of the programs reported that this was by choice and two programs reported that this was due to a lack of resources. Most of the agencies stated that they did assist male victims on their hotlines and that they made every effort to refer them to appropriate resources.

Five programs did not serve non-ambulatory individuals. Four programs stated that this was due to a lack of resources, specifically appropriate facilities, and one reported that this was due to choice.

Three programs did not serve families with male teenagers. Two programs specified that this was due to lack of resources, appropriate space, and staff. One program stated that it was by choice since they felt that male teenagers could be detrimental to unrelated women in the shelter.

Three programs did not serve chronically homeless individuals. Two programs stated that this was due to a lack of resources, such as appropriate staff, and the other reported that this was due to choice.

Two programs reported that they did not serve the severely mentally ill. However, many programs stated that they are unable to serve the severely mentally ill because of lack of resources.

Two programs stated that they did not serve developmentally disabled victims. However, several programs stated that they did not serve the severely developmentally disabled because of a lack of resources.

Two programs did not serve persons living with HIV/AIDS, both because of a lack of resources, such as appropriate staff and medical care.

Two programs did not serve pregnant women in their third trimester due to a lack of resources, specifically medical staff to assist the women.

One program did not serve monolingual non-Spanish clients (clients who did not speak English or Spanish). This program stated that this was due to a lack of resources. Many of the programs mentioned that it was very difficult to assist this subpopulation due to the cost of hiring staff persons with the appropriate language capabilities.

An examination of the inventory of subpopulations not served indicates that several subpopulations may have difficulty accessing emergency shelter. It appears that active substance abusers and unaccompanied minors may have the most difficulty accessing emergency shelters. In addition, male victims would encounter significant hurdles in trying to obtain shelter. This is most likely due to the fact that most of the programs were housed in single structures that would force female victims to have to live alongside male victims. Additionally, seriously mentally ill and seriously developmentally disabled individuals would have difficulty in accessing emergency shelter beds. Other populations that may have difficulty in accessing emergency shelter include non-ambulatory individuals and families with male teenagers (see figure 6).

Figure 6. Subpopulations Not Served by Emergency Shelter Programs

Subpopulations	1	2	3	4	5	6	7	8	9	10
Active Substance Abusers	C	R	R	R	C	R	C	C	C	
Chronic Homeless			R	R			C			
Developmentally Disabled			R	R						
Families with Male Teenagers			C	C						R
Hearing & Seeing Impaired										
Large Families										
Male Victims	R	R	C	C		C		C	C	C
Mentally Ill			R	R						
Monolingual Non-English										
Monolingual Non-Spanish	R									
Non-ambulatory			R	R	R		C		R	
Persons Living with HIV/AIDS			R	R						
Pregnant Women (3 rd trimester)			R	R						
Recovering Substance Abusers										
Refugees										
Same Sex Victims										
Seniors										
Sight Impaired										
Single Women										
Unaccompanied Minors	C	R	C	C	C	C	C	C	C	C
Women with Infants										

C - Not served by choice

R - Not served due to a lack of resources

1 - 1736 Family Crisis Center - L.A. DV Shelter I

6 - Jenesse Center - Jen I

2 - Center for the Pacific Asian Family - CPAF Emergency

7 - Jewish Family Services - Tamar House

3 - Chicana Service Action Center East - L.A. Bilingual Shelter

8 - Ocean Park Community Center - Sojourn Services

4 - Chicana Service Action Center - Free Spirit Shelter

9 - Rainbow Services - Rainbow House

5 - Haven Hills - Haven Hills Shelter

10 - Southern California Alcohol and Drug Abuse - Angel Step Inn

2. Underserved Subpopulations

Each emergency shelter provider was asked to rank the top five subpopulations of domestic violence victims that they felt were the most underserved. In order to evaluate the subpopulations most in need, subpopulations were assigned points each time that they were ranked as one of the top five. Points were assigned inversely to how highly they were ranked (five points for being listed as the population most underserved, four points for being listed as the second most underserved, etc.), and were totaled to give each subpopulation an overall score.

Families with male teenagers and women with teenagers were ranked as the most underserved populations, ranked by seven emergency shelter programs. Monolingual victims/recent immigrants (speaking languages other than English and Spanish) were ranked as the next most underserved populations. Single women, women with children, families, and large families were also ranked as significantly underserved, with an overall score close to some of the top ranked underserved populations. Other subpopulations that ranked as significantly underserved in

emergency shelters included persons with mental illnesses, dually diagnosed individuals, persons with developmental disabilities, non-ambulatory individuals, pregnant women, active substance abusers, and undocumented immigrants. Ranking lower were elderly persons, pregnant women 18 to 22 years of age, single women 18 to 24 years of age, and chronically homeless individuals. The remaining subpopulations (i.e., the hearing impaired, male victims, persons living with HIV/AIDS, refugees, same sex victims, the sight impaired, women with infants, and unaccompanied minors) were not ranked by the providers (see figure 7).

It is important to note that the providers' rankings take into account the relative number of victims in each subpopulation in combination with resources available for that subpopulation. Therefore, the rankings may indicate that while some subpopulations are served by all of the programs, they still are underserved as a whole. For example, single women and families were ranked as two of the most underserved populations even though all of the emergency shelter programs serve these subpopulations. This suggests that more shelter slots are needed for some of the subpopulations that might appear to be well served. Such populations include families with male teenagers, single women, monolingual individuals, families, large families, and recent immigrants.

Figure 7. Most Underserved Subpopulations of Domestic Violence Victims Ranked by Emergency Shelter Providers

Subpopulation	Ranking	Points
Families with Male Teenagers/Women with Teenagers	1	24
Monolingual/Recent Immigrants	2	23
Single Women	3	16
Women with Children/Families	4	14
Large Families	5	13
Mentally Ill	6	10
Dually Diagnosed	7	8
Developmentally Disabled	8	6
Non-ambulatory	9	5
Pregnant Women	9	5
Active Substance Abusers	9	5
Undocumented Immigrants	10	4
Elderly	11	3
Pregnant Women 18-22	11	3
Single Women 18-24	12	2
Chronic Homeless	13	1

B. Transitional Housing Clientele

1. Unserved Subpopulations

Transitional housing providers were also asked to indicate which subpopulations their programs did not serve and whether that was due to choice or lack of resources.

Similar to emergency shelter programs, all of the transitional housing programs stated that they served the hearing and sight impaired, large families, monolingual Spanish speakers, recovering substance abusers, refugees, same sex victims, single women, seniors, and women with infants.

Twelve programs did not serve active substance abusers. Seven programs specified that they did not serve these women due to a lack of the extensive resources required. Five programs stated that this was due to choice because women who were abusing may not be capable of transitioning to independence.

Eleven programs did not serve unaccompanied minors. All except one of these programs specified that this was due to choice since it was not legal for the programs to serve unaccompanied minors without parental consent. One program stated that they were able to serve these youth in their youth shelter.

Nine programs did not serve male victims. Seven of the programs reported that this was by choice and two programs reported that this was due to a lack of resources. Again, most of the agencies stated that they did make every effort to assist male victims through referrals if they could not be served in their programs.

Five programs did not serve chronically homeless individuals. Three programs stated that this was due to a lack of resources, such as appropriate staff, and two programs reported that this was due to choice. It was mentioned that this population required a great deal more staff and supportive services.

Five programs stated that they did not serve developmentally disabled victims. All of these agencies indicated that this was due to a lack of resources, such as qualified staff. Other agencies qualified their ability to serve the severely developmentally disabled population.

Five programs reported that they did not serve the mentally ill. All of these programs specified that this was due to a lack of resources, specifically qualified staff members. Many of the agencies that stated that they did serve persons with a mental illness qualified their response by adding that they were unable to serve severely mentally ill individuals because of a lack of resources.

Four programs did not serve persons living with HIV/AIDS, all because of a lack of resources such as appropriate staff and medical care.

Two programs did not serve non-ambulatory individuals, due to choice or lack of resources.

Two programs did not serve families with male teenagers. Both specified that this was due to a lack of resources.

One program did not serve monolingual non-Spanish clients (clients who did not speak English or Spanish) due to a lack of resources.

One program did not serve pregnant women in their third trimester due to a lack of medical staff to assist the women (see figure 8).

