ANTELOPE VALLEY HOMELESSNESS CONSORTIUM SYSTEM ANALYSIS FINAL REPORT

Framework to Inform the Antelope Valley Plan to Combat Homelessness

November 1, 2017

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ABOUT CSH

At CSH, it is our mission to advance housing solutions that deliver three powerful outcomes: 1) improved lives for the most vulnerable people, 2) maximized public resources and 3) strong, healthy communities across the country.

Our work across systems, combined with our housing expertise gives us a unique perspective.

CSH believes access to safe, quality, affordable housing - with the supports necessary to keep vulnerable people housed – is an effective solution to homelessness.

Local Solutions to Homelessness

CSH has supported communities across the nation in addressing specific issues related to homelessness at the local level, through technical assistance, trainings and tailored products like homeless system flow maps.

CSH provides practical, customized, and focused technical assistance with high impact for local, state and regional organizations to create or improve permanent supportive housing. CSH's team of experts knows how to make things happen in communities that need policy, planning, project assistance, and system changes.

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ABOUT THIS REPORT

CSH is pleased to present this report to the Antelope Valley and its housed and homeless residents. CSH contracted with the County of Los Angeles, spearheaded by the Fifth Supervisorial District, to facilitate a community-driven process to develop key recommendations and advise the Antelope Valley on next steps for implementing the resulting plan to prevent and combat homelessness.

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PROCESS SUMMARY

On August 1, 2017, the Los Angeles County Board of Supervisors brought forward a motion to establish the Antelope Valley Homelessness Consortium (AVHC) that was tasked with addressing the issue of homelessness through creating a sustainable, long-term housing and services plan in the Antelope Valley. The key issues that the plan must address include:

- *critical lack of emergency shelter beds due to recent closure;*
- *lack of a comprehensive and coordinated system of services and housing opportunities;*
- *lack of clear policies on who the system is designed to serve; and*
- *lack of clear funding priorities.*

While the community is faced with responding to the short-term issue of emergency shelter capacity, it also viewed this as an opportunity to look at emergency shelter in Antelope Valley, not in isolation, but rather, in concert with the broader regional homeless services system to analyze and inform strategic decisions that ensure the system operates efficiently and effectively, and moves people into permanent housing solutions as quickly as possible. The Antelope Valley Homelessness Consortium is intended to be a conduit to implement the regional recommendations put forward in this report and continue to ensure implementation of these plans to address homelessness on an ongoing basis. The enhanced homeless system design is guided by a shared set of underlying principles that embrace national best practice and incorporate feedback from the Antelope Valley Homelessness Consortium and extended regional stakeholders through an inclusive, community process supported by Los Angeles County's Fifth Supervisorial District, Chief Executive Office, Los Angeles Homeless Services Authority and CSH between August and November 2017.

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Homelessness and System Interventions

+ *Homelessness and Housing Interventions Overview*
+ *Homelessness in Antelope Valley*

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+ *Homelessness and Housing Interventions Overview*

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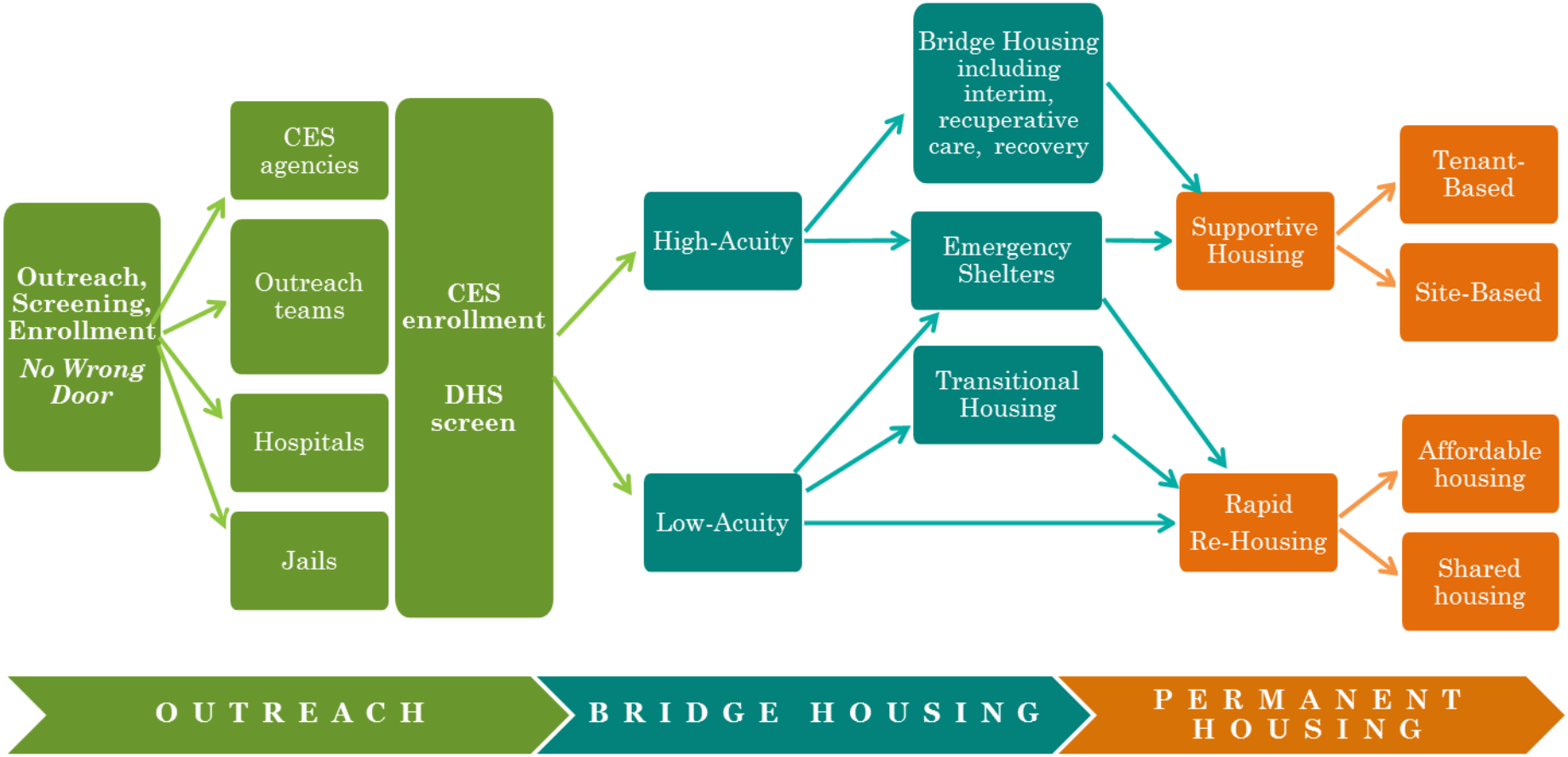
LOS ANGELES COUNTY SYSTEM MAPPING: ACCESS TO HOUSING

Key Systems:
LAHSA , PHAs
DHS, DMH, DPH/SAPC



Terms: Los Angeles Homeless Services Authority (LAHSA); Public Housing Authority (PHA); Department of Health Services (DHS); Department of Mental Health (DMH); Department Public Health (DPH); Substance Abuse Prevention and Control (SAPC); Coordinated Entry System (CES)

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DEFINITIONS

In order for this report to be accessible to a variety of stakeholders, definitions of housing programs, philosophies and populations are included here.

