

HOMELESSNESS PLAN

AUGUST 2018



Prepared by

TABLE OF CONTENTS

- 1. **Executive Summary** 1-1
 - A. **Organization of the Plan** 1-1
 - B. **Background/Purpose of Plan** 1-1
 - C. **Planning Process** 1-4
 - Summary of Key Findings.....1-5
 - Goals and Supporting Actions1-5
 - D. **Conclusion** 1-6

- 2. **The Story of Homelessness** 2-1
 - A. **Spectrum of Homelessness** 2-1
 - General Overview of Homeless Populations2-1
 - B. **Characteristics of Homelessness in Lancaster** 2-7
 - Homeless Counts and Trends 2-10
 - Description of Current Homeless Issues in Lancaster2-14
 - C. **Evaluation of Existing Homeless Services and Facilities** 2-18
 - Emergency Shelters/Bridge Housing2-19
 - Transitional Housing 2-20
 - Permanent Supportive Housing 2-20
 - Meal/Food Services2-21
 - Support Services2-21
 - Public Safety Services..... 2-22
 - Transportation Services..... 2-22
 - Medical and Mental Health Services.....2-23
 - Other Services (Legal, Employment Training, VA, Faith-Based, etc)..... 2-24
 - Informal Services..... 2-26
 - D. **Conclusion** 2-27

- 3. **Data Analysis and Results** 3-1
 - A. Data Sources** 3-1
 - Public Data 3-1
 - Community Sourced Data 3-1
 - Stakeholder Data 3-1
 - B. Methodology** 3-1
 - Data Collection and Analysis 3-2
 - Developing Results and Recommendations 3-2
 - C. Results** 3-2
 - Results of Analysis 3-2
 - Anticipated Needs 3-7
- 4. **Priority Recommendations** 4-1
 - A. Goals and Supporting Actions** 4-3
 - Goal 1 Prevention 4-3
 - Goal 2 Housing 4-5
 - Goal 3 Engagement 4-6
 - Goal 4 Public Safety 4-8
 - Goal 5 Data-Driven Responsiveness 4-10
 - Goal 6 Community Vitality 4-12
 - Goal 7 Regional Collaboration 4-14
 - B. Comprehensive Proposed Budget For Priority Recommendations** 4-16
 - C. Lancaster Community Homelessness Plan: Regional Participation/ Involvement** 4-20
- 5. **Summary of Community Participation** 5-1
 - A. Community Surveys** 5-2
 - Structure 5-2
 - Survey Results 5-2

- B. Community Workshop 5-34**
 - Workshop Format 5-34
 - Summary of Major Themes 5-36
- C. Focus Groups and Stakeholder Outreach 5-38**
 - Focus Groups 5-38
 - Stakeholder Interviews 5-41
 - Homeless Outreach Ride-Along 5-43
- D. Homeless Individual Interviews 5-45**
- E. Key Takeaways 5-47**

Figures

- Figure 1-1. Regional Homelessness Efforts 1-9
- Figure 2-1. Lancaster City 2-8
- Figure 2-2. Lancaster Region 2-9
- Figure 2-3. Sheltered and Unsheltered Homeless in Lancaster 2-11
- Figure 2-4. Unsheltered Persons in 2017 2-12
- Figure 2-5. Lancaster Homeless Trends 2013–2017 2-13
- Figure 2-6. Homeless Subpopulations in SPA 1 in 2018 2-13
- Figure 2-7. Lancaster Coordinated Entry System 2-19
- Figure 5-1. How serious is homelessness in Lancaster? 5-4
- Figure 5-2. Has homelessness and its impacts decreased, increased, or stayed the same in Lancaster over the last five years? 5-5
- Figure 5-3. How much do the following factors contribute to homelessness? 5-6
- Figure 5-4. Have you known someone personally who has been homeless? 5-7
- Figure 5-5. Have you ever been homeless yourself? 5-8
- Figure 5-6. Have you ever encountered a homeless person in Lancaster? 5-9
- Figure 5-7. Do you ever give money or food to homeless individuals in Lancaster? 5-10
- Figure 5-8. Have you ever volunteered at an organization that provides services to the homeless? 5-11
- Figure 5-9. Rather than offering money or food to homeless individuals, would you be interested in providing them with a service card with homeless services contact information? 5-12
- Figure 5-10. Type of Organization 5-15
- Figure 5-11. Is your organization affiliated with any other organizations? 5-16

Figure 5-12. What services does your agency/organization currently provide? 5-17

Figure 5-13. How often are your services available? 5-18

Figure 5-14. How many people does your agency/organization serve on an annual basis? 5-19

Figure 5-15. How many people could your agency/organization reasonably serve on an annual basis with current staff and budget resources? 5-20

Figure 5-16. Are there additional services that your organization would like to offer? 5-21

Figure 5-17. Are there plans to begin providing these services in the near future? 5-22

Figure 5-18. What are your organization’s funding sources? 5-23

Figure 5-19. What is the predominant age of your clients? 5-24

Figure 5-20. What is the gender of your clients? 5-25

Figure 5-21. What is the racial distribution of your clients? 5-26

Figure 5-22. Approximately what percentage of your clients are Hispanic or Latino/Latina? 5-27

Figure 5-23. Where in Lancaster are your clients living and/or sleeping? 5-28

Figure 5-24. What is the average length of time your clients spend homeless? 5-29

Figure 5-25. How frequently do your clients become homeless? 5-30

Figure 5-26. Based on your observation, do you see/assist the same individuals on a regular basis? 5-31

Figure 5-27. What do you believe are the primary root causes of your clients’ homelessness, or that puts them at risk of homelessness? 5-32

Figure 5-28. Do you keep records that we might be able to utilize for this study? 5-33

Tables

Table 2-1. Service Provider and Stakeholder Insight: Causes of Homelessness in Lancaster 2-16

Table 4-1: City Planning Activities Tied to County Homeless Initiative Strategies 4-20

1. EXECUTIVE SUMMARY

NOTE: The following information is not intended to capture the full essence of homelessness in Lancaster, but rather provides a snapshot of existing conditions and resources available to those experiencing homelessness in the region.

A. ORGANIZATION OF THE PLAN

Chapter 1 of the Lancaster Community Homelessness Plan (the Plan) is the **Executive Summary**, which includes a summary of the purpose, challenges, key findings, and recommendations of the Plan. It also contains an introduction describing the background, methodology, and existing conditions in Lancaster as pertinent to the Plan.

Chapter 2 The Story of Homelessness discusses the existing conditions regarding homelessness in Lancaster including how homelessness is defined, risk factors for homelessness, numbers of homeless, homeless trends identified by stakeholders, and evaluation of existing homeless services and facilities.

Chapter 3 Data Analysis and Results details the methodology used for data collection and analysis, and includes the results for homeless population demographics, characteristics of homelessness in the area, service provision effectiveness, and anticipated needs.

Chapter 4 Priority Recommendations lists the goals and supporting actions developed as a result of the information from subsequent chapters. Goals include supporting actions, measurable indicators, and the estimated budget for the goal. A section on how the goals and supporting actions align with the Los Angeles County Homeless Initiative Strategies is also included.

Chapter 5 Summary of Community Participation describes the various outreach efforts used to engage the Mayor and City Council, appointed officials, staff, service providers, homeless individuals, and the residents of Lancaster in general. Summaries of meetings, interviews, and surveys are included in this chapter. Key findings from the community participation effort are found at the end of the chapter.

B. BACKGROUND/PURPOSE OF PLAN

The City of Lancaster (the City), CA is a thriving community of 162,000 located approximately one-hour north of Los Angeles, in the Antelope Valley. Clean air, attainable housing, wide-open spaces, and a close-knit community make Lancaster the ideal place for families, with proven endless potential

to be a municipal leader on many issues, and looks to accomplish the same in addressing homelessness. Lancaster is part of *Los Angeles County's* Fifth Supervisorial District represented by Supervisor Kathryn Barger, and the *Los Angeles Homeless Services Authority's* (LAHSA) County Service Planning Area (SPA) 1.

Homelessness in the City of Lancaster is visible and life threatening, with persons sleeping in the desert with extreme temperatures ranging from below freezing to extreme heat waves. Based on the 2018 Homeless Count, Lancaster experienced a drastic 67% increase in its homeless population since the 2017 count, one year prior. LAHSA identified 1,076 people experiencing homelessness, which is amongst the Fifth Supervisorial District's largest area with such an increase. This increase, representing the largest over the last three years, is undesirable. The total homeless count for Lancaster in 2017 was 642 and 1,055 in 2016. For years, the Lancaster community has taken on this issue resulting in less than desirable outcomes. The landscape of Lancaster's homelessness is unique to the jurisdictional boundaries and junctures due to the very close proximity to its neighboring city and the unincorporated Los Angeles County areas of the Antelope Valley.

Homelessness in the Antelope Valley is dynamic and fluid. With only a few service providers, those in need crisscross jurisdictional boundaries looking for assistance—creating a burden on the service system in Lancaster, as well on its residents. The outcomes of these dynamics were made evident by the 2018 homeless count numbers.

Besides the obvious impacts to the health, public safety, and quality of life for all Lancaster residents, the education and healthcare systems are also affected. Very visible are the impacts on community spaces and the local economy—especially around Downtown Lancaster. Furthermore, all City Departments sustain operational and (unallocated) fiscal impacts from the homeless crisis. The key challenges in addressing homelessness have been a lack of collaborative planning efforts and the absence of: coordination of services and delivery, the necessary wrap-around services, and permanent supportive housing options.

With the passage of Measure H, which bumps the County's sales tax by a quarter-cent and estimated to raise about \$355 million annually to implement homelessness strategies, the County of Los Angeles now has a great opportunity and a great obligation to address the state of homelessness like never before. To encourage local participation, the Los Angeles County Board of Supervisors also allocated funding for individual jurisdictions to develop a plan to address homelessness in their respective cities, in collaboration with the County and its contractors. Lancaster is one of 47 cities in Los Angeles County that has received a grant to develop a plan. The City was awarded a \$70,000 grant in October 2017 from the County of Los Angeles to help fund the development of this Community Homelessness Plan.

In partnership with the County of Los Angeles, the City of Lancaster embarked upon a process to better understand homelessness and provide solutions that best suit the community in addressing what has been identified as a top priority for the Lancaster City Council. With resources generated through the Los Angeles County Homeless Initiative and Measure H, the City has developed a Lancaster-centric plan to combat homelessness.

The City of Lancaster has prepared the Plan to gain a better understanding of homelessness in Lancaster, the issues that contribute to homelessness, the makeup of the homeless population in the City, and identify goals and strategies to address homelessness and the associated impacts. Along with many other cities in Los Angeles County, the City expects this Plan will add to other previous regional planning efforts and will help set the intentions for addressing homelessness moving forward. The City understands that effectively addressing the issue of homelessness will take flexible and non-traditional approaches, diverse solutions, and many regional partners, each playing important roles. The diligent and creative efforts and ideas of many are needed to make progress on this issue in the City and the surrounding region, along with the necessary funding. In the same manner Measure H was necessary for true implementation of the Los Angeles County's Homeless Initiatives, Lancaster will require additional resources in order to effectively address homelessness.

The Lancaster Community Homelessness Plan aims to:

- Decrease the number of persons experiencing homelessness in the City of Lancaster.
- Reduce the impact of homelessness within the City of Lancaster.
- Align City resources with County investments, through a regional approach.
- Improve quality of life for all residents.

The objectives of the Plan are to:

- Align efforts with the County's Homeless Initiatives
- Consider a true balanced approach (for entire community)
- Provide equal placement of attention on public safety and community vitality
- Seek a collaborative approach
- Engage the community

- Expand the needs assessment regarding homelessness in Lancaster
- Identify best practices and impediments
- Identify criteria and strategies that decreases homelessness
- Identify potential funding sources through Measure H, grants, and other opportunities

Ultimately, the Lancaster Community Homelessness Plan provides the City with an enhanced and localized understanding of homelessness through the engagement of service providers, volunteers, businesses, residents, and most importantly, individuals and families who are experiencing homelessness. Through a community-driven process, the Lancaster Community Homelessness Plan presents a comprehensive look at homelessness and includes customized goals and recommendations to combat it.

C. PLANNING PROCESS

The Community Homelessness Plan was developed in three phases with input received from a robust community participation effort. Input was received from the Mayor, Lancaster City Council, City staff, County agencies, local service providers, the Homeless Impact Commission, members of the business and faith-based community, school district and healthcare representatives, persons currently experiencing homelessness, and the general public. Each phase of the process is described below:

Phase 1: Develop an Understanding of Lancaster – During the first phase of the process, City staff and the consultant collected and analyzed available data and information about community demographics, homeless demographics, housing stock, local services providers, and services available in Lancaster.

Phase 2: Community Outreach and Participation – The second phase engaged the community to better understand the unique perspectives and needs in Lancaster. The community outreach process included: two online surveys, one community workshop, five focus group meetings, interviews with stakeholders, interviews with homeless individuals, and a ride-along with LAHSA street team. Refer to **Chapter 5, Summary of Community Participation**, for more details.

Phase 3: Community Homelessness Plan Development and Completion – Following the initial data collection and outreach phases, the consultant team worked closely with City staff to identify key findings and develop the Lancaster Community Homelessness Plan.

Summary of Key Findings

The following key findings resulting from the analysis and input received as part of the Plan development process include:

- Quality of life for the whole community is integral to addressing homelessness
- A multi-faceted innovative approach is needed to successfully address the issue of homelessness
- There is a need for more affordable housing
- There is a need for improved coordination and performance of services provided to the homeless
- There is a regional need for more mental health and substance abuse services and facilities
- There is a need for a greater focus on homelessness prevention and stabilization to support families and keep tenants housed
- The Lancaster community, while very passionate and caring, overwhelmingly believes that homelessness is a serious concern and its impacts have increased over the last years

Goals and Supporting Actions

A series of *goals, priority needs, and supporting actions* relating to the City of Lancaster's efforts to combat homelessness have been derived from the planning process. These *goals* address the anticipated service gaps, needs, and regional/cooperative opportunities and provide ideas to help leverage the anticipated resources made available through Measure H and other potential funding sources. These goals are outlined in **Chapter 3, the Priority Recommendation.**

The Lancaster Community Homelessness Plan Goals are as follows:

- 1) Prevention
- 2) Housing
- 3) Engagement
- 4) Public Safety
- 5) Data-Driven Responsiveness
- 6) Community Vitality
- 7) Regional Collaboration

The first six goals include supporting actions that can be implemented locally by the City, through identified partnerships and funding. Goal 7 should be implemented at the regional or state level.

Many of the actions apply to multiple goals; yet, they have been placed where they best fit and do not recur from goal to goal. In addition to the proposed goals, the City realizes that in order to truly impact and change the landscape of homelessness in Lancaster, a greater level of staff time commitment is necessary and is the only viable way the Community Homelessness Plan can be implemented.

Implementation of the Goals will need to occur in a phased manner. The City will prioritize the actions based on available funding and those that can be more quickly and easily implemented. Additionally, it may be appropriate to implement some actions in one or more geographic sub-areas of the City as pilot programs.

Preliminary budgets have been developed for each goal, based on research and discussions with stakeholders throughout the planning process. These budgets are necessary for full implementation and are not included in the City's current or future budget allocations. Rather, these budget estimates are provided to help guide and prioritize the (next) steps/actions to be taken in implementing the Community Homelessness Plan and acknowledges the need for an identified funding source(s), in coordination with the County of Los Angeles, to truly combat homelessness in Lancaster.

Implementation of the Lancaster Community Homelessness Plan is estimated to have a first-year cost of \$5,121,431 and an on-going cost of \$3,311,080.

D. CONCLUSION

Homelessness affects the entire Lancaster community, not just those who experience homelessness over the course of the year. Homelessness takes on many faces in a community and is not always obvious or easy to identify. As well, the causes of homelessness vary from person to person; therefore, the response to addressing homelessness must be tailored from situation to situation. Goals and strategies must be deliberate and responsive to and for all Lancaster residents and community members. All must be open and flexible to find a solution to an undesirable situation.

The issue of homelessness is multifaceted and has proven very challenging to “solve” in most places. Lancaster's distance from other metropolitan areas in Los Angeles County creates a degree of isolation and disconnect. Consequently, data collection can be challenging and access to programs and funding may not always be proportional to the need. Trying new strategies and commencing unprecedented planning and data gathering systems must be part of the process in order to break the cycle of homelessness in Lancaster. Monitoring and an iterative approach will be key to effective outcomes.

The progressive leadership of the Mayor and City Council has already put in motion many approaches to combat homelessness, including the establishment of a Homeless Impact Commission, the hospitality and security services of the BLVD Ambassadors, and the vision of an unconventional housing concept, Kensington Campus—a campus designed to care for the whole person while providing housing. Continuing with a comprehensive, holistic, “bottoms-up approach” aimed toward meaningful and sustainable solutions, the Plan will build upon and service those in need while also improving the quality of life for all Lancaster residents (unhoused and housed) and address the impacts homelessness has on public safety, public health, and community vitality.

While it is expected that success will require additional focus on the issue and more funding resources, an important part of the City’s approach is to develop and implement short- and long-term strategies to address and prevent homelessness. This means breaking the cycle of triage services and supporting homeless persons by helping them build trust with service providers, develop critical life skills, gain confidence and a sense of self-worth, and stabilize in permanent housing, all of which will help them achieve the goal of self-sufficiency, and/or staying housed while also receiving needed services.

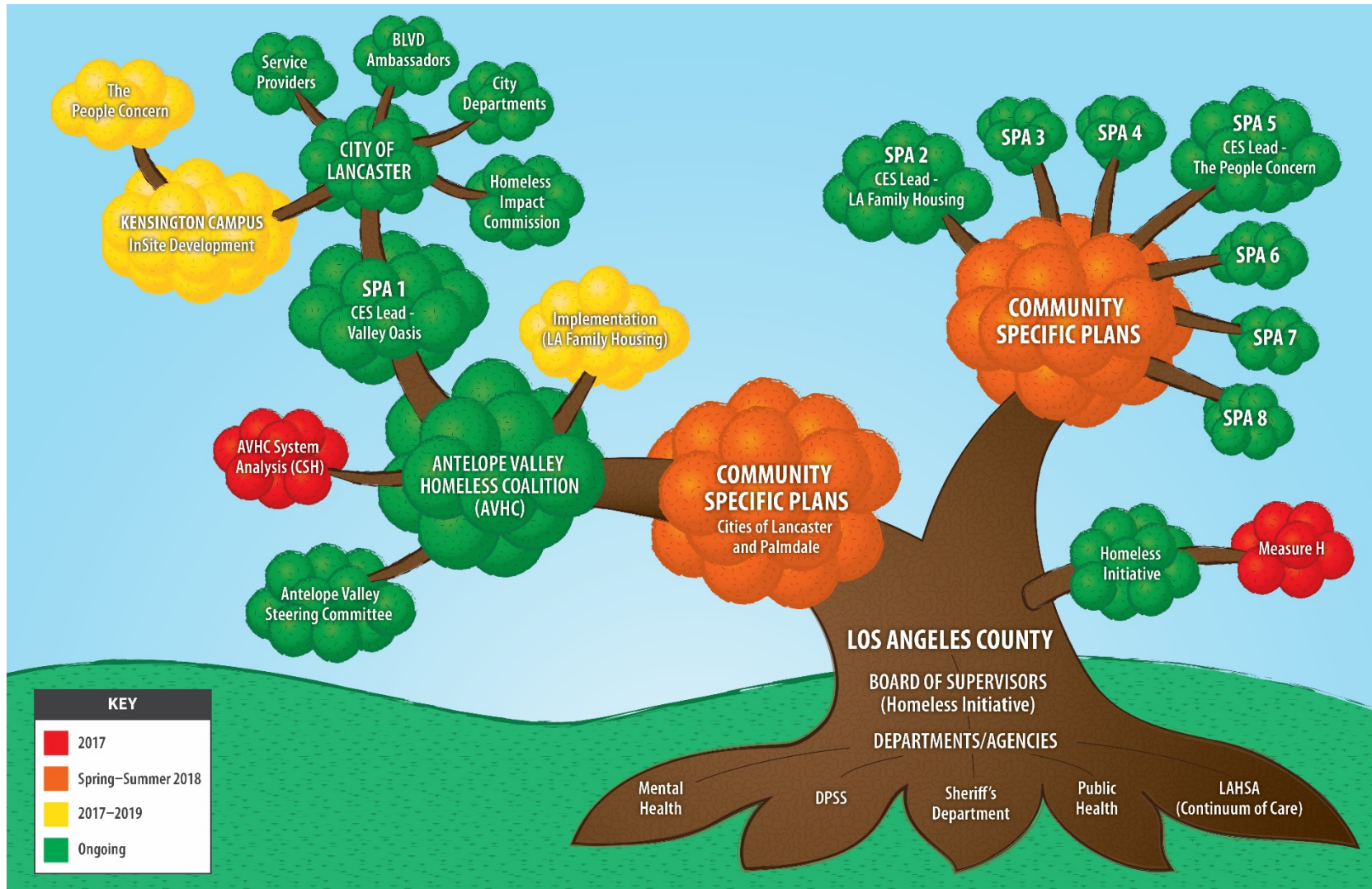
Tackling the issue of homelessness at an intensified level will require additional City staff resources, time, and funding. Anticipated funding sources include the Los Angeles County Homeless Initiative, Measure H, state emergency aid block grants, and other public and private funding opportunities. With such funding and additional resources dedicated to the prevention and coordination of services, the local homeless will begin to have their needs better served, achieve more self-sufficiency, and stay sheltered and the quality of life for the entire Lancaster community will be improved. Moreover, the amount of City (unallocated) resources expended by the Public Safety Department, Parks and Public Works Division, and other City operations will decrease, allowing such resources to be redirected back to core functions and service delivery.

