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1. INTRODUCTION

Understanding the Lancaster Community

Lancaster is a large community of friends and neighbors who appreciate a high quality of life. Nestled above the San Gabriel Mountains, Lancaster is a place where people desire to live close to, but far enough away from the hurried pace of Los Angeles, residents enjoy affordable living and the many amenities the Antelope Valley offers. While some residents have been in Lancaster for generations, others continue moving to the area, increasing the population which reached nearly 156,000\(^1\) in 2007.

The community of Lancaster cares. Lancaster is a compassionate community which continually strives to better itself and its residents. People in Lancaster are working hard to improve their community and help fellow residents to meet their challenges; they are generous with their time and money.

It is difficult to separate Lancaster from the rest of the Antelope Valley. Many existing programs and organizations designed to improve people’s lives are located in Lancaster yet serve the entire Antelope Valley. Therefore, when discussing Lancaster throughout this document, it will often be referred to as a part of the Antelope Valley.

The evidence of Lancaster’s achievements is all around. As a proactive community, Lancaster has already been successful in creating opportunities for its residents. These opportunities include new facilities, new housing options, new programs, neighborhood cleanups, volunteers donating their own time for an array of work, among others.

Some of Lancaster’s achievements include:

- The new Antelope Valley YMCA at Lancaster City Park
- Fairs for veterans where the community reaches out and offers support: medical and dental care, counseling, legal assistance, haircuts, etc.

\(^1\) U.S. Census Bureau, 2007 American Community Survey 1-Year Estimates

Volunteers preparing a hot meal at Grace Resource Center
- A major new facility in downtown Lancaster to promote mental health
- New housing for seniors
- Scores of volunteers gathering to clean up neighborhoods and build school facilities
- Kitchens where volunteers prepare meals day after day
- New facilities under construction to support veterans and families

These are major successes and the Lancaster community should be proud.

At the same time, it is clear that there are still people in the Antelope Valley who are struggling with daily life. They are our brothers, our daughters, and our neighbors. “Bob’s” wife died and he lost interest in everything. “Jane” put faith in an untrustworthy friend and lost her home. “Joe” moved from family to family as a foster child and now instead of starting college he is sleeping in the desert and focusing on survival. These are real stories of people who are trying to improve their lives and need help.

Some of those in need don’t know about the help that is available. Some of the help is stretched to the limit. Most recently, the economic downturn has affected the Antelope Valley, forcing more and more families and individuals to turn to the community for help. There is no better time than now for a coordinated effort to generate solutions to public concerns and improve the quality of life in the community, making the community a better place to work, live and play.

Intent of the Continuum of Care

The Continuum of Care approaches community needs in two ways. It is an effort to create a network of support that reaches those in crisis. At the same time, it seeks to put future generations on solid ground so they are able to deal with challenges and avoid crisis. By strengthening the community as a whole, Lancaster, as a part of the Antelope Valley, will find the best long-term solutions to public concerns.

The Continuum of Care will facilitate collaborative problem-solving among the agencies and organizations working to improve life in the Antelope Valley. By sharing information and resources, and working strategically together, we can realize the following vision developed through the Continuum of Care planning process:
“Our community is a place that provides a respectable quality of life for all residents. A place where community assets are a priority, existing resources are fully utilized and future needs are provided for when they arise. Our community empowers all residents to set no limits to what they can achieve and allows them to be accountable for their lives and responsible for their children’s lives. Residents are active in their community, engaged in their self development and strive to achieve their highest potential.”

The Continuum of Care will act as a guide to attain the Vision. It is a document that will guide Lancaster, as a part of the Antelope Valley, through community-based strategies for improving people’s lives; starting them off in the right direction or giving them the ability to start again. These strategies will also play a vital role in improving neighborhoods, increasing community involvement, and creating an ever more desirable place where people want to live, work and play.

This Continuum of Care goes well beyond the United States Department of Housing and Urban Development’s (HUD) definition and expectations. Though this document is designed to fulfill recommendations and fundamental components set forth by HUD and will be a basis for developing annual strategies eligible for federal funding to alleviate homelessness, the scope goes farther. The strategies outlined in this document will foster healthy and self-sufficient community members. They will help build and sustain a community of motivated and driven members, both young and old, who strive to do their part to contribute to the whole.