Housing Interventions & Approaches

***Permanent Supportive Housing**: long term, community based housing that has supportive services for homeless persons with disabling conditions. Permanent housing can be provided in one structure or in several structures at one site or in multiple structures in scattered sites*

***Rapid Re-Housing**: a support intervention that uses a combination of case management, housing navigation, and short to medium term financial assistance to assist mid-range acuity homeless households identify and stabilize in tenant-based scattered site, permanent housing.*

***Housing First**: an approach to housing that is centered on the belief that everyone can achieve stability in permanent housing directly from homelessness and that stable housing is the foundation for pursuing other health and social services goals.*

***Harm Reduction**: an approach to services that is voluntary and focuses on reducing harm associated with certain behaviors, as that person works toward recovery.*

***Prevention**: an intervention that provides housing assistance to households that are at risk for becoming homeless, who would become homeless but for this assistance, which can include rental assistance and/or relocation and stabilization services such as utility payments, mediation and case management.*

***Diversion**: an intervention that provides assistance or support to divert a household from the shelter system. This approach encourages households to find alternative and safe living situations, such as staying with friends and family.*

***Transitional Housing**: buildings configured as rental housing developments, but operated under program requirements that call for the termination of assistance and recirculation of the assisted unit to another eligible program recipient at some predetermined future point in time, which shall be no less than six months.*

***Emergency Shelter:** housing with minimal supportive services for homeless persons that is limited to occupancy of six months or less by a homeless person. No individual or household may be denied emergency shelter because of an inability to pay.*

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DEFINITIONS (CONTINUED)

Population-Based Definitions

Homeless: an individual or family who lacks a fixed, regular, and adequate nighttime residence; as well as an individual who has a primary nighttime residence that is a supervised publicly or privately operated shelter designed to provide temporary living accommodations, an institution that provides a temporary residence for individuals intended to be institutionalized; or a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

Chronically Homeless: an unaccompanied homeless individual or family with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years.

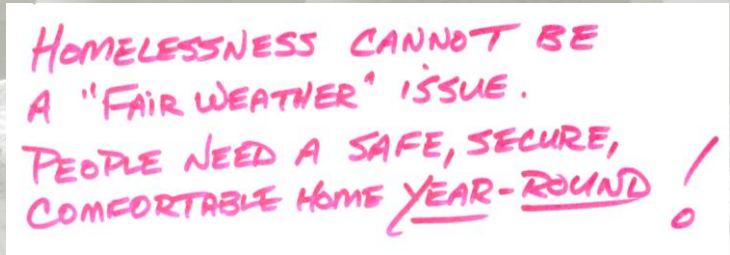

Photo credit: Antelope Valley Homelessness Consortium Meeting 2

Housing and Urban Development Department definitions are available here: www.huduser.gov/portal/glossary/glossary.html

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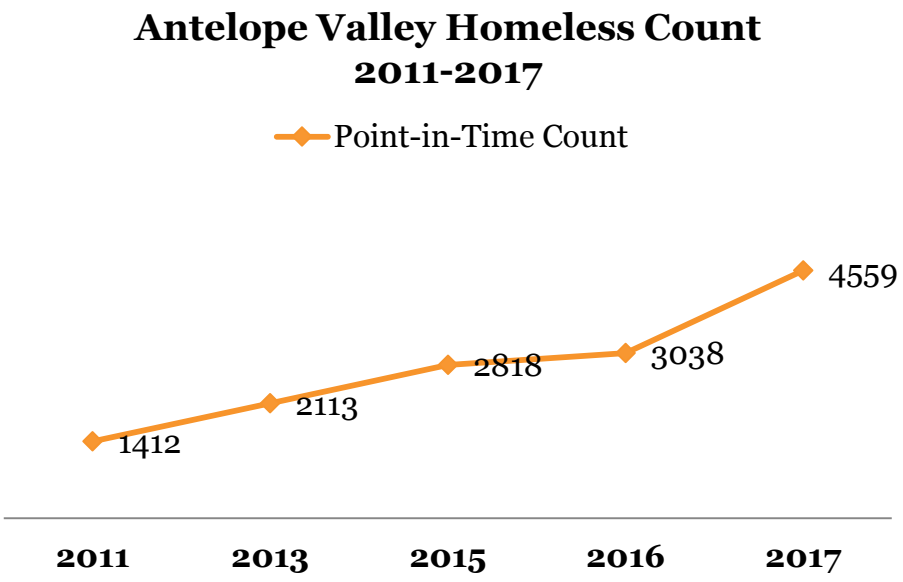
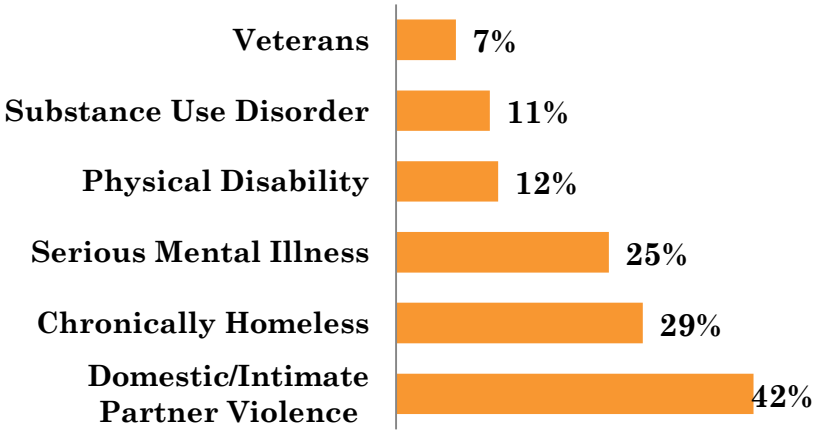
HOMELESSNESS IN ANTELOPE VALLEY

The Antelope Valley homeless system is part of the joint City and County of Los Angeles Continuum of Care called the Los Angeles Homeless Services Authority (LAHSA), and makes up the county's Service Planning Area 1. The Antelope Valley works with providers and partners to coordinate local homeless services and housing interventions.