Responsively, as Measure H resources are deployed to combat and prevent homelessness, the City is committed to working with the local community, neighboring cities, public agencies, and regional bodies to develop strategies that will equitably distribute homeless housing and services across the Antelope Valley. Figure 1-1 illustrates the timing and extent of current efforts at a County level, in the Antelope Valley, and in Lancaster. The City should build upon the existing synergy of the Antelope Valley Homeless Steering Committee and the Antelope Valley Homeless Coalition, while also moving forward with a comprehensive, localized approach.

The leadership alignment between the City and the County is significant to combatting homeless in Lancaster and the entire Antelope Valley. The continuation and growth of this City-County partnership is paramount in getting everyone around the table and moving in an aligned, effective way to address homelessness.

There is no prescriptive playbook to address the issue of homelessness. The City anticipates there will be trial and error when implementing some actions but also notes the risk of not trying is too great!

Figure 1-1.
Regional Homelessness Efforts



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2. THE STORY OF HOMELESSNESS

NOTE: The following information is not intended to capture the full essence of homelessness in Lancaster, but rather provides a snapshot of existing conditions and resources available to those experiencing homelessness in our region.

A. SPECTRUM OF HOMELESSNESS

Homelessness takes on many faces in a community and is not always obvious or easy to identify. The housing crisis currently facing California has made the homelessness problem even more acute and difficult to address. While each Continuum of Care (CoC) takes efforts to prepare homeless counts intended to accurately scope the problem, many people who are technically experiencing homelessness go uncounted. They may not even consider themselves homeless in the stereotypical definition of the term, but they do not have a permanent home or they “couch surf” with friends and family for shelter. The agencies and service providers that work to help people experiencing homelessness have developed terms and definitions intended to help provide some structure and parameters for the conversation; however, homelessness is a very nuanced and difficult problem to address and even define. It is important to remember when talking about persons experiencing homelessness that they are not a homogeneous population and their lack of housing is not always obvious.

General Overview of Homeless Populations

Various conditions and experiences contribute to homelessness and keep people from finding housing. These conditions affect people differently. While some people or families can recover from homelessness with little assistance and support, others have become accustomed to living homeless and may have several major underlying issues contributing to their homelessness and preventing them from accessing and benefiting from the available assistance. This spectrum of homelessness means that there is no single response and no one-size-fits-all answer. The solutions to the problem of homelessness will need to be as varied as the factors contributing to the problem in the first place. The following defines the parameters of the different homeless populations as identified by the service providers and public agencies tasked with addressing the problem.

Definition of Homeless

HUD defines those who are experiencing homelessness to include an “individual who lacks a fixed, regular, and adequate nighttime residence; as well 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.” This definition includes persons living out of their vehicles—including travel trailers, vans, and passenger vehicles.

Definition of Chronic Homeless

According to HUD, chronically homeless means an “unaccompanied homeless individual 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.” Chronic homelessness is among the most visible homelessness because of the pervasive and long-term nature of the problem. Persons experiencing chronic homelessness have often lost or cut ties with friends and family that could provide assistance or support. They frequently have extensive experience (both positive and negative) with the service providers and different programs available to them, and they often have severe underlying issues that directly contribute to their homelessness.

Definition of At Risk of Homelessness

The definition of those who are at risk of homelessness includes households who experience one or more of the below conditions:

- 1) Have an annual income below 30 percent of median family income for the area, as determined by HUD;
- 2) Do not have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or place not meant for habitation;
- 3) Exhibit one or more risk factors of homelessness, including recent housing instability or exiting a publicly funded institution or system of case management—such as foster care or a mental health facility.

More and more, people are becoming at risk of homelessness, especially the most vulnerable populations in the community—seniors, persons with a disability, victims of domestic abuse, and

families with young children. The risk of homelessness disproportionately affects vulnerable populations, particularly in housing markets where the supply does not meet the demand.

Seniors living on fixed incomes, who often have one or more disabilities, may not have a strong local familial support structure, and often have substantial health care needs. Seniors are especially vulnerable to increases in housing costs and can become housing insecure very easily. They will often elect to forego food, utilities, and medical care to pay for housing, which masks the severity of their housing insecurity.

Similarly, persons with disabilities are also especially vulnerable to housing instability, particularly in areas with a shortage of accessible affordable housing units. Inaccessible housing units can be inconvenient or even dangerous, and the shortage of appropriate housing leaves disabled residents with little choice.

Other populations with a high risk of housing instability are victims of domestic violence and female-headed families with young children. These populations will often respond to housing insecurity by separating the family to live with different friends or extended family members, or they may choose to stay in substandard, dangerous, or violent situations to remain housed.

Overview of Homeless Subpopulations

Subpopulations within the homeless community experience homelessness in different ways, with varying causes and solutions. The subpopulations described below have diverse specific needs, with different resources required to address those needs.

Families

Families with children often become homeless due to an unexpected crisis, such as the loss of a job or a medical emergency, which causes the family to lose their housing. Families experiencing homelessness often have at least one employed family member. They may have some community support, such as extended family members, but do not have enough resources to obtain and retain housing. Children experiencing homelessness are at higher risk of falling behind in school, and even a short bout of homelessness can have long-term impacts on academic performance and overall quality of life.

Youth/Minors and Young Persons Leaving Foster Care

Many unaccompanied homeless youth become homeless very suddenly. Homeless youth are different from homeless adults because they often have not learned the life skills essential for living on their own and do not have legal standing independent of their guardian. They are at an increased risk of harm in comparison to other youth their age and are more likely to experience mental illness, suffer poor health, drop out of school, and become involved with or become victims of criminal activity. Youth who have aged out of the foster system are at a particularly high risk of homelessness, and often do not have the social support networks or skills necessary to navigate adulthood without a transition from foster care to independent living.

Veterans

Homeless veterans may be living with physical disabilities and/or the lingering effects of post-traumatic stress disorder (PTSD). They may resort to self-medication and substance abuse, which may be compounded by a lack of family and social support networks. Additionally, military occupations and training are not always transferable to the civilian workforce; placing some veterans at a disadvantage when competing for employment. While there has recently been a substantial state and federal push to address homelessness among veterans, the complexity in navigating different resources combined with the possibility of residual distrust of service providers, can make it difficult to align homeless veterans with the right services and housing.

Mental Illness

According to the American Psychiatric Association, mental illnesses are, “health conditions involving changes in thinking, emotion or behavior (or a combination of these).” Serious mental illnesses can disrupt a person’s ability to carry out essential aspects of daily life. Mental illness may also prevent individuals from forming and maintaining stable relationships, establishing workable daily routines, and meeting the fundamental requirements for self-care. As a result of these factors, people with mental illnesses are much more likely to become homeless than the general population. In 2017, one in four people experiencing homelessness had a serious mental illness. Mental illness can be particularly difficult to address, as there is still a legacy of stigma attached to mental healthcare and the very nature of mental illness can prevent a person who suffers from mental health problems from recognizing the extent or severity of the illness. This challenge is extended to service providers who are not always prepared, trained or have the resources to assist persons suffering from serious mental illness. Additionally, the lack of institutional beds for people suffering from severe mental illness means that many mentally ill homeless persons only get care when they are incarcerated, making the criminal justice system the largest mental healthcare provider in the region.

Substance Abuse

A high percentage of homeless struggle with substance abuse, often as a result of self- medicating to address emotional distress, physical disabilities, or mental illness. People with untreated mental illnesses frequently use controlled substances as a form of self- medication. Homeless people with both substance abuse disorders and mental illness experience additional obstacles to recovery, such as an increased risk for violence and victimization and frequent cycling between the streets, jails, and emergency rooms.

Illness and Physical Disability

A serious illness or physical disability can initiate a downward spiral into homelessness, beginning with loss of employment and/or expensive medical bills that result in housing instability. Most lower-income households in the United States do not have sufficient savings to cover prolonged medical care, and many people rely on employment for medical insurance. Persistent physical health problems commonly contribute to homelessness and are then aggravated by life without a home, loss of regular healthcare, and self-medication to address persistent pain or trauma. In a national survey of homeless service users, 14 percent reported problems walking, a lost limb, or other handicap. For comparison, the 2015 American Community Survey prepared by the US Census Bureau estimates that about 12.6 percent of the general population has a physical disability. Once a person becomes homeless, the risk of developing a disability also increases due to constant exposure to the elements, nutritional deficiencies, victimization, comorbidities, and limited access to healthcare. Furthermore, day labor available to the homeless population is most often construction work or other physical labor, which can aggravate minor disabilities and increase physical impairments.

Persons with HIV/AIDS

According to the National Coalition for the Homeless, HIV/AIDS and homelessness are intricately related. The costs of healthcare and medications for people living with HIV/AIDS are often too high for households without substantial resources to manage. In addition, persons living with HIV/AIDS may be in danger of losing their jobs and housing due to discrimination or because of frequent health-related absences.

Domestic Violence

Persons experiencing domestic violence are at increased vulnerability to homelessness. Recognizing the intersection between domestic violence and homelessness and finding effective ways to serve this population is critical in combating homelessness. Domestic violence is defined as emotionally and/or physically controlling a member of a family or household, often involving tactics such as verbal

abuse, physical assault, stalking, and sexual assault. Victims of domestic violence often struggle to leave the relationship and may need several tries to successfully escape the abuse. Additionally, the most dangerous time for persons experiencing domestic violence is when they are trying to escape the relationship or situation. Abusers use isolation as a means to control their victims and to limit their resources to prevent them from leaving the relationship. As a result, many victims have little or no social support network on which they can rely when they leave an abusive situation, which can lead to domestic violence victims not having a safe, fixed regular residence. This is particularly true for victims who were not allowed to work or who are the primary caregivers for children, and who will have few or no financial resources when they leave. The increased risk of violence common during separation means that victims of domestic violence often need shelter with additional security to help protect them from harm.

Chronic Health Issues

According to the National Health Care for the Homeless Council, more than half of those living on the streets have at least one chronic disease. Chronic illnesses or diseases are long-term medical conditions that are generally progressive. They are often endemic to the homeless population due to the lack of regular healthcare, unsanitary living conditions, irregular, insufficient, and poor quality nutrition, insufficient resources to maintain personal hygiene, and an absence of basic first aid, adding to the complex health needs of homeless people. Unfortunately, many homeless people needing treatment do not ever receive medical care due to a lack of knowledge, lack of trust in service providers, lack of access to healthcare facilities, or a lack of identification. Conditions that require regular, uninterrupted treatment, such as tuberculosis and HIV/AIDS, are more difficult to treat or control among those lacking adequate housing.

Brain Injury

Individuals who experience traumatic brain injuries often suffer from cognitive and behavioral difficulties, including memory limitations and impulsive decision-making, which can lead to an increased risk of economic and housing instability. According to the American Psychological Association, approximately half of the homeless population in the United States has sustained a traumatic brain injury, with 70 percent of this group having sustained the initial injury prior to becoming homeless. For comparison, based on estimates collected from the Centers for Disease Control and Prevention, about 10.5 to 17.4 percent of the general population has a disability resulting from or related to a traumatic brain injury. The high incidence of brain injury among the homeless indicates another substantial need in the homeless population. The homeless are also more vulnerable to the common causes of brain injuries, including substance abuse–related accidents, violence, and victimization.

Developmental Disability

Developmental disabilities are relatively common among the homeless population. The Health Research Foundation estimates that between 2.5 percent and 3 percent of the total U.S. population has a developmental disability, with the prevalence of mental retardation rates alone estimated to be around 22 percent among the homeless population, according to the National Center for Biotechnology Information. Many individuals with a disability live on a small, fixed income which limits their ability to pay for housing, despite their increased needs for affordable, accessible housing adapted to address their health issues. Many also need regular assistance to live independently and struggle to maintain routines or keep up with self-care without that support. Individuals suffering from developmental disabilities are often stigmatized and excluded from society, thus increasing their difficulties in successfully integrating into the community and finding stable housing.

Individuals Exiting the Correctional System

Individuals exiting the correctional system are at high risk of homelessness due to their limited income, a lack of community support or resources, and the difficulty they may experience in finding employment and housing, especially if they have a disability or drug dependency. Providing individuals who are re-entering society with access to affordable housing and tailored supportive services can significantly reduce their risk of homelessness.

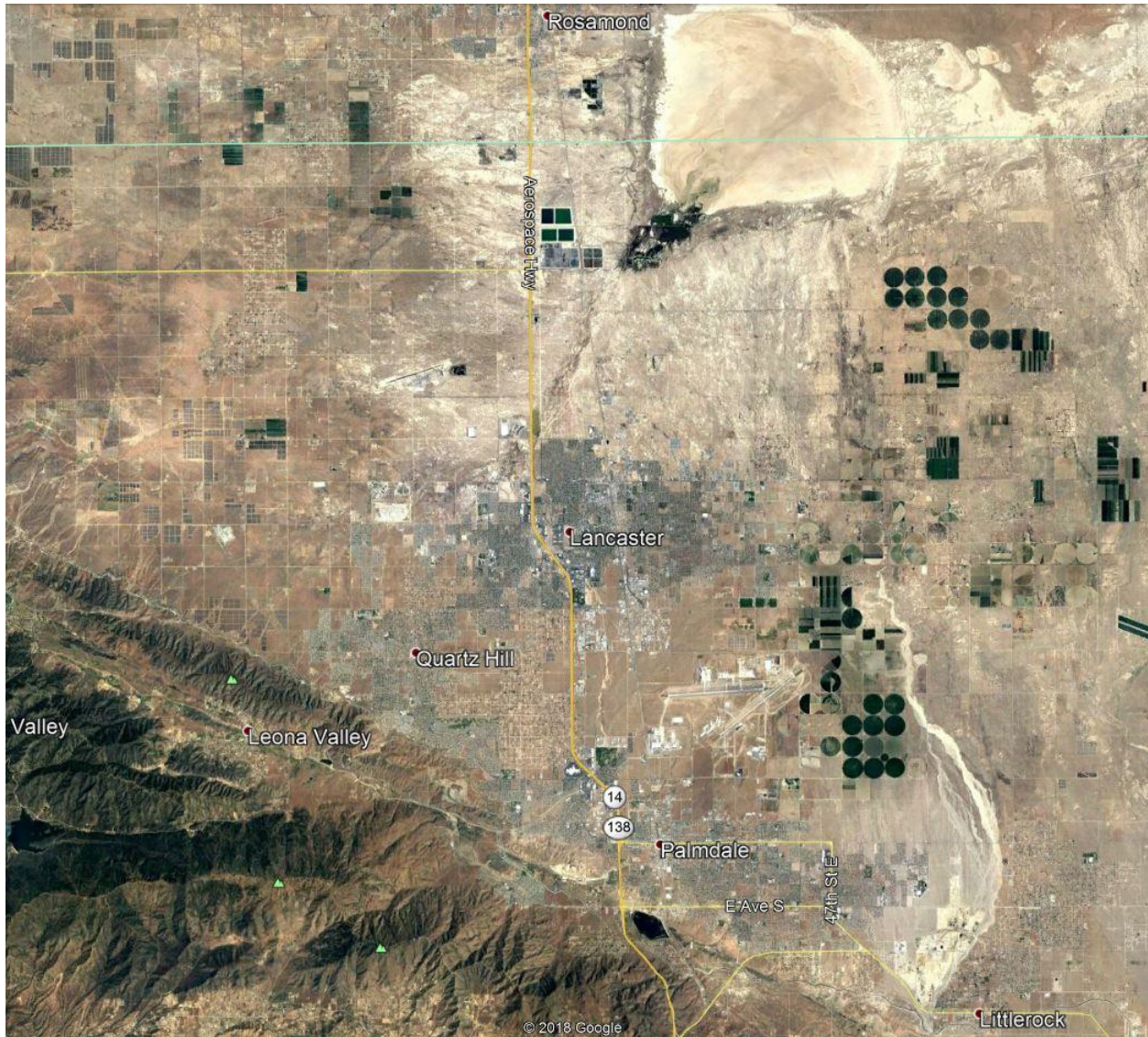
LGBTQ

Members of the LGBTQ (lesbian, gay, bisexual, transgender, and queer/questioning) community are highly overrepresented in the homeless population. Members of this community often have limited or no familial support and can face widespread discrimination when seeking assistance. Oftentimes this subpopulation faces harassment and feel unsafe or shamed when seeking help. Some transgender individuals may be turned away from services solely due to their gender identity. These social barriers to safe housing and support services increase their risk of homelessness.

B. CHARACTERISTICS OF HOMELESSNESS IN LANCASTER

Homelessness in Lancaster is affected by a few unique challenges that relate specifically to the City's size and geographic location. Figures 2-1 and 2-2 show Lancaster's size and placement in relationship to the region.

Figure 2-2.
Lancaster Region



Lancaster’s boundaries encompass a large area, including a substantial amount of vacant land, particularly in the north and west sections of the City. The aerial photograph (Figure 2-2) shows that these areas are not typical urban infill areas but are actually greenfield areas with no previous development. Figure 2-2 also shows Lancaster’s relationship to the geographic features of the region. To both the north and west of the City are open spaces with large parcels, few residences, and few major roads. The desert spaces are open, windswept, and have few trees or bushes large enough to provide shade or shelter.

These deserted areas in and around Lancaster are dotted with camps where the homeless have set up tents or moved into abandoned recreational vehicles and travel trailers, or where they have collected large debris from illegal dumping to create lean-to shelters. These camps have no access to potable water or sanitation, have little shade or shelter from the sun and wind, and are remote enough to be out of sight from most major roadways. The homeless people living in these camps are subject to the severe weather conditions and are at risk of dehydration, disease due to poor sanitation, and death from exposure. Many of the homeless in these camps have dogs as companion animals and for security. Both the people and their pets come in regular contact with wildlife, including venomous snakes and smaller predators.



Homeless camps inside the developed areas of the City also pose health and safety risks. Homeless persons set up camps in empty flood drainage infrastructure, which have limited egress options and are designed to address the flash-flooding that is common in high desert environments. During the research conducted in preparing this plan, one encampment in a drainage tunnel caught fire, and while no people were critically injured, the damage to the infrastructure was significant and costly. Homeless camps in public facilities, like parks, discourage public usage and have destructive impacts on park facilities. Camps set up along creeks and other water sources also have severe impacts, including water contamination and trash accumulation.

Homeless persons electing to not live in camps resort to sleeping on the sidewalk or on walkways to public buildings, sheltering in doorways or parking lots, and are often forced to move from place to place during the night for security or in response to a complaint.

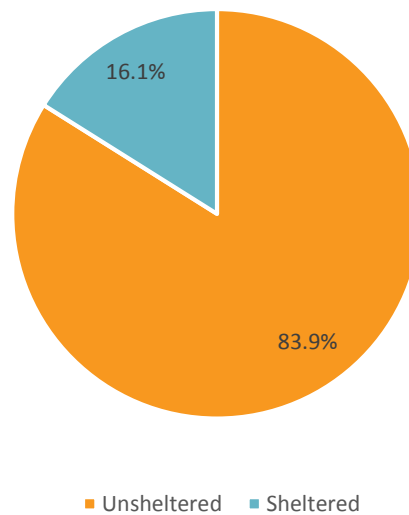
The remote location and conditions in Lancaster reflect a different range and type of homelessness than is common in other more densely developed areas of Los Angeles County and will require a more diverse range of solutions.

Homeless Counts and Trends

In January 2018, the Los Angeles Homeless Services Authority (LAHSA) performed the annual Homeless Count of the Greater Los Angeles Area with the Los Angeles Continuum of Care (CoC). The 2018 count is the most recent that includes Lancaster-specific numbers. This count found that Lancaster was home to a total of 1,076 homeless individuals, with the vast majority of them unsheltered. Not including the youth count, Lancaster had a total of 901 unsheltered persons (about

83.9 percent of the total) and 173 sheltered homeless individuals (about 16.1 percent of the total), as show in Figure 2-3.