The Continuum of Care will achieve the community vision through community-based strategies which address the diverse needs of the community. A number of diverse and complex factors contribute to being susceptible to, or at risk of being homeless and homelessness itself. According to the Homeless Needs Assessment research, the demographic of homelessness has been shifting for some time. There are more women, two- and single-parent households, and children who are experiencing episodes of homelessness. Some

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2 HUD’s fundamental components include; outreach, intake and assessment, safe haven, supportive services only, overnight shelter, emergency shelter, transitional housing, and prevention.
specific sub-populations are a growing concern: children emancipated from the foster care system; seniors; veterans; and persons with mental illness, disabilities, substance addiction, or combinations of those issues.

Homelessness is rarely the result of one cause or one specific incident in an individual’s life. Instead it is a process that takes many years which places individuals in an at-risk category and may or may not lead to homelessness. For homeless residents in the Antelope Valley, it was found that social issues had set the stage for susceptibility to homelessness, while economic, environmental and/or health issues typically pushed these at-risk individuals into homelessness.

Please refer to the Lancaster Homelessness Needs Assessment, under separate cover, for more information on the homeless population in the Antelope Valley. The remainder of this report makes findings based on information collected during both the Homeless Needs Assessment and the Continuum of Care planning process.

Continuum of Care Planning Process

The Continuum of Care process is a continuation of the Homeless Needs Assessment, which began in early 2007. Part of that Homeless Needs Assessment objective was to unearth rumors, clarify misconceptions, and better understand the community’s needs. It provides answers to questions about the homeless population in the area, who they are, where they are coming from, and what primary factors are contributing to homelessness in the Antelope Valley. This information laid a foundation for the development of a collaborative and comprehensive Continuum of Care to address issues of public concern and contribute to city-wide efforts to improve the quality of life in the community.

This Continuum of Care was created using a strong community-based process in order to understand community priorities. This process helped to develop a sense of community ownership and allowed for the preparation of strategies that would be implemented by the community members themselves. Obtaining representation from a wide range of sectors was integral to creating a well rounded and truly community-based Continuum of Care. This was done through the formation of two groups, the Co-Sponsors and the Working Group. These groups consisted of individuals from a variety of professions, community-based organizations, consumers and advocates, city, county and state agencies, businesses and foundations. The Co-
Sponsors were convened to support and help lead the Working Group through its tasks. The Working Group met regularly through the Continuum of Care process and covered topics ranging from inventorying social services and identifying gaps to visioning and goal-setting. Members invited to participate in the 2008 Working Group included the following agencies/organizations:

- Grace Resource Center
- Lancaster Community Shelter
- Antelope Valley Homeless Coalition
- City of Lancaster
- Mental Health America
- Antelope Valley Council on Alcoholism and Drug Dependency
- Los Angeles County Economic Development Corporation
- Westside Union School District
- Eastside Union School District
- Veterans Homes Committee
- Heritage Clinic
- County of Los Angeles, Community and Senior Services
- Independent Living Center of Southern California
- Boys & Girls Clubs of the Antelope Valley
- Desert Christian Schools
- Sheriff’s Department, Lancaster Station
- Building Industry Association (BIA)
- Antelope Valley Hospital
- Antelope Valley Community College District
- Children’s Center of the Antelope Valley
- Antelope Valley Domestic Violence Council/Valley Oasis
- Los Angeles County Probation Department
- California Department of Corrections and Rehabilitation
- Los Angeles County Housing Authority, Section 8
- County of Los Angeles, Department of Health Services

**Document Format**

The Continuum of Care has several sections and Appendices which support the document. Below is a quick summary of each.

- **Introduction:** This section contains information about the community, the needs of the community and how this Continuum of Care document and process will address those needs.
- **Strategies:** This section outlines community-identified gaps by topic and provides the desired outcomes and strategies to address those gaps, with key action steps that can be taken. These strategies and actions are designed to remove barriers, create linkages, and improve existing programs and self-sufficiency support provided in the community.
- **Community Resources:** This section summarizes community resources in a short matrix for quick reference and suggests further resources that could be engaged in implementation.
- **Implementation Plan:** A matrix is provided to guide implementation of the Continuum of Care.
- **Appendices:**
o Appendix A, the Working Group Summary, contains the input from the community including all the gaps and community-based priorities which were based off of those gaps.

o Appendix B is a comprehensive Agency Services Matrix, which details each community resource by services and programs it provides.
2. STRATEGIES FOR ACHIEVING THE VISION

The Community Vision for this Continuum of Care

Our community is a place that provides a respectable quality of life for all residents; a place where community assets are a priority, existing resources are fully utilized, and future needs are provided for when they arise. Our community empowers all residents to set no limits to what they can achieve and allows them to be accountable for their lives, and responsible for their children's lives. Residents are active in their community, engaged in their self development, and strive to achieve their highest potential.