Figure 8. Subpopulations Not Served by Transitional Housing Programs

Subpopulations	1	2	3	4	5	6	7	8	9	10	11	12	13
Active Substance Abusers	C	R	R	C	R	R	C	R	C		C	R	R
Chronic Homeless			R		R	R			C			C	
Developmentally Disabled			R		R	R				R			
Families with Male Teenagers		R											R
Hearing Impaired													
Large Families													
Male Victims	R	C	C	R				C		C	C	C	C
Mentally Ill		R		R	R	R						R	
Monolingual Non-English													
Monolingual Non-Spanish	R												
Non-ambulatory							R		C				
Persons Living with HIV/AIDS		R			R	R						R	
Pregnant Women (3 rd trimester)													R
Recovering Substance Abusers													
Refugees													
Same Sex Victims													
Seniors													
Sight Impaired													
Single Women													
Unaccompanied Minors	C		R		C	C	C	C	C	C	C	C	C
Women with Infants													

C - Not served by choice.

R - Not served due to lack of resources.

1 - 1736 Family Crisis Center - L.A. DV Shelter II

2 - African Community Resource Center - Refugee Safe Haven

3 - Asian Pacific Women's Center - Transitional Housing Program

4 - Center for the Pacific Asian Family - CPAF Transitional

5 - Chicana Service Action Center - Ramona Garden

6 - Chicana Service Action Center - Pueblo Del Rio

7 - Haven Hills - Haven Two

8 - Jenesse Center - Fannie Lou Hammer

9 - Jewish Family Services - Hope Cottage

10 - Prototypes - Star House

11 - Rainbow Services - Villa Paloma

12 - W.A.V.E. - Harbour Community

13 - Women's Care Cottage - The Cottage

Similar to emergency shelter programs, all of the transitional housing programs stated that they served the hearing and sight impaired, large families, monolingual Spanish speakers, recovering substance abusers, refugees, same sex victims, single women, seniors, and women with infants. Subpopulations that may have the most difficulty accessing transitional housing include active substance abusers and unaccompanied youth, followed by male victims, severely mentally ill and developmentally disabled populations, chronic homeless individuals, and persons living with HIV/AIDS.

2. Underserved Subpopulations

Transitional housing providers were also asked to rank the top five subpopulations of domestic violence victims that they felt were the most underserved. In order to evaluate the subpopulations most in need, subpopulations were assigned points each time that they were ranked as one of the top five. Points were assigned inversely to how highly they were ranked (five points for being listed as the population most underserved, four points for being listed as the second most underserved, etc.) and were totaled to give each subpopulation an overall score.

Transitional housing providers ranked recent immigrants and monolingual victims (speaking languages other than English or Spanish), as the most underserved subpopulations. Families, single women, large families, families with male teenagers, and undocumented immigrants also appear to be universally viewed as underserved. Also ranked fairly high were mentally ill persons, active substance abusers, and disabled persons. Other populations that were ranked as underserved included chronic homeless persons, non-ambulatory individuals, unemployed individuals, developmentally disabled persons, elderly, men with children, and pregnant women (see figure 9).

Figure 9. Most Underserved Subpopulations of Domestic Violence Victims Ranked by Transitional Housing Providers

Subpopulation	Ranking	Points
Monolingual/Recent Immigrants	1	31
Women with Children/Families	2	22
Single Women	3	21
Large families	4	20
Families with Male Teenagers	5	17
Undocumented Immigrants	5	17
Mentally Ill	6	11
Active Substance Abusers	7	8
Disabled	8	6
Chronic Homeless	9	5
Non-ambulatory	9	5
Unemployed	9	5
Developmentally Disabled	10	4
Elderly	11	2
Men with Children	12	1
Pregnant Women	12	1

Once again the providers' rankings of underserved subpopulations indicate that while many programs may serve a particular subpopulation, this does not mean that that subpopulation is adequately served. Recent immigrants, monolingual victims (speaking languages other than English or Spanish), families, and single women were ranked as the most underserved, even though most, if not all, programs served these subpopulations. This suggests that more beds and services are needed for these populations and for large families, as well as for families with male teenagers. There also appears to be a great need for more services for populations that may not currently be served by a significant number of programs. These populations include undocumented immigrants, persons with mental illness, active substance abusers, the developmentally disabled, chronic homeless, non-ambulatory individuals, and the unemployed.

VII. PROGRAM SERVICES

The survey included a list of program services for which each shelter was asked to specify whether that service was offered on-site (at the shelter), off-site (not at the shelter but could include the agency's drop-in center), or both on-site and off-site.

A. Emergency Shelter Program Services

All of the emergency shelter programs offered case management, child advocacy, children's services, clothing, follow-up, food/meals, housing placement assistance, individual counseling, legal and social advocacy, phone counseling, public benefits assistance, and transportation either on-site or both on-site and off-site.

All of the emergency shelter programs provided alcohol recovery and drug recovery services. Three programs provided these services on-site site or both on-site and off-site. Seven programs offered the services off-site.

All of the emergency shelter programs provided group support. Nine programs provided group support on-site or both on-site and off-site and one program offered group support off-site.

All of the emergency shelter programs provided legal services and mental health services. Four programs provided these services either on-site or both on-site and off-site and six programs offered it off-site.

All of the emergency shelter programs provided schooling for children. One program provided schooling on-site. Nine programs offered schooling off-site through public school systems.

All of the programs provided medical care. Half of the programs provided the service both on-site and off-site, and half of the programs provided the services off-site.

All of the emergency shelter programs provided HIV/AIDS services. Three programs offered HIV/AIDS services on-site or both on-site and off-site. Seven programs provided them off-site.

Nine of the programs provided language support either on-site or both on-site and off-site.

Nine emergency shelter programs provided family counseling. Seven programs provided the service on-site or both on-site and off-site and two programs offered it off-site. One program did not provide family counseling.

Nine emergency shelter programs provided literacy support. Six programs offered it on-site or both on-site and off-site and three programs provided the service off-site. One program did not offer literacy support.

Nine emergency shelter programs provided parenting classes. All provided it either on-site or both on-site and off-site. One program did not offer this service.

Nine programs offered child care services. Seven programs provided child care either on-site or both on-site and off-site and two programs offered it off-site. One program did not provide childcare services.

Eight programs offered life skills classes, providing the classes on-site or both on-site and off-site. Two programs did not offer life skills classes.

Six programs offered job placement. Four of the programs provided job placement on-site or both on-site and off-site. Two programs offered the service off-site. Four programs did not offer job placement services.

Six programs offered job training. Four programs provided job training on-site or both on-site and off-site. Two programs offered the service off-site. Four programs did not offer job training services.

Four programs provided a GED/high school diploma program. One program provided the service on-site and off-site. Three programs offered the service off-site. Six programs did not offer this service.

Additional services provided on-site by various emergency shelter programs included art and creative therapy, community education, horticulture, and sign language (see figure 10).

Figure 10. Services Provided in Emergency Shelter Programs

Services	1	2	3	4	5	6	7	8	9	10
Alcohol Recovery	B	F	F	F	F	B	F	F	F	O
Case Management	O	B	O	O	O	O	O	O	O	O
Child Advocacy	O	O	O	O	O	B	O	O	B	O
Childcare	O	O	F	F	O	B	B	O		O
Children's Services	O	O	B	B	O	B	O	O	B	O
Clothing	B	O	O	O	O	B	O	B	B	O
Drug Recovery	B	F	F	F	F	B	F	F	F	O
Family Counseling	O	B	O	O	O	B	B		F	F
Follow-up	O	O	O	O	O	O	O	O	O	O
Food/Meals	O	B	O	O	O	B	O	O	O	O
GED/High School Diploma	F	F				B	F			
Group Support	O	O	B	B	O	B	O	O	F	O
HIV/AIDS Services	B	F	F	F	F	B	F	F	F	O
Housing Placement Assistance	O	O	B	B	O	B	O	O	O	O
Individual Counseling	O	B	O	O	O	B	O	O	B	O
Job Placement	O	F	B	B		B	F			
Job Training	O	F	B	B		B	F			
Language Support	B	B	B	B	B	B	O	B		O
Legal Services	B	B	F	F	F	B	F	B	F	O
Legal/Social Advocacy	O	O	B	B	O	B	O	B	O	O
Life Skills Classes	O	B	O	O	O	B	O			O
Literacy Support	B	B	F	F	B	B	O	O		F
Medical Care	F	B	F	F	B	B	B	F	B	F
Mental Health Services	B	F	F	F	F	B	O	B	F	F
Parenting Classes	O	B	O	O	O	B	O	B		O
Phone Counseling	O	O	O	O	O	O	O	O	O	O
Public Benefits Assistance	B	O	B	B	O	O	O	O	O	O
Schooling	F	F	F	F	O	F	F	F	F	F
Transportation	O	O	O	O	O	O	O	O	O	O