In 2017, Antelope Valley counted **4,559** homeless people on one night. Here are the demographics:



3,767 Individuals

727 Family Members

65 Unaccompanied Minors

2017 Antelope Valley Homeless Count				
SPA 1 TOTAL	Palmdale	Lancaster	Unincorporated Areas (UIA)	% UIA to SPA 1 Total
4559	342	642	2680	59%

Note: *Participants over age 18 stated having experienced Domestic/Intimate Partner Violence in their lifetime.*
Data Source: *https://www.lahsa.org/documents?id=1377-2017-homeless-count-results-service-planning-area-1.pdf*

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OUTREACH PROGRAMS IN THE ANTELOPE VALLEY

Outreach Provider (Program Name, if applicable)	Eligibility
Catalyst Foundation (ICMS), (CBEST)	Chronically Homeless, Street Homeless
Department of Mental Health (SB-82)	Chronically Homeless, Street Homeless
Mental Health America (MDT), (FCCS/FSP), (Discovery Resource Center)	Chronically Homeless, Street Homeless
PATH (Veteran Housing and Case Management)	Veterans, Chronically Homeless, Street Homeless
Valley Oasis (LAHSA Outreach Coordination (ERT))	Chronically Homeless, Street Homeless
Victory Outreach	Chronically Homeless, Street Homeless
Grace Resources	Chronically Homeless, Street Homeless
Salvation Army	Chronically Homeless, Street Homeless
St. Vincent De Paul	Chronically Homeless, Street Homeless
Desert Vineyard	Chronically Homeless, Street Homeless
Bartz Alta-Donna Clinic	Chronically Homeless, Street Homeless

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TEMPORARY HOUSING PROGRAMS IN ANTELOPE VALLEY

Shelter Provider (Program Name)	Eligibility	Transitional Housing Provider (Program Name)	Eligibility
Valley Oasis (Crisis and Bridge Housing)	Victims of Domestic Violence	**Penny Lane (Armargosa Project)**	Transition Aged Youth 18-24
Valley Oasis (Valley Oasis Shelter)	Victims of Domestic Violence	**Penny Lane (Independent Living Program)**	Transition Aged Youth 18-24
City of Palmdale (South Antelope Valley Emergency Services) Motel Vouchers	No eligibility requirements noted	**Valley Oasis (Oasis House Transitional Housing Project for Victims of Domestic Violence)**	Victims of Domestic Violence
LA County Department of Public Social Services Voucher Beds	Families with children	**Valley Oasis (Steppin' Into the Light)**	Victims of Domestic Violence
Total Deliverance Church (Crisis Housing)	No eligibility requirements noted	**AV Youthbuild (Dream Center)**	Transition Aged Youth 18-24
		Tarzana Treatment Center (Residential Alcohol and Drug Treatment)	Substance Use Disorder, HIV/AIDS, Transition Aged Youth 18-24

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PERMANENT HOUSING PROGRAMS IN THE ANTELOPE VALLEY

Permanent Supportive Housing Provider (Program Name)	Eligibility	Rapid Re-Housing Provider (Program Name)	Eligibility
Abbey Road (Cedar Ridge Apartments)	Families with children	**Mental Health America (SSVF)**	Single Veterans and Veterans' Families
Abbey Road / Adobe (Imagine Village)	Frequent Users & Single Veterans and Veterans' Families	**PATH (SSVF)**	Single Veterans and Veterans' Families
Affordable Living for the Aging (Lancaster Shared Housing)	Single adults	**Mental Health America (Housing & Jobs Collaborative)**	No eligibility requirements noted
InSite Development (Arbor Court Senior Community)	Seniors	**Valley Oasis (Homeless Solutions Access Center)**	Families with children
Meta Housing (Courson Arts Colony East)	Families with children	**Mental Health America (Housing For Health)**	Serious Mental Illness
Meta Housing / WCH (Courson Arts Colony West)	Single Veterans and Veterans' Families		
Mental Health America (HAP)	Single adults		
Mental Health America (Shelter Plus Care) CoC grants	Single adults, Chronically Homeless		
Valley Oasis (Shelter Plus Care)	Single adults, Victims of Domestic Violence, Chronically Homeless		

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REGIONAL PARTNERS

LAHSA and/or United Way funded:

Bartz Altadonna Clinic

Military Resource Center

Penny Lane

Acton Rehab Center

AV Community Clinics

El Nido Family Centers

City of Lancaster

City of Palmdale

High Desert Health System

AV Community College

Project 180

Paving the Way Foundation

Additional partners:

Salvation Army

PATH

Children's Center

Desert Haven

Neighborhood Legal Services

Antelope Valley Partners for Heath

Tarzana Treatment Center

Goodwill / Work Source Center

Psychiatric Urgent Care Facility

Deliverance Church (Bishop & Lady Royal)

Bishop Henry Hearns

Victory Outreach

SAVES

Desert Vineyard

St. Vincent De Paul

Seventh Day Adventist

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Antelope Valley System Analysis

+ *System Map Overview*
+ *Antelope Valley Homeless System Map*
+ *Antelope Valley Unit Projections*

02

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+ *System Map Overview*

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ANTELOPE VALLEY SYSTEM MAP OVERVIEW

A system map is a visual way to analyze homeless system performance using data. The map shows the flow of households that access temporary and permanent housing intervention programs in a community. It is useful for identifying program and system strengths, gaps and possible data quality issues. Although the system map is itself an analysis tool, it highlights areas for further exploration, and is meant to set the stage for more in-depth analysis.

*CSH created a system map for Antelope Valley using **2016-2017** Annual Performance Review data provided by individual projects and the Los Angeles Homeless Services Authority. The programs included in this system map are as follows:*

Emergency Shelter

Transitional Housing

- Penny Lane Armargosa
- Penny Lane Antelope Valley
- Valley Oasis Steppin' Into the Light

Rapid Re-Housing

- Mental Health America SSVF

Permanent Supportive Housing

- Lancaster Shared Housing
- Mental Health America
- Valley Oasis

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+ *Antelope Valley Homeless System Map*

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System Map: Emergency Shelter

Prior Residences:

Data Not Available

494 Beds

Emergency Shelter

Length of Stay: data not provided

Destinations:

Data Not Available

*These beds were closed effective August 7, 2017.