Introduction

Achieving the vision for this Continuum of Care will require a collaborative effort that builds on existing resources to create an effective network of support and a stronger future for Antelope Valley’s residents. Participants in the Continuum of Care planning process identified gaps in the work that is currently being done toward this end. This chapter outlines those gaps and describes outcomes that the community should seek to achieve in order to address them. Strategies are suggested for achieving these outcomes, broken down into specific actions that Continuum of Care partners may take.

The chapter is organized into the following topics:

- Ensuring a Safe, Decent Place to Sleep
- Putting Housing Within Reach
- Supporting People Who Lack Permanent Housing
- Weaving a Network of Support
- Building Strong Youth
- Improving Health and Wellness
- Expanding Local Employment
- Creating Supportive Neighborhoods
- Coordinating Support
- Planning Strategically
- Increasing Community Awareness
Ensuring a Safe, Decent Place to Sleep

The outcomes below address the following gaps identified by the community that are related to ensuring a safe, decent place to sleep:

- A place to sleep for people in crisis who have no other options
- A place to sleep for people in crisis who have severe disabilities or severe mental illnesses
- A place to sleep for families in crisis, including two-parent families and fathers with children

<table>
<thead>
<tr>
<th>Outcome:</th>
<th>People in crisis have a safe, decent place to sleep.</th>
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| Strategy: | Ensure that emergency housing is available for people experiencing a crisis. |

| Action: | Expand emergency housing options such as shelter beds and motel vouchers to meet demand. Include options for people with severe mental illness, severe disabilities, or substance addictions; and help families to stay housed together. |

| Strategy: | Move people into permanent housing to reduce the time they need to spend in emergency housing. |

| Action: | Create a strategy to move people quickly from emergency housing into permanent housing and connect them to the support they need for a transition to long-term self sufficiency. This strategy could include measures such as expansion of rental assistance and housing placement, and establishing working relationships with landlords. |

| Action: | Create a rapid re-housing strategy to minimize the time spent in emergency housing for people experiencing homelessness for the first time and who need a minor intervention to get back into permanent housing. |

| Action: | Create a re-housing strategy for chronically homeless people who are regular users of emergency housing and who may need several types of support to stay in permanent housing. |

Putting Housing Within Reach

The outcomes below address the following gaps identified by the community that are related to putting housing within reach:

- Affordable housing opportunities
- Meeting the housing needs of local residents first
- Utility assistance
Outcome: Support is available to help residents move into permanent housing.

Strategy: Identify and address barriers to living in permanent housing, such as the cost of a security deposit and having a criminal record.

Action: Offer housing assistance to people in transition, such as youth emancipating from foster care and people being released from public institutions.

Strategy: Create a coordinated system of housing placement that matches people with the housing resources that are available.

Action: Encourage housing counselors to share information with each other about affordable housing opportunities and the support that is available to help people move into permanent housing.

Outcome: Support is available to help residents to stay in permanent housing through hardships, whether they are renters or owners.

Strategy: Create a strategy to reduce evictions by connecting tenants to the support they need to stay in their homes, such as negotiating with landlords or obtaining temporary financial assistance.

Action: Build relationships with landlords so that they can help tenants find support when needed.

Strategy: Expand programs that help people to remain in their homes.

Action: Strengthen local efforts to prevent foreclosures.

Action: Work with utilities to expand utility assistance.

Outcome: Quality rental opportunities provide desirable housing options at a range of prices.
Strategy: The community understands that renting instead of owning a home is the best long-term choice for some families.

Action: Continue efforts to ensure that new rental communities are high quality, amenity-rich and blend into the surrounding neighborhood.

Strategy: Create on-site support for rental complexes with low-income residents.

Action: In complexes with a significant percentage of affordable units, help nonprofit organizations to create a support system for residents either with regular outreach or by providing on-site support such as child care.

Outcome: For families that would benefit from home ownership, that option is within their reach.

Strategy: Strengthen programs that promote home ownership.

Action: Continue to offer programs to local residents that make home ownership more affordable.

Action: Work with lenders to create financial literacy classes that help prepare local families for home ownership.

Support for People Who Lack Permanent Housing

The outcomes below address the following gaps identified by community members, including people who were homeless, that are related to support for people who lack permanent housing:

- Meeting basic needs: shower and laundry facilities, healthy meals every day, clothing including undergarments and socks
- Resolving minor legal issues before they lead to warrants
- Productive daytime activities
Outcome: People who lack permanent housing can focus on higher-level priorities because it is easy to fulfill their daily basic needs: healthy meals, clean clothing, and hygiene.

Strategy: Ensure that facilities and supplies for meeting basic needs are available in or near emergency housing and other supportive programs that serve people who lack permanent housing.