O - On-site F - Off-site B - Both on-site and off-site

1 - 1736 Family Crisis Center - L.A. DV Shelter I

2 - Center for the Pacific Asian Family - CPAF Emergency

3 - Chicana Service Action Center - East L.A. Bilingual Shelter

4 - Chicana Service Action Center - Free Spirit Shelter

5 - Haven Hills - Haven Hills Shelter

6 - Jenesse Center - Jen I

7 - Jewish Family Services - Tamar House

8 - Ocean Park Community Center - Sojourn Services

9 - Rainbow Services - Rainbow House

10 - Southern California Alcohol and Drug Abuse - Angel Step Inn

B. Transitional Housing Program Services

All of the transitional housing programs offered clothing, case management, and public benefits assistance, either on-site or both on-site and off-site.

All of the programs provided group support, housing placement assistance, language support, and life skills programs. Eleven programs provided them either on-site or both on-site and off-site. Two programs offered them off-site.

All of the programs provided family counseling, literacy support, legal/social advocacy, and parenting classes. Ten programs provided these services either on-site or both on-site and off-site. Three programs offered them off-site.

All of the programs provided individual counseling. Nine programs provided individual counseling on-site or both on-site and off-site. Four programs offered the service off-site.

All of the programs provided job placement and job training services. Seven programs offered job placement on-site or both on-site and off-site and six programs offered the service off-site. Five programs offered job training on-site or both on-site and off-site and eight programs offered the service off-site.

All of the programs provided legal services. Nine programs offered the service either on-site or both on-site and off-site and four programs provided the service off-site.

All of the programs provided medical care. Three programs offered medical care both on-site and off-site and ten programs offered it off-site.

Twelve programs provided child advocacy services. Eleven programs provided it either on-site or both on-site and off-site. One program offered it off-site. One program did not offer child advocacy.

Twelve programs provided mental health services. Seven programs provided the services either on-site or both on-site and off-site. Five agencies provided them off-site. One program did not offer mental health services.

Twelve programs provided transportation services either on-site or both on-site and off-site. One program did not provide transportation services.

Twelve programs reported that they provided schooling through public school systems.

Eleven programs provided children's services. Nine programs provided them either on-site or both on-site and off-site. Two programs offered them off-site. Two programs did not offer children's services.

Eleven programs provided food/meals. All of these programs provided the services either on-site or both on-site and off-site. Two programs did not offer food or meals.

Eleven programs provided GED/high school diploma services. Three programs provided it either on-site or both on-site and off-site. Eight programs offered them off-site. Two programs did not offer the service.

Ten programs provided alcohol recovery and drug recovery. Four programs provided them on-site or both on-site and off-site. Six programs offered these services off-site. Three programs did not offer alcohol or drug recovery services.

Ten programs provided childcare. Nine programs provided it on-site or both on-site and off-site. One program provided it off-site. Three programs did not offer childcare.

Ten programs provided phone counseling. Six programs offered it either on-site or both on-site and off-site. Four programs offered this service off-site. Three programs did not provide phone counseling.

Nine programs provided HIV/AIDS services. Four programs provided the service either on-site or both on-site and off-site. Five programs offered the service off-site. Four programs did not offer HIV/AIDS services.

Additional services provided on-site by various transitional housing programs included art and creative therapy, community education, medication management, nutrition, and continuing services (see figure 11).

Figure 11. Services Provided in Transitional Housing Programs

Services	1	2	3	4	5	6	7	8	9	10	11	12	13
Alcohol Recovery	B			F	F	F	F	B	F	B	F		B
Case Management	O	O	O	B	O	O	O	O	O	B	O	O	O
Child Advocacy	O	F		O	O	O	O	B	O	O	B	O	B
Childcare	O		B	O			F	B	B	B	B	O	B
Children's Services	O	O	F	O			O	B	O	B	B	F	B
Clothing	B	O	O	O	O	O	O	B	O	O	B	B	B
Drug Recovery	B			F	F	F	F	B	F	B	F		B
Family Counseling	O	O	B	B	F	F	O	B	O	B	F	O	O
Follow-up	O	B	O	O	O	O	O	O	O	B	O	O	O
Food/Meals	O	B		B	O	O		B	O	O	O	O	O
GED/High School Diploma	F	F		F	F	F	F	B	F	F	F	O	B
Group Support	O	O	O	B	F	F	O	B	O	B	B	O	O
HIV/AIDS Services	B			F	F	F	F	B	F	B	F		B
Housing Placement Assistance	O	O	O	O	F	F	B	B	O	B	O	B	O
Individual Counseling	O	O	F	B	F	F	O	B	O	B	F	O	O
Job Placement	O	F	B	F	F	F	O	B	F	F	F	O	B
Job Training	O	F	B	F	F	F	O	B	F	F	F	O	F
Language Support	B	B	B	B	F	F	B	B	O	B	B	O	B
Legal Services	B	B	F	F	O	O	F	B	F	F	F	F	F
Legal/Social Advocacy	O	F	B	F	F	F	O	B	O	B	O	B	O
Life Skills Classes	O	F	O	O	O	O	O	B	O	O	F	O	O
Literacy Support	B	B	B	B	F	F	B	B	O	F	B	O	B
Medical Care	F	F	F	F	F	F	F	B	B	F	F	F	B
Mental Health Services	B		F	F	F	F	F	B	O	B	B	F	B
Parenting Classes	O	F	B	O	F	F	O	B	O	O	B	O	O
Phone Counseling	O	B	F	O	F	F			O	B		O	F
Public Benefits Assistance	B	O	O	O	O	O	O	O	O	B	O	O	O
Schooling	F	F		F	F	F	F	F	F	F	F	F	F
Transportation	O	B	O	B	O	O		O	O	O	O	O	O

0 - On-site F - Off-site B - Both on-site and off-site

1 - 1736 Family Crisis Center - L.A. DV Shelter II

2 - African Community Resource Center - Refugee Safe Haven

3 - Asian Pacific Women's Center - Transitional Housing Program

4 - Center for the Pacific Asian Family - CPAF Transitional

5 - Chicana Service Action Center - Ramona Garden

6 - Chicana Service Action Center - Pueblo Del Rio

7 - Haven Hills - Haven Two

8 - Jenesse Center - Fannie Lou Hammer

9 - Jewish Family Services - Hope Cottage

10 - Prototypes - Star House

11 - Rainbow Services - Villa Paloma

12 - W.A.V.E. - Harbour Community

13 - Women's Care Cottage - The Cottage

VIII. PROGRAM SERVICES AND FUNDING NEEDS

A. Funding Levels of Services

Emergency shelter and transitional housing programs were asked to specify whether each of the provided services was adequately funded, underfunded, or extremely underfunded. “Adequate” was defined as a program that operated at an appropriate level with an appropriate level of staff and resources. “Underfunded” was a program that operated at a less than appropriate level and/or would benefit from increased staff or resources. A program classified as “extremely underfunded” was defined as a program that operated at a very limited level and was in immediate need of staff and/or resources. If the agency was not providing the service, “not applicable” was recorded. Each service was ranked 1 (adequate) to 3 (extremely underfunded) and then averaged for all of the programs. Services ranked as most in need of funding received the highest scores.

1. Emergency Shelter Programs

The sixteen services that scored between 2 and 3 by emergency shelter providers had an average ranking between underfunded and extremely underfunded. Childcare was the service ranked as most underfunded.

Other services ranked as having the greatest need for funding included follow-up, HIV/AIDS services, literacy support, and mental health services. In addition, language support, children’s services, legal services, alcohol recovery, drug recovery, child advocacy, and medical care all appear to be in need of additional funding.