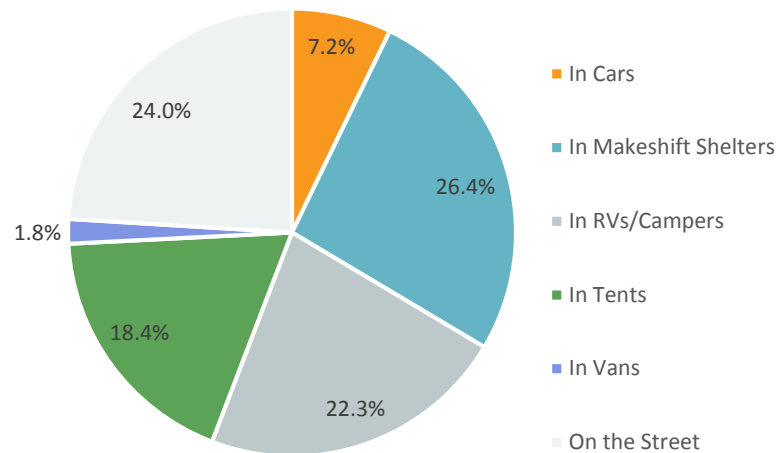
Figure 2-3.
Sheltered and Unsheltered Homeless in Lancaster in 2018



Source: Los Angeles Homeless Services Authority 2018

As shown in Figure 2-4, approximately 26.4 percent of the unsheltered homeless persons in Lancaster were living in makeshift shelters, followed by 24.1 percent living in RVs, campers, or vans, 23.9, percent living on the street, 18.4 percent living in tents, and the remaining 7.2 percent living in cars. The majority (89.6%) of sheltered individuals were living in emergency shelters, with the remainder living in transitional shelters.

Figure 2-4.
Unsheltered Persons in 2018

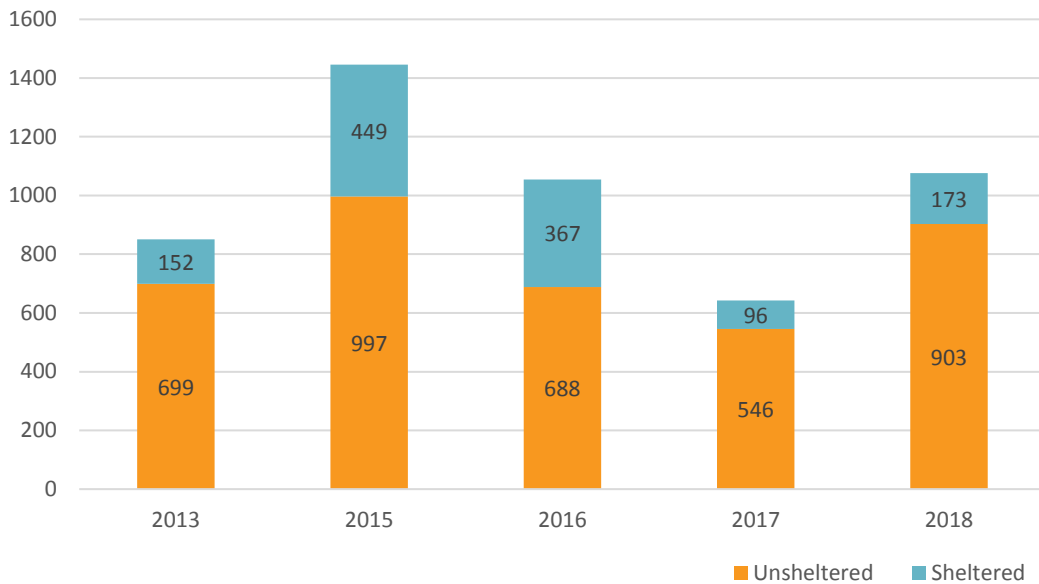


Source: Los Angeles Homeless Services Authority 2018

The homeless population in Lancaster has varied over time, with a significant rise in 2015 and in 2018. Homeless counts from the years 2013 to 2018 are shown in Figure 2-5. In 2013, there was a total of 851 homeless persons in Lancaster. Of those, 699 were unsheltered and 152 were sheltered homeless persons. From 2013 to 2015, there was a increase in homeless persons in Lancaster to 1,446 persons, including 997 unsheltered and 449 sheltered individuals. Counts from 2016 to 2017 show a steady decline in homeless individuals, down to 642 individuals reported in the 2017 count. Of those, 546 were unsheltered and 96 were sheltered. It should also be noted that the number of sheltered homeless also rose significantly to 449 in 2015 and then declined to 96 in 2017. Most recently (as previously referred to) between 2017 and 2018, Lancaster’s homeless population numbers increased by 67 percent from 642 to 1,076 (901 unsheltered; 173 sheltered).

The regional data for LAHSA’s Service Planning Area (SPA) 1 is divided by subpopulation in Figure 2-6. Of the 3,203 homeless persons reported in SPA 1 in 2018, 30.6 percent (981) reported a serious mental illness and 22.4 percent (717) have had experience with domestic/intimate partner domestic violence.

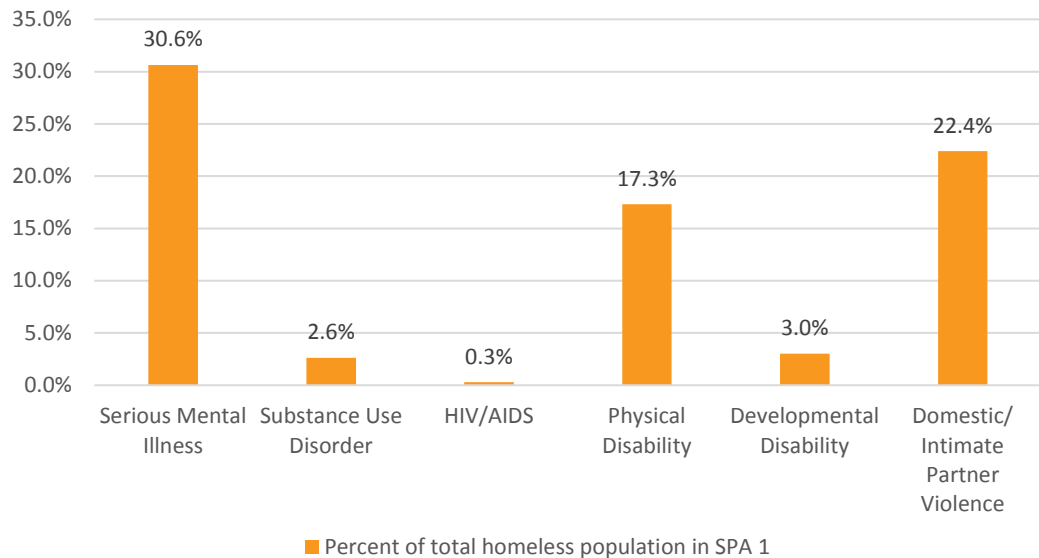
Figure 2-5.
Lancaster Homeless Trends 2013-2018



Source: Los Angeles Homeless Services Authority 2013, 2015, 2016, 2017, 2018

Note: No Point-in-Time Count was conducted in 2014.

Figure 2-6.
Homeless Subpopulations in SPA 1 in 2018



Source: Los Angeles Homeless Services Authority 2018

Description of Current Homeless Issues in Lancaster

Stakeholders interviewed included service providers, Mayor and City Council members, members of City Commissions, City staff, and community members. Some of the interviewees indicated there is an imbalance in spending per person for the homeless in SPA 1 as compared to other areas of Los Angeles County. One stakeholder stated that spending per person in SPA 4, which includes Skid Row in the city of Los Angeles, is more than 15 times that in SPA 1. This disparity underscores a key challenge in addressing homelessness in rural or suburban areas versus in higher-density urban centers. Service providers conducting outreach in urban areas where the homeless are concentrated in specific areas benefit from the concentration and can efficiently reach many people fairly rapidly. In contrast, service providers conducting outreach in suburban or rural areas must travel more to reach people, which increases the per-person cost in providing services and reduces the overall efficiency of the outreach process. Urban homeless have access to more robust transportation options, clustered service providers and shelters, and more healthcare providers. Suburban and rural homeless often have less access to public transportation, service providers are scattered across the City or region, and fewer healthcare options are available. Rural homeless are an exceptional challenge, as many set up camps in the periphery of a jurisdiction and often do not have local access to potable water or sanitation and are at increased risk of health problems due to exposure. They can be difficult for service providers and first responders to locate, and they frequently camp on private property, which contributes to illegal dumping and increases liability. Other impacts include environmental damage, increased risk of fatalities, and property damage. The increased cost of rural outreach, combined with lower per-person funding allocations, indicates that homeless persons in rural and suburban areas have access to fewer options to help exit homelessness.

At-Risk Factors

Lancaster's homeless residents are similar to most homeless in the country in that they did not arrive in their current situation as a result of a single characteristic or life event. The majority of homeless have, or have had, risk factors that led to their current situation and which may contribute to chronic homelessness. The following causes of homelessness have been identified by the Salvation Army, the National Coalition for the Homeless, and the California Homelessness Task Force:

- Poverty (influenced by the lack of employment opportunities and decline in public assistance)
- Unemployment
- Lack of affordable housing
- Poor physical or mental health

- Drug and alcohol abuse
- Gambling addiction
- Family and relationship breakdown
- Domestic violence
- Physical and/or sexual abuse
- Prison release

The discussion below indicates that a large portion of Lancaster's homeless population is affected by one or more of these factors, increasing the difficulty in preventing homelessness, heightening the susceptibility of entering into homelessness, and emphasizing the obstacles of exiting homelessness.

As part of the outreach process, stakeholders and service providers were asked what they thought were the root causes of homelessness in Lancaster or that put residents at risk of becoming homeless. Their responses are shown in **Table 2-1**. It is important to note that each service provider or stakeholder deals or interacts with a different subpopulation, with varying root causes of homelessness.

Table 2-1.
Service Provider and Stakeholder Insight: Causes of Homelessness in Lancaster

Type of Service Provider or Stakeholder	Causes of Homelessness in Lancaster
Mental Health Care	<ul style="list-style-type: none"> • Mental health problems • Substance abuse • Youth exiting foster care • Disability challenges
Emergency Housing	<ul style="list-style-type: none"> • Mental health problems • Economic hardships (sudden job loss or heavy debts) • Substance abuse • Domestic violence
Support Services	<ul style="list-style-type: none"> • Mental health problems • Substance abuse • Youth exiting foster care • Domestic violence • Economic hardships (sudden job loss or heavy debts) • Disability challenges • Criminal record
Public Safety	<ul style="list-style-type: none"> • Institutional departure • Substance abuse • Mental health problems • Economic hardships (sudden job loss or heavy debts)
Other Housing	<ul style="list-style-type: none"> • Disability challenges • Mental health problems • Terminal illness (or illness of a family member)
City Officials	<ul style="list-style-type: none"> • Substance abuse • Mental health problems • Economic hardships (sudden job loss or heavy debts) • Lack of coordination between service providers

During stakeholder interviews, homeless individuals were asked what they felt was the primary cause of their current homeless situation. Respondents stated many reasons for why they became homeless, sometimes listing more than one reason. The top reasons are as followed:

- The most common cause of homelessness in persons interviewed was family and relationship dissolutions. Most of these dissolutions resulted in one person becoming homeless, while the partner, if applicable, and children found shelter with family or friends in the area. Family and relationship dissolution was frequently accompanied with interruption of employment resulting in evictions and homelessness.
- Rising rents combined with stagnant incomes also resulted in homelessness for several interviewees.
- Other interviewees were either employed or were actively job hunting and were forced to choose between paying for transportation or for housing. All chose to pay for transportation, as it would allow them to keep working.

Homelessness Response and Homeless Service Utilization in Lancaster

Services to homeless individuals and families are offered by a number of service providers, as well as numerous other government and privately funded service agencies, non-profits, and faith-based organizations. Some organizations coordinate with each other and the City, while some operate independently. The services offered include emergency and temporary shelter, permanent housing, food, case management, public safety, training and education, mental health and other health services, substance abuse treatment, legal services, and other basic needs.

Twenty of these organizations provided information in a survey as part of the development of this Homelessness Plan. In the surveys conducted, three organizations said they provide services to 51–100 individuals annually, and one said it provided service to between 100 and 200 people. Sixteen organizations reported serving over 200 people each year. This means that even accounting for variations in the homeless population, many individuals use services from more than one organization per year. In addition, most organizations reported having a high number of repeat clients annually.

In one-on-one interviews, 20 homeless individuals were asked a series of questions regarding their circumstances, demographics, and needs. In the interviews, food banks, medical and psychological services, job and hiring assistance, and shelters were said to be of the most help regarding services.

Kensington Campus

The City broke ground in June 2018 on the Kensington Campus, which is the future centralized location for homeless services and will include a shelter, wraparound services, and transitional and permanent supportive housing in Lancaster. The Campus will be located on City-owned land at

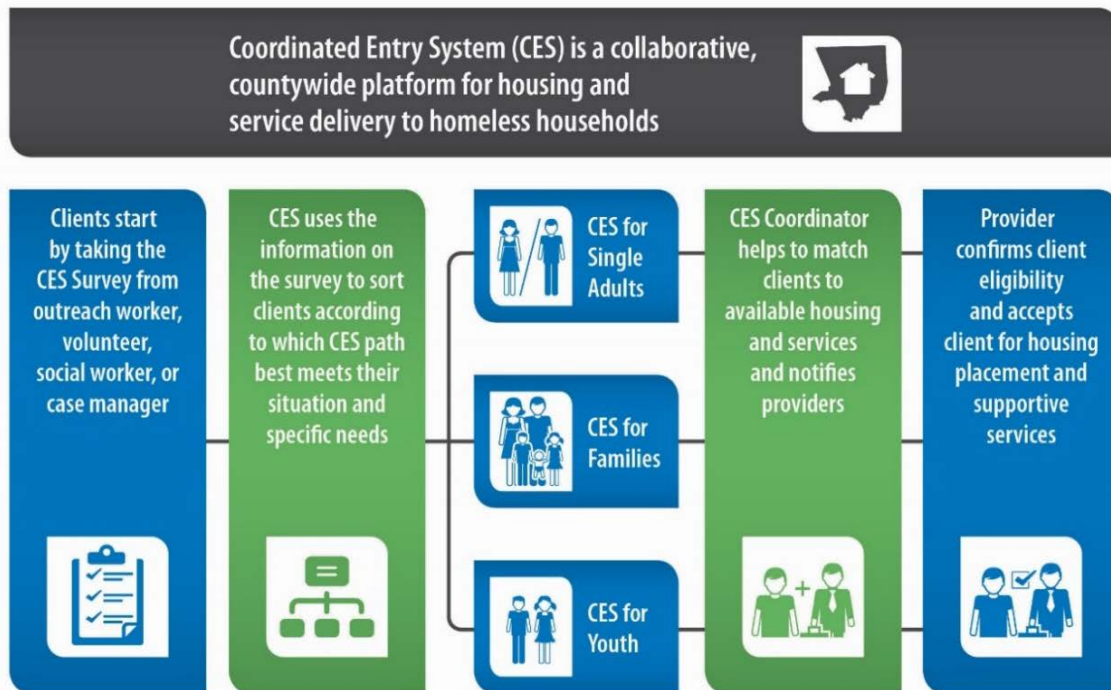
Avenue I and 32nd Street West. This state-of-the-art campus is being developed by InSite Development and will be operated by The People Concern. The People Concern, who recently changed its name from the Ocean Park Community Center (OPCC), is the largest social service provider on the west side of Los Angeles and is headquartered in Santa Monica.

Kensington Campus is designed with a village concept, to promote interaction and a community feel. In addition to a shelter providing bridge housing with 156 beds and 100 permanent housing units, many services and facilities will be located on the Campus. The People Concern is currently reaching out to existing Lancaster service providers to develop an approach to incorporate many of them at Kensington Campus and provide a centralized area where people can access a wide range of services. This approach would include mental health services, substance abuse services, employment assistance, and other services currently available in Lancaster. Additionally, the Campus will include a communal kitchen, a medical clinic, an animal kennel and pet therapy center, a mental health therapy building, and a laundry and bed bug eradication facility. There will be communal spaces as well as private spaces including in the emergency shelter part of the facility. Kensington Campus is expected to open in early 2019.

C. EVALUATION OF EXISTING HOMELESS SERVICES AND FACILITIES

The existing homeless response in Lancaster and the Antelope Valley region follows the Coordinated Entry System (CES) set in place by the Los Angeles Continuum of Care (CoC). The Coordinated Entry System for SPA 1 is led by Valley Oasis. As in many regions, the number of agencies and service providers in Lancaster includes a wide range of services that are being provided by both formal and informal agencies. The CES is intended to centralize intake and processing and streamline the process of connecting homeless persons with services. Figure 2-7 shows how the CES is intended to work. To help understand the challenges and opportunities facing service providers, the following section includes a detailed review of existing service providers and facilities in Lancaster.

Figure 2-7.
Lancaster Coordinated Entry System



Emergency Shelters/Bridge Housing

A challenge facing homeless persons in the region was the closure of the Lancaster Community Shelter, operated by Grace Resources, which served as the only year-round shelter in the Antelope Valley. The shelter was centrally located near downtown Lancaster, which acted as a draw attracting homeless persons to the newly revitalized downtown corridor. The High Desert Multi-Ambulatory Care Center (MACC), currently operated by the Salvation Army, has replaced and expanded the beds lost when the Community Shelter closed. However, its remote location is a challenge for homeless persons with limited transportation options who also receive services from other providers located in and around downtown Lancaster. The City is developing the Kensington Campus project, which intends to centralize services with emergency and transitional beds, to help address this disconnection between shelter and the necessary wraparound services.

Currently, the MACC is the only homeless overnight emergency shelter operating in SPA 1. In addition, Valley Oasis operates a local 65-bed shelter for domestic violence victims.

Transitional Housing

Valley Oasis, as the SPA CES Lead, in conjunction with Mental Health America, locate and operate transitional housing for homeless individuals in the region. Valley Oasis has a housing-first program for homeless domestic violence survivors. Funding helps participants find housing, employment, and a safe situation. Valley Oasis also operates the Stepping into the Light program, which provides transitional housing for families in an apartment complex setting; as well as the TAY program, which helps homeless youth find appropriate housing. All of these programs include additional support services like transportation, counseling, and employment assistance. One challenge expressed by all the homeless persons interviewed regarding these transitional housing services is the housing options offered require that homeless persons have regular income to qualify for assistance. The interviewees cited this requirement as a major barrier in preventing persons from successfully participating in the programs. Most of the interviewees also remarked that they had tried unsuccessfully at least one previous time to obtain housing through these programs and were now attempting to access housing through other avenues.

Additional facilities include the Tarzana Treatment Center, which provides drug and alcohol rehabilitation services and has sober living and recovery bridge housing available in the Antelope Valley.

One challenge facing the transitional housing providers in the SPA 1 CES is “mission drift.” Mission drift is what happens when an entity unintentionally moves away from the organization's original mission; or the entity consciously moves into a new direction from its original mission. Service providers that were originally set up and organized to serve one population are now asked to expand their range to other populations, due the severity of the homeless crisis at hand. As discussed earlier, the conditions contributing to homelessness are very diverse and require different solutions. Increasing services to address the needs of multiple subpopulations can be very challenging to service providers that may not have the experience or capacity to deal with such a wider range of issues/needs. It can result in uneven services, unintentionally (or intentionally) excluded populations, and inefficient service delivery. “Mission drift” has been identified as one of the key factors negatively impacting service provider performance for non-profit organizations; and agencies asked to expand services to additional populations beyond their original target often struggle to maintain effectiveness and efficiency without additional strategic support.

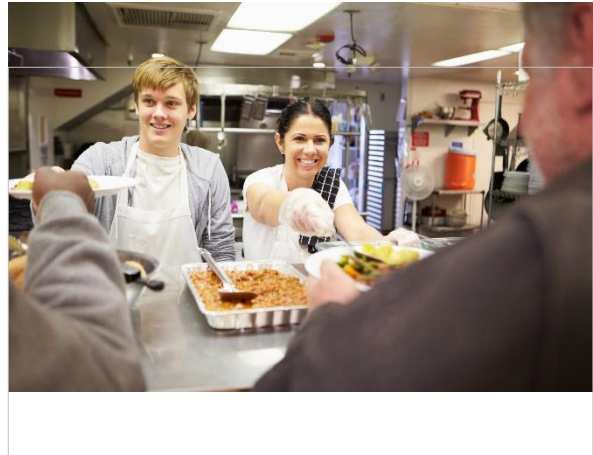
Permanent Supportive Housing

Mental Health America operates permanent supportive housing for its clients. They also partner with the County to provide care and a housing voucher to clients.

Plans are underway for additional permanent supportive housing through the Penny Lane's Imagine Village.