Action: For the chronically homeless, consider allowing “no strings attached” access to basic needs such as showers while gradually engaging people to participate in programs that can lead to permanent housing.

Outcome: People who lack permanent housing can resolve minor legal issues such as fines for “camping” and loitering before they lead to arrest, without having to travel to Los Angeles.

Strategy: Explore the viability of creating a “homeless court” program similar to existing courts in Southern California, with an emphasis on re-integrating the participants into society rather than punishment through fines and custody.

Outcome: People who lack permanent housing are engaged during daytime hours so that they do not need to loiter in public places.

Strategy: Create a strategy to help people who lack permanent housing to engage in activities that build their skills and confidence, strengthen their social networks and advance their life goals.

Action: Seek ways to employ people who lack permanent housing; if paid opportunities are not an option, then create productive volunteer opportunities.

COMMUNITY RESOURCE
In spring 2009, Mental Health America celebrated the opening of its new facility in downtown Lancaster that provides several programs next door to new apartments for people with disabilities including mental illness. The apartments are managed by InSite Development, a company that partners with community-based organizations to offer programming at its affordable housing developments throughout Southern California.
Weaving a Network of Support

The outcomes below address the following gaps identified by the community that are related to weaving a network of support:

- A network of support that encourages independence rather than continued dependence on services
- Support for people who have difficulty living independently
- Support for veterans of all wars, past and present
- Opportunities for older adults to utilize their valuable skills and stay active in the community
- Connections to support for parolees to help them re-integrate into society
- Convenient transit between services or co-location of services

**Outcome:** People who need support on a daily basis can get that support where they live.

**Strategy:** Provide in-home or on-site support for people who need help with everyday living due to mental illness, disability or age.

**Action:** Expand in-home support programs for people who need help with everyday living.

**Action:** Assess the desirability of building additional housing with on-site support for people who need help with everyday living due to mental illness, disability or age.

**Outcome:** Older adults in the community live healthy, independent lives.

**Strategy:** Strengthen opportunities for older adults to achieve mental, social, and physical health and growth.

**Action:** Ensure that programs keep up with the increasing number of older adults.

**Action:** Expand volunteer opportunities for older adults that put their skills to use for the community and help to carry out other strategies of the Continuum of Care, with a special emphasis on connecting them with children and youth.
Outcome: Veterans receive the support they need when they return from service and afterwards.

Strategy: Create a system of support for veterans returning from military service that quickly connects them with jobs, housing, mental health care and other support to facilitate the transition to civilian life.

Action: Create a strategy to reach returning veterans and connect them with available resources. For example, reach veterans through military offices or support groups for family members.

Strategy: Maintain ongoing support for veterans that addresses their specific needs.

Outcome: People who have criminal records are able to build new lives that keep them away from crime for good.

Strategy: Identify obstacles facing people released from correctional facilities, such as rejection from landlords and employers, and create a strategy to address them.

Outcome: Access to supportive programs is convenient.

Strategy: Expand access to transportation.

Action: Continue to pursue efforts to provide a shuttle service between supportive programs.

Action: Seek funding to provide bus and taxi vouchers for people in need.

Strategy: Locate supportive facilities in places that are easy to access by public transit, near neighborhoods that will benefit from them.

Building Strong Youth

The outcomes below address the following gaps identified by the community that are related to building strong youth:
- Education and support for parents to create nurturing home environments for children, from before birth to independence
- Parent awareness of resources for their children
- Training, support and role models for youth to help them live independent and successful lives
- Support programs for foster children, from early childhood to emancipation
- Training and support for foster parents
- Support for foster youth after emancipation

### Outcome: Ensure youth are emotionally, socially, and intellectually prepared to transition into adulthood.

### Strategy: Improve and expand programs that promote strong families and nurturing home environments.

**Action:** Promote widespread community participation in high quality, comprehensive parent and family workshops that strengthen parenting skills, with an emphasis on parents of very young children.

**Action:** Expand outreach for family counseling.

### Strategy: Expand positive activities available to youth.

**Action:** Carry out policies of the Lancaster Parks, Recreation, Open Space and Cultural Master Plan to offer more recreational, cultural and fitness programs for children that they can access without a car.

**Action:** Encourage the formation of a variety of school-based teams, clubs, and activities.

**Action:** Develop opportunities for teens to create programming for the teen center at the new YMCA facility.

**Action:** Recruit college students and older adults to volunteer for youth programs.

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**COMMUNITY RESOURCE**

Archdiocesan Youth Employment Services (AYE), a program run out of the One-Stop Career Center, works with local businesses to create internship opportunities with salaries paid by AYE. AYE also helps teens to finish their education. AYE is seeking more employers to participate in the internship program.
Strategy: Expose youth to a variety of potential career and higher education opportunities and experiences.