Job placement, GED/high school diploma, and legal/social advocacy received an average ranking of exactly 2, indicating that they were viewed as underfunded. Schooling also had an average ranking of 2; however, very few providers offered this service since most children attended public schools.

Many services had an average score of close to 2, indicating that these services were also considered to be underfunded by most providers. These services included: case management, phone counseling, housing placement assistance, transportation, family counseling, group support, individual counseling, job training, parenting classes, and food/meals.

Clothing received an average ranking of 1.5, placing it exactly between adequately funded and underfunded. Public benefits assistance and life skills classes had an average ranking of 1.5 or less, indicating that more providers viewed these programs as adequately funded than underfunded (see figure 12).

Figure 12. Emergency Shelter Program Services Ranked According to Level of Funding Need

Services	Score
Childcare	2.57
Follow-up	2.50
HIV/AIDS Services	2.50
Literacy Support	2.50
Mental Health Services	2.50
Language Support	2.44
Children's Services	2.40
Legal Services	2.40
Alcohol Recovery	2.33
Drug Recovery	2.33
Child Advocacy	2.20
Medical Care	2.20
Job Placement	2.00
Schooling	2.00
GED/High School Diploma	2.00
Legal/Social Advocacy	2.00
Case Management	1.90
Phone Counseling	1.90
Housing Placement Assistance	1.90
Transportation	1.90
Family Counseling	1.89
Group Support	1.80
Individual Counseling	1.80
Job Training	1.80
Parenting Classes	1.78
Food/Meals	1.70
Clothing	1.50
Public Benefits Assistance	1.40
Life Skills Classes	1.38

2. Transitional Housing Programs

Overall, transitional housing providers rated services as more in need of funding than did emergency shelter providers. Transitional housing providers scored twenty services between 2 and 3, an average ranking between underfunded and extremely underfunded. Eight services had an average score between 1 and 1.99, which was an average ranking between adequately funded and underfunded. None of the services received a score of less than 1.5, indicating that providers did not universally view any of the services as being adequately funded.

Mental health services were the program service that was ranked as most underfunded, with a little less than two-thirds of the providers ranking it as extremely underfunded.

Other services that appear to have a great need for funding included phone counseling, children's services, legal services, language support, transportation, housing placement assistance, literacy support, and childcare.

In addition, HIV/AIDS services, family counseling, group support, legal/social advocacy, alcohol recovery, drug recovery, individual counseling, and child advocacy all appear to be in need of additional funding.

Services receiving an average score of exactly 2 (underfunded) included food/meals, medical care, and parenting classes.

Many programs had an average score of close to 2, indicating that these services were also considered to be underfunded by most providers. These services included: job placement, case management, follow-up, job training, life skill classes, clothing, GED/high school diploma, and public benefits assistance.

Schooling was not ranked by any of the providers since all children in the transitional housing programs attended public schools (see figure 13).

Figure 13. Transitional Housing Program Services Ranked According to Level of Funding Need

Services	Score
Mental Health Services	2.67
Phone Counseling	2.50
Children's Services	2.45
Legal Services	2.45
Language Support	2.38
Transportation	2.33
Housing Placement Assistance	2.31
Literacy Support	2.31
Childcare	2.27
HIV/AIDS Services	2.22
Family Counseling	2.15
Group Support	2.15
Legal/Social Advocacy	2.15
Alcohol Recovery	2.11
Drug Recovery	2.11
Individual Counseling	2.08
Child Advocacy	2.08
Food/Meals	2.00
Medical Care	2.00
Parenting Classes	2.00
Job Placement	1.92
Case Management	1.92
Follow-up	1.92
Job Training	1.82
Life Skills Classes	1.77
Clothing	1.69
GED/High School Diploma	1.67
Public Benefits Assistance	1.62

B. Services in Need of Funding

Providers were asked which services they would add, expand, or improve if they were to obtain funding for services. Each provider listed several services without ranking them.

1. Emergency Shelter Programs

Five of the emergency shelter programs mentioned that they would like to expand or improve children's services/ advocacy if they were to obtain additional funding. Four programs mentioned expanding or improving childcare. Four providers mentioned mental health services and three providers mentioned language support and legal services as services that they would like to see added, expanded or improved.

This appears to match well with the overall funding rankings since all of these services were ranked as between underfunded and extremely underfunded by emergency shelter providers.

Other services mentioned by two programs included: case management, creative therapy, follow-up, food/meals, individual counseling, and transportation (see figure 14).

Figure 14. Ranking of Services in Need of Funding Per Emergency Shelter Providers

Services	Mentions
Children's Services/Advocacy	5
Childcare	4
Mental Health Services	4
Language Support	3
Legal Services	3
Case Management	2
Follow-up	2
Food/Meals	2
Individual Counseling	2
Transportation	2
Community/Social Advocacy	1
Creative Therapy	1
Disability Services	1
Family Counseling	1
GED/High School Diploma	1
Group Support	1
Literacy Support	1
Medical Care	1
Parenting Classes	1
Phone Counseling	1
Schooling	1
Sign Language	1

2. Transitional Housing Programs

Seven of the transitional housing providers mentioned that childcare was in need of funding. Six providers mentioned legal services. Five providers mentioned mental health services and four providers mentioned medical care.

Again, these listings seem to match well with the overall funding rankings since all of these services were ranked as between underfunded and extremely underfunded.

Other services mentioned by three programs included case management, children's services, life skill classes, literacy support, and transportation. Food/meals, job placement assistance, and housing placement assistance were each mentioned by two of the transitional housing providers (see figure 15).

Figure 15. Ranking of Services in Need of Funding Per Transitional Housing Providers

Services	Mentions
Childcare	7
Legal Services	6
Mental Health Services	5
Medical Care	4
Case Management	3
Children's Services	3
Life Skills Classes	3
Literacy Support	3
Transportation	3
Food/Meals	2
Housing Placement Assistance	2
Job Placement	2
Administrative/Fiscal Management	1
Community Education/Social Advocacy	1
Creative Therapy	1
Disability Services	1
GED/High School Diploma	1
Individual Counseling	1
Language Support	1
Language Support	1
Parenting Classes	1
Job Training	1

C. Services to be Moved from Off-site to On-site

Providers were asked which off-site services they would most like to provide on-site and why. Out of all twenty-three agencies, eight stated that they already had all of the services that they wanted on-site, mentioning that they felt it was important that the women were able to be out in the community, reconnecting with people. The fifteen other providers listed a variety of services that they felt were essential to better serving the women and their children in their emergency shelters and transitional housing programs.

1. Emergency Shelter Programs

Childcare and legal services were listed most frequently (three times each) by emergency shelter providers as services that they would like to see moved from off-site to on-site. GED/high school diploma, legal services and mental health care were mentioned two times each that providers would like to move on-site. Creative therapies, language support, literacy support, medical care, schooling, staff training, and transportation were mentioned one time each as services that providers would like to move on-site. Three emergency shelter providers stated that there were not any services that they would like to move from off-site to on-site.

Each provider gave an explanation of why they felt that the services that they listed should be provided on-site. Many of the emergency shelter providers simply stated that it would make life easier for the victims if they were able to have service needs met without having to travel all around the community while in a fragile state. Making things easier for the women was the primary reason listed for childcare, legal services, GED/high school diploma, and literacy support. Additionally, providers felt that it was often not appropriate for children to attend appointments with their mothers, and that on-site childcare would enable women to work toward self-sufficiency.

Providing legal services on-site was viewed as necessary because many of the victims were dealing with very time consuming legal needs. Providers felt that on-site services might remove barriers and expedite the legal process of filing restraining order paperwork.

The providers that listed mental health care specified that mental health services were needed on-site since many of the victims were dealing with multiple issues associated with fleeing a batterer, and may have round-the-clock mental health needs.

Creative therapies, such as art and gardening, were listed by one provider as needed on-site because they were very helpful to battered women and their children in expressing their traumas and working toward resolution.

Homeschooling was explained as necessary because there is often too much movement and instability to keep children in school. One provider mentioned transportation as a need because transportation vouchers were limited to emergencies and women without cars were unable to get around in less centrally connected areas. Language support was desired because “communication is essential to helping victims.” On-site medical services were cited because it would allow the victims to create relationships with doctors, and would enable doctors to monitor their needs more closely. Staff training was also mentioned as a service that was desired on-site due to the fact that it is always needed (see figure 16).