Meal/Food Services

Regular meals for homeless persons are provided in Lancaster by Grace Resources, the Salvation Army and other faith-based providers. Grace Resources also operates a groceries/food pantry multiple days per week. Informal faith-based and community groups offer single-instance meals or other donation events. However, these events can often have negative externalities on the public facilities and neighborhoods where they are held and on public health and, as a result, are not generally sanctioned or supported by formal service providers and agencies.



Support Services

Support service providers for the homeless seek to prevent and end homelessness through a range of offerings.

- The Salvation Army and Grace Resources provides a place for its clients to receive mail and offers case management and referral services.
- The Los Angeles County Homeless Services Authority (LAHSA), Valley Oasis, Mental Health America, Salvation Army, the Mental Health America Military Resource Center, and faith-based organizations provide homeless outreach services.
- Valley Oasis provides case management as part of the welfare-to-work program for domestic violence survivors. The program is funded by the Los Angeles County Department of Public Social Services. Valley Oasis also offers a domestic violence survivor 21-week support group.

Public Safety Services

The City of Lancaster Public Safety Department regularly interacts with the local homeless community when addressing problems at encampments and addressing community complaints. When encampments are on private land, the Public Safety Department works with LAHSA, then coordinates the property cleanup effort. Similarly, the department interacts with homeless persons setting up camps or



sleeping in public parks, public restrooms, and other public spaces. The Public Safety staff will coordinate with service providers when available. The Public Safety Department also runs safety and outreach training for businesses.

The Boulevard Ambassador Program is a quality of life and community vitality program that promotes hospitality and safety in downtown Lancaster focused on Lancaster Boulevard (The BLVD). The BLVD is the recently revitalized downtown area in Lancaster and is home to many restaurants, entertainment venues, shops, and other retail and service industry enterprises. The Ambassador Program is managed by the BLVD Association and staffed by the company Streetplus. The Ambassadors answer questions, offer suggestions for things to do and special events, address panhandling, and augment law enforcement services. They are often the first point of contact to respond to issues identified on the BLVD, and they are familiar with many of the homeless services and specific homeless individuals who frequent the area, which resulted in over 1,600 service provider referrals in the last year.

Transportation Services

The Antelope Valley Transit Authority (AVTA) operates local public bus service in Lancaster. AVTA also has a Dial-a-Ride curb-to-curb van service for those with disabilities. It also provides commuter buses to downtown Los Angeles, the San Fernando Valley, and Century City on weekdays.

Metrolink provides light rail train service from Lancaster to most areas in Los Angeles County Monday through Saturday. Lancaster is the last stop on the Metrolink train from Los Angeles. Many of the people interviewed during preparation of this plan identified Metrolink as a contributor to the homeless problem in Lancaster. The perception was that homeless persons in other parts of Los Angeles County used Metrolink to access homeless services in Lancaster and then were unable to return to where they originated, leaving them stuck in Lancaster. Inconsistent train fare enforcement and misinformation about available services were identified as key factors to this perceived in-migration of homeless persons to Lancaster. The City, with support from the Public Safety Department, is working with Metrolink to increase fare enforcement and reduce in-migration.

Medical and Mental Health Services

Medical and/or mental health organizations that provide services to homeless and non-homeless adults are:

- Mental Health America provides integrated services to homeless and non-homeless adults with mental illness. These services include housing assistance, job training and placement, substance abuse recovery, social and living skills training, and money management. These services are intended to break the cycle for mentally ill homeless people who end up in jail for minor offenses and who cycle between incarceration and homelessness. Mental Health America operates an opportunity center for those with mental illness including drop-in services such as laundry, clean clothes, meals, and showers.
- The Tarzana Treatment Center provides substance abuse treatment services in Lancaster.
- The Los Angeles County Department of Mental Health offers over 80 programs and services. The department has services focused on children, adults, and older adults. Countywide services include psychiatric mobile response teams, assisted outpatient treatment, a homeless outreach mobile team, and homeless outreach teams.
- The Antelope Valley Community Clinic provides many different healthcare services, including mental health diagnosis, care, and referrals. The clinic also offers drug, alcohol, and opioid detox services.
- The Catalyst Foundation provides meal delivery, financial assistance to access housing (emergency through permanent), transportation to reach services, referrals for mental health and substance abuse treatment services, support groups, and financial literacy classes.

- BARTZ-Altadonna Community Health Center provides primary care, HIV and Hepatitis C focused services. The center has a sliding scale fee system and doesn't turn anyone away due to inability to pay.
- Antelope Valley Partners for Health targets mental and physical health and wellness services to vulnerable populations, including families struggling with poverty, low-income children, seniors, and pregnant women. They also assist transitional foster youth in finding appropriate housing.

Other Services (Legal, Employment Training, VA, Faith-Based, etc.)

This section outlines other services available to homeless individuals as well as those individuals at risk of homelessness. These services assist and support them in meeting their needs.

Legal

- Neighborhood Legal Services of Los Angeles County provides legal services related to affordable housing preservation and tenant rights. The agency works in neighborhoods with the lowest-income residents who are at risk of becoming homeless.
- Valley Oasis offers free legal services to its domestic violence clients.
- Desert Vineyard Church periodically holds free legal clinics in partnership with Christian Legal Aid.
- The Salvation Army assists its clients with obtaining legal identification and other documentation necessary for employment.

Employment, Education, and Other Training

- Grace Resources provides parenting classes, ethics training, anger management classes, and "writing to succeed" classes.
- The Salvation Army provides life skills tools and resources to residents of its shelter.
- The Antelope Valley Community College (AVCC) Hearts and Hands Pantry provides supplemental nutritional food to homeless and/or hungry AVCC students, to benefit their academic success.

- The Los Angeles County Office of Public Social Services' General Relief Opportunities for Work (GROW) program is intended to assist General Relief recipients in transitioning into the labor market. All employable General Relief recipients must participate in the GROW program. GROW includes education services, training services, youth services, employment development, and other support services.
- America's Job Center of California has a GROW center in Lancaster. They provide training and counseling for clients of all faiths and circumstances.
- Desert Haven offers training and employment for people with developmental disabilities. It is a social enterprise that serves some homeless and formerly homeless people.

Veterans and Military

- Mental Health America operates the Military Resource Center, which provides outreach and services to veterans and returning military personnel and their families—including those who are homeless. Resources include classes, counseling, and housing assistance.
- The William J. "Pete" Knight veterans' home in Lancaster provides assisted living for 60 retired veterans. The home is operated by the California Department of Veterans Affairs.

Children and Transition-Age Youth (TAY)

- Mental Health America has a program for transition-age youth (ages 17–25) with mental illness transitioning out of foster care and mental health care systems. It connects these individuals to adult mental health services and other resources to assist them with self-sufficiency.
- The Los Angeles County Office of Education and local school districts have homeless liaisons and services for homeless students. Some of the services they provide are free or reduced-price meals, bus passes or cab fare, clothing allowances, and homework assistance. The Penny Lane Center provides services for children and families. The center serves foster youth and transition-age youth. Services include employment services, foster care and adoption services, mental health services including case management and medication management, and a transitional-age youth drop-in center.
- First 5 LA is a childhood advocacy organization that focuses resources on the first five years of a child's life.

- The Lost Angels Children's Project provides at-risk, foster, and low-income youth with an educational and safe after-school program that develops the skills of team building and critical thinking via vocational training in classic car restoration and art. The City of Lancaster and Lost Angels are currently exploring the development of a social enterprise for homeless youth to build and sell furniture.

Seniors

- The Antelope Valley Senior Center in Lancaster is operated by the Los Angeles County Department of Workforce Development, Aging & Community Services. The center provides social, recreational, and educational activities to adults aged 50 and older. It is a food bank distribution site for qualified seniors over the age of 60. Mental health services are also provided at the senior center. The center serves as a warming and cooling center during extreme weather and is home to the Antelope Valley Seniors Network, which helps match seniors with appropriate services.

Clothing

- Grace Resources collects clothing and other basic needs supplies from the community for those in need, once a month as part of their Abundance Sunday/Monday program. They also collect warm clothing annually before winter and have a program to provide school supplies to children.
- The Salvation Army operates a thrift store and donation center in Lancaster.
- Valley Oasis runs a thrift store that is free for its clients. It also provides job training opportunities for some of its clients.

Informal Services

- Wayside Christian Church operates the Love On Purpose ministry. The ministry provides a food pantry at their church in Lancaster. They also operate mobile emergency showers and collect basic needs supplies and clothing to provide to those in need.
- Lancaster Church of the Brethren provides hygiene kits to the homeless.
- Desert Vineyard Church provides meals at their church in Lancaster, at a park in Palmdale, and at campsites in the desert. The church also collects warm clothing, blankets, and sleeping bags annually to give to the homeless and needy.

- Lancaster Seventh-day Adventist Church operates the Adventist Community Services ministry serving people in need in the community.

D. CONCLUSION

There are varying providers, some duplication of efforts, service gaps to be filled, and coordination to be achieved in order to effectively address and combat homelessness locally in Lancaster and regionally in the Antelope Valley. Efforts are underway through the facilitation of L.A. Family Housing and the cooperation of the Antelope Valley Steering Committee and the Antelope Valley Homeless Coalition. The continuation of these efforts is paramount to achieving success.

NOTE: The services and providers listed above are not intended to be a full representation of all available resources. To assist the City with implementation of the Lancaster Community Homelessness Plan and specifically achieve the goal of engagement, please share your agency information at homelessimpact@cityoflancasterca.org.

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3. DATA ANALYSIS AND RESULTS

A. DATA SOURCES

The data presented is essential to the Plan in order to better understand and summarize the collection of information gathered. The following sources were used to develop this plan.

Public Data

Publicly sourced data was used to identify national and local trends in homelessness. The Los Angeles Homeless Services Authority's (LAHSA) Point-in-Time data was utilized to understand local homeless trends from 2013 to 2018. For national trends, information was gathered from organizations such as the US Department of Housing and Urban Development (HUD), the National Coalition for the Homeless, and the National Health Care for the Homeless Council.

Community Sourced Data

The community outreach process for this plan was designed to include as many people and interested stakeholders as possible. It included one community-wide workshop, focus group meetings, in-person and phone interviews with key stakeholders, interviews with homeless individuals, a service provider online survey, and an online survey for the public. Overall, more than 500 people provided feedback throughout the process. For more information on the community outreach process, refer to **Chapter 5, Summary of Community Participation**.

Stakeholder Data

To understand needs in the community, it is critical to have a framework of the existing services, service providers, and barriers facing community members who need services. Homeless needs data was gathered from the LAHSA's Homeless Management Information System (HMIS) and the Continuum of Care (CoC) databases. Additional information was sourced directly from service providers through websites, interviews, and the online survey.

B. METHODOLOGY

The following section summarizes the methodology used to complete this Lancaster Community Homelessness Plan.

Data Collection and Analysis

The Lancaster Community Homelessness Plan used a mixed-method (qualitative and quantitative) approach to collecting and analyzing data. Quantitative data sources include Point-in-Time Counts as reported through the HMIS. Qualitative data was gathered from community members, public officials, City staff, and service providers. This report compares the data collected through the outreach process with the data retrieved from the HMIS and the CoC to identify gaps in homeless services, misalignment between services and population needs, and conflicts between the public perception of homelessness and the homeless data for the City of Lancaster. This analysis is the foundation for the actions in **Chapter 4**.

Developing Results and Recommendations

The results and recommendations provided as goals and actions in **Chapter 4** are based on observations and primary data collected through the service provider interviews, stakeholder meetings, and interviews with homeless individuals, as well as regional and county data sourced through the CoC. Recommendations also address gaps in services based on the results of the review of existing service providers compared with the homeless data available through the HMIS. A small number of recommendations are based on regional and statewide best practices shown to directly help respond to or prevent homelessness.

Many of the recommendations in this plan have not been tested in the Antelope Valley region. In order to determine their effectiveness, pilot programs and tactical implementation of the recommendations may be necessary.

C. RESULTS

Results of Analysis

These Results of Analysis detail the outcomes identified for homeless population demographics, characteristics of homelessness in the area, service provision effectiveness, and anticipated needs.

Service Duplications and Gaps

- 1) Analysis of the existing homeless services compared to the needs typical of the different homeless populations in Lancaster shows that while there is a wide variety of services available in the City, not all services are proportional to the needs of the homeless. All of the service providers surveyed identified mental health problems as a key contributor to homelessness in Lancaster. However, in addition to the Los Angeles County of Mental Health, only one agency

provides direct mental health assistance, and there is a lack of inpatient facilities and institutional beds to help homeless persons suffering from acute mental illness. National statistics show the significantly higher incidence of traumatic brain injury and developmental disability among homeless populations.

Similarly, almost all the service providers identified substance abuse as a key factor contributing to homelessness. The Tarzana Treatment Center offers substance abuse rehabilitation facilities. However, the prevalence of substance abuse among the homeless population suggests there is a need for additional rehabilitation services, and the correlation between substance abuse and mental health problems suggests there is a significant need for services that address both needs simultaneously.

- 2) Another gap identified is the need for family counseling services. Based on interviews with homeless persons in Lancaster, the majority of those interviewed lived in Lancaster before they became homeless, and for a substantial number of those persons, homelessness was a response to family breakdown and/or the dissolution of relationships. Family upheaval results in negative impacts that can spread throughout the household structure, resulting in lost employment, lost housing, health problems, and increased incidence of substance abuse. Family counseling services, as part of a robust homelessness prevention plan, could help to prevent unnecessary dissolutions and could help persons at risk of homelessness to find appropriate housing.
- 3) Homelessness prevention is another area where there is room for additional assistance. The rising costs of housing statewide and the overall shortage in the supply of housing are impacting cities across the state, including Lancaster. Services to help protect tenants and to improve landlord-tenant relationships, such as housing counseling or tenant landlord mediation, can help to prevent homelessness especially among the most vulnerable populations. There is also a need for services that provide one-time or temporary assistance to tenants who are struggling with dramatic rent increases, health expenses, or who have lost employment and need to cover costs between jobs. These services could also be helpful for households who need assistance to afford rental or utility account deposits.
- 4) Additional homelessness prevention services that could prevent service duplications and eliminate service gaps include:
 - Fair housing training for landlords to help prevent discrimination-based evictions.
 - Education and incentives to encourage landlords to participate in housing assistance programs to help stabilize housing for vulnerable populations.

- Services that help bridge accessibility needs, make accessibility improvements, and advocate for the disabled to help prevent disabled persons from becoming homeless.
- 5) The City of Lancaster is located adjacent to the California State Prison in Los Angeles County and the Mira Loma Detention Center, which is located next to the homeless facility operated by the Salvation Army. Changes in state law have impacted how long and where offenders are held and have resulted in decriminalization and reduced sentences for a range of offenses. Interviews with Public Safety staff and with staff from other agencies charged with maintaining public facilities identified the changes in state law combined with the location of the prison and detention center as contributing factors to the homeless problem in Lancaster. Interviewees stated that both the detention center and the prison regularly release offenders who have completed their sentences into the community without any resources or support, and that many of the previous offenders who do not have local family or friends are released directly into homelessness. While there is, a lack of verified data sufficiently detailed to identify whether Lancaster has a higher ratio of previously incarcerated homeless persons than the rest of Los Angeles County, the population itself has been identified as a group that needs additional support and assistance to re-enter the community. This assistance ranges from life skills development, employment training, housing placement and stabilization to mental health services, family counseling, and substance abuse prevention. The lack of these services for previously incarcerated individuals has been correlated with increased recidivism and associated public costs, particularly in areas where higher populations of previously incarcerated persons reside. Regional coordination with the prison and detention center, combined with more robust services and re-entry programs, could help prevent previously incarcerated persons from becoming homeless, and could help mitigate the range of negative externalities resulting from people being released from incarceration into homelessness.

Homeless Services Coordination

- 1) A lack of services coordination was identified as one of the most frequent service provider challenges during the interviews and surveys. A wide range of services are available in Lancaster, and these service providers are passionate and committed to their missions. Many operate very efficient and effective agencies and serve hundreds of people annually. Others are community institutions and are fundamental partners in supporting key populations throughout the City. However, many of these service providers operate in partial or complete isolation. There is little coordination between the different providers, though recent efforts to improve communication have started to work toward a solution to this challenge. Due to the CES structure and the need for service providers to partner to make headway against the homeless problem in Lancaster, it is critical for service providers to have a healthy collaborative structure.

Currently that cooperation among service providers is missing, but is being addressed through the creation of the Antelope Valley Homeless Coalition.

Through research, it was discovered that some of the homeless service providers were not plugged into the CES structure or were not directly interacting with the CES lead. Furthermore, the CES lead agency, Valley Oasis, has undertaken the mammoth task of expanding services far beyond its original mission to assist victims of domestic violence and has added staff and service lines for different subpopulations. Moreover, other agencies that are already serving those different subpopulations have had limited or no apparent input in this expansion, resulting in an ungainly and inefficient service model. The lack of coordination and communication between the CES lead and the other agencies providing homeless services or homelessness prevention is a barrier to effectively addressing the homeless problem in Lancaster.

- 2) Other factors impacting the lack of homeless services coordination include: mission drift; competitive funding that forces service providers to approach services from a protectionist view; and, funding requirements that pay services providers per unit of service. This last issue can actually act as an impediment to problem solving as it rewards service providers for the number of homeless people provided a unit of service, not the number of homeless people successfully housed and stabilized over the long term. The result incentivizes service providers to operate in a constant state of triage, offering intake and initial assistance to as many people as possible. It does not financially incentivize service providers to actively participate in programs or projects intended to provide long-term solutions. Solution-oriented service providers are therefore torn between the mission to provide solutions and the structure to provide triage services. Both competitive and per-service funding contribute to mission drift, weaken service provider coordination and cooperation, and discourage service providers from taking solution-driven risks or engaging in long-term solution-oriented projects or programs.

Homeless Services Network Performance

One of the biggest challenges in addressing complex social problems like homelessness is that the solution requires many different inputs from many different types of service providers. Over the last few decades, several efforts have been undertaken to encourage service providers to work more collectively and to provide a more fluid response to homelessness. The Continuum of Care (CoC) approach was introduced to help integrate different efforts and to improve coordination among providers. The Coordinated Entry System (CES) is another effort to help improve collaboration and connectivity between service providers and reduce the number and size of the holes in the homeless safety net. Both approaches identify the need to have a centralized lead agency or organization to direct

the coordinated efforts, and both expect those efforts to be multilateral, engaging experts and agencies with a wide range of service models and client types to address the multiple challenges contributing to homelessness. The most successful homeless services networks have embraced this cooperative approach and are actively leveraging and coordinating the wide range of resources that diverse partnerships bring to the table.

- 1) According to the interviews and communication with numerous service providers in Lancaster and the Antelope Valley, the region has struggled with embracing a collective approach. Many providers operate in near or total isolation, with limited or no support or coordination with the CES; and with inconsistent direction or collaboration with the CoC. A primary goal of this plan is to address this disconnect and work to facilitate a more comprehensive and stable collective action so that all the different service providers in the region can maximize their effectiveness and leverage each other's capacity, expertise, and resources.
- 2) Another key step to improving coordination is encouraging agencies and service providers to align goals and metrics. Agencies that receive public funding are already required to establish goals and metrics as part of their funding reporting, and are familiar with the process of goal setting and identifying metrics. However, collaboration suffers when agencies and organizations use different metrics and goals in tracking performance. Aligning goals allows agencies to share priorities and learn how to better integrate services. Aligning metrics improves overall tracking and helps organizations to identify what aspects of their services are working and what needs to be revisited. This does not mean that organizations should not have diverse service models, as that diversity is key to an effective response to the homelessness problem. It does mean closer coordination and regular communication between agencies, the CES lead, and the CoC.
- 3) Part of goal setting should include a close examination of exactly what organizations and agencies are trying to achieve. If the goal is to provide units of service, then the actions and coordination of the agencies will focus on that activity and will track progress accordingly. If the goal is to develop long-term solutions to homelessness that include addressing homelessness prevention, homelessness recidivism, and contributing factors to homelessness, then the actions and coordination of the different agencies and organizations will need to align and focus on the activities that support that goal. Metrics need to be able to show progress toward the goal. Long-term goals should include long-term metrics. Likewise, the developed metrics need to be able to help guide decision-making and program evaluation, and should capture both successes and failures so that service providers can effectively address weaknesses and work to improve efficiency and effectiveness.

Anticipated Needs

The anticipated needs to address homeless in Lancaster and the Antelope Valley region include a range of physical improvements and operational actions. Housing, mental health, substance abuse and post-incarceration services, and funding were among the top priorities identified throughout the data collection process.

Additional housing, especially affordable housing (either subsidized or lower cost by design), is necessary to make lasting headway against the homelessness problem. Affordable housing needs to be strategically located to take advantage of as much of the existing transportation infrastructure as possible. New housing placement should also take into consideration the availability of community assets—like grocery stores, schools, parks, and public facilities—to help integrate housing into the community in ways that maximizes utilization and lower ancillary housing costs, like long commutes, food deserts, and a lack of school choice.