Action: Provide venues for professionals from diverse backgrounds to serve as role models and share their job experiences with youth; this could range from school visits to mentoring and apprenticeship programs.

Action: Promote strong connections between teenagers and institutions of higher education to encourage more youth to enroll in college.

Action: Host career fairs for local youth.

Action: Explore expanding vocational programs that are open to students in high school.

Strategy: Strengthen support for youth emancipating from foster care or leaving home at 18 to ensure they become independent adults.

Action: Expand support programs for youth exiting foster care.

Action: Develop a strategy to make sure no young person “slips through the cracks” when graduating, dropping out of school or making another transition to adulthood, but is instead connected to support needed to become independent.

Strategy: Develop and strengthen partnerships and interaction between schools and other entities concerned with the development of local youth.

Improving Health and Wellness

The outcomes below address the following gaps identified by the community that are related to improving health and wellness:

- Preventive health care, and health care that addresses symptoms before they become serious
- Mental health care, including care for trauma
- Free or low-cost dental and eye care

Outcome: Mental health is a community priority.
Strategy: Strengthen mental health care in the Antelope Valley.

Action: Create a strategy to increase the number of mental health practitioners by attracting recent graduates to the local workforce.

Action: Work with local community-based organizations to advocate to major medical service providers about the importance of providing mental health services.

Outcome: Antelope Valley residents have the care, resources and information needed to maintain good health, reducing public burdens of emergency costs and lost productivity.

Strategy: Increase the number of individuals taking advantage of preventive and early health care.

Action: Expand free and low-cost medical services in the community to ensure that care is available before health problems become emergencies.

Action: Expand free and low-cost dental and eye care.

Action: Support the work of Antelope Valley Partners for Health (AVPH) to provide preventive medical care throughout the community and create a Community Health Care Clinic.

Strategy: Provide more opportunities for residents to engage in healthy lifestyles.

Action: Carry out goals of the Lancaster Parks, Recreation, Open Space and Cultural Master Plan aimed at increasing opportunities for fitness and health, such as Goal 3: “Support and Encourage Residents in Pursuing Healthy, Active Lifestyles.”

Action: Encourage the growth of regular events that promote exercise, from small neighborhood-oriented walks and games to large competitive events that attract visitors.

Action: Ensure that a healthy lifestyle is something that everyone can afford.
Strategy: Develop health awareness through public outreach and education carried out by partnerships between community-based organizations, government, and medical and educational institutions.

Action: Create an annual community health fair that raises awareness of “lifestyle” diseases and how to prevent them through diet, exercise, and regular check-ups.

Action: Educate school-aged children about how to choose a healthy lifestyle.

Action: Hold neighborhood health awareness events.

Expanding Local Employment

The outcomes below address the following gaps identified by the community that are related to expanding local employment:

- Connecting employers and potential employees
- Training programs that connect to job opportunities
- Vocational training that addresses different skills, abilities and learning styles

Outcome: Local employment opportunities are available for all residents.

Strategy: Create more local living wage jobs.

Action: Continue the work of the Economic Development Department and its partners to recruit businesses to the area and grow local businesses.

Action: Build on local efforts to create “green” jobs, for instance in renewable energy.

Strategy: Enable community members to acquire local living wage jobs by strengthening programs that provide skills training and assist in matching potential employees with jobs.

Action: Strengthen partnerships between employers, schools and community-based organizations to create more internships, apprenticeships

COMMUNITY RESOURCE
Lancaster is home to three major institutions of higher education that offer a variety of vocational and general education programs: Antelope Valley Community College, CSU Bakersfield’s Antelope Valley Center, and CSU Fresno’s Lancaster University Center.
and other on-the-job training opportunities.

**Action:** Work with local employers and community-based organizations to ensure that local vocational training programs prepare all individuals to acquire living wage jobs.

**Action:** Identify barriers to employment for the local population and create strategies to address those barriers.

### Creating Supportive Neighborhoods

The quality of life of Antelope Valley residents is shaped immensely by the neighborhoods where they live. Neighborhoods are also where Continuum of Care partners can reach residents. For both these reasons, it is important to focus special attention on neighborhoods.

**Outcome:** Residents know that support is available nearby.

**Strategy:** Create a supportive presence in each neighborhood that reaches out to the community through events and personal interactions.