Figure 16. Ranking of Services to be Moved from Off-site to On-Site Per Emergency Shelter Providers

Off-site to On-site	Mentions
None	3
Childcare	3
Legal	3
GED/High School Diploma	2
Mental Health	2
Creative Therapies	1
Language Support	1
Literacy Support	1
Medical Care	1
Schooling	1
Staff Training	1
Transportation	1

2. Transitional Housing Programs

Transitional housing programs listed childcare, job placement, and mental health three times each as services that they would most like to see moved on-site. Other services listed by transitional housing providers were job training and legal services that were each mentioned two times. Children’s services, creative therapies, GED/high school diploma, immigration services, language support, medical care, social advocacy, staff training, and transportation were each mentioned once. Five transitional housing providers stated that there were not any services that they would have liked to move from off-site to on-site.

Like the emergency shelter providers, transitional housing providers felt that the main reason for having services on-site was to make life easier and make the services more convenient and accessible for the women who need them. This was the general rationale for making the following services available on-site: children’s services, legal services, job placement, GED/high school diploma, job training, and immigration services. Childcare was also stated as a need since it would allow women looking for jobs to leave their children during the day.

Mental health was listed by transitional housing providers as a critical on-site service since it can often be difficult to find outside mental health providers who specialize in domestic violence issues. In addition, it was pointed out that free or low-fee mental health service providers were generally saturated with requests for services.

Providing legal services on-site was viewed as necessary because many of the women were dealing with complicated and time-consuming legal issues, and may be dealing with multiple legal problems for which they need services.

One provider mentioned creative therapies as needed on-site as they help battered women and their children express their traumas and work toward resolution.

One provider discussed language support as important to increasing communication. One provider mentioned that on-site medical care would allow for immediate health care for children and mothers. One provider also listed staff training as a service that was desired on-site due to the fact that it was always needed (see figure 17).

Figure 17. Ranking of Services to be Moved from Off-site to On-Site Per Transitional Housing Providers

Off-site to On-site	Mentions
None	5
Childcare	3
Job Placement	3
Mental Health Care	3
Job Training	2
Legal	2
Children's Services	1
Creative Therapies	1
GED/High School Diploma	1
Immigration Services	1
Language Support	1
Medical Care	1
Social Advocacy	1
Staff Training	1
Transportation	1

D. Services Provided by Outside Agencies

Each provider was asked which of their on-site services was not provided by their agencies. Providers were also asked if they would prefer to have their agency staff provide these services if funding were available and what types of credentials would be needed for these staff positions. Five programs mentioned that they would prefer to have staff members provide the services that were currently being provided by other agencies. The list of credentials that would be necessary included LCSW, MFT, MSW, Psychiatrist, Psychologist, DV certification, attorney and paralegal, childcare background, nursing degree, and teaching background.

1. Emergency Shelter Programs

Five emergency shelter programs had one or more services provided by outside agencies. Three emergency shelter programs had parenting classes provided by outside agencies. HIV/AIDS services and medical services/nursing were provided by outside agencies at two emergency shelter programs, and legal services were provided by an outside agency at one program. Most of the other services were not provided by outside agencies. Four emergency shelter providers reported not receiving any services from outside agencies and one provider did not provide the information.

Providers were asked whether their agencies had any difficulties in getting on-site services provided by the outside agencies. One emergency shelter provider reported having some type of problem with outside agencies. The provider mentioned that the outside agencies providing services do not always show up for appointments and do not necessarily have the proper background to assist survivors of domestic violence (see figure 18).

Figure 18. Services Not Provided by Emergency Shelter Program Staff

Services	Mentions
None	4
Parenting Classes	3
HIV/AIDS Services	2
Medical Services/Clinic/Nursing	2
Gardening	1
Legal Services	1

2. Transitional Housing Programs

Seven of the transitional housing programs had one or more of their services provided by outside agencies. Three transitional housing programs had parenting classes provided by outside agencies. Child care, counseling, employment, health and fitness, HIV/AIDS services, medical services/clinic, legal services, life skills classes, literacy training, mental health, transportation, and tutoring were mentioned once each as being provided by outside agencies.

Four transitional housing programs reported not receiving any services from outside agencies and two programs did not provide the information.

Providers were asked whether their agencies had any difficulties in getting on-site services provided by the outside agencies. Two transitional housing programs reported that they did have some type of problem. One provider mentioned the difficulty of getting services provided in languages other than English and Spanish, the challenge of finding appointments for clients on short notice, and the challenge of getting providers to come out to remote areas. Another agency mentioned that outside providers sometimes did not show up on time or at all (see figure 19).

Figure 19. Services Not Provided by Transitional Housing Program Staff

Services	Mentions
None	4
Parenting Classes	3
Childcare	1
Counseling	1
Employment	1
Health & Fitness	1
HIV/AIDS Services	1
Legal Services	1
Life Skills Classes	1
Literacy Training	1
Medical Services/Clinic	1
Mental Health	1
Transportation	1
Tutoring	1

E. Funding for Safety Measures, Structural Repairs, and Upkeep

Each provider was asked if they had adequate funding for safety measures, structural repairs and upkeep, and American with Disabilities Act compliance. Out of the twenty-three domestic violence programs, twenty programs reported that they did not have enough funding for safety measures, nineteen did not have enough funding for structural repairs, and nineteen did not have enough funding to comply with the ADA. Most programs stated that they could cover these costs only by drawing funds from their much needed service programs.

The few programs that said that they did have enough funding for these areas mostly reported that they had just undergone a renovation or were operating out of a new building.

IX. TYPES OF HOUSING NEEDED BY DOMESTIC VIOLENCE VICTIMS

Each agency was asked to specify the percentage of housing types (emergency shelter, transitional housing, and permanent housing) needed by domestic violence victims at three different stages (hotline, exiting emergency shelter, and exiting transitional housing). Providers were told to answer this question with a point-in-time perspective, by listing the percentage of victims in each category that needed each type of housing at a given point in time. Percentages given by each provider at each stage often did not add up to 100% since they may have perceived that some victims may not have needed any of the three types of housing. Fourteen out of the fifteen providers answered this question.

Providers indicated that for hotline callers, a range of 10% to 100% needed emergency shelter, with an average of 58%; a range of 0%-49% needed transitional housing, with an average of 12%; and a range of 0%-50% needed permanent housing, with an average of 13%.

For victims exiting emergency shelter, providers indicated a range of 0% to 35% needed more emergency shelter, with an average of 7%; a range of 25% to 95% needed transitional housing, with an average of 66%; and a range of 0% to 74% need permanent housing, with an average of 27%.

Providers indicated that for victims exiting transitional housing, a range of 0% to 1% needed emergency shelter, with an average of 1%; a range of 0% to 25% needed transitional housing, with an average of 5%; and a range of 10% to 100% needed permanent housing, with an average of 90% (see figure 20).

Figure 20. Average Percentage of Victims Needing Each Type of Housing

Stage	ES	TH	PH	Not Applicable/Missing Data
Hotline	58%	12%	13%	17%
Exiting Emergency Shelter	7%	66%	27%	0%
Exiting Transitional Housing	1%	5%	90%	4%

ES - Emergency Shelter
 TH - Transitional Housing
 PH - Permanent Housing

X. PROGRAM COSTS

Agencies were given a worksheet to calculate their annual shelter operating budgets so that all budgets could be analyzed in a uniform manner. The average cost per person for one day of shelter, including food and services, was calculated by dividing the shelters’ annual operating budget by the number of beds operated, divided by 365 days. Thus, the calculations assumed that all beds were occupied every night of the year.

The average cost of providing emergency shelter with services for one person for one night ranged from \$9.79 to \$153.99. The average cost of providing transitional housing with services for one night ranged from \$6.24 to \$85.00.

The cost per person for one day of shelter figures should be viewed with caution since shelters did not provide detailed information on their program expenses and were not providing identical services. Each program had a different approach to treating victims, with some programs employing higher trained and/or educated staff than others.

XI. PROGRAM FUNDING

All programs received both public and private funding, although amounts varied appreciably. The average amount of public funding received by emergency shelter programs was 86.3% of their total operating budget, with a range from 58% to 100%. Transitional housing programs had an average of 83.9% of public funding, with a range of 18% to 100%.

