

Antelope Valley Homelessness Consortium (AVHC) Draft Recommendations

Meeting 4

October 16, 2017

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Issue Areas

- Basic Needs Services (food, clothes, washers, lockers, restrooms, transportation, etc.)
- Crisis / Bridge / Interim Housing
- Healthcare / Primary Care / Behavioral Health
- Permanent Supportive Housing and Other Permanent Housing
- Role of Faith-Based Organizations
- Collaboration and Coordination
- Management, Accountability and Implementation
- Systems Level

Recommendations – Basic Needs Services (showers, washers, lockers, food, clothing, restrooms, transportation, etc.)

- **Mobile services to focus on unincorporated areas (UIA).** Services identified for highest need are showers, health services, toiletries and weather-specific needs distribution, prepared box / bag meals, etc.
- **Co-locate targeted CES and day services at faith-based organizations and Public facilities** like parks and libraries. Successful co-located services can include benefits enrollment, case management, CES enrollment and other services.
- **Regionalized outreach teams closely communicate with service providers to ensure warm handoff** for housing stability crisis management services. This also means leveraging first responders like EMT, MET, Sheriff's deputies and others for outreach services.
- **Identify locations and secure nonprofit operators for centrally located navigation / open door centers that have easy access to mass transit lines.** Integrating CES will be critical to the long-term housing stability of the users of day services. Case management and life skills workshops offered on-site. Optional safe parking program should space permit.

Recommendations – Crisis / Bridge / Interim Housing

- **Identify year-round shelter locations and agency operators** in Antelope Valley with supportive services and/or **repurpose existing spaces** as year-round facilities. These facilities must focus on being accessible, safe and healthy.
- **Closely coordinate with faith-based organizations** around inventory and capacity of beds and target populations (singles, families, TAY, animal-friendly, food served, etc.).
- **Winter Shelter Connect Days** are hosted on various dates within Winter Shelter operation. Monthly resource fairs connect participants to available regional services for longer-term engagement. Services or agencies provided could be DPSS / benefits enrollment, DMV, legal services, CES / case management enrollment, medical / dental / vision services, employment services program, etc.
- **Connect health providers and law enforcement with recuperative care, sober living, and other bridge housing options for those exiting institutions**, as well as legal service providers to reduce barriers to long-term housing.

Recommendations – Healthcare / Primary Care / Behavioral Health

- **Establish a committee of health entities and institutions in the Antelope Valley** to address homelessness which reports back to the larger Antelope Valley Homelessness Consortium. This can overlap with existing Health Neighborhoods efforts, and this body should include private and County health systems.
- **Dedicate one of the two additional DHS Multi-Disciplinary Teams (MDT) to focus on AV unincorporated areas.** Ongoing communication and coordination with law enforcement and homeless service providers will be critical to the success of these added outreach efforts.
- **Utilize existing data on frequent users of the health system in AV who are experiencing homelessness.** This data drawn from CES and DHS databases, will enhance prioritization of housing and health linkages for the most vulnerable in the community.
- **Engage in formal partnerships to deliver services and/or provide training** to homeless service and supportive housing case management staff. FQHCs can enhance their partnerships with SUD and mental health providers to bolster bi-directional communication to secure medical homes and care coordination. Consider onsite, off-site and mobile case management and housing services.
- **Hospitals can engage with homeless service providers to participate in CES referral system and/or plans for discharge.** Consider care coordination, case management and recuperative care into hospital services.

Recommendations – Permanent Supportive Housing and Other Permanent Housing

Develop and/or establish units for Permanent Supportive Housing (PSH) to meet the projected needs for single adults and families.

Permanent Supportive Housing (PSH) should exhibit the following qualities:

- Services should be individualized based on peoples' needs
- Barriers to housing should be reduced (i.e., tenants should not be turned away because they have a criminal record or have poor housing history)
- Support systems should be robust and encouraged outside of direct service provision
- Living skills (i.e., money management, housekeeping, self-care, conflict resolution, etc.) services should be available
- Increase access to services – either have them on-site or ensure that tenants can get to them easily
- For PSH, services should include clinical care, case management and residential services
- Financing for PSH could be streamlined by creating bundled funding opportunities through capital, services and operating resources
- Frontline staff, supervisors and managers should be trained in quality supportive housing, including relationship building between services and property management and other aspects of providing housing to vulnerable populations
- Eviction prevention strategies are important for people to be able to retain PSH. These strategies should focus on the strengths that tenants bring to the table

Recommendations – Permanent Supportive Housing and Other Permanent Housing (continued)

Create more access to existing housing for people experiencing homelessness.