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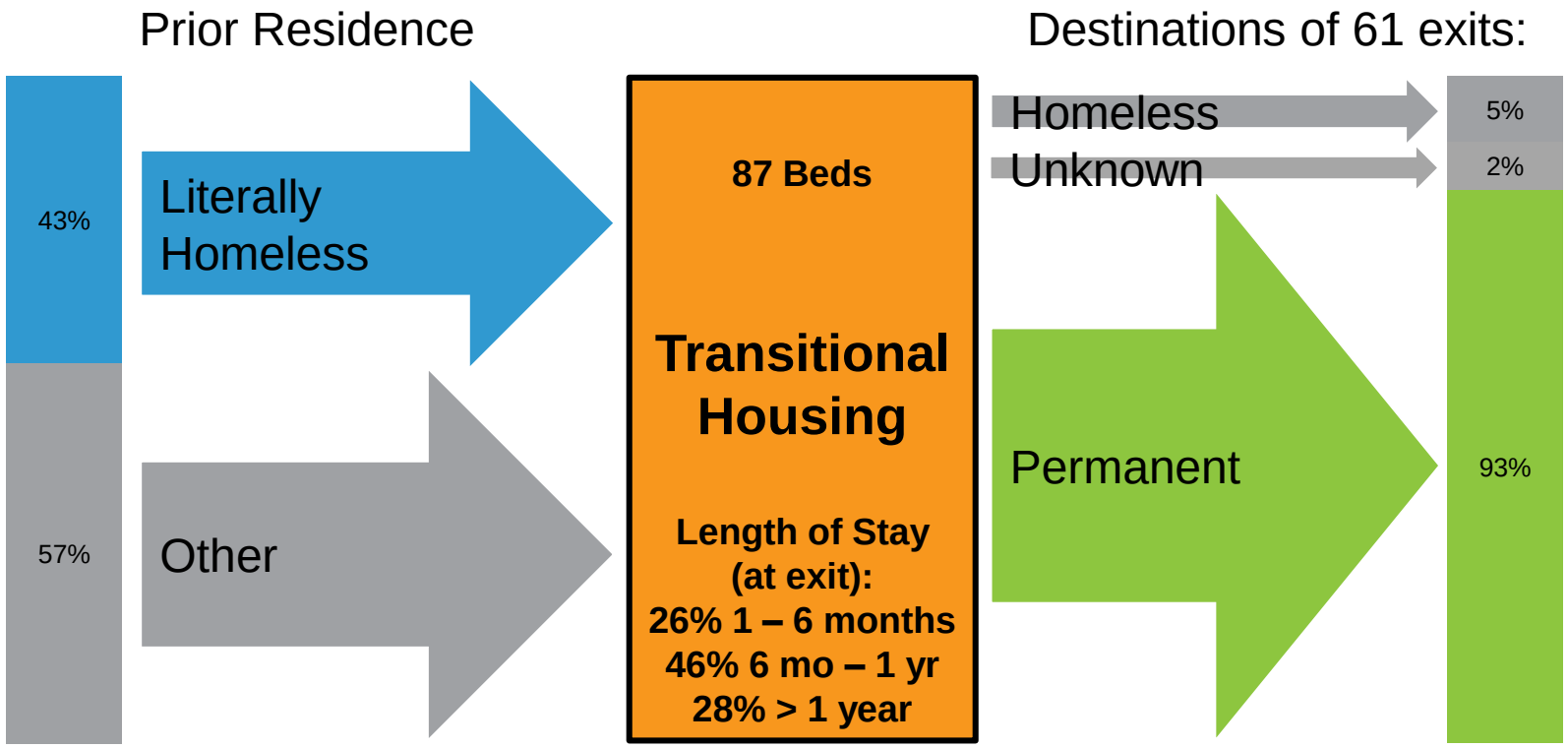
System Map: Transitional Housing



Top Prior Residences:

36% Emergency Shelter (Literally Homeless)
28% Staying with Family/Friends (Other)
21% Institutions – Foster Care/Detox (Other)

Top Destinations:

57% Rental Housing (Permanent)
34% Permanent Stay with Family/Friends
3% Institution – Foster Care (Homeless)

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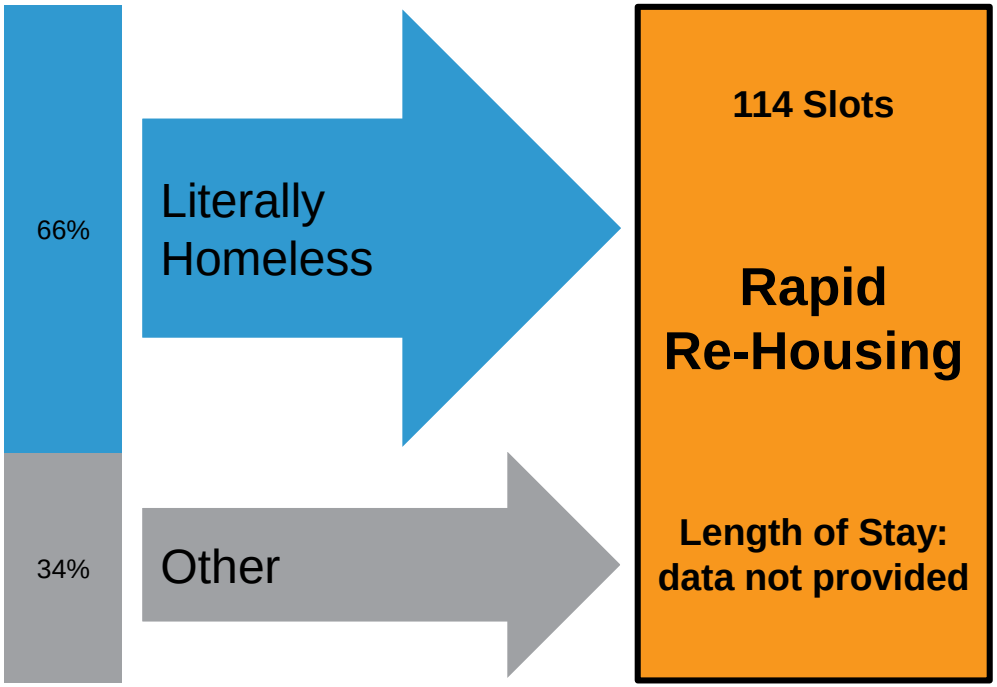
System Map: Rapid Re-Housing

Prior Residence



Destinations of 326 exits:

Data Not Available

Top Prior Residences:

59% Place Not Meant for Habitation (Literally Homeless)

24% Rental Housing (Other)