A variety of public funding programs was accessed by providers, including state, county, city, and other local programs. Agencies were asked which funding sources they had accessed over the last year and how much funding they were awarded from each program. Funding data is

reported in terms of how many shelter programs were funded out of the total number of shelter programs operated. A total of twenty-three shelter programs (including emergency, transitional, and mixed) were examined to ascertain which sources of funding they were able to access. Please note that agencies may have different fiscal years than the funding programs or may be accessing funding awarded in different years, and therefore the figures reported may not match records kept by public funding agencies. Most of the information reported in this section was reported directly by the agencies. However, in a few cases (e.g., SHP capital funds), additional information was included to provide a more comprehensive overview of funding programs accessed by the domestic violence shelter providers.

A. State Funding

Three following state programs provide funding for domestic violence shelter programs: the FY 2000-2001 Emergency Housing Assistance Program (EHAP) Capital Development Deferred Loan administered by the California Department of Housing and Community Development, the Battered Women's Shelter Program (BWSP) administered by the California Department of Health Services, and the Domestic Violence Assistance Program (DVAP) administered by the California Office of Criminal Justice Planning.

Capital

The capital portion of the FY 2000-2001 Emergency shelter Assistance Program was administered by the California Department of Housing and Community Development, while the operating portion was administered by the Los Angeles Emergency Food and Shelter Program Local Board. The EHAP capital program's purpose was to expand emergency shelter and transitional housing beds in order to increase the number of homeless persons served. In the FY 2000-2001 capital program, one transitional housing program received \$150,000 toward capital development.

Operations

The Battered Women's Shelter Program (BWSP) offers general Shelter-Based services grants and Unserved-Underserved grants. The purpose of the Shelter-Based grants is to fund domestic violence shelter-based agencies to provide direct services to battered women and their children. The Unserved-Underserved grants are intended to explore new, non-traditional, culturally appropriate partnerships and interventions to reach persons exposed to domestic violence. Five of the emergency shelter programs received funding from the BWSP program in amounts ranging from \$7,000 to \$260,105. Six transitional housing programs received funding from the BWSP program in amounts ranging from \$17,500 to \$150,000.

The Office of Criminal Justice Planning's (OCJP) Domestic Violence Assistance Program (DVAP) funds new and existing service providers to maintain and expand services to domestic violence victims and their children. The Domestic Violence Assistance Program's total allocation is comprised of funding from the following sources: California Victim of Crime Act, U.S. Department of Health and Human Services, California State General Fund, and the U.S. Violence Against Women Act. Five emergency shelter programs reported accessing funding

from the DVAP program; the minimum award was \$18,857 and the maximum award was \$204,417. Two transitional housing programs received DVAP grants in the amount of \$28,585 and \$64,736, respectively.

B. County Funding

Several County programs also provide funding for domestic violence shelter programs. These include the Industry Special Needs Housing Program administered by the Los Angeles County Community Development Commission; the Supportive Housing Program (SHP) administered by the Los Angeles Homeless Services Authority (LAHSA); and the Domestic Violence Emergency Shelter, the CalWORKs Domestic Violence Supportive Services, and the Community Services Block Grant (CSBG) Programs administered by the Community and Senior Services of Los Angeles County (CSS),

Capital

The Industry Special Needs Housing Program funds the capital expenses of developing transitional and permanent housing facilities for very low-income special needs populations, including victims of domestic violence, within 15 miles of the City of Industry. None of the programs received Industry funds.

From 1995-2000, the following two agencies received capital funds from the Supportive Housing Program administered by LAHSA: Rainbow's Villa Paloma (\$400,000 in 1996 and \$219,450 in 1997), and SCADP's Angel Step Inn (\$400,000 in 1996).

Operations and Supportive Services

The Domestic Violence Emergency Shelter Program provides funds to shelter programs for direct services to domestic violence victims in emergency shelters. Nine of the emergency shelter programs received a grant in the amount of \$70,000 each. Three transitional housing programs received grants of \$70,000 each.

The Supportive Housing Program (SHP) is a federal program, locally administered by the Los Angeles Homeless Services Authority (LAHSA), that is designed to promote the development of housing and supportive services to assist homeless persons in the transition from homelessness to self-sufficiency. During their most recent fiscal year, Jewish Family Services' Hope Cottage, Center for Pacific Asian Families, Asian Pacific Women's Center, WAVE, 1736 Family Crisis Center, and Rainbow Services received SHP grants for supportive services and operational needs. These transitional housing grants were initially awarded between 1997 and 1999 and the total awards ranged from \$95,500 to \$315,236.

Supportive Services

The purpose of the CalWORKs Domestic Violence Supportive Services Program is to coordinate the delivery of services to assist CalWORKs participants overcome barriers to employment caused by domestic violence. Five emergency shelter programs received funding from the

CalWORKs Domestic Violence Supportive Services Program, ranging from \$37,500 to \$420,757. Seven transitional housing programs received CalWORKs grants, ranging from \$32,000 to \$129,243.

The Community Services Block Grant program includes funds to provide a range of services to address the needs of low-income individuals to ameliorate the causes and conditions of poverty. Four emergency shelter programs obtained CSBG funding, ranging from \$4,055 to \$73,077. Three transitional housing programs received CSBG grants in the amounts of \$4,055, \$6,815, and \$135,000.

C. Los Angeles Emergency Food and Shelter Program Local Board Funding

Operations and Supportive Services

The Los Angeles Emergency Food and Shelter Program Local Board administers two programs that can be accessed by domestic violence providers. These programs include the Emergency Food and Shelter Program (EFSP) and the Emergency shelter and Assistance Program Operating Program (EHAP Operating).

The Emergency Food and Shelter Program supplements feeding, sheltering (emergency or transitional), and rent and utility assistance efforts to help people with economic emergencies. Five emergency shelter programs received Emergency Food and Shelter Program grants, ranging from \$1,044 to \$44,371. Four transitional housing programs received EFSP grants, ranging from \$1,044 to \$25,600.

Funds from the operating portion of EHAP assist programs with the operating costs of emergency shelter, transitional housing, and temporary rental assistance programs, and the expansion of supportive services offered to clients. In FY 2000-2001, one emergency shelter was awarded EHAP operating funds in the amount of \$19,890 and one transitional housing program was awarded \$6,110.

D. City Funding

Two City of Los Angeles programs fund domestic violence shelters. These include the Domestic Violence Shelter Program administered by the Los Angeles Housing Department (LAHD) and the Domestic Violence Shelter Program administered by the City of Los Angeles Community Development Department (CDD).

Capital

The purpose of the Domestic Violence Shelter Program operated by LAHD is to increase the number of emergency and transitional shelter beds for victims of domestic violence.

Three programs, one emergency shelter and two transitional housing, reported currently accessing LAHD loans in the amounts of \$12,000, \$413,000, and \$564,000. Since 1995, thirteen

of the surveyed programs have accessed LAHD funds at least once, with loans ranging from \$90,450 to \$1,579,954.

Operations and Supportive Services

The Domestic Violence Shelter Program operated by CDD funds operating and supportive service costs for women and their children who are affected by domestic violence. CDD provided grants to five emergency shelters, ranging from \$15,122 to \$278,584. Twelve transitional housing programs received grants, ranging from \$18,799 to \$196,000.

E. Other Funding

Other government programs were also accessed by domestic violence providers, including: the Neighborhood Action Program, Family Violence Prevention Initiative Program, the HUD EDI Program (Employment/Development), AB 1733 (for the prevention and treatment of child abuse), Proposition 10 (for children age 0-5 and their families), Cooperative Maintenance Fee, Department of Children and Family Services Child Abuse Intervention and Prevention Program, the Children's Nutrition program, and local city programs. The amount of funding received from these programs ranged from \$250 to \$200,000.

F. Foundations and Special Events

Foundations and special events also contributed to many programs' budgets. Programs reported receiving anywhere between \$5,000 and \$426,112 from foundations and corporations, and between \$6,000 and \$316,723 from special events.

XII. PROVIDERS' PERSPECTIVES

Several providers responded to an open-ended question asking if they had any comments concerning the domestic violence shelter system and its funding needs. Below is a summary of comments provided.

