

DVC Shelters Directors Meeting
July 19th, 2024
11: 30am

- I. **Introductions**
- II. **Re-envisioning space for DV Shelter Directors Meeting**

History of Shelter directors Meeting:

- Previous meetings (years ago) were ran every month with alternating months as public –
 - Every other month was public and open to public comment and feedback.
 - Trainings and resources were brought in
 - Alternate months was private meetings which Shelter Directors convened to discuss policy, procedures, process through public comment
- The meeting was originally intended to have decision makers in the room to ensure that actions plans can be produced and the least barriers when attempting to implements change
- For now, all of these meetings are public, as we look at that, we want to ensure that we move forward with a purposeful meeting and explore how providers can benefit from the meeting.

Suggestions: if we move forward with every other month being private – could provider meetings be held virtually?

Vision moving froward:

- **Learning about other shelter policies and procedures** is helpful and would be beneficial to participants in the meeting:
 - Intake, referral process, wait period, etc. for providers to be aware when referring clients
 - Discussed the importance to having decision makers in the room as we discuss policy and procedure to ensure the meeting remain effective and produce change without delay
 - Discussed **ES/TS** as an alternative provider meeting that supports with processing through shelter and transitional procedures and best practices with other providers
 - ES/TS is a closed quarterly meeting:
 - Attendees tend to be those doing front line work as the meeting gives an opportunity to process through:
 - day to day practices,
 - barriers in care, and
 - building collaborative referrals and communication
- **Interested in learning: How agencies are moving towards inclusivity:**
 - Increase access for marginalized populations
 - Have experienced roadblocks specifically culturally specific people

- Again, intake and referral process and how are marginalized communities accounted for in these processes to ensure access to care
 - How are others increasing access to care for LGBTQIA+ communities
- **Training is important** as we wear many hats and the more training we have is helpful
 - The more we can support our staff
 - The more knowledge we have about community and resource and how it effects our clients the more effective we can be
 - When we leave the meeting there is support for the programs
- **Want the meeting to feel authentic – build collaboration which feels authentic and focuses on the collective**
 - Discussed rebuilding collaborative efforts which investment in the movement is present
 - Acknowledged the failure to pass this along as staff turnover have been present and many are coming in during a time of high transition
 - Acknowledged transitions during COVID presented barriers in collaborative efforts
 - Acknowledge COVID changed a lot of dynamics and moving out of COVID is another transition for staff so support is important
 - Turnover is so high in the field, so building strong collaborations a high priority
 - Opportunities to elevate voices of marginalized communities

III. Client Barriers:

- **Group went over scenarios:**
 - **What options** are available for survivors who phase out of emergency shelter and transitional housing:
 - Limited beds
 - Clients' choice must always be at the forefront.
 - Explore safety with client and what safety means to them so we are aware fo barriers in the beginning
 - Ensure case conferences to work as a team with collaborative partners in the event that barriers become present for the client we know where to step in
 - Hardest part of the job when a client is exited into homelessness due to passing up resources, a lack of resources, and/or lack of transparency
 - **Culturally specific clients** – limited resources and experiencing survivors being turned away from providers due to language barriers:
 - How are agencies ensuring survivors are serviced when culturally specific barriers are present
 - What are the language access resources:
 - Language line:
 - Many are not trauma informed

- What training do they have with the population we serve or being trauma informed as whole
 - The make up of language inclusivity is based off the language providers staffing for some agencies
 - Reaching out to other providers for support with translation and/or referrals
 - Google voice or a family member is last resort
 - a. **Uber:**
 - Providers use safe locations and non-identifying information when utilizing uber for residential locations to ensure non-disclosure of shelter site and client confidentiality and safety is not at risk
 - b. **Mental Health Barriers:**
 - All providers need mental health services on-site
 - Any times residential sites get client that have barriers outside of their scope and lack the resources for linkage that meet the appropriate urgency
- II. Next steps:**
- a. Understanding resources and policies for DV shelter agencies
 - b. Issues came up – mental health resources. Trainings from mental health providers? Mobile Mental Health Services?
 - c. Continue discussion regarding what agencies are doing regarding cultural resources that promote inclusivity

PARKING LOT FOR FOLLOW UP/ACTION

*Does DVC need to connect with Language Line? What kind of training are they receiving? Training on DV? What about hotline in different languages? *DV Specific Language Line? Can ask for female translator and can request for specific interpreter?

*Lack of local housing option

*Natural Helpers Model esp for marginalized community and colleges. Pepperdine legal resource.

*Mobil health services for ppl in shelter?

Next meeting is **Wednesday, September 20th (third Wednesday of the month) at 11:30 a.m. to 1 pm.**
This committee will meet every other month on the third Wednesday of the month.

ACCOMMODATION REQUESTS:

American Sign Language (ASL) interpreters, auxiliary aids and services, or reasonable modifications to attend Domestic Violence Council meetings and access to policies and/or procedures (i.e. to assist members of the disability community who would like to request a disability-related accommodation), will be made available if the request is made at least five (5) business days before the meeting. Late requests will be accommodated based on feasibility. Please direct all requests to: dvc@ph.lacounty.gov or call **213-974-2799** (Monday thru Friday; 9am-5pm).