As well, rapid development of new housing will require shovel-ready sites, with zoning and infrastructure in place and streamlined entitlement processes. It is necessary to plan long term for housing development and placement, including planning for different housing types, in order to address the range of housing needs in the community. This strategy of development will need to include affordable housing for seniors, families and vulnerable populations, such as persons with a disability or persons at exceptionally high risk of homelessness.

Programmatic needs are more difficult to assess because the lack of long-term coordination and communication among service providers makes it hard to identify specific programmatic gaps. All things considered, our assessment identified gaps in mental health services, substance abuse services, and post-incarceration re-entry services. Collective goals and metrics are needed in order to know the extent of these gaps and to identify, which services are working to: reduce homelessness recidivism; get homeless persons placed in housing; and contribute to long-term community stability. In order to effectively make these evaluations, improved coordination and reporting among the different service providers, aligned solution-oriented goals, and appropriate metrics are required.

It is unlikely that the service providers currently on the ground in Lancaster and the Antelope Valley have the resources or capacity to lead this coordinated visioning and planning. They will need significant assistance to be able to improve communication and collaboration. This assistance may include additional staff capacity, a third-party director or coordinator tasked with networking with different agencies, community support with visioning and goal setting, and support with identifying resources and additional funding.

Funding is the most significant need for jurisdictions facing severe homelessness challenges. Los Angeles County has identified funding as a need and Los Angeles County voters passed Measure H, a quarter-cent sales tax increase for homeless services, in response. Homelessness response funding from the State of California is anticipated, and some of the Measure H funding from Los Angeles County will be dedicated to Lancaster and the Antelope Valley, but both funding sources will come with specific requirements and limitations. It is very unlikely that the wide range of programs, services, and facilities that will be necessary to make long-term headway against the problem of homelessness will be universally eligible for these funding sources. This is particularly true of untried solutions or pilot programs without a great deal of supporting data or performance measures.

Likewise, public funding, like state and county money, is risk averse. These funding sources look for projects and programs that have been established or that are in common practice, even if they are not the best response for a specific concern. For example, the homeless outreach challenge facing rural and suburban areas would greatly benefit from a different model than the model typically used in urban areas. However, funding for homeless outreach habitually favors the current method commonly used in dense urban areas. As such, pilot programs or new methods of outreach would be at a disadvantage in a funding environment that favors the status quo. Funding that will be flexible, supports innovation, and can help bridge the gaps in eligible costs will be critical to developing sustainable long-term solutions to homelessness.

4. PRIORITY RECOMMENDATIONS

This chapter includes a series of goals, actions, and priority needs related to the City of Lancaster's efforts to combat homelessness. These recommendations address the anticipated needs, service gaps, and regional/cooperative opportunities, as well as provide ideas to help leverage the resources identified in the previous chapter. Many actions apply to multiple goals. They have been placed where they are the best fit and do not recur from goal to goal.

The City realizes that in order to truly impact and change the landscape of homelessness in Lancaster, a greater level of staff time commitment is necessary and is the only viable way the Lancaster Community Homelessness Plan can be implemented. As such, the need calls for several personnel positions to be added in order to effectively execute the Plan. They include:

- 1) ***Homeless Liaison*** - this full-time position's primary responsibility will be to implement the Plan and ensure all current and future efforts are coordinated.
- 2) ***Community Ambassadors*** – these six full-time positions will be utilized to expand the current BLVD. Ambassadors Program. As Ambassadors, staff members will provide patrol services that deter illegal and unwanted activities surrounding homelessness, while enhancing quality of life and social support services. Two Ambassadors will specifically be designated to oversee the *Safe Parking Program* and *Restroom Attendant Program*.
- 3) ***Public Safety Specialist/ Code Enforcement Officer*** - this full-time position's primary function will be addressing and mitigating public safety issues and nuisances that accompany the community homeless crisis.
- 4) ***Metrolink Public Safety Specialist*** – working in partnership with Metrolink, this full-time position will share the responsibility (with law enforcement) of addressing safety in and around the Lancaster Metrolink Station and on the issue of homelessness in general.
- 5) ***Marketing Services/ Resource Connect(s)*** – these two part-time positions are tasked with conducting market and resource research relating to community homelessness policies, procedures and issues; as well as organizing campaigns and developing marketing strategies to assist in coordinating, informing and engaging the community with regard to the homeless crisis.
- 6) ***Volunteer Coordinator*** – housed at the Kensington Campus, this part-time position will assist in organizing and facilitating volunteer services and opportunities, as it relates to homelessness, in Lancaster.

- 7) *AmeriCorps Volunteers* – volunteer positions, facilitated through AmeriCorps Vista and overseen by City staff, will assist with the implementation of programs ensuring the City is putting the Lancaster Community Homelessness Plan into action.

<i>Community Homelessness Plan</i>		
PROPOSED BUDGET	ONE-TIME (Pre Plan)	ONGOING (Post Plan Implementation)
PERSONNEL		
<u>FULL-TIME SALARIES</u>	\$ 378,090	\$ 378,090
<i>Projects Coordinator</i>	\$ 132,330	\$ 132,330
<i>Public Safety Specialist/ Code Enforcement Officer</i>	\$ 122,880	\$ 122,880
<i>Metrolink Public Safety Specialist</i>	\$ 122,880	\$ 122,880
<u>PART-TIME SALARIES</u>	\$ 54,590	\$ 52,090
<i>Marketing Services/ Resource Connect (2)</i>	\$ 33,060	\$ 33,060
<i>Volunteer Coordinator (Kensington)</i>	\$ 16,530	\$ 16,530
<i>Americorps: VISTAS</i>	\$ 5,000	\$ 2,500
<u>STAFF DEVELOPMENT</u>	\$ 5,000	\$ 5,000
<i>Conference and Training Attendance</i>	\$ 5,000	\$ 5,000
TOTAL PERSONNEL	\$ 437,680	\$ 435,180

A. GOALS AND SUPPORTING ACTIONS

GOAL #1: PREVENTION

Provide activities or programs designed to prevent the incidence of homelessness and to assist those who are at risk of homelessness in improving their chances of not becoming homeless.

Supporting Actions

- 1.1 Provide supportive services at the new Lancaster Community Center such as, drop-off childcare, senior legal services, parenting and family counseling, and other services to help households and families achieve and maintain stability.
- 1.2 Provide transportation support for working adults, including bus cards, fuel vouchers, and Uber-like programs.
- 1.3 Create a utility assistance program.
- 1.4 Research the creation of social enterprise opportunities, to prevent homelessness recidivism, with the Lost Angeles Children's Project.
- 1.5 Facilitate training and community resources, such as an incubator "Idea" Space, a job readiness program, and work exchange program, for identified at-risk people.
- 1.6 Establish a Community Grant Partnership Program to financially assist community organizations to further meet community needs and enhance services provided to residents.
- 1.7 Host a job fair at the year-round shelter.
- 1.8 Coordinate transportation to community events, like Homeless Connect Day.
- 1.9 Host a "We SEE You" event at the year-round shelter and Kensington Campus.

Associated Policy Changes: TBD, if any

Goal Measurement

- Decrease in overall homeless numbers in Lancaster.
- Decrease in all homeless categories in Lancaster.
- Increase in rates of prevention and diversion from shelter.

Goal Ownership: City, in coordination with the County of Los Angeles, School Districts, faith-based organizations, and service providers.

Leveraged City Resources: City staff time and meeting/facility space, as needed

Timeline: 2018-2021

Budget: The estimated budget needed for Prevention is \$645,000.

GOAL #2: HOUSING

Provide a variety of suitable housing options to allow unsheltered homeless and sheltered homeless persons to transition to permanent housing.

Supporting Actions

- 2.1 Support the Kensington Campus plan and provide supplemental “residential” services and programs.
- 2.2 Research “Single Parent-Only” housing service centers, through collaborative efforts with developers and/or non-profit housing organizations.
- 2.3 Research “Senior Shared Living” housing service program options, through collaborative efforts with developers and/or non-profit housing organizations.
- 2.4 Work with local partners and developers to develop a Creative Housing Solution Fund.
- 2.5 Increase affordable housing stock.

Associated Policy Changes: TBD, if any.

Goal Measurement:

- Decrease in overall homeless numbers in Lancaster.
- Increase in number of permanent supportive housing units.
- Decrease in unsheltered and sheltered homeless.
- Increase in rates of permanent housing placement.
- Decrease in homeless who have found permanent housing returning to homelessness (recidivism).

Goal Ownership: City, in coordination with the County of Los Angeles, developers, faith-based organizations, and service providers.

Leveraged City Resources: City staff time and meeting space, as needed.

Timeline: 2018-2021

Budget: The estimated budget needed for Housing is \$665,000.

GOAL #3: ENGAGEMENT

Engage with the homeless community, service provider community, and the community at large on the issue of homelessness. Provide easy access to information and opportunities to access services and volunteer. Provide education about the issue of homelessness in Lancaster.

Supporting Actions

- 3.1 Develop a City Communication Plan to educate and inform the community about homelessness.
- 3.2 Create a simple service business card to give to those interested in services.
- 3.3 Create a website dedicated to the Kensington Campus to enlighten and engage the community.
- 3.4 Create a resource kiosk to provide up-to-date information regarding meetings and services available.
- 3.5 Establish a Lancaster211 “central nervous system” that provides resources and coordinates the community and service providers.

Associated Policy Changes: None.

Goal Measurement

- Decrease in level of concern and fear related to issues surrounding homelessness in the community.
- Increase in understanding and perception of effectiveness of the coordinated entry system.
- Improved coordination of services for homeless people in Lancaster.
- Increase in community support.
- Increase of information shared and received.
- Increase in level of community involvement to address the issue of homelessness in the City.

Goal Ownership: City and Homeless Impact Commission, in coordination with the County of Los Angeles, School Districts, faith-based organizations, and service providers.

Leveraged City Resources: City staff time and resources.

Timeline: 2018-2021

Budget: The estimated budget necessary for Engagement is \$49,200.

GOAL #4: PUBLIC SAFETY

Ensure Lancaster is a safe and clean place that is welcoming to residents and visitors.

Supporting Actions

- 4.1 Adopt and Implement a food distribution ordinance to ensure safe handling and distribution of food.
- 4.2 Supplement the Los Angeles County Sheriff's Department's law enforcement services with a public private partnership, including the duplication of the Ambassadors Program, that may include quality of life and social outreach support services.
- 4.3 Consider a Municipal Code amendment to address private property owners who do not maintain or secure their property from illegal dumping and unauthorized camping.
- 4.4 Require property owners with derelict RVs on site to either dispose of or secure the vehicles to prevent unauthorized camping.
- 4.5 Work with Metrolink to share the responsibility for addressing safety in and around the Lancaster Station, and on the issue of homelessness in general.
- 4.6 Research ramifications for repeat offenders who are cited for nuisance activities, such as panhandling.
- 4.7 Continue to work with LAHSA to remove homeless encampments.
- 4.8 Install barrier fencing around storm drains, culverts, and basins with proper signage, and consider implementation of a "trespassing" enforcement system.

Associated Policy Changes: TBD, if any.

Goal Measurement:

- Decrease in the amount of time and money City departments spend on addressing the issue of homelessness from a public safety standpoint.
- Reduced crime committed by and against people experiencing homelessness.
- Decrease in community complaints.

Goal Ownership: City, in coordination with the County of Los Angeles and service providers.

Leveraged City Resources: City staff time and resources.

Timeline: 2018-2021

Budget: The estimated budget for Public Safety is \$3,402,851 in one-time costs and \$1,720,000 in ongoing costs.

GOAL #5: DATA-DRIVEN RESPONSEIVENESS

Implement solutions that are data-driven and/or have been tested through proven success.

Supporting Actions

- 5.1 Utilize the City’s CRM (Comcate) system and other resources to share and maintain data about calls for service and other incidents to manage and direct operations, concerning homelessness.
- 5.2 Work with LAHSA to gain a better understanding of data collection and usage.
- 5.3 Consider a standardized tracking system for Lancaster service providers.
- 5.4 Make data more transparent and encourage open-source data analysis.
- 5.5 Coordinate information, resources, and efforts amongst the Homeless Impact Commission, Healthy Community Commission, and the Criminal Justice Commission.

Associated Policy Changes: TBD, if any.

Goal Measurement:

- Streamlined and coordinated operations efforts.
- Reduction in the use of City resources and operational impacts.
- Decrease in duplicative services and responses provided.
- Increase of City’s return on investment.
- Prioritization of Plan Implementation.
- Increase “data driven” Grant/Funding opportunities.
- Long-term data regarding service provider coordination shows that it is improving and more homeless people are being successfully and efficiently served.
- Regular reporting on progress toward the Lancaster Community Homelessness Plan’s Goals and Supporting Actions

Goal Ownership: City, in coordination with the County of Los Angeles, LAHSA, and service providers.

Leveraged City Resources: City staff time and resources.

Timeline: 2018-2021

Budget: The budget under this goal has not yet been determined.

GOAL #6: COMMUNITY VITALITY

Reclaim and increase the use and enjoyment of public spaces by the entire community. Address the needs of all community members, including the homeless.

Supporting Actions

- 6.1 Adopt an ordinance to require shopping cart retention by businesses.
- 6.2 Explore the 'Community Ambassador Program' for parks, and communal and commercial areas.
- 6.3 Encourage homeless to participate in community cleanup events, especially in parks or other public spaces where camping is prevalent.
- 6.4 Research parking meters for change program, to collect change that goes toward coordinated homeless services rather than people giving change to panhandlers.
- 6.5 Explore an infection control kiosk, to mitigate spread of communicable disease.
- 6.6 Explore a "Pay for Service" program.
- 6.7 Train City staff on awareness of and interaction with the homeless.
- 6.8 Ensure alignment of internal organizational focuses, such as beautification and illegal dumping.
- 6.9 Working with shopping centers to establish and ensure enforcement of best business practices including, but not limited to, loitering, solicitation, cleanliness and maintenance.
- 6.10 Consider placement of trash service on property tax to mitigate illegal dumping and promote public health for all residents.

Associated Policy Changes: TBD

Goal Measurement:

- Increase in use of public spaces by all residents.
- Improved sense of security/safety at public spaces, including parks, parking lots, and downtown.
- Increased sense of community pride.
- Decrease in number of homeless encampments in Lancaster.

- Reduced trash and debris resulting from illegal camping and informal charity activities, such as one-time meal services or similar events held in public spaces.

Goal Ownership: City and Homeless Impact Commission, in coordination with the County of Los Angeles, faith-based organizations, service providers, and the community.

Leveraged City Resources: City staff time and resources.

Timeline: 2018-2021

Budget: The estimated budget for the Community Vitality is \$1,510,700 in one-time costs and \$2,085,700 in ongoing costs.

GOAL #7: REGIONAL COLLABORATION

Collaborate with regional partners, as well as advocating for solutions related to homelessness at a state and regional level.

Supporting Actions

- 7.1** Support 211 LA County and LA HOP in the development of a marketing plan.
- 7.2** Support the 5th Supervisorial District regarding the creation of an Antelope Valley Workforce training campus.
- 7.3** Support and advocate for psychiatric training for care providers and additional residential mental health centers in the Antelope Valley.
- 7.4** Engage with healthcare providers, the Los Angeles County Department of Public Health, and other relevant groups to partner with and alleviate the strain on City services and departments.
- 7.5** Monitor and support regional motions and state, and federal legislation that align or are in conflict with the goals of the Lancaster Community Homelessness Plan.
- 7.6** Support and partner with the County of Los Angeles on repurposing County facilities (medical and detention) to ensure their new use aligns with the needs identified throughout this plan. Specifically, these facilities should be used to provide mental/behavioral/substance abuse services and job training services.
- 7.7** Support the County of Los Angeles' effort to designate a campground in the unincorporated Antelope Valley, for homeless persons who are not ready to participate in permanent housing placement.
- 7.8** Support the enhancement of implementation of the Coordinated Entry System (CES).
- 7.9** Support a homeless diversion court program.
- 7.10** Support the County of Los Angeles' effort to reduce the impact on first responders and emergency services through concepts like "sober stations" that offer a safe, short-term stay for individuals.
- 7.11** Support the creation of a safe parking program managed by the faith-based community.
- 7.12** Support and strengthen the protection of state disability assistance programs.
- 7.13** Support the creation of "minute clinic" pop-ups for those in need of healthcare.
- 7.14** Explore the expansion of domestic violence support centers and safe houses.
- 7.15** Continue to promote Homeless Connect events.

7.16 Support the expansion of programs geared toward persons with developmental disabilities, such as Desert Haven Enterprises.

Associated Policy Changes: *TBD, if any.*

Goal Measurement

- Decrease in homelessness across the Antelope Valley.
- Increase in collaboration and coordination of the homeless services network across the Antelope Valley and Los Angeles County.
- Establishment of new facilities.

Goal Ownership: *City and the Homeless Impact Commission, in coordination with the County of Los Angeles, Legislators, the AV Steering Committee, the AV Homeless Coalition, and local service providers.*

Leveraged City Resources: *City staff time and resources.*

Timeline: *2018-2021*

Budget: *The budget under this goal has not yet been determined.*

B. COMPREHENSIVE PROPOSED BUDGET FOR PRIORITY RECOMMENDATIONS

<i>Community Homelessness Plan</i>		
PROPOSED BUDGET	ONE-TIME (Pre Plan)	ONGOING (Post Plan Implementation)
PERSONNEL		
FULL-TIME SALARIES	\$ 378,090	\$ 378,090
<i>Projects Coordinator</i>	\$ 132,330	\$ 132,330
<i>Public Safety Specialist/ Code Enforcement Officer</i>	\$ 122,880	\$ 122,880
<i>Metrolink Public Safety Specialist</i>	\$ 122,880	\$ 122,880
PART-TIME SALARIES	\$ 54,590	\$ 52,090
<i>Marketing Services/ Resource Connect (2)</i>	\$ 33,060	\$ 33,060
<i>Volunteer Coordinator (Kensington)</i>	\$ 16,530	\$ 16,530
<i>Americorps: VISTAS</i>	\$ 5,000	\$ 2,500
STAFF DEVELOPMENT	\$ 5,000	\$ 5,000
<i>Conference and Training Attendance</i>	\$ 5,000	\$ 5,000
TOTAL PERSONNEL	\$ 437,680	\$ 435,180
Goal 1#: PREVENTION		
COMMUNITY CENTER (MH Strategy A)	\$ 275,000	\$ 275,000
<i>Drop-In Child Care Services</i>	\$ 50,000	\$ 50,000
<i>Employment Services</i>	\$ 25,000	\$ 25,000
<i>Parent/ Family Counseling</i>	\$ 150,000	\$ 150,000
<i>Supplemental Health Programs</i>	\$ 25,000	\$ 25,000
<i>Legal Services</i>	\$ 25,000	\$ 25,000
TRANSPORTATION SERVICES (MH Strategy A)	\$ 15,000	\$ 15,000
<i>TAP Cards</i>	\$ 5,000	\$ 5,000
<i>Uber / Lyft Partnership</i>	\$ 5,000	\$ 5,000
<i>Vehicle Fuel Program</i>	\$ 5,000	\$ 5,000
HOUSING STABILIZATION AND SUPPORT SERVICES (MH Strategy B)	\$ 100,000	\$ 100,000
<i>Emergency Housing Repairs Program</i>		
<i>Landlord Incentive Program (Housing Assistance)</i>		
<i>Rent Assistance Program</i>		
<i>Tenant/ Landlord Counseling</i>		
<i>Training (life skills, education, employment)</i>		
SOCIAL ENTERPRISE (MH Strategy C)	\$ 25,000	\$ 25,000
<i>Kensington Campus</i>		
<i>Lost Angels Program</i>		
MENTORSHIP PROGRAM (MH Strategy A)	\$ 65,000	\$ 65,000
TRAINING AND COMMUNITY RESOURCES (MH Strategy A)	\$ 100,000	\$ 100,000
<i>Incubator Space</i>		
<i>Job Readiness Program</i>	\$ 100,000	\$ 100,000
<i>Money Management Program</i>		
<i>Work Exchange Program</i>		
COMMUNITY GRANTS	\$ 25,000	\$ 25,000
UTILITY ASSISTANCE PROGRAM (MH Strategy C)	\$ 20,000	\$ 20,000
JOB FAIR	\$ 5,000	\$ 5,000
"We SEE You" PROGRAM	\$ 15,000	\$ 15,000
TOTAL PREVENTION	\$ 645,000	\$ 645,000