**Action:** Create Neighborhood Impact Centers that tailor their activities to the needs and opportunities in each neighborhood, guided by input from local schools and neighborhood residents.

**Action:** Encourage representatives from different agencies and organizations to attend activities at Neighborhood Impact Centers throughout the year to develop relationships with residents and local schools.

**Action:** Build the capacity of Neighborhood Impact Centers to operate as referral centers.

**Strategy:** Locate supportive programs near neighborhoods where people will benefit from them, while still ensuring that they are accessible by transit.

**Outcome:** Neighborhood amenities support healthy lifestyles.
Strategy: Design and retrofit neighborhoods to enable residents to walk and bike to school, shopping, parks, and other amenities.

Action: Carry out policies in the General Plan related to creating walkable neighborhoods and systems of paths and trails.

Strategy: Neighborhood amenities promote healthy food options.

Action: Create a community garden in every neighborhood through a partnership between the City, community-based organizations, and school districts.

Action: Create a strategy to attract neighborhood grocery stores that provide fresh produce and non-processed foods, and other healthy options.

Outcome: Residents are engaged and active in their neighborhoods.

Strategy: Create an organizational structure that engages residents in collective efforts to improve their neighborhoods and help their neighbors.

Action: Host events that build social networks among neighbors.

Action: Continue Neighborhood Community Building activities.

Outcome: Rental housing is a neighborhood asset that is well cared for by responsible and engaged landlords.

Strategy: Expand resources for landlords to maintain rental properties.

Action: Promote wider use of the Rental Rehabilitation Program.

Action: Continue rental inspections to ensure properties are adequately maintained.

Action: Create a landlord association group that allows property owners to discuss common issues and promote good practices while facilitating communication between Continuum of Care partners and landlords.

Action: Create a strategy to engage absentee landlords in responsible management of their properties.
Coordinating Support

The outcomes below address the following gaps identified by the community that are related to coordinating support:

- Connections to a safe place to sleep and other support that will help people in crisis to stabilize their lives
- Connections to support for people released from public care—health and mental health care, correctional facilities, or foster care
- Communication between organizations/agencies about specific clients and referring clients to appropriate programs, including clients who are homeless or are at risk of becoming homeless
- Awareness among the general population of where to go for help

Outcome: A comprehensive intake and assessment system is able to match people to resources in the Antelope Valley that fulfill their particular needs.

Strategy: Strengthen the capacity of the Access Center, Homeless Assistance Program, and Antelope Valley Youth and Family Services to refer residents to supportive programs.

Action: Continue to strengthen communication between agencies/organizations through the Homeless Coalition so that staff in these programs can make effective referrals.

Strategy: Maximize use of available referral resources by raising their visibility and increasing service provider participation.


Outcome: No one is released from public care into homelessness—whether from health or mental health care, correctional facilities or foster care.
Strategy: Through a collaborative effort between institutions of public care, referral centers, and supportive programs, create a system to connect people released from public care to the resources they need to rebuild their lives.

Outcome: Comprehensive outreach finds people in crisis quickly and connects them to support.

Strategy: Create a strong and coordinated public outreach strategy to connect people in crisis to support that will help them stabilize their lives.

Action: Develop a schedule of regular outreach to people eating free meals at local faith-based organizations, people in public places who seem to have nowhere to go, and desert encampments.

Action: Regularly acquaint Sheriff Department staff with the programs available to help the troubled people they encounter.

Outcome: Widespread participation in the Homeless Management Information System allows providers to coordinate support for specific clients.

Strategy: Collaboratively develop a system of tracking clients with the Homeless Management Information System.

Planning Strategically

The outcomes below address the following gaps identified by the community that are related to planning strategically:
- Coordination between Continuum of Care partners: agencies, community-based programs, health care providers and schools
- Data on the size and characteristics of the Antelope Valley homeless population
- Funding decisions that are clear and reflect local community priorities
- Preventing fraud and abuse
- Accountability for supportive programs that use public funds
Outcome: Increase communication and collaboration between community-based organizations, agencies, and others engaged in improving the quality of life for Antelope Valley residents.

**Strategy:** Encourage collaborative initiatives that address issues of public concern.

**Action:** Grow the capacity of the Antelope Valley Homeless Coalition as a regular forum for communication and collaboration.

**Strategy:** Communicate regularly about programs and initiatives related to the Continuum of Care.

**Action:** Create a communication strategy that identifies new ways to engage Continuum of Care partners. New venues for communication might include newsletters, social networking tools, and conferences.

**Strategy:** Regularly evaluate the progress of the Continuum of Care and revise the plan as needed to reflect community priorities.