- Fund additional slots for **rapid rehousing** assistance for single adult and family households to meet the projected needs.
- Implement **diversion services and/or reunification** for single adult and family households to meet the projected needs.

Other Permanent Housing strategies:

- Create landlord engagement strategies to house people in the private market as well as mainstream affordable housing. Landlords look for financial security when taking on risky tenants.
- Rapid Rehousing funds should be targeted to those households who would most benefit from a short-term rent subsidy that comes with lighter service package. Connect employment opportunities to these households.
- Set aside existing and/or create new units in affordable developments for homeless individuals and families. These units should be subsidized more than the other units (at 0-30% Area Median Income) and have some services connected to them.
- Any crisis / bridge / short-term housing should be connected to housing placement teams. Outreach workers should also work on securing housing for homeless individuals and families.
- Provide supports through mentors who are people with lived experience. Mentors can be advocates for housing for people experiencing homelessness as well as provide advice and support that those who do not have lived experience cannot necessarily give.

Recommendations – Role of Faith-Based Organizations

- **Establish a committee of faith-based entities and institutions in the Antelope Valley** to address homelessness which reports back to the larger Antelope Valley Homelessness Consortium.
- **Faith leaders attend and/or host resource fairs** to raise awareness and connectivity amongst congregants and service providers.
- **Coordinate a calendar of services** amongst all members of faith-based alliances, having clear and regular bi-directional communication with homeless outreach coordination staff. These services can include: safe parking, beds (singles, families, TAY / students, with pets), food service, recovery services and others.
- **Identify and leverage prospective volunteers, landlords and employers within the faith community.** Faith-based organizations and their parishioners play a critical role in adding to local long-term housing stability interventions and can collaborate with homeless service providers to match clients enrolled in CES.
- **Faith-based organizations can collaborate with LAHSA** regarding Homeless Initiative strategies that can be covered under Measure H funding opportunities such as bridge housing, outreach strategies, justice-related activities, etc.

Recommendations – Collaboration and Coordination

- **Continue the Antelope Valley Homelessness Consortium.** This short-term process has just started to bring these diverse partners together in a strategic way. Although the partners have worked together in the past, this new effort allows for the community to create priorities and implement them in a coordinated fashion.
- **Use this collaboration to take advantage of the unique opportunity to increase resources through Measure H and other opportunities.** Largely, community members of Antelope Valley have identified the need for resources to create and boost crisis response, housing and services. Using this collaboration to request funding through Measure H could help fill that gap.
- **Promote collaboration between Cities and with the County.** Palmdale and Lancaster each have unique jurisdictional tools and funding that can support services to help reduce homelessness. Los Angeles County has additional tools and resources as well. Coordination across these jurisdictions is essential for supporting nonprofit agencies that are providing direct services and support regionally.
- **Increase collaboration with people who have lived experience.** Those who have experienced homelessness understand better than anyone what works and what does not. Their voices need a bigger role at the planning and implementation table for future coordination of this effort.

Recommendations – Collaboration and Coordination (continued)

- **Recognize the layered response that needs to occur to respond to the diverse needs of different populations experiencing homelessness.** Diverse populations experiencing homelessness include transition aged youth, seniors, veterans, single adults, families, communities of color, LGBTQ communities, survivors of domestic violence, people with mental health and/or substance use disorders, people with chronic health conditions and others. Very few people fall into only one category; therefore, providers need to coordinate to provide the unique services for these populations.
- **Avoid unnecessary duplication of services and support through increased understanding of programs as well as increased coordination.** Efficiencies may be gained through a resource mapping exercise that identifies who is providing what in the community. While this exercise may be helpful, the identification of additional resources to support coordinated efforts is essential.
- **Provide the local Coordinated Entry System (CES) the support it needs to have the core competencies to be the clearinghouse for services and housing for homeless individuals and families.** According to community members and providers, it is working “okay,” but needs local support to effectively operate as the “no wrong door” to the homeless response system.
- **Encourage capacity building within service provider network** to submit applications in response to LAHSA’s RFSQ to become eligible agencies to apply for future funds through LAHSA to reinforce the important work in the Service Planning Area.