<i>Community Homelessness Plan</i>		
PROPOSED BUDGET	ONE-TIME (Pre Plan)	ONGOING (Post Plan Implementation)
Goal #2: HOUSING		
KENSINGTON CAMPUS (MH Strategy F)	\$ 180,000	\$ 180,000
<i>Community Garden</i>	\$ 25,000	\$ 25,000
<i>On-Site Programs / Services Support (arts, gardening, animal therapy, etc.)</i>	\$ 100,000	\$ 100,000
<i>Residential Transportation Services</i>	\$ 50,000	\$ 50,000
<i>Welcome Packets</i>	\$ 5,000	\$ 5,000
INNOVATIVE WORKFORCE HOUSING (MH Strategy F)	\$ 120,000	\$ 120,000
	\$ 180,000	
SHARED HOUSING (MH Strategy F)	\$ 120,000	\$ 120,000
TOTAL HOUSING	\$ 420,000	\$ 420,000
Goal #3: ENGAGEMENT		
COMMUNICATION PLAN	\$ 25,000	\$ 25,000
<i>Comcate System</i>		
<i>Community Marketing Plan</i>		
<i>Community Outreach Plan</i>		
<i>Marketing Plan for 211</i>		
<i>Website</i>		
SERVICE PROVIDER / COMMUNITY MEETINGS	\$ 10,000	\$ 10,000
<i>Supplies</i>	\$ 10,000	\$ 10,000
RESOURCE KIOSK (2) (MH Strategy A)	\$ 9,200	\$ 9,200
TOTAL ENGAGEMENT	\$ 44,200	\$ 44,200

<i>Community Homelessness Plan</i>	ONE-TIME (Pre Plan)	ONGOING (Post Plan Implementation)
PROPOSED BUDGET		
Goal #4: PUBLIC SAFETY		
COMMUNITY AMBASSADORS	\$ 1,000,000	\$ 1,400,000
<i>Northeast Sector</i>	\$ 250,000	\$ 350,000
<i>Northwest Sector</i>	\$ 250,000	\$ 350,000
<i>Southeast Sector</i>	\$ 250,000	\$ 350,000
<i>Southwest Sector</i>	\$ 250,000	\$ 350,000
INNOVATIVE MUNICIPAL PROGRAMS ACHIEVING COMMUNITY TRANSFORMATION (IMPACT) (MH Strategy A)	\$ 2,277,851	\$ 195,000
<i>Encampment Clean-Ups</i>	\$ 360,000	\$ 180,000
<i>Hurricane Fencing (3-Year Plan)</i>	\$ 1,899,301	\$ 10,000
<i>Signage (3-Year Plan)</i>	\$ 18,550	\$ 5,000
TOTAL PUBLIC SAFETY	\$ 3,277,851	\$ 1,595,000
Goal #5: PROVEN PRACTICES / DATA DRIVEN RESPONSES		
TOTAL PROVEN PRACTICES / DATA DRIVEN RESPONSES	\$ -	\$ -
Goal #6: COMMUNITY VITALITY		
"TAKE BACK OUR PUBLIC SPACES" CAMPAIGN	\$ 291,700	\$ 166,700
<i>Clean-Up Events</i>	\$ 20,000	\$ 20,000
<i>Infection Control Kiosk (2)</i>	\$ 1,700	\$ 1,700
<i>"Parking Meters for Change"</i>	\$ 150,000	\$ 25,000
<i>Pay for Service</i>	\$ 50,000	\$ 50,000
<i>Restroom Attendants</i>	\$ 50,000	\$ 50,000
<i>Volunteer Opportunities (feedings, Dress for Success, grooming, etc.)</i>	\$ -	\$ -
<i>"Would If I Could" Program</i>	\$ 20,000	\$ 20,000
STAFF TRAINING	\$ 5,000	\$ 5,000
<i>Frontline Staff Training</i>	\$ 5,000	\$ 5,000
TOTAL COMMUNITY VITALITY	\$ 296,700	\$ 171,700

<i>Community Homelessness Plan</i>	ONE-TIME (Pre Plan)	ONGOING (Post Plan Implementation)
PROPOSED BUDGET		
Goal #7: REGIONAL COORDINATION		
CAMPGROUND (MH Strategy F)	*allocated equal share to support*	*allocated equal share to support*
Administration		
Construction		
Equipment and Supplies		
Security Personnel		
Service Provider Hub		
HOMELESS COURT DIVERSION PROGRAM (MH Strategy A)	*allocated equal share to support*	*allocated equal share to support*
SAFE PARKING PROGRAM (MH Strategy F)	*allocated equal share to support*	*allocated equal share to support*
SOBER STATION	*allocated equal share to support*	*allocated equal share to support*
WORKFORCE TRAINING CAMPUS (MH Strategy A)	*allocated equal share to support*	*allocated equal share to support*
"MINUTE CLINIC" POP-UP SERVICE	*allocated equal share to support*	*allocated equal share to support*
TOTAL REGIONAL COORDINATION	\$ -	\$ -
OVERALL TOTAL	\$ 5,121,431	\$ 3,311,080

C. LANCASTER COMMUNITY HOMELESSNESS PLAN: REGIONAL PARTICIPATION/INVOLVEMENT

The City's involvement has been steadfast since the inaugural Homeless Conference, and continues to participate fully in the coordination efforts of SPA 1. Specifically, the Director of Administrative and Community Services is a member of the Antelope Valley Homeless Steering Committee, and City staff actively participate as a member of the Antelope Valley Homeless Coalition. The City's involvement extends to cooperative relationships and close workings with Supervisor Barger's staff. All of these efforts have allowed new, fresh discussions to occur leading to the expansion and enhancement of relationships with Homeless Initiative staff, service providers, non-profits, and the community as a whole, in an effort to explore creative solutions specific to Lancaster. The City remains committed to such positive regional participation.

**Table 4-1:
City Planning Activities Tied to County Homeless Initiative Strategies**

	Plan to participate	Currently participating	County Homeless Initiative Strategies
A – Prevent Homelessness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	A1. Homeless Prevention for families
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	A5. Homeless Prevention for Individuals
B – Subsidize Housing	<input type="checkbox"/>	<input type="checkbox"/>	B3. Partner with Cities to Expand Rapid Rehousing
	<input type="checkbox"/>	<input type="checkbox"/>	B4. Facilitate Utilization of Federal Housing Subsidies
	<input type="checkbox"/>	<input type="checkbox"/>	B6. Family Reunification Housing Subsidies
	<input type="checkbox"/>	<input type="checkbox"/>	B7. Interim/Bridge Housing for those Exiting Institutions
	<input type="checkbox"/>	<input type="checkbox"/>	B8. Housing Choice Vouchers for Permanent Supportive Housing

	Plan to participate	Currently participating	County Homeless Initiative Strategies
C – Increase Income	<input type="checkbox"/>	<input type="checkbox"/>	C1. Enhance the CalWORKs Subsidized Employment Program for Homeless Families
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	C2. Increase Employment for Homeless Adults by Supporting Social Enterprise
	<input type="checkbox"/>	<input type="checkbox"/>	C4/5/6. Countywide Supplemental Security/Social Security Disability Income and Veterans Benefits Advocacy
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	C7. Subsidize Employment for Homeless Adults
D – Provide Case Management & Services	<input type="checkbox"/>	<input type="checkbox"/>	D2. Jail In-Reach
	<input type="checkbox"/>	<input type="checkbox"/>	D5. Support for Homeless Case Managers
	<input type="checkbox"/>	<input type="checkbox"/>	D6. Criminal Record Clearing Project
	<input type="checkbox"/>	<input type="checkbox"/>	D7. Provide Services for Permanent Supportive Housing
E – Create a Coordinated System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	E4. First Responders Training
	<input type="checkbox"/>	<input type="checkbox"/>	E5. Decriminalization Policy
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	E6. Expand Countywide Outreach System
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	E7. Strengthen the Coordinated Entry System (CES)
	<input type="checkbox"/>	<input type="checkbox"/>	E8. Enhance the Emergency Shelter System
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	E10. Regional Coordination of Los Angeles County Housing Agencies
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	E14. Enhance Services for Transition Age Youth

	Plan to participate	Currently participating	County Homeless Initiative Strategies
F – Increase Affordable/ Homeless Housing	<input type="checkbox"/>	<input type="checkbox"/>	F1. Promote Regional SB2 Compliance and Implementation
	<input type="checkbox"/>	<input type="checkbox"/>	F2. Linkage Fee Nexus Study
	<input type="checkbox"/>	<input type="checkbox"/>	F4. Development of Second Dwelling Units Program
	<input type="checkbox"/>	<input type="checkbox"/>	F5. Incentive Zoning/Value Capture Strategies
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	F6. Using Public Land for Homeless Housing
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	F7. Preserve and Promote the Development of Affordable Housing for Homeless Families and Individuals
	<input type="checkbox"/>	<input type="checkbox"/>	F7. Housing Innovation Fund (One-time)

5. SUMMARY OF COMMUNITY PARTICIPATION

Community and stakeholder data is critical in clarifying perceptions as well as revealing opportunities for future policy recommendations. Much of what residents actually experience on a day-to-day basis is subjective and integrated into each person's perceptions, which directly influences decision-making and creates a fluid evaluation of their quality of life. Understanding the origins of certain perceptions can be very useful in forming effective policy that addresses both the underlying issues and the perceived symptoms in a way that most benefits the community. The community outreach for this plan was conducted through public discussion at the City Council and Homeless Impact Commission meetings and several other venues:

- Separate community surveys for service providers and the general public
- Five in-person focus group meetings
- A community workshop
- Interviews with key stakeholders
- Interviews with homeless individuals

The survey and community workshop were advertised through a wide range of print and digital sources including the following:

- Flyer posted on City's website and at City Hall, libraries, and community centers
- Electronic billboard advertisement
- E-blast to the City's contact list with reach to over 13,000 emails
- Mailer to residents and businesses
- Social media marketing
- Outreach to service providers

The following sections detail the process for each activity, summarize results, and identify some of the key challenges and solutions encountered during development of the plan.

A. COMMUNITY SURVEYS

Two community surveys were administered via SurveyMonkey in both English and Spanish. Surveys were promoted via the City's website, distribution of postcards, email, and social media platforms. The following section discusses the key findings and observations identified in the survey.

Structure

To receive answers from a targeted range of populations, there were separate surveys for service providers and the general public. The surveys had the same overall structure and content, with slight variations in questions. This distinction in questions (and thus analysis of responses) was important because perspectives differ depending on the role respondents have in the community. For instance, the service provider surveys were designed to determine the services rendered to homeless persons and provider needs, while the public survey gathered input regarding the community's perception of homelessness and its impact on the community. Both surveys allowed for respondents to remain anonymous which allowed the responses to be candid and transparent, therefore providing the most accurate data.

Survey Results

During the six weeks of their availability, the service provider survey received 20 responses and the public survey received 346. Survey respondents were not required to answer all questions, so response rates for each question vary. The homelessness survey was conducted in person and included 20 participants. Select questions from and responses to each of the surveys are summarized below.

Public Survey Responses

Questions 1 through 5. Public survey questions 1 through 5 included the following:

- 1) Do you live in Lancaster?

Just under 80 percent of respondents lived in Lancaster.

- 2) Do you own a business or work in Lancaster?

Approximately 66 percent of respondents owned a business or worked in the city.

- 3) What is your zip code? 93534, 93535, 93536, other

- 93536 – 43%
- 93535 – 18%
- 93534 – 25%
- Other – 14%

4) What is your business zip code? 93534, 93535, 93536, other

- 93536 – 17%
- 93534 – 51%
- 93535 – 16%
- Other – 16%

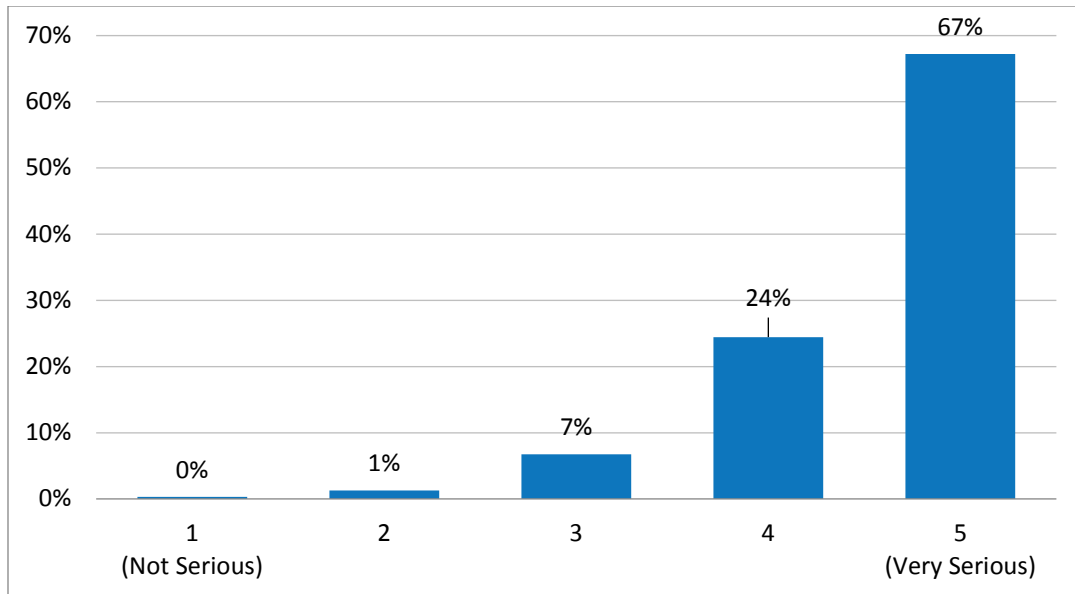
5) If you do not live, own a business, or work in Lancaster, are you a frequent visitor to Lancaster? (Skip this question if you answered “yes” to either questions 1, 3, or 5.)

- I shop in Lancaster – 67%
- I vacation in Lancaster – 7%
- I attend events in Lancaster – 63%
- I have family/friends in Lancaster – 68%
- Other – 23%

Question 6. On a scale from 1 (not serious) to 5 (very serious), how serious is homelessness in Lancaster?

Respondents ranked the seriousness of the level homelessness in the community. Thirty- five respondents did not answer the question, resulting in 311 responses.

Figure 5-1.
How serious is homelessness in Lancaster?

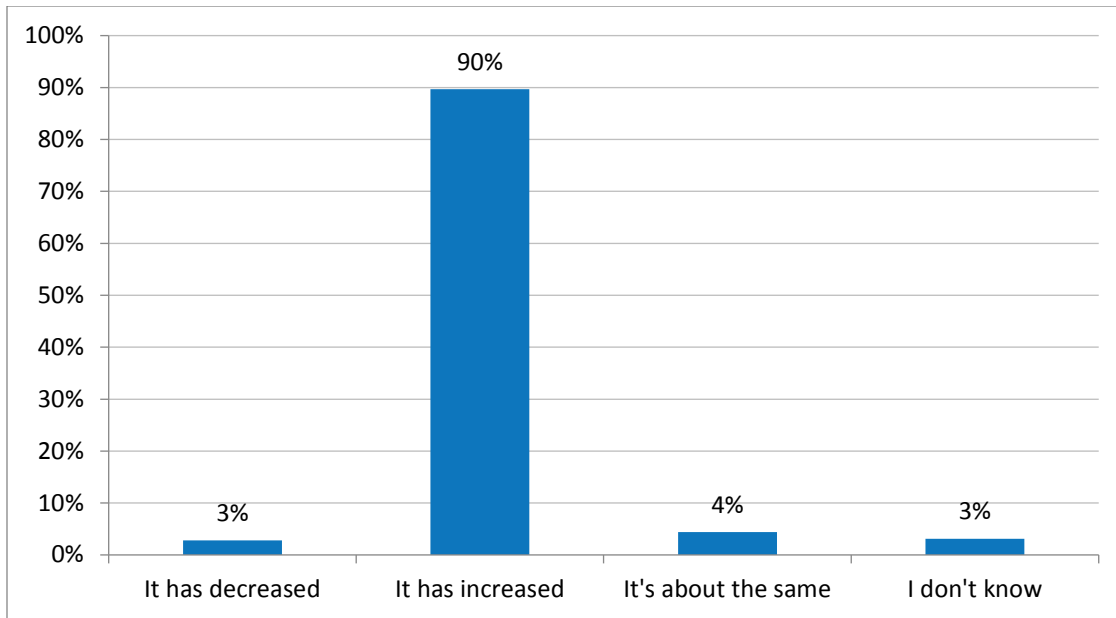


Nearly all respondents believed that homelessness is a serious concern in Lancaster, with over 90 percent rating it as a 4 or 5 on the scale. Only one person selected 1, not serious, as a response, four participants selected 2, and 21 participants selected 3, representing moderately serious.

Question 7. From your perspective, has homelessness and its impacts decreased, increased, or stayed the same in Lancaster over the last five years?

Question 7 gauged the public’s perception of homelessness trends in Lancaster over the past five years. This question received 319 responses, with 27 participants skipping the question.

Figure 5-2.
Has homelessness and its impacts decreased, increased, or stayed the same in Lancaster over the last five years?



The vast majority of survey participants—over 89 percent—were of the opinion that homelessness has increased in the past five years. Nine respondents believed homelessness has decreased, 14 indicated it has remained relatively stable, and 10 weren't sure.

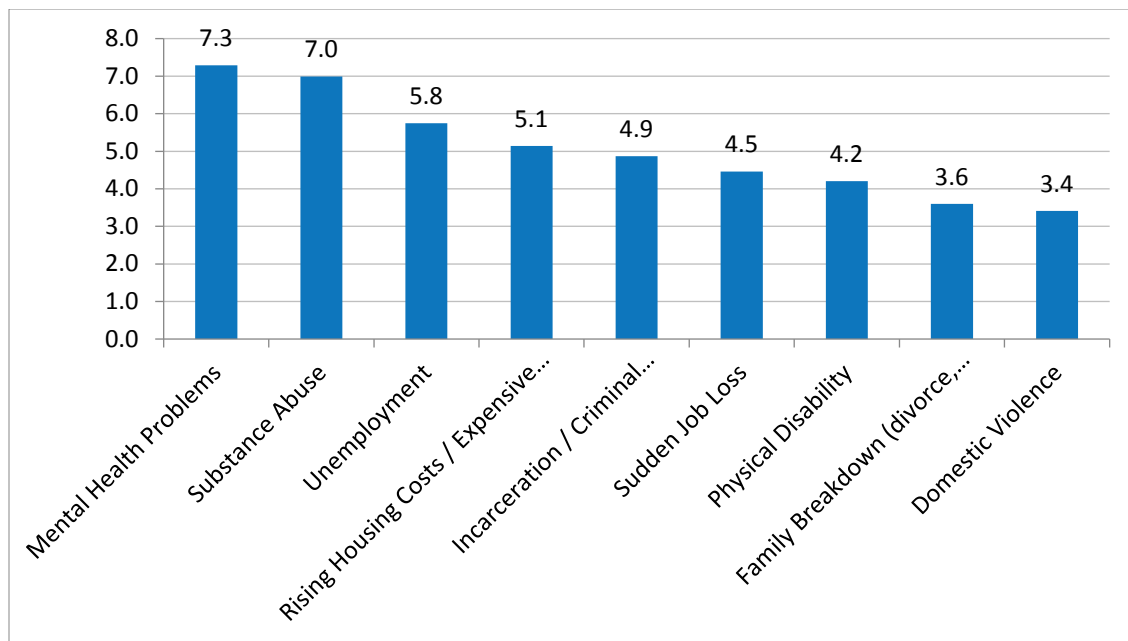
Question 8. How much do the following factors contribute to homelessness? Please rank by importance, with 1 as the most important.

This question asked respondents to provide their opinion on how much each given factor contributed to homelessness. This question received 318 responses, with 28 participants declining to answer. To provide an overview of the responses, the rankings were averaged to determine the final rankings below.

- Mental health problems: 7.3
- Substance abuse: 7.0
- Unemployment: 5.8
- Rising housing costs/expensive rents: 5.1
- Incarceration/criminal background: 4.9

- Sudden job loss: 4.5
- Physical disability: 4.2
- Family breakdown: 3.6
- Domestic violence: 3.4

Figure 5-3.
How much do the following factors contribute to homelessness?



The public ranked mental health problems and substance abuse as the most common causes of homelessness. Unemployment and the rising cost of housing were also ranked highly, while family breakdown and domestic violence were considered the least common causes of homelessness.

Question 9. Are there other factors not listed that you believe contribute to homelessness?