**Action:** Establish regular meetings for Continuum of Care partners and the community at large to review and revise the plan.

Outcome: Antelope Valley has an accurate understanding of the size and characteristics of the population in need of support.

**Strategy:** Establish a collaborative understanding of the population participating in support programs in the Antelope Valley by encouraging more programs to track clients with the Homeless Management Information System or a similar system.

**Action:** Seek funding for implementation and training to help more programs to participate in the information system.

**Action:** Perform regular evaluations of local data to understand the characteristics, needs, program participation and successes of the people who have received support; address concerns about potential fraud and abuse.
Strategy: Improve the accuracy of the homeless counts conducted by Los Angeles Homeless Services Authority (LAHSA).

Action: Prepare well in advance of each homeless count by identifying areas where homeless people might be found, and recruiting volunteers who can be mobilized quickly.

Increasing Community Awareness

The outcomes below address the following gaps identified by the community that are related to increasing community awareness:

- Community understanding of homelessness
- Understanding among community leaders about homelessness and how they are positioned to address it

Outcome: The public is supportive of efforts to improve quality of life for everyone in the Antelope Valley.

Strategy: Develop a public awareness campaign to remove the fear and stigma associated with homelessness.

Action: Implement a public awareness campaign to encourage support for people who are trying to get back on their feet.

Action: Make a special effort to educate community leaders and engage them as partners in the Continuum of Care.
3. COMMUNITY RESOURCES

Introduction

In order to collaborate effectively, it is important for those working to improve quality of life in the Antelope Valley to understand each others’ work.

The matrix on the following pages identifies major government agencies, community-based organizations, and faith-based organizations that operate supportive programs related to the Continuum of Care. Programs are placed into categories according to their major focus. These focus areas relate closely to the outcomes presented in the next section.

The matrix also indicates types of support that these agencies and organizations offer:

- **Outreach**
  Going “outside the office” to make contact with people and offer support.

- **Supportive Programs**
  Includes a wide range of programs; for example, counseling, housing placement, medical services, and training.

- **Emergency Housing**
  A decent place to sleep for people in crisis while they seek permanent housing. This housing typically includes at least two meals a day and case management.

- **Supportive Housing**
  Includes supportive programs that are offered in clients’ homes, as well as housing developments and other facilities with housing that have on-site support. Some supportive housing is expected to be a short-term living situation, while some is permanent housing for residents who need daily assistance.

These four categories emphasize the support available to people without permanent housing, or people who are at risk of losing their housing. Appendix C, *Matrix: Support for People Who Lack Permanent Housing*, provides a more detailed view of this support.
## Supportive Resources Matrix

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<th>Organization/Agency Focus</th>
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<th>Supportive Programs</th>
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Additional Resources

Beyond the agencies and organizations providing direct support to the Antelope Valley population, the Continuum of Care effort will find success if it engages several other community resources as partners.

Other potential partners for the Continuum of Care include:

- Antelope Valley Building Industry Association
- Antelope Valley Homeless Coalition
- Antelope Valley Transit Authority
- California Department of Corrections and Rehabilitation
- City of Lancaster Department of Housing & Neighborhood Revitalization
- City of Lancaster Economic Development / Redevelopment Agency
- City of Lancaster Department of Parks, Recreation & Arts
- Local employers
- Los Angeles County Economic Development Corporation
- Los Angeles County Probation Department
- Neighborhood Impact
- Schools and school districts
- Religious institutions
- United Way
4. IMPLEMENTATION PLAN

Introduction

The following pages provide a matrix to guide implementation of the Continuum of Care. For each action, the matrix indicates what agency or organization will lead the effort, what partners or resources might be involved, the priority level and the desired timeframe for carrying out the action.
**Implementation Matrix**

Note for Draft: This matrix contains a sample outcome, strategies, and actions. For effective implementation, Continuum of Care partners should complete the matrix together.

**OUTCOME:** Support is available to help residents to stay in permanent housing through hardships, whether they are renters or owners.

<table>
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<tr>
<th>Strategy:</th>
<th>Accountable Party</th>
<th>Potential Resources/Partners</th>
<th>Priority</th>
<th>Timeframe*</th>
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<td>Create a strategy to reduce evictions by connecting tenants to the support they need to stay in their homes, such as negotiating with landlords or obtaining temporary financial assistance.</td>
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<td>Build relationships with landlords so that they can help tenants find support when needed.</td>
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<td>GAVAR, City code enforcement officers</td>
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<td>Expand programs that help people to remain in their homes.</td>
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<td>Strengthen local efforts to prevent foreclosures.</td>
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<td>Local lenders, national resources such as NeighborWorks America</td>
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<td>Work with utilities to expand utility assistance.</td>
<td>AV Homeless Coalition</td>
<td>Local utilities, Salvation Army</td>
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* Timeframe:
  - S: Short-Term (in 1 year)
  - M: Mid-Term (in 2-3 years)
  - L: Long (in 4 years or more)
Appendix A
Working Group Summary

As discussed in the Continuum of Care Introduction, the two groups, the Co-Sponsors and the Working Group, met regularly through the Continuum of Care process. The topics they addressed along with their goals and the content of their meetings are summarized below.