Need for More Funding in the System Overall

Many providers mentioned the need for more funding for the entire system. One provider stated that "more operating funds are needed to accommodate the increase in DV beds in recent years to the high levels of capital grants citywide to build shelters. The operating funds currently available from CDD does not cover one-third of the monetary need for operations." Some providers also mentioned the need for funding to cover expanded training and administrative costs.

Need for Greater Flexibility in Funding

A few providers suggested that domestic violence funding must be flexible, that funding programs are too restrictive. One example that a provider gave concerned the needs of refugees. She mentioned that violence is different for many refugees and may not meet the requirements

for domestic violence programs even though they have recently been a victim of violence and are without a place to live.

Need for Funding for More Qualified Staff

A large number of providers mentioned the need for more funding for qualified staff. One provider mentioned that their agency has an enormous amount of turnover due to the fact that they are unable to pay the staff what they are worth. Another provider mentioned that their “success” rate has improved as they have been able to add professional level services. The provider stated: “Adding Masters with Social Work degrees to the staff has resulted in better psychosocial assessments at intake and therefore better programming throughout case management and counseling. Earlier identification of significant problems, particularly emotional stress that could respond to medication, has made it possible to design services that are more individually tailored to the family.”

Need for Funding for Maintenance and Rehabilitation Work

Many agencies specified the need for more funding for maintenance and rehabilitation work. One provider mentioned that under most public funding, it is very difficult to budget for physical emergencies, such as major plumbing or electrical problems.

Need for More Funding for Special Needs Population

Another issue raised was the need for more funding for those committed to meeting the needs of special needs populations. A few agencies mentioned that language requirements and specific legal status make it very difficult for some victims to tap into public resources. One provider suggested the development of a Language Network Center for all shelters to use.

Need for Funding for Specific Programs

Providers mentioned several specific areas that they felt were in need of funding. One agency mentioned the need for more funding for acquisition and renovation. Two agencies mentioned the need for more transitional beds, and one provider stated the need for more emergency shelter beds. In addition, one provider mentioned the need for more hotel/motel vouchers for large families and hard to place individuals. Two providers mentioned the need for more beds for dually diagnosed individuals.

As far as services are concerned, one agency specified the need for more funding for health, fitness and nutrition programs, while another mentioned the need for more funding for legal services. Regarding the overall funding of the system, one provider stated that “the effectiveness of the domestic violence services system in the City of Los Angeles depends on the recognition of the importance of strengthening and maintaining the core crisis and transitional programs that form the infrastructure of the network of services. This system must remain in place to serve as the foundation for programs and projects that will expand the ability of the system to respond to populations that have not yet been reached.” This provider was concerned “that the established

services that make up the current community response to domestic violence will be compromised in an effort to expand services, allowing the core services to crumble.”

Difficulty Accessing Funding Programs

Several of the new agencies mentioned that it was very difficult for them to access funding programs. One new provider mentioned that they have a very hard time tapping into funding for services even though they have already received funding for capital development. Another provider mentioned that there was a need for infrastructure improvements among the agencies. Another provider mentioned that the funding cycles make it difficult to access funding.

Need for Greater Oversight From the City

Providers also raised several issues, not related to funding of the shelter system. One provider stated that the City needs to closely monitor new providers to ensure that the facilities have and enforce strict confidentiality guidelines and ethical, productive programs; actions should be taken when these requirements are not met.

Need for More Collaboration among Domestic Violence Providers

A great deal of concern was expressed about the need for more collaboration among domestic violence providers. One provider stated that “we need more of a community and less competition.” Another agency expressed that learning to work with other agencies is more important than bringing every service on-site. In addition, one provider stated that there is a general lack of understanding, furthered by the lack of service provider involvement with the Domestic Violence Task Force, of what is really involved in providing comprehensive services.

2. Clientele (Definitions Available)

a. Which of the following does your housing program **not** serve*? (*See List of Definitions)

- 1) Single women _____
- 2) Pregnant women (1, 2, 3 tri.) ___/___/___
- 3) Women w/ infants (<1yr) _____
- 4) Large families (>3) _____
- 5) Families w/ male teenagers _____
- 6) Male victims _____
- 7) Same sex victims _____
- 8) Seniors (>50) _____
- 9) Unaccompanied Minors (<18) _____
- 10) Persons living with HIV/AIDS _____
- 11) Monolingual (non-English) _____
(non-Spanish) _____
- 12) Chronic homeless _____
- 13) Mentally Ill _____
- 14) Active Substance Abusers _____
- 15) Recovering Substance Abusers _____
- 16) Developmentally Disabled _____
- 17) Non-ambulatory _____
- 18) Hearing impaired _____
- 19) Sight impaired _____
- 20) Refugee _____
- 21) Other (describe) _____

b. For each of the subpopulations not served, is this due to choice or lack of resources? Explain.

Population	Choice	Lack of Resources	Explanation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

c. Which subpopulations of domestic violence victims do you believe are the most underserved? Please list in rank order.

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

3. Program Services/Funding

a. As a shelter provider, for each of the following services:

i. Where is the service provided? (on-site, off-site, or both)

ii. If the services are provided on-site, which of the following best represents the funding available for each program? (A-adequate/ U-underfunded/ E-extremely underfunded/ NA-not applicable)

	on-site/off-site		A	U	E	NA
1) Food/Meals	_____	_____	_____	_____	_____	_____
2) Clothing	_____	_____	_____	_____	_____	_____
3) Transportation	_____	_____	_____	_____	_____	_____
4) Case Management	_____	_____	_____	_____	_____	_____
5) Follow-up	_____	_____	_____	_____	_____	_____
6) Phone Counseling	_____	_____	_____	_____	_____	_____
7) Ind. Counseling	_____	_____	_____	_____	_____	_____
8) Family Counseling	_____	_____	_____	_____	_____	_____
9) Group Support	_____	_____	_____	_____	_____	_____
10) Child care	_____	_____	_____	_____	_____	_____
11) Children's Services	_____	_____	_____	_____	_____	_____
12) Child Advocacy	_____	_____	_____	_____	_____	_____
13) Schooling	_____	_____	_____	_____	_____	_____
14) Public Benefits Assist	_____	_____	_____	_____	_____	_____
15) Legal Services	_____	_____	_____	_____	_____	_____
16) Medical Care	_____	_____	_____	_____	_____	_____
17) Mental Health Svcs	_____	_____	_____	_____	_____	_____
18) Drug Recovery	_____	_____	_____	_____	_____	_____
19) Alcohol Recovery	_____	_____	_____	_____	_____	_____
20) Parenting Classes	_____	_____	_____	_____	_____	_____
21) Life Skills Classes	_____	_____	_____	_____	_____	_____
22) Job Training	_____	_____	_____	_____	_____	_____
23) Job Placement	_____	_____	_____	_____	_____	_____
24) GED/H.S. Diploma	_____	_____	_____	_____	_____	_____

	on-site/off-site	A	U	E	NA
25) Hsg Placement Assist	_____	_____	_____	_____	_____
26) Legal/Social Advocacy	_____	_____	_____	_____	_____
27) HIV/AIDS Services	_____	_____	_____	_____	_____
28) Language Support	_____	_____	_____	_____	_____
29) Literacy Support	_____	_____	_____	_____	_____
27) Other, please list:					
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

b. If your agency were to obtain funding to add, expand or improve any of the above services to better serve DV victims, which of the following two/three services would you fund?

1. _____
2. _____
3. _____
4. Other: _____, _____, _____

c. Which of the above **off-site** services would you most like to provide **on-site** and why?

1. _____
2. _____
3. _____
4. Other: _____, _____, _____

d. Which of the above on-site services are not provided by your agency?

1. _____
2. _____
3. _____

e. Did your agency have any difficulties getting these on-site supportive services provided through another agency? yes _____ no _____ If yes, please explain.

f. Would you prefer to have your agency staff provide these services if funding were available?

Please explain what type of credentials would be necessary? yes_____ no_____

Credentials needed: _____

g. Do you feel that you have adequate funding for up-keep and maintenance of your facility?

Safety measures: yes_____ no_____

Structural repair/upkeep: yes_____ no_____

ADA: yes_____ no_____

h. What percentage of housing types is needed for each of the following groups:

	Emergency Shelter	Transitional Housing	Permanent Housing
Hotline callers	_____%	_____%	_____%
DV victims exiting Emergency Shelter	_____%	_____%	_____%
DV victims exiting Transitional Housing	_____%	_____%	_____%

i. Do you have any other comments concerning the domestic violence shelter system and its funding needs?