This question allowed respondents to enter their own ideas on what causes homelessness. Common themes among responses included:

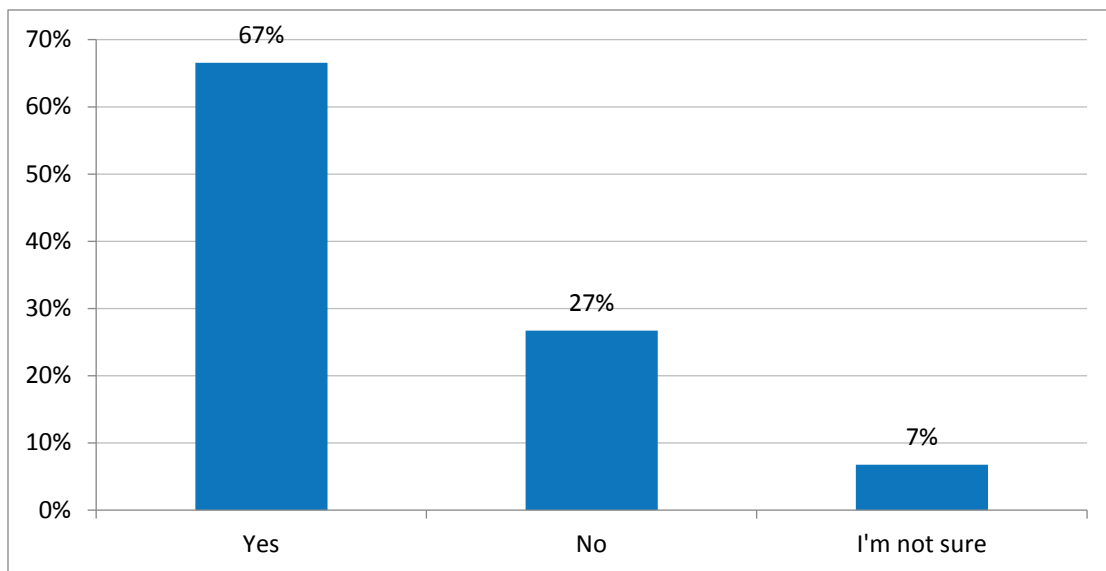
- Lack of suitable education
- Unwillingness to work
- Lifestyle choice

- High cost of living, other than housing
- Los Angeles and other jurisdictions sending homeless people to Lancaster
- Lack of resources for local organizations and homeless populations
- Lack of social network
- Lack of veteran resources

Question 10. Have you known someone personally who has been homeless?

Thirty-five respondents skipped this question, leaving 207 people who have known someone who has been homeless and 83 who have not. An additional 21 respondents were not sure if they have known someone who is homeless.

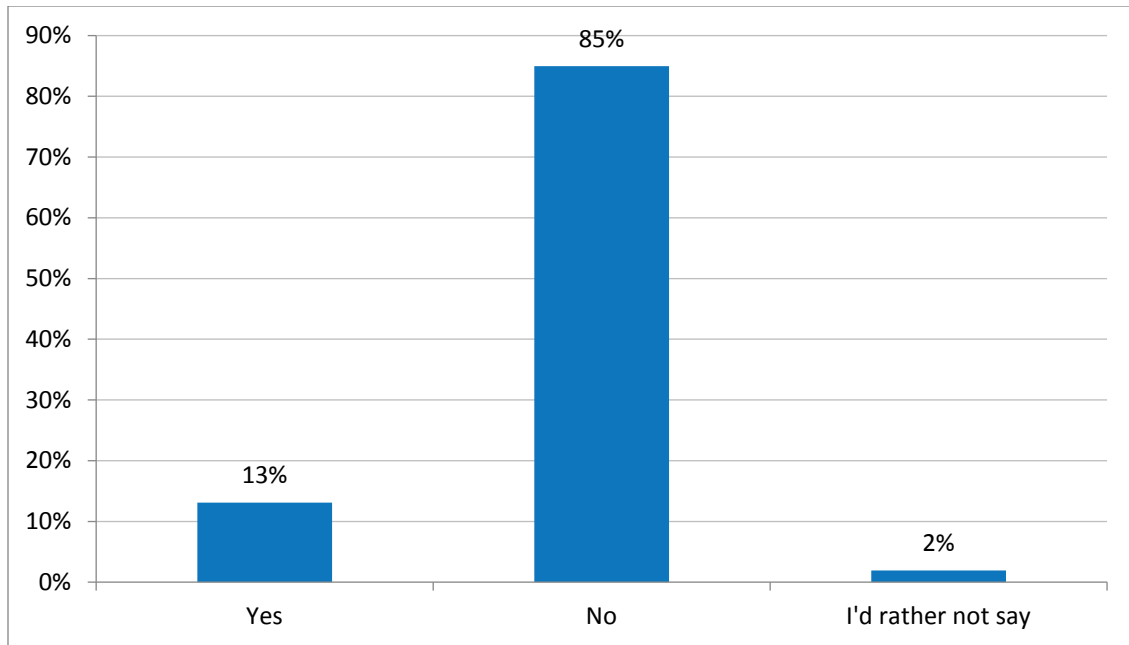
Figure 5-4.
Have you known someone personally who has been homeless?



Question 11. Have you ever been homeless yourself?

Forty-one of the respondents (13%) said they have been homeless at some point in their lives, and six said they would rather not say. Almost 85 percent of those who responded had not personally experienced homelessness. Thirty-three respondents skipped the question and 313 responded.

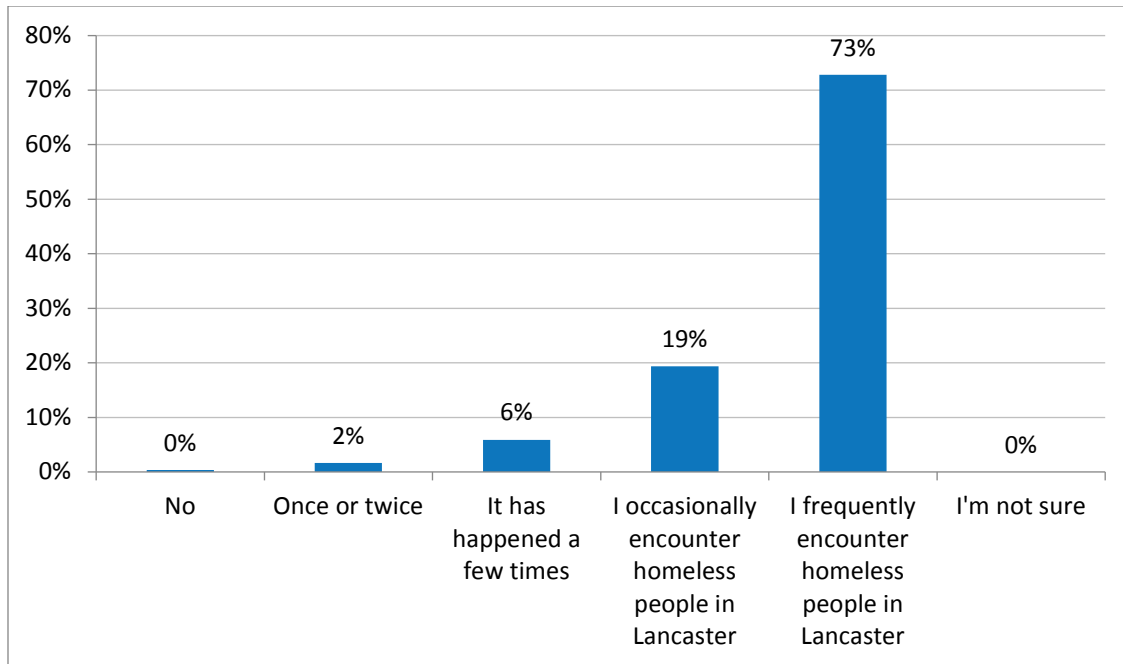
Figure 5-5.
Have you ever been homeless yourself?



Question 12. Have you ever encountered a homeless person in Lancaster?

Question 12 was answered by 305 respondents, with 41 skipping this question.

Figure 5-6.
Have you ever encountered a homeless person in Lancaster?

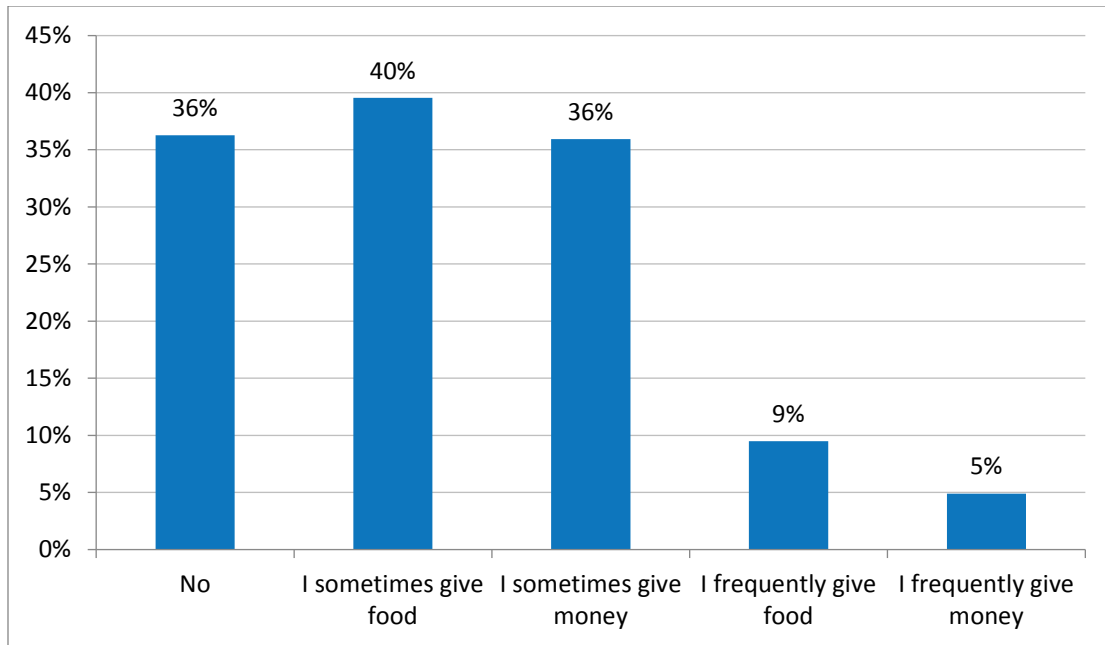


Most respondents encounter homeless people in Lancaster, with 222 (73%) saying they frequently encounter someone who is homeless and 59 (19%) saying they occasionally do. Only six respondents said they have never encountered someone homeless or have only done so once or twice.

Question 13. Do you ever give money or food to homeless individuals in Lancaster? Please check all that apply.

Question 13 asked how often respondents give food or money to homeless individuals. Respondents were asked to check all that apply, so there is overlap in the number of people giving each type of resource. The question received 306 answers, with 40 people not answering.

Figure 5-7.
Do you ever give money or food to homeless individuals in Lancaster?



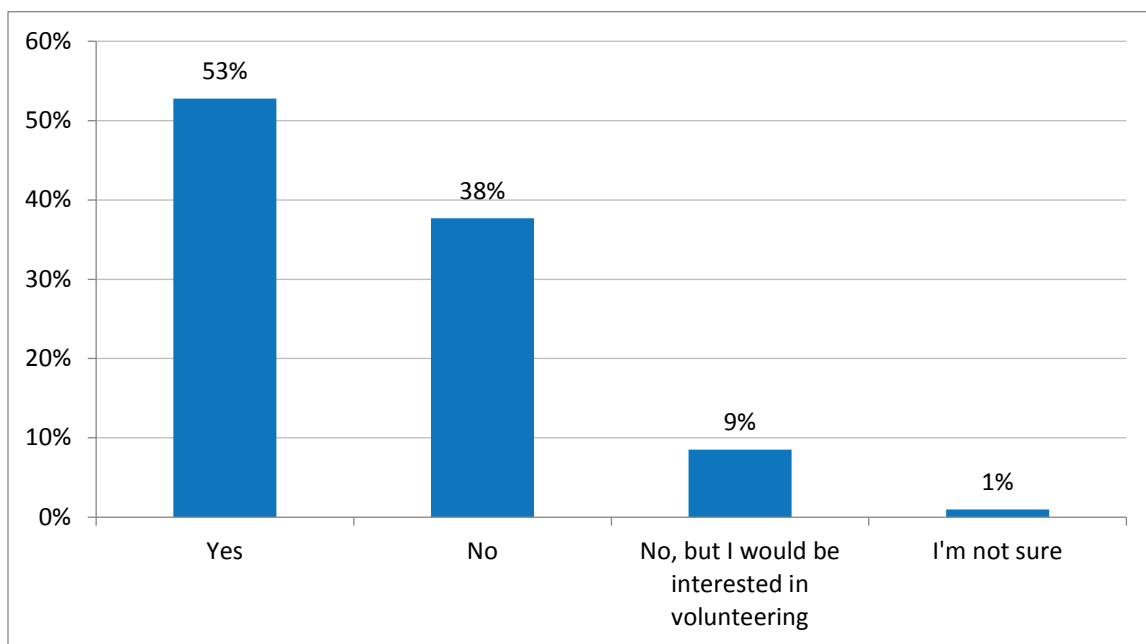
Of those who do provide resources, 121 people (40%) give food and 110 (36%) give money on occasion. Only 15 people (5%) said they frequently give money, and 29 (9%) said they frequently give food. There were 111 respondents (36%) who said they do not give food or money to homeless individuals, and there was not a choice for those who may give resources other than food or money.

Question 14. Have you ever volunteered at an organization that provides services to the homeless?

This question asked whether respondents have previously volunteered or would be interested in volunteering at an organization serving homeless individuals. Forty-one respondents skipped the question and 305 answered it.

Figure 5-8.

Have you ever volunteered at an organization that provides services to the homeless?



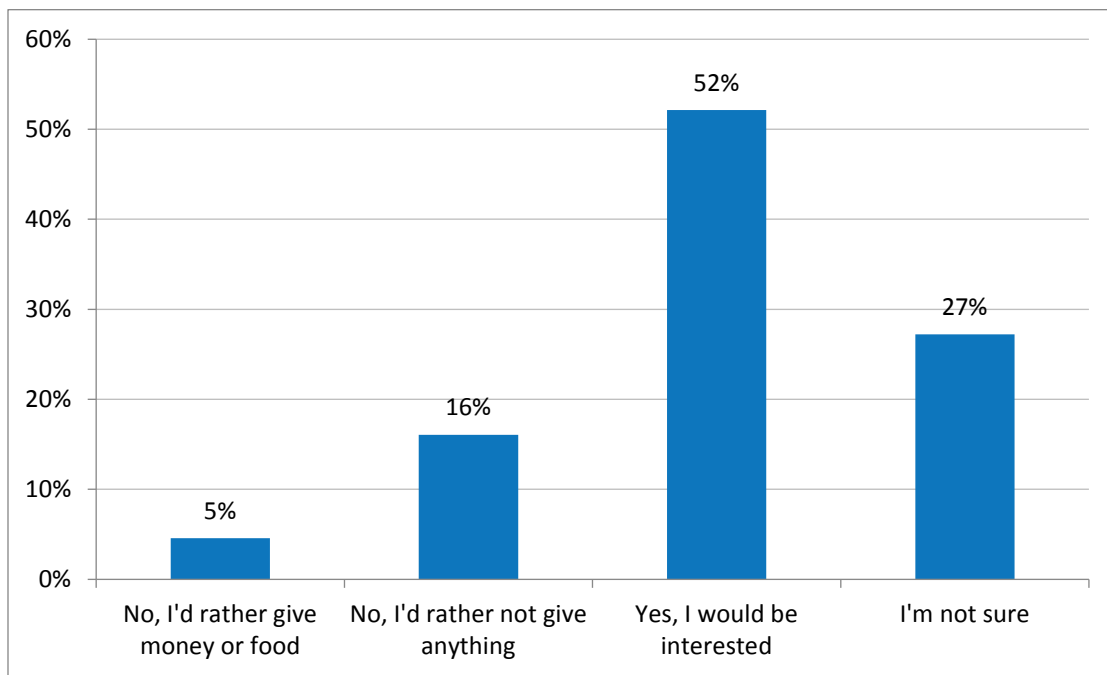
While 26 respondents (9%) said they would be interested in volunteering but have not yet done so, a total of 141 (38%) have not volunteered at an organization that provides services to homeless populations. Just over half of the respondents have previously volunteered at such an organization.

Question 15. Rather than offering money or food to homeless individuals, would you be interested in providing them with a service card with homeless services contact information?

Question 15 was posed to determine if residents would be willing to provide an informational resource to homeless individuals they encounter in lieu of food or money. This question was answered by 305 respondents and skipped by 41.

Figure 5-9.

Rather than offering money or food to homeless individuals, would you be interested in providing them with a service card with homeless services contact information?



Fourteen (5%) of the respondents preferred to give money or food rather than an informational card. Just over half of the respondents would be interested in providing the card, 49 (16%) would rather not give anything, and 83 (27%) were unsure.

Question 16. What do you believe are the best ways to address the issues of homelessness? Please check all that apply.

For this question, respondents were given a list of the potential solutions to homelessness, as listed below, and asked to select all solutions they thought would be effective. Forty-two respondents skipped this question and 304 answered.

Answer Choices	Responses	
Expanded treatment for mental illness and substance abuse	78%	237
Provide services for families or individuals at risk of becoming homeless	66%	202
Coordinate services among all organizations in the community that provide services	63%	192
Collaborate with neighboring cities and the County to leverage investments and provide services and housing	57%	172
Wraparound services in combination with housing	48%	146
Provide expanded job training services	46%	141
Provide youth services	35%	107
Provide affordable childcare services	35%	106
Provide transportation services	33%	99
Provide legal services/assistance	24%	73
Other (please specify)	18%	56

Most respondents believed that additional treatment and resources for mental illness would be the most effective technique for improving homelessness, followed by focusing services for those at risk of becoming homeless and coordinating services between organizations and with surrounding jurisdictions. Respondents were also able to submit their own suggestions for methods of reducing homelessness. Suggestions included the following:

- Remove and prohibit homeless encampments
- Stop allowing or providing services and aid
- Build and/or provide housing
- Provide services in exchange for employment or volunteering
- Centralize resources and services

- Create homeless communities or additional shelters
- Enforce criminalization of panhandling, loitering, etc.

Increasing available housing and prohibiting aid and encampments were the most frequently supplied responses.

Question 17. Do you have additional thoughts on how the City can positively address homelessness in our community?

Question 17 was an open-ended invitation for respondents to indicate any additional suggestions or thoughts regarding homelessness in Lancaster. Exactly half of the respondents supplied additional thoughts. Many of the responses were similar in nature to the answers to question 16. Select additional suggestions are listed below.

- Repurpose vacant commercial buildings for housing and help centers
- Provide transportation to service locations
- Provide public community service jobs in exchange for wages or services
- Make recovery easier
- Provide ways to improve personal hygiene and wash clothing
- Education and awareness on the causes of homelessness and the difficulty in recovering
- Replicate successes from other cities such as Salt Lake City, Utah, or Mesa, Arizona

Service Provider Survey Responses

Question 1. Please provide the following information about your agency/organization.

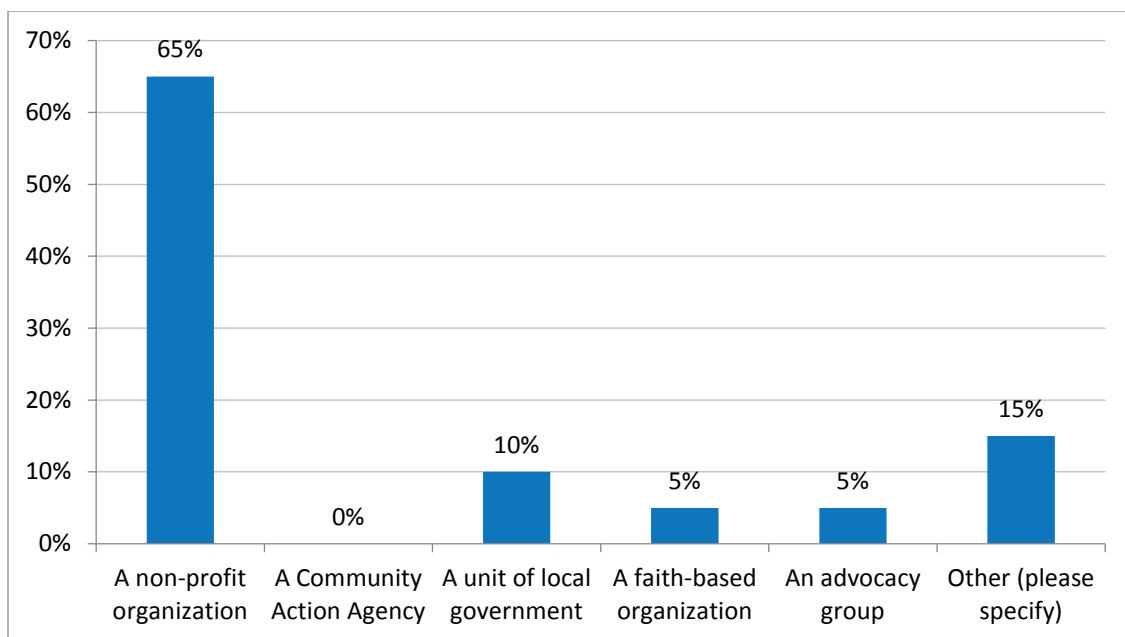
Respondents were asked to provide their name, position, representing agency or organization, and contact information. All respondents supplied their name, position, and organization. None included contact information, although many gave an email address at the end of the survey. The organizations and agencies are all active in Lancaster. Some focus only on Lancaster or the Antelope Valley, while others serve people in many areas of Los Angeles County.