General meeting agendas for each meeting were as follows:
1. Introductions, Overview, Definition & Inventory of Area Social Services
2. Assessment of Existing Services: Gap Analysis
3. Gap Analysis & Priorities
4. Gap Analysis & Priorities
5. Vision & Goal Setting; Strategies & Action Steps
6. Goal Setting; Strategies & Action Steps; Evaluation & Monitoring

Meeting 1
Introductions, Overview, Definition, & Service Areas & Inventory of Area Social Services
July 24, 2008

During this first meeting of the Working Group, the participants were introduced to each other and discussed their vision for this Continuum of Care. Their visions ranged from families being well cared for and housed to addressing code enforcement issues, better coordination to educating the community and its leaders on social issues. Other participants mentioned youth and addressing dropout rates, removing homelessness as an option, looking at funding to make sure it is utilized well, and simply creating a welcoming community to all.

As an introduction to the process, the Working Group learned about a continuum of care, what it entails, what their role in it would be and how their participation would benefit the process. Building upon the HUD definition, the group developed a local Continuum of Care definition.

The group reviewed what steps had been taken to that point with the Lancaster Homelessness Needs Assessment done in 2007. The group then utilized research and data collected from that assessment to create a comprehensive database of existing services and services providers in the area, including which subpopulations they serve.
Meeting 2
Assessment of Existing Services: Gap Analysis
August 19, 2008

The task of creating a database of all existing services in the community was a large undertaking. The group provided information during this meeting and continued to do so throughout this process as they came across it in their professional lives (see Appendix B for the full database of existing services). This meeting also included analyzing the new database and discussing possible gaps within the current system. This was equally a large task which continued into meeting 3.

Meeting 3
Gap Analysis & Priorities
September 17, 2008

The group started off continuing the discussion from the last meeting by looking at more gaps in the system to ensure that all possible gaps were addressed. The group then did an exercise which helped to prioritize those gaps in services to determine those that were a high priority and those that were a medium priority.

Meeting 4
Gap Analysis & Priorities
October 29, 2008

The Co-Sponsors were asked during this meeting to evaluate the gaps and priorities from the Working Group and supplement the gaps analysis and priorities. The group then brainstormed methods for which to close the gaps as well as innovative strategies to address public concerns regarding the process.

Meeting 5
Vision & Goal Setting; Strategies & Action Steps
November 19, 2008

The Co-Sponsors were able to use the ideas and all the gaps and priorities from the Working Group to craft a vision specifically for this Continuum of Care. Goal setting was done in conjunction with some strategies and action items for those goals. This was a large task and the group needed two meetings to successfully discuss and create.
Meeting 6
Goal Setting; Strategies & Action Steps; Evaluation & Monitoring
December 4, 2008

At this last meeting, the Co-Sponsors were focused again on goals, strategies and action steps. Though some of the ideas had already come out in previous meetings, the group looked at more strategies and action items to accomplish the goals set. Finally, a very important step of any on-going process or system is the evaluation methods and monitoring systems in place for the Continuum of Care.
## Appendix B. Matrix: Support for People Who Lack Permanent Housing

<table>
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<tr>
<th>Organization / Agency</th>
<th>Population Served</th>
<th>Service Area</th>
<th>Meals</th>
<th>Emergency Groceries</th>
<th>Clothing, Household Goods</th>
<th>Mail/Phone/Shower/Laundry</th>
<th>Case Management</th>
<th>Traing Classes/Job Training</th>
<th>Referrals/Lists</th>
<th>Transportation</th>
<th>Shelter (Emergency, Overnight, Other)</th>
<th>Other</th>
<th>Treatment (Inpatient, Outpatient)</th>
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*Population Served*: G: General Public; MH: Mental Health; SA: Substance Abuse; C: Women & Children; DV: Domestic Violence Victims; Y: Youth; D: People with Disabilities; S: Seniors; V: Veterans

*Area of Service*: L: Lancaster; P: Palmdale; AV: Antelope Valley; LAC: Los Angeles County; O: Beyond LA County