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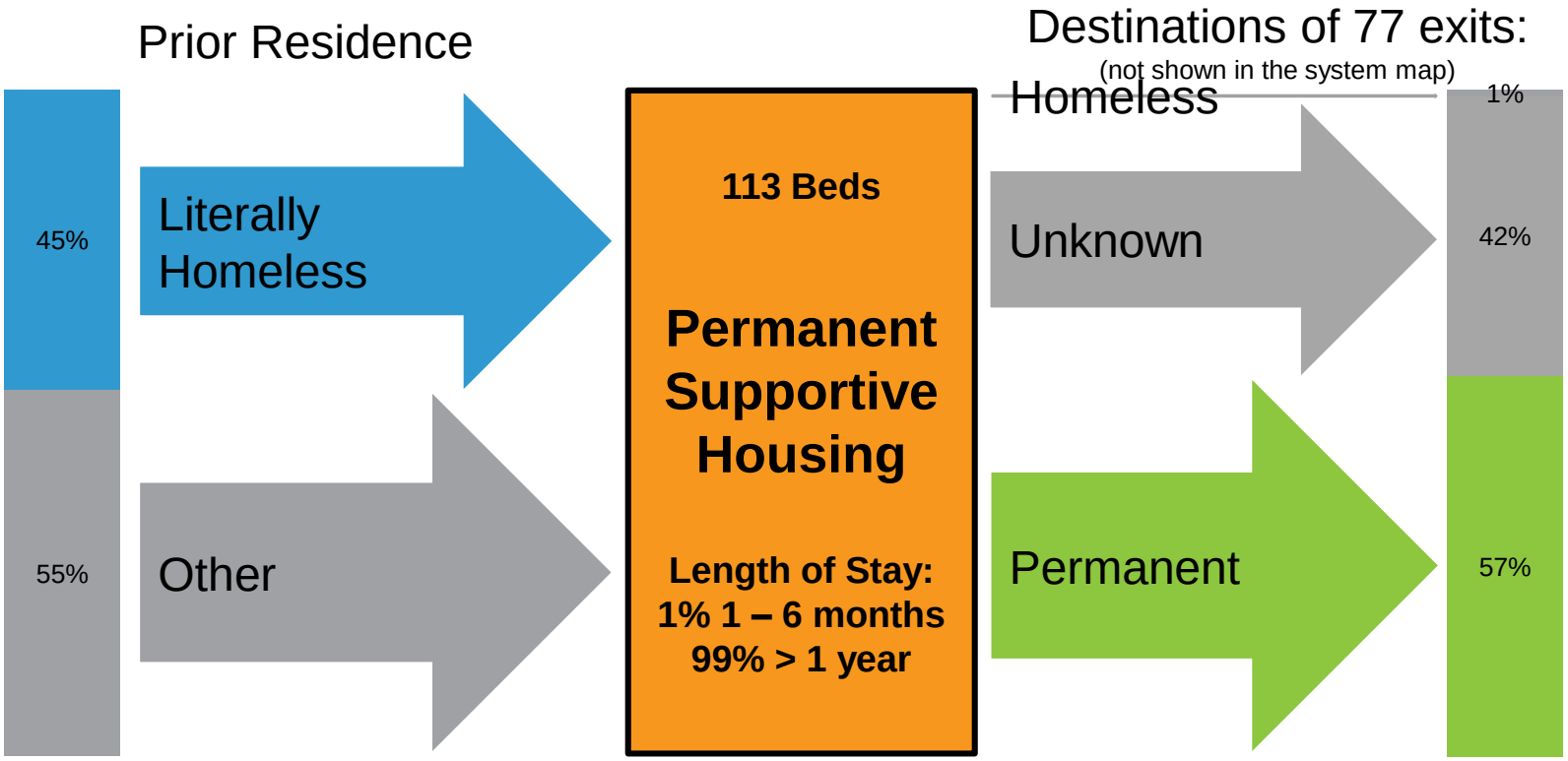
System Map: Permanent Supportive Housing



Top Prior Residences:

32% Transitional Housing (Other)
26% Place Not Meant for Habitation (Literally Homeless)
19% Emergency Shelter (Literally Homeless)

Top Destinations:

57% Rental Housing (Permanent)
42% Don't Know/Refused (Unknown)
1% Institution – Jail (Homeless)

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+ *Antelope Valley Unit Projections*

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Calculating Annualized Need

In order to determine the annual demand for homeless housing and services in the Antelope Valley, CSH did the following:

- *Used data to annualize the numbers of sheltered and unsheltered (both single adults and families; chronic and non-chronic) from the following sources:*
    - *2017 Service Planning Area 1 Point-In-Time (PIT) count*
    - *Estimated turnover rates from the Annual Homeless Assessment Report (AHAR) for Los Angeles County*
    - *Turnover rates from individual Antelope Valley provider Annual Performance Reports (APRs);*
- *Made assumptions where specific data for Antelope Valley was not available, particularly the AHAR (assumptions are based in doing over three dozen similar analyses, including several in LA County); and*
- *Created multipliers from these ratios and turnover rates to apply to all populations counted in the PIT, resulting in the total annualized numbers.*

The PIT count is mandated by the US Department of Housing and Urban Development and provides a snapshot of homelessness in regions within LA County on a given night in January.

The PIT count and the other data sources mentioned above were used as a starting place to estimate demand because it is the most comprehensive information available about those experiencing homelessness across subpopulations, including single adults and families (including chronically homeless households).

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Step 1: Calculating the Annual Demand

2017 Point-in-Time

	Sheltered	Unsheltered	Total
# of HH without children	107	3,660	**3,767**
# of HH with at least one adult and one child	160	125	**285**
# of HH with only children	2	63	**65**
TOTAL	**269**	**3,848**	**4,117**
Chronically homeless individuals	**25**	**1,148**	**1,173**
Chronically homeless family HH	**19**	**33**	**52**

Subtracted Chronic HH to get Unduplicated Count

Calculated Multipliers from PIT Ratios and Turnovers

	Sheltered	Unsheltered
Ratio from PIT for Shelter Individuals	*5.00*	*1.50*
Ratio from PIT for Shelter Families	*5.00*	*1.50*
Ratio from PIT for Chronic Individuals	*1.23*	*1.31*
Ratio from PIT for Chronic Families	*1.12*	*1.32*

2016 Annualized

	Sheltered	Unsheltered	*TOTAL*
Non-chronic Individual HH	410	3,768	***4,178***
Non-chronic Family HH	705	138	***843***
Non-chronic Children-Only HH	10	95	***105***
Chronically Homeless Individuals	**31**	**1,508**	***1,539***
Chronically Homeless Families	**21**	**44**	***65***

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Step 2: Calculating Demand for Each Intervention