Recommendations – Management, Accountability and Implementation

- **Engage a consultant to support implementation of recommendations and ongoing work of AVHC.** Without staff support, the efforts that the AVHC started under this process may fall off the radar and never be fully implemented. Someone has to have the job of bringing people together under a coordinated work plan to accomplish goals, strategies and action items.
- **Create committees of the AVHC to carry out the tasks that need to be accomplished to achieve goals and strategies and complete action items.** The full AVHC has limited time and resources to carry out all the objectives that came out of this planning process. Committees can help accomplish these tasks by taking on specific issue areas and pushing for implementation of action items.
 - Committees can include (but are not limited to): homelessness & housing (SPA 1 Homeless Coalition), health, hunger, faith-based organizations, youth & families, veterans, government (Cities, County, LAHSA, Housing Authorities, Town Councils), program & education, advocacy.
 - Nontraditional members can include (but are not limited to): business community / chambers of commerce, homeowners / landlord associations, law enforcement, library staff, transportation, education – school districts, colleges, adult learning and trade schools.
- **Establish officers, particularly a chair and co-chair of the AVHC.** Having clear leadership of the AVHC along with staff support will help create an environment of accountability for the Consortium and its committees.

Recommendations – Management, Accountability and Implementation (continued)

- **Ensure that implementation is responsive to the unique needs of the Antelope Valley.** Antelope Valley is unlike other regions in Los Angeles County. The housing and services, for example, need to exist in the cities and the unincorporated areas, which makes up a large portion of the region. There is also an opportunity to be an example to other parts of the County.
- **Create a management / work plan to guide implementation of the recommended action items.** A plan that has strategies, tasks, deadlines and persons responsible will provide structure to the implementation process. This will give the AVHC and its staff a roadmap to ensure that the ongoing management of the plan is implemented realistically.
- **Develop a unified method of reporting amongst public agency staff (Cities, County, LAHSA), AVHC and other providers.** A clear line of communication promotes transparency, provides accountability and builds trust among jurisdictions as well as providers in the community. From addressing NIMBYism (not in my backyard) to promoting health resources through mainstream funding opportunities, this coordination is important.

Recommendations – Systems Level

- **Create an education campaign about homelessness and methods that the community is undertaking to reduce it.** This campaign should include success stories of people with lived experience, updated digital and/or printed directory of local services and providers (including faith-based organizations), a description of future strategies that the communities will put into place, as well as specific calls to action.
- **Add more diversity to the planning and implementation table.** In addition to people with lived experience, others with expertise in specialized populations are also important participants in the implementation process. In order to avoid creating a Consortium that is too large and unwieldy, have meaningful participation from additional perspectives on committees.
- **Bring employers to the table.** Employment is a key strategy to move people from homelessness and poverty. Job training providers are important to this strategy, and employers need to learn that there are people who have come from homelessness who are accountable and can work well in their companies, industries, and/or organizations. Employers should include the nonprofit and faith-based community as well.

Recommendations – Systems Level (continued)

- **Take advantage of the data that is available through Homeless Management Information System (HMIS) to make a case for resources, report on achieved outcomes, and provide education to the larger community.** Data is a valuable tool to help provide education to funders, community members and others. Using this resource can also establish need for resources as well as returns on investments (ROIs) to show success.
- **Align City Homelessness Plans for Lancaster and Palmdale where possible.** Los Angeles County departments can help augment these City Homelessness Plans by working to identify areas of coverage to complement work being done by the Cities in Antelope Valley.
- **Leverage mass transit systems and education institutions** as a way to build capacity and reinforce efforts to address homelessness, where the need is largely underutilized in the unincorporated areas.

AVHC Membership

- Fifth Supervisorial District
- Cities of Palmdale and Lancaster
- Chief Executive Office's Homeless Initiative
- Los Angeles Homeless Services Authority
- Sheriff's Departments, Palmdale and Lancaster Stations
- Los Angeles County Department of Public Health (DPH)
- Los Angeles County Department of Mental Health (DMH)
- Antelope Valley Partners for Health
- Grace Resources Center
- Mental Health America
- PATH
- Penny Lane
- Salvation Army
- Valley Oasis
- Antelope Valley Ministerial Association
- Total Deliverance Church
- Victory Outreach
- Antelope Valley Hospital
- High Desert Medical Group / Heritage Health Care

**“The secret of change is to focus
all of your energy, not on fighting
the old, but on building the new.”**

- Socrates

Thank You!

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