4. Program Funding

a. What percentage of your operating funds are public and private?

Public _____ % Private _____ %

b. Which of the following funding sources have you accessed over the last year for this shelter?

<u>Program</u>	<u>Amount</u>
State	
___ BWSP (DHS)	_____
___ DVAP (OCJP)	_____
___ EHAP Capital (HCD)	_____
___ STOP (OCJP)	_____
County/LAHSAs	
___ CalWORKs (LACSS)	_____
___ CSBG (LACSS)	_____
___ Domestic Violence Shelter Prog. (LACSS)	_____
___ Industry Special Needs Hsg. Prog. (LACDC)	_____
___ Section 8 Homeless Preference (HACoLA)	_____
___ SHP (LAHSA)	_____
Emergency Food and Shelter Local Board	
___ EFSP/FEMA	_____
___ EHAP Operating	_____
City	
___ Domestic Violence Shelter Prog.(LAHD/capt.)	_____
___ Domestic Violence Shelter Prog.(CDD/oper.)	_____
___ Section 8 Homeless Pref. (HACLA)	_____
Other, Please list:	
_____	_____
_____	_____
_____	_____
_____	_____

Private Foundations

____Foundations/Corporations

____Special Events

c. What is your total annual shelter operating budget? \$ _____

(See form for calculation method)

d. What is the average cost per person for one day of shelter, including food and services?

\$ _____ (Budget = (annual operating budget/ 365 days/ # of beds))

Domestic Violence Provider Survey Definitions

Definitions of housing types:

1. Emergency Shelter – housing that is provided on an emergency basis to domestic violence victims fleeing their batterers. An emergency shelter may also provide additional resources such as counseling, TRO assistance, transportation, etc.
2. Transitional Housing – a type of supportive housing used to facilitate the movement of domestic violence victims into independent living. Transitional housing programs typically offer housing counseling, case management, job training and placement, counseling, support groups, and classes in parenting and family budgeting.

Definitions of subpopulations:

1. Single women – females between the ages of 18 and 49.
2. Pregnant women – females carrying a child (first, second, or third trimester).
3. Women with infants – females with a child under the age of one year.
4. Large families – a household consisting of more than a total of 3 related people.
5. Families with male teenagers – victims accompanied by sons between the ages of 13 and 17.
6. Male victims – Males who have been abused by a spouse or partner.
7. Same sex victims – Domestic violence victims that were abused by a same sex partner.
8. Seniors – Victims of domestic violence ages 50 and over.
9. Unaccompanied Minors – children, teens and/or young adults under the age of 18 who are not living with their legal guardians.
10. Persons living with HIV/AIDS – persons diagnosed as HIV-positive at all stages of the disease from asymptomatic to symptomatic HIV, including AIDS.
11. Monolingual (non-English) – victims of domestic violence that do not speak English fluently.

Monolingual (non-Spanish) – victims of domestic violence that do not speak Spanish fluently.
12. Chronic homeless – people who spend a great deal of their lives on the streets and have many issues that impede their ability to find and maintain housing and reconnect with their communities. Individuals are likely to have severe mental health and/or substance abuse issues.

13. Mentally Ill – Mental illness: The term that refers collectively to all diagnosable mental disorders. Mental disorders are health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof), that are all mediated by the brain and associated with distress and/or impaired functioning. Mental disorders spawn a host of human problems that may include personal distress, impaired functioning and disability, pain, or death. These disorders can occur in men and women of any age and in all races and ethnic groups. They can be the result of family history, genetics, or other biological, environmental, social, or behavioral factors that occur alone or in combination. (Healthy People 2010)
14. Active Substance Abusers – Individuals who have a physical and/or psychological dependency on any of a variety of addictive substances, including alcohol, marijuana or other drugs; or whose use of these substances has impaired their physical or mental health or their personal, social or occupational functioning.

DSM IV – A maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12-month period.

1. Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or at home (e.g., repeated absences or poor work performance related to substance use; substance-related absences, suspensions or expulsions from school; neglect of children or household).
 2. Recurrent substance use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine while impaired by alcohol).
 3. Recurrent substance-related legal problems (e.g., arrests for substance-related disorderly conduct).
 4. Continued substance use despite having persistent or recurrent social or interpersonal Problems caused or exacerbated by the effects of the substance (e.g., arguments with spouse about consequences of intoxication, physical fights).
15. Recovering Substance Abusers – Individuals recovering from a substance abuse addiction. Individual must be in a program and free of substance use for at least three months.
 16. Developmentally disabled – persons whose disability originated before attaining age 18, continues, or can be expected to continue, indefinitely and constitutes a substantial handicap; includes mental retardation, cerebral palsy, epilepsy, and autism; also includes handicapping conditions found to be closely related to mental retardation or to require treatment similar to that required for mentally retarded individuals, but shall not include other handicapping conditions that are solely physical in nature.
 17. Non-ambulatory – an individual with an inability to ambulate, walk around, and usually bed-ridden.
 18. Hearing impaired – an individual that is substantially limited in the major life activity of hearing.

19. Sight impaired - an individual that is substantially limited in the major life activity of seeing.
20. Refugee – Individuals that have fled another country to live in the United States (legal immigrants).

Definitions of On-site and Off-site:

On-site – Services that are offered on the site of the shelter.

Off-site – Services that are offered off of the site of the shelter, at the agency’s drop-in center or another agency’s facility. These include services that are offered by the agency itself or by another agency. A note will be made as to which is the case.

Definitions of Funding Levels:

Adequate - Program operates at an appropriate level with an appropriate level of staff and resources.

Underfunded – Program operates at a less than appropriate level and/or would benefit from increased staff or resources.

Extremely Underfunded – Program operates at a very limited level and is in an immediate need of staff and/or resources.

**DOMESTIC VIOLENCE SHELTER PROVIDER SURVEY
OPERATING BUDGET***

Agency Name: _____
Program Name: _____

PERSONNEL	
Salary and Wages	\$
Administration	\$
Social Services	\$
Housing Operations	\$
Subtotal Salary and Wages	\$
Employee Benefits	\$
Workers Compensation	\$
Payroll Taxes	\$
SUBTOTAL PERSONNEL	\$

ADMINISTRATION	
Share of Parent Organization	\$
License and Permit	\$
Office Equipment And Furnishings	\$
Office Supplies	\$
Telephone/Fax/Pager	\$
Printing	\$
Postage	\$
Dues and Subscriptions	\$
Local Travel	\$
Non-Local Travel	\$
Staff Training	\$
Insurance Directors and Officers	\$
Professional Fees	\$
Legal Fees	\$
Accounting Fees	\$
Consultant Fees	\$
Subtotal Professional Fees	\$
Service Contracts	\$
Temporary Labor	\$
Auditor	\$
Marketing and Promotional Fees	\$
SUBTOTAL ADMINISTRATION	\$

***Please provide an explanation of the line items indicated and how each line item was calculated.**

HOUSING	
Occupancy (e.g., rent, mortgage)	\$
Utilities	\$
Maintenance and Repair	\$
Custodial	\$
Liability and Property Hazards Insurance	\$
Security	\$
Linens	\$
Food	\$
Laundry	\$
SUBTOTAL HOUSING	\$

SERVICES	\$
Clothing	\$
Counseling	\$
Mental Health Services	\$
Life Skills Classes	\$
Job Training	\$
Drug/ Alcohol Treatment	\$
Housing Placement Assistance	\$
Legal Services	\$
Medical Services	\$
Child Care	\$
Children's Services	\$
Resident Transportation	\$
Recreation	\$
Other Services:	\$
	\$
	\$
	\$
SUBTOTAL SERVICES	\$

DEVELOPMENT/FUNDRAISING	
Professional and Consulting Fees	\$
Office Supplies	\$
Printing and Copying	\$
Postage	\$
Special Events	\$
SUBTOTAL DEVELOPMENT/FUNDRAISING	\$

RESERVES	
Replacement Reserves	\$
Operating Reserves	\$
SUBTOTAL RESERVE	\$

GRAND TOTAL ANNUAL EXPENSES	\$
------------------------------------	-----------