	Assumptions	Families	Individuals
Total Annualized Non-Chronic HH (Step 1)		843	4,178
Self-Resolve	**15%**	**126**	**627**
Remaining Non-Chronic HH		717	3,551
Total Annualized Chronic HH (Step 1)		65	1,539
Chronic Households needing PSH	**90%**	58	1,385
Remaining Non-Chronic HH needing PSH	**10%**	72	355
Permanent Supportive Housing		**130**	**1,740**
Remaining Non-Chronic HH		645	3,196
Diversion/Prevention	**17%**	**110**	**543**
Remaining Non-Chronic HH		535	2,653
Remaining Chronic Households		7	154
Rapid Re-Housing/Other	*Remaining*	**542**	**2,807**

**Decimals rounded, which account for some variation*

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Step 3: Projecting the Number of Additional Units Needed to Meet Demand

Need for Permanent Housing				
Housing Intervention	Existing Stock	Available Annually*	Annual Demand (Step 2)	Annualized Over/(Under)
PSH - Fam.	26	32	130	(98)
PSH - Ind.	59	10	1,740	(1,730)
RRH/OPH - Fam.	30	30	542	(512)
RRH/OPH - Ind.	14	14	2,807	(2,793)
DIV/PREV - Fam.	0	0	110	(110)
DIV/PREV - Ind.	0	0	543	(543)

Note: Any remaining households unable to self-resolve, unable to be diverted, unable to receive prevention assistance and not appropriate for PSH are assumed to need RRH. This is also indicated on previous slide in Step 2.

**Based on Utilization and Turnover Rates*

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CSH Housing Projections Methodology

Using the information in the System Map and CSH's Projection Tool, CSH created a projection for re-aligning the community homeless services system with a balance of interventions (diversion, prevention, rapid re-housing, temporary places to stay and permanent supportive housing) that addresses the needs of households experiencing homelessness in the Antelope Valley.

	PSH	RRH / OPH	Diversion / Prevention	Totals
Individual Households	(1,730)	(2,793)	(543)	(5,066)
Family Households	(98)	(512)	(110)	(720)
Totals	(1,828)	(3,305)	(653)	(5,786)

**Currently, there are two affordable housing projects in development that will create a total of 236 units of affordable housing, of which 134 units will be permanent supportive housing units.*

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Antelope Valley Homelessness Consortium Meetings

+ *Meeting 1*
+ *Meeting 2*
+ *Meeting 3*
+ *Meeting 4*

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GUIDING PRINCIPLES

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AVHC MEMBERSHIP

Governing Bodies:

- *County of Los Angeles Board of Supervisors, Fifth Supervisorial District*
- *City of Lancaster*
- *City of Palmdale*

Community-Based Service Providers:

- *Mental Health America*
- *People Assisting the Homeless (PATH)*
- *Penny Lane*
- *Salvation Army*
- *Valley Oasis*

Faith-Based Organizations:

- *Antelope Valley Ministerial Association*
- *Grace Resources Center*
- *Total Deliverance Church*
- *Victory Outreach*

Government Agencies:

- *Los Angeles County Sheriff's Department, Lancaster Station*
- *Los Angeles County Sheriff's Department, Palmdale Station*
- *Los Angeles County Department of Mental Health (DMH)*
- *Los Angeles County Department of Public Health (DPH)*
- *Los Angeles County Chief Executive Office – Homeless Initiative*
- *Los Angeles Homeless Services Authority*

Healthcare Organizations:

- *Antelope Valley Hospital*
- *Antelope Valley Partners for Health*
- *High Desert Medical Group / Heritage Health Care*

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+ *AVHC Meeting 1*

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MEETING OVERVIEW AND KEY TAKEAWAYS

Our inaugural meeting of the Antelope Valley Homelessness Consortium (AVHC) was an important opportunity to set the framework of an inclusive, community-driven approach to gain insight on long-term, regional solutions to homelessness in the Antelope Valley. On August 28th, there were more than 210 community members in attendance, including 21 AVHC membership entities.

AVHC representatives shared their experience of the challenges and possible solutions in addressing homelessness in the Antelope Valley. The overarching themes that arose from the AVHC members were around ***expanding the service provider network*** *in the Antelope Valley,* ***increasing the housing inventory and housing interventions*** *for individuals experiencing homelessness and ensuring that* ***all members of the AVHC have a mechanism to collaborate*** *in order to effectively and humanely address homelessness.*

Members of the general public also had opportunities to share their insights and experiences throughout the evening. The areas of alignment communicated were the ***need for more*** *permanent housing options, crisis services (i.e., public restrooms, mobile services, etc.) and housing options, service providers and funding sources to build out the capacity and capital.*

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COMMON THREADS

***Community**: Maintaining support networks and a sense of community for those experiencing homelessness. Keeping a person-centered focus on the types of services that are needed and the locations within the region that might be most accessible. Acknowledging the subpopulations of homelessness in the AV should be included in mindfulness of the sense of community (i.e., veterans, LGBTQ, those with substance use disorders, mental illness and chronic health conditions, domestic violence survivors, etc.).*

***Collaboration**: Gathering the existing and prospective entities that interface with homeless populations to share perspectives and brainstorm on what works and what does not. Inclusivity is key in order to create a shared understanding of priorities.*

***Coordination**: Organizing and orchestrating effective mechanisms for communication and service provision within the newly established AVHC network and others, such as transportation services, workforce and developers / property owners. Aligning to carry out right-sized interventions for the community.*

***Creativity**: Understanding the uniqueness of the Antelope Valley and the unincorporated areas within the region. Devising less conventional housing developments, such as modular or micro developments, shared housing options and maximizing existing housing stock.*

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+ *AVHC Meeting 2*

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MEETING OVERVIEW

The Antelope Valley Homelessness Consortium met for the second time on September 18th with approximately 110 individuals in attendance, inclusive of 19 AVHC members. After CSH's presentation of the Antelope Valley Homeless System Map and Housing Projections, there were two simultaneous activities to engage and collect input from everyone in attendance.

The AVHC was asked to develop priorities for the Consortium by reflecting on the System Map and Housing Projections, ensuring that the priorities are feasible and actionable based on their experience of working with homeless populations in the AV. The priorities that were established by the AVHC members largely aligned and echoed the those of the general public.

Full-Service Shelter // Capacity & Coordination // Prevention Expansion // Accountability

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ISSUE AREA GROUP DISCUSSIONS

Members of the general public were asked to participate in group discussion with the following issue areas and questions to address:

- ***Basic Needs Services*** *(food, clothes, washers, lockers, restrooms, transportation, etc.)*
- ***Crisis / Interim Housing***
- ***Healthcare / Primary Care / Behavioral Health***
- ***Permanent Supportive Housing (PSH)***
- ***Role of Faith-Based Organizations***

There were two additional topics, transportation and building sustainable housing, which emerged naturally as priorities and garnered important talking points to address homelessness. The common threads that emerged in all of these discussions were ***gaps in knowledge around services, providers and programs*** *(including eligibility criteria) that can be addressed with a community-wide* ***education campaign****,* ***the need for services to be expanded to the unincorporated areas*** *of the Antelope Valley (including accessibility with mass transit) and* ***the need to eliminate siloes*** *within each entity interfacing with homeless populations.*

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+ *AVHC Meeting 3*

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MEETING OVERVIEW

The Antelope Valley Homelessness Consortium gathered for its third convening on October 2nd with approximately 80 in attendance, inclusive of 19 AVHC members. The evening's activity was shaped around a Fishbowl activity which is specifically designed to provide a thorough exploration of the critical aspects of developing plans and action steps to address homelessness by capitalizing on local expertise in the community.

The goal of this Fishbowl was to produce a feasible set of recommendations through deep and meaningful conversation around two key areas identified at previous Consortium meetings in need of further exploration: ***Collaboration and Coordination*** *and* ***Management and Accountability****. The AVHC entities who kicked off the discussions were representatives from the City of Lancaster, the City of Palmdale, the Fifth Supervisorial District, Penny Lane, Department of Public Health and Antelope Valley Christian Ministerial Alliance. The remainder of the Consortium members had the opportunity to reflect on what they heard and continue the conversation. The general public was able to further that discussion with their reflections as well.*

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FISHBOWL DISCUSSION

The discussion provided critical input that demonstrated a ***dichotomy in perception****: the Antelope Valley lacks service providers and there is redundancy or duplication of services in the region. These differing perceptions indicate opportunities to identify and analyze the programs or services and respective locations within the region, strengthen the communication amidst the community and activate bodies that might not otherwise be involved in the Coordinated Entry System.*

Thereafter, CSH distilled the information into draft recommendations for the system as a whole. Those recommendations were provided at the fourth Consortium meeting.

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+ *AVHC Meeting 4*

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MEETING OVERVIEW

CSH convened the fourth and final AVHC meeting on October 16th, where there were more than 70 attendees, including 17 AVHC members. CSH wanted to identify areas of alignment or divergence, both of which are helpful indicators of ways to proceed in ensuring that the recommendations are community-driven and feasible for continuation of the Consortium. CSH asked the AVHC to hold up green or red tags to indicate whether the recommendations within each issue area felt appropriate and reasonable, keeping in mind that these recommendations are not intended to address implementation, but rather setting the foundation on which to launch implementation.

With online AVHC and public input, CSH was able to continue the community-driven approach with ongoing feedback on the draft recommendations

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AVHC MEMBER ALIGNMENT AND DIVERGENCE MEETING 4

Recommendation Issue Areas	Green Tag	Red Tag	Abstention	Key Takeaways
Basic Needs Services	14	1	2	Co-location of services at Public facilities was acknowledged for its creativity. Clarity on the types of services that will be provided was expressed. Community buy-in will be beneficial for smooth implementation.
Crisis / Bridge / Interim Housing	14	1	1	Strong alignment on recommendations.
Healthcare / Primary Care / Behavioral Health	15	1	1	A high priority that was communicated was siting Mental Health Urgent Care facilit(ies) with allowances for extended patient stay depending on medical necessity in contrast to hospitals or the criminal justice system being the housing intervention for those exhibiting chronic behavioral health symptoms.
Permanent Supportive Housing and Other Permanent Housing	15	1	1	Strong alignment on recommendations.
Role of Faith-Based Organizations	16	0	1	Strong alignment on recommendations.
Collaboration and Coordination	16	0	1	Strong alignment on recommendations.
Management, Accountability and Implementation	14	2	1	Strong alignment on recommendations.
Systems Level	14	2	1	Strong alignment on recommendations.

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Recommendations

04

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RECOMMENDATION 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

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BASIC NEEDS SERVICES
(SHOWERS, WASHERS, LOCKERS, FOOD, CLOTHING, RESTROOMS, TRANSPORTATION, ETC.)

- ***Mobile services to focus on unincorporated areas.*** *Services identified for highest need are showers, health services, toiletries and weather-specific needs distribution, meal service, 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 outreach and engagement, benefits 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.*

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CRISIS / BRIDGE / INTERIM HOUSING

- ***Identify year-round shelter locations and agency operators*** *in Antelope Valley with ongoing supportive services and/or* ***repurpose existing spaces*** *as year-round facilities. These facilities must focus on being accessible and safe.*

- ***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*** *should be 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, veteran services, medical / dental / vision services, employment services program, etc.*

- ***Connect health providers and law enforcement with bridge housing options such as recuperative care and sober living for those exiting institutions.*** *Legal service providers should also be connected to bridge housing programs to reduce barriers to long-term housing.*

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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.*

- ***Enhance hospital engagement with homeless service providers to participate in CES referral system and/or plans for discharge.*** *Consider incorporating care coordination, case management and recuperative care with hospital services.*

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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, job readiness, etc.) services should be available*
- *Increase access to services – either have them on-site or ensure that tenants can get to them easily with public transportation*
- *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*

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PERMANENT SUPPORTIVE HOUSING AND OTHER PERMANENT HOUSING (CONTINUED)

Create more access to existing housing for people experiencing homelessness.

- *Fund additional slots for **rapid re-housing** assistance for single adult and family households to meet the projected needs.*
- *Implement **diversion services, prevention 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 Re-Housing 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.*
- *Create tenant engagement strategies for justice system linkages such as veteran's, mental health and drug courts, Project STAR and other diversion programs.*
- *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.*

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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 should 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.*

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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 funding 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 apply for 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.*

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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.*

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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.*
- ***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 Consortium governance and its committees.*
- ***Create committees of AVHC governance 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. Each committee should have a chair who sits on the larger AVHC and can report back.*
  - ***Committees*** *can include (but are not limited to): housing, health, faith-based organizations, policy & systems, program & education, management.*
  - ***Members*** *can include (but are not limited to): business community and chambers of commerce, homeowners and landlord associations, law enforcement, library staff, transportation, educational institutions (school districts, colleges, adult learning and trade schools), community-based organizations, all interested members of the public.*

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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.*

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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.*

- ***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.*

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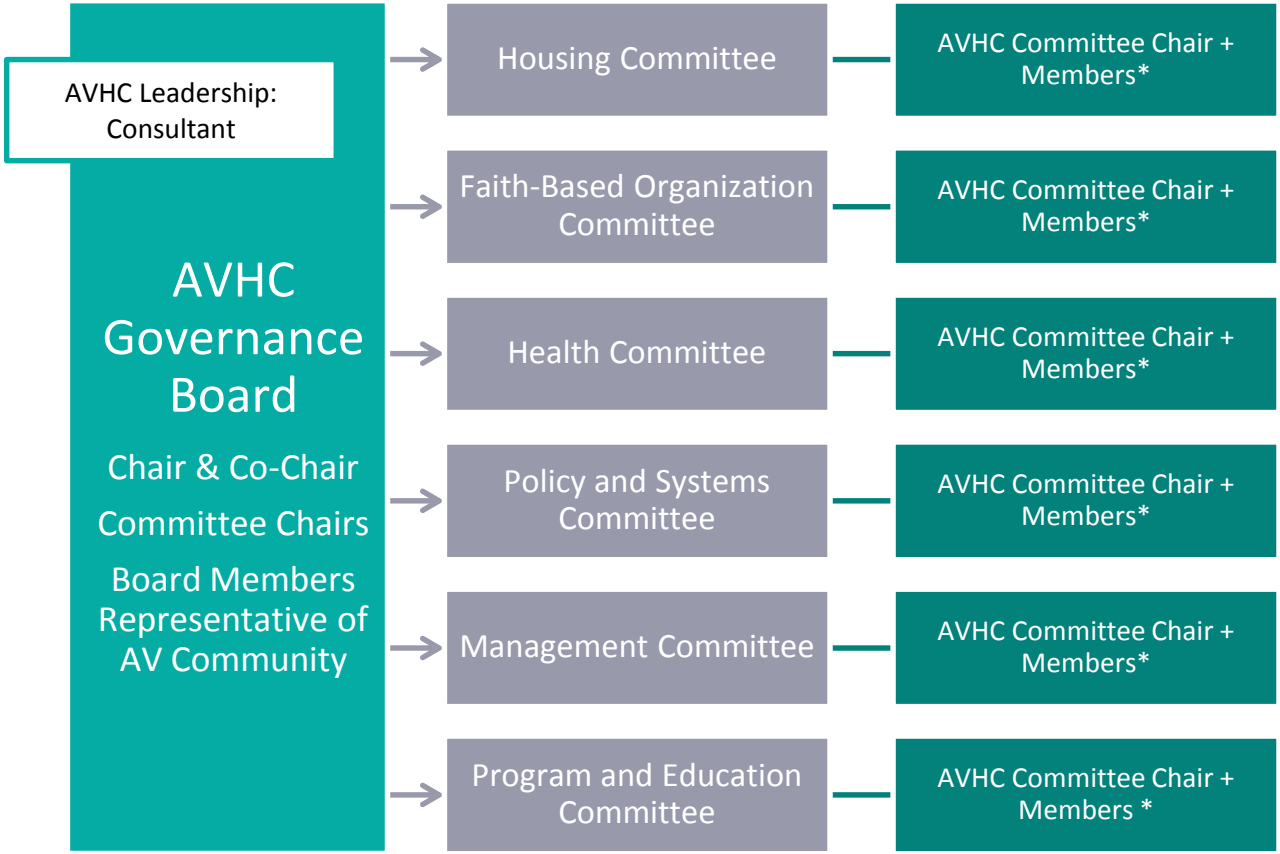
RECOMMENDED AVHC GOVERNANCE BOARD STRUCTURE FOR IMPLEMENTATION



*Members of Committees can include:

- Committee Chair who is on Governance Board
- Committees are open to all interested members of the community

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NEXT STEPS

These recommendations are meant to inform Los Angeles County's Fifth Supervisorial District about strategic initiatives that address homelessness on a regional level and are intended to be implemented in the community to address long-term solutions.

As a next step, Los Angeles County and the Fifth Supervisorial District will hire a consultant to begin implementation around AVHC governance and host meetings to evaluate membership and leadership, beginning with housing program providers and Continuum of Care agencies to discuss resources, data and outcomes of their programs, and how these new strategic initiatives will address homelessness and housing crises in the community.

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SUGGESTED ACTION PLAN TEMPLATE

The Action Plan, at a minimum, should identify action steps associated with each goal and strategy. The action steps should directly correspond to outcome statements that define when the action is successful. The plan should include details such as the entity with lead responsibility, names of participants, and the timeframe for accomplishments. As your community develops its Action Plan, remember that repurposing existing committees can be a good way of utilizing existing efforts without creating redundancies.

The following examples are for the purposes of demonstrating the organization of an Action Plan only. Communities are encouraged to develop a plan for each goal in their Strategic Plans. The Action Plan may include a higher level of detail or a greater number of action steps than the examples provided, but keep in mind that this is a summary document to be shared with multiple stakeholders. Detailed "to do lists" that evolve from the Action Plan can be maintained as separate documents. The Action Plan should be as clear and concise as possible in identifying the key actions and outcomes as well as who is responsible.

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SUGGESTED ACTION PLAN TEMPLATE (CONTINUED)

Example

Goal 1: Faith-Based Organization (FBO) Service Coordination within Coordinated Entry System (CES)

Strategy	Lead	Key Participants	Timeframe	Action Steps	Desired Outcome
Develop a coordinated calendar of services provided by FBOs amongst all members of faith-based alliances, having clear and regular bi-directional communication with homeless outreach coordination staff.	Faith-Based Organization Committee – staffed by AVHC Leadership	Faith community leaders, non-profit agencies, outreach staff, transportation staff, and current FBOs providing homeless services (list out names)	Establish Committee – December 1, 2017 - FBO services "menu" centralized and coordinated with homeless outreach teams – March 31, 2018 (to be updated as new FBOs participate / fluctuate)	Create list of FBOs, homeless services currently provided / feasible to provide and identify gaps (region, services)	By January 15, 2018, 50% of unique individuals in FBOs for crisis services are newly enrolled in CES
				Identify congregations with capacity to get involved and do presentations with homeless outreach teams there	A team of 3-4 people become experts in explaining housing first, CES and how to mitigate risk for unstably housed neighbors
				Create and share centralized schedule, including services, populations, eligibility criteria, locations, points-of-contact	Antelope Valley has 75 new jobs from congregant business owners and 50 units from congregant landlords set aside for homeless parishioners by March 31, 2018
				Coordinate outreach teams to provide housing linkage services on-site if possible, or on-call for CES enrollment. Logistics include space for intake, appropriate point-of-contact based on client need, etc.	Community members and nonprofit partners are well-versed in "linking" unstably housed or homeless neighbors to emergency housing supports via faith-based community efforts

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