Question 2. Do you consider your agency/organization to be:

- A non-profit organization
- A Community Action Agency
- A unit of local government
- A faith-based organization
- An advocacy group
- Other (please specify)

Question 2 established the types of organizations responding to this survey. All survey respondents answered this question.

Figure 5-10.
Type of Organization

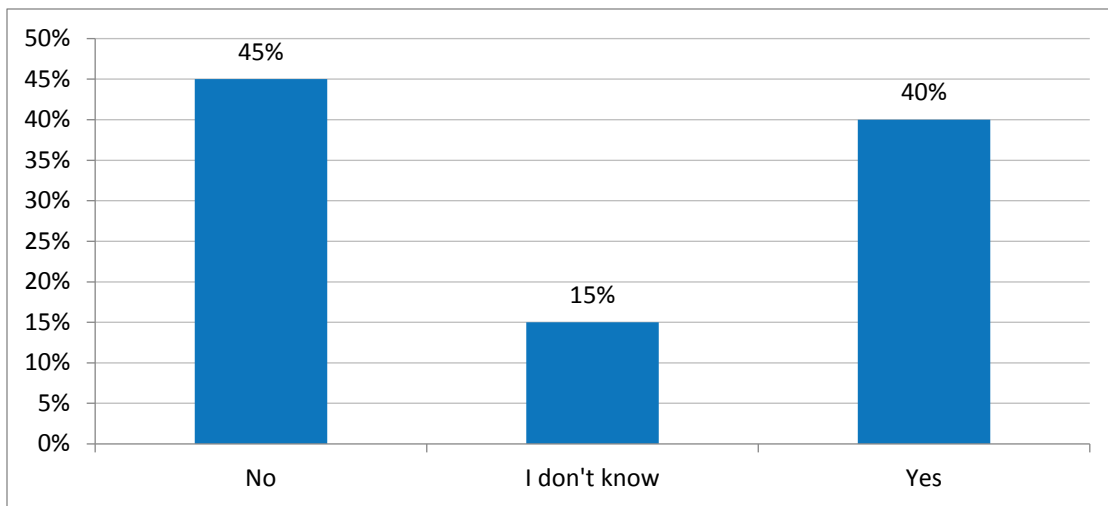


Thirteen respondents were part of a non-profit organization, two were in local government, one was part of a faith-based organization, and one was a member of an advocacy group. Three respondents listed “Other,” and specified one State-funded County organization, one faith-based community action non-profit, and one development company.

Question 3. Is your organization affiliated with any other organizations?

This question was included on the survey to assess whether organizations are connected. All respondents answered this question.

Figure 5-11.
Is your organization affiliated with any other organizations?



Eight organizations were affiliated with another organization, nine were not, and three respondents weren't sure.

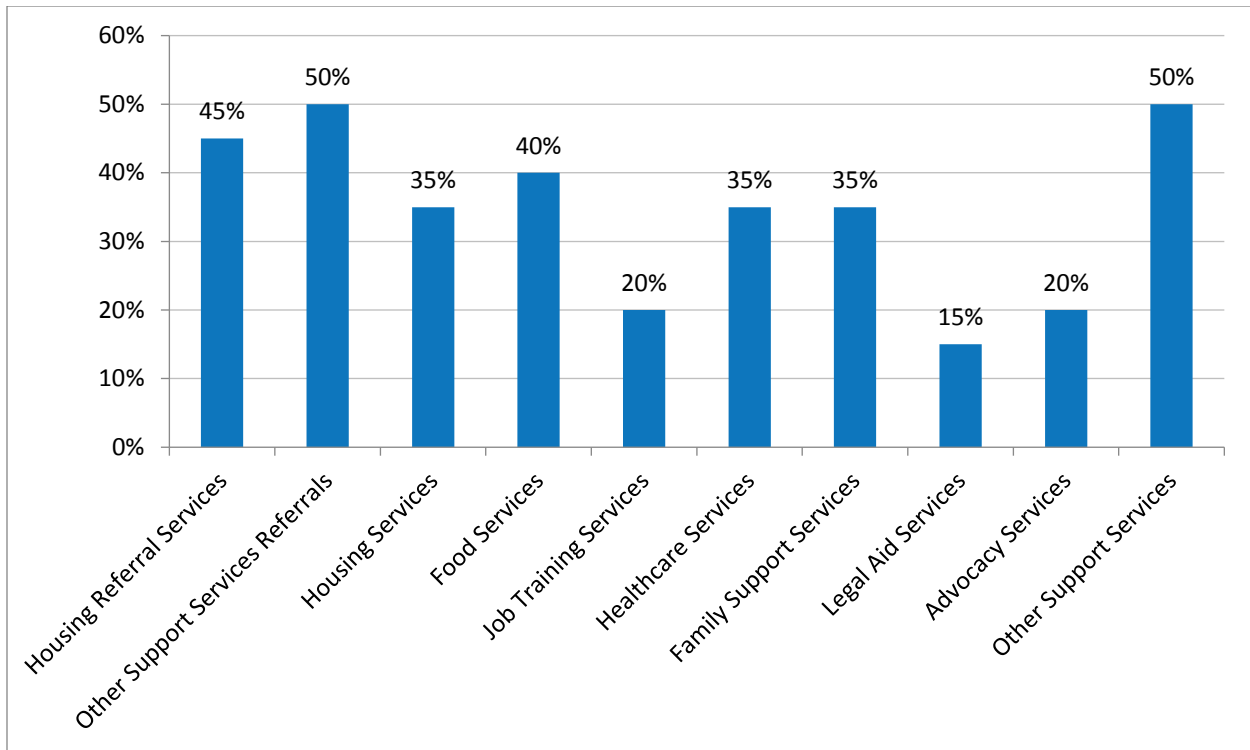
Question 4. What services does your agency/organization currently provide? (Check all that apply)

Question 4 requested a general concept of the services provided by the organizations represented in the survey. All respondents answered this question, with results listed below.

Answer Choices	Responses	
Housing Referral Services	45%	9
Other Support Services Referrals	50%	10
Housing Services	35%	7
Food Services	40%	8
Job Training Services	20%	4
Healthcare Services	35%	7
Family Support Services	35%	7
Legal Aid Services	15%	3
Advocacy Services	20%	4
Other Support Services	50%	10

Figure 5-12.

What services does your agency/organization currently provide?



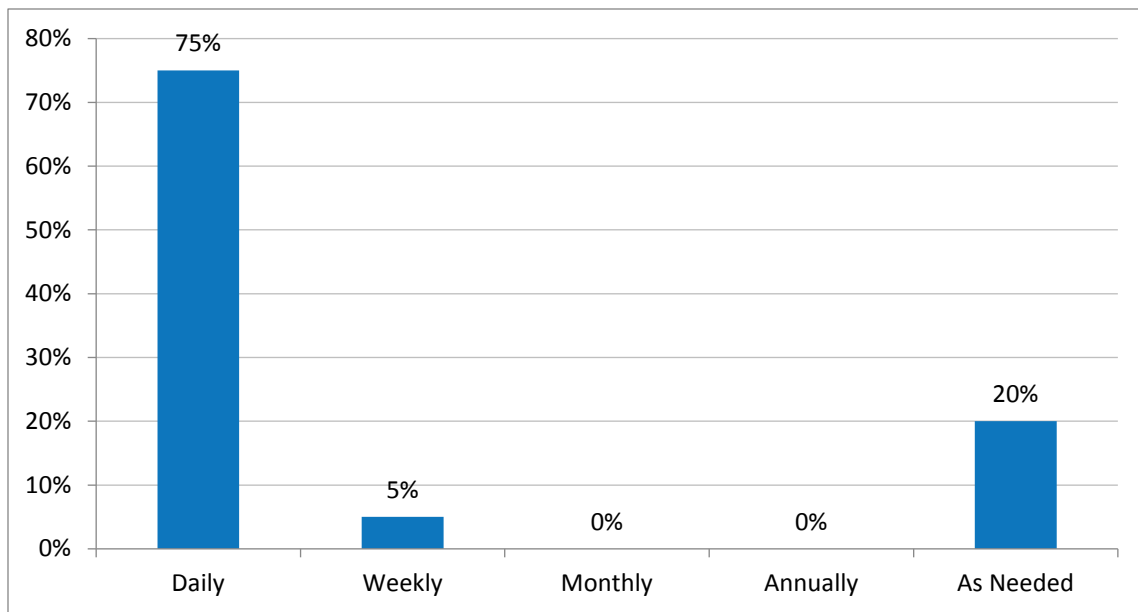
Half of the respondents said their organization provided other support services and referrals. Housing, healthcare, and family support services were the most commonly specified services, while legal aid was the least frequently provided. Under other support services, offerings included the following:

- Funding outside programs
- Mental health services
- Crisis intervention
- Clothing and household products
- Education and employment services

Question 5. How often are your services available?

Question 5 asked how often services were available or able to be accessed by those in need. All respondents answered this question, with most saying services are available on a daily basis or as needed.

Figure 5-13.
How often are your services available?



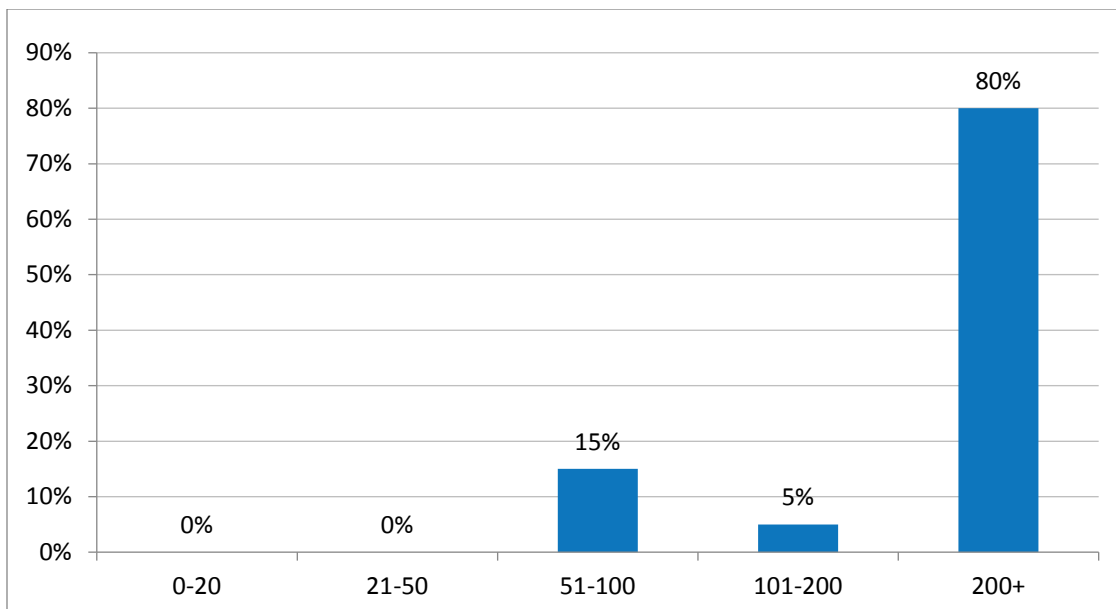
Fifteen organizations had services available daily, and another four offered them as needed. Only one had services available weekly, and none were only available only monthly or annually.

Question 6. How many people does your agency/organization serve on an annual basis?

All respondents answered question 6, summarizing on average how many people their organization serves annually.

Figure 5-14.

How many people does your agency/organization serve on an annual basis?



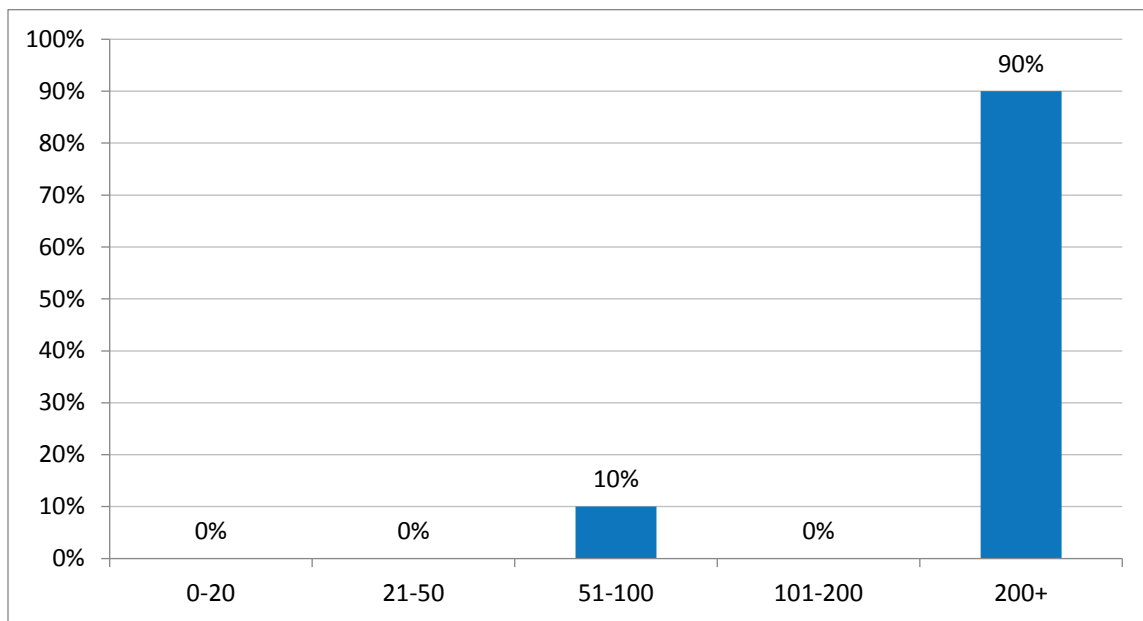
All respondents' organizations served over 50 people annually, with most serving more than 200 per year.

Question 7. How many people could your agency/organization reasonably serve on an annual basis with current staff and budget resources?

All respondents answered this question to give an estimated capacity for their services.

Figure 5-15.

How many people could your agency/organization reasonably serve on an annual basis with current staff and budget resources?



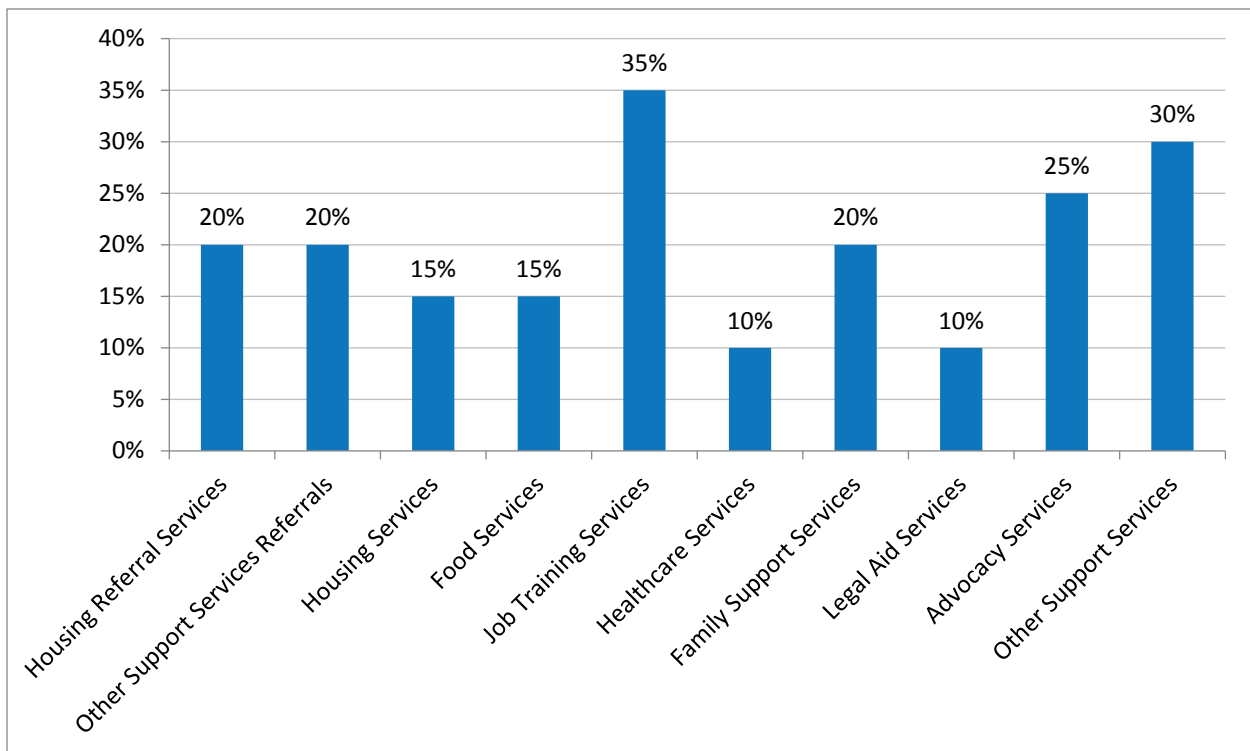
Nearly all organizations have the potential to serve more than 200 individuals, with only two being able to serve fewer than 51–100 people.

Question 8. Are there additional services that your organization would like to offer? (Check all that apply)

Question 8 was answered by all respondents, showing the services each organization would like to offer if resources were available to do so.

Figure 5-16.

Are there additional services that your organization would like to offer?



All services were of interest to at least some of the organizations as additional options. Job training services were by far the most desired, and advocacy services, family support services, and housing referral services were also selected by four organizations each.

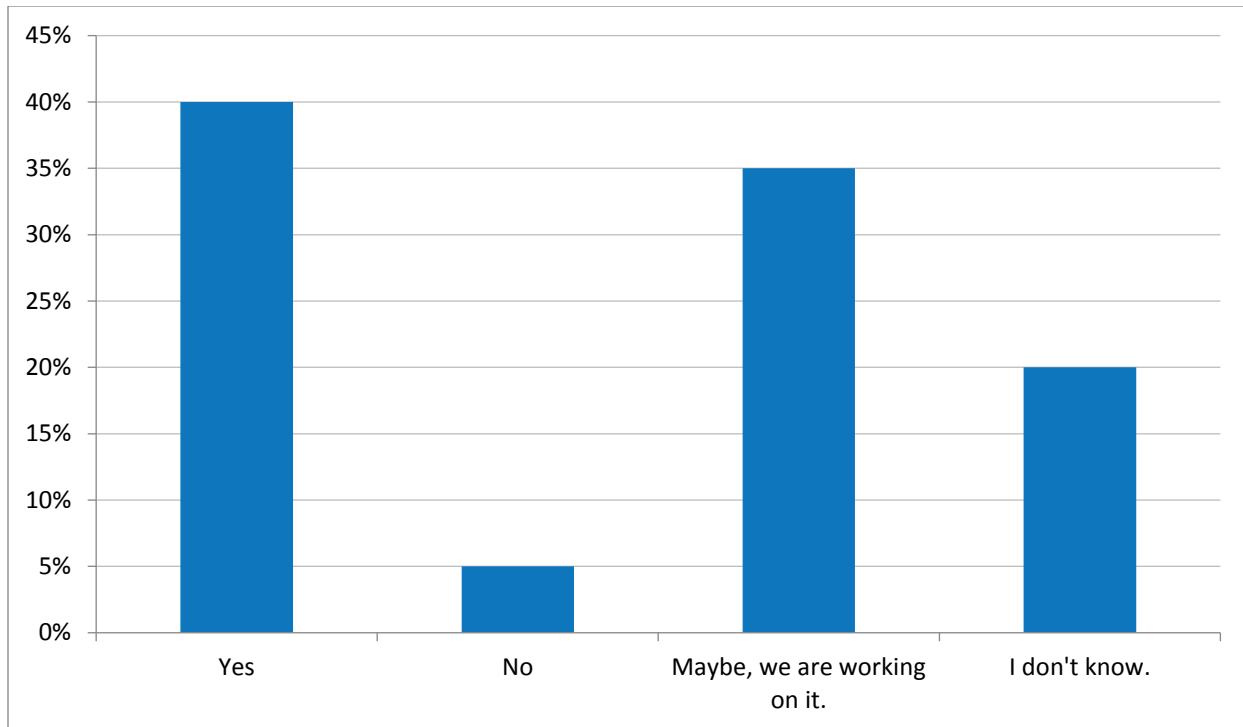
Question 9. Are there plans to begin providing these services in the near future?

Question 9 was answered by all respondents, determining if desired services were currently planned to be provided. All respondents answered this question, with four unsure of the answer.

Eight providers are currently planning additional services, while seven are working on it but unsure of implementation timing.

Figure 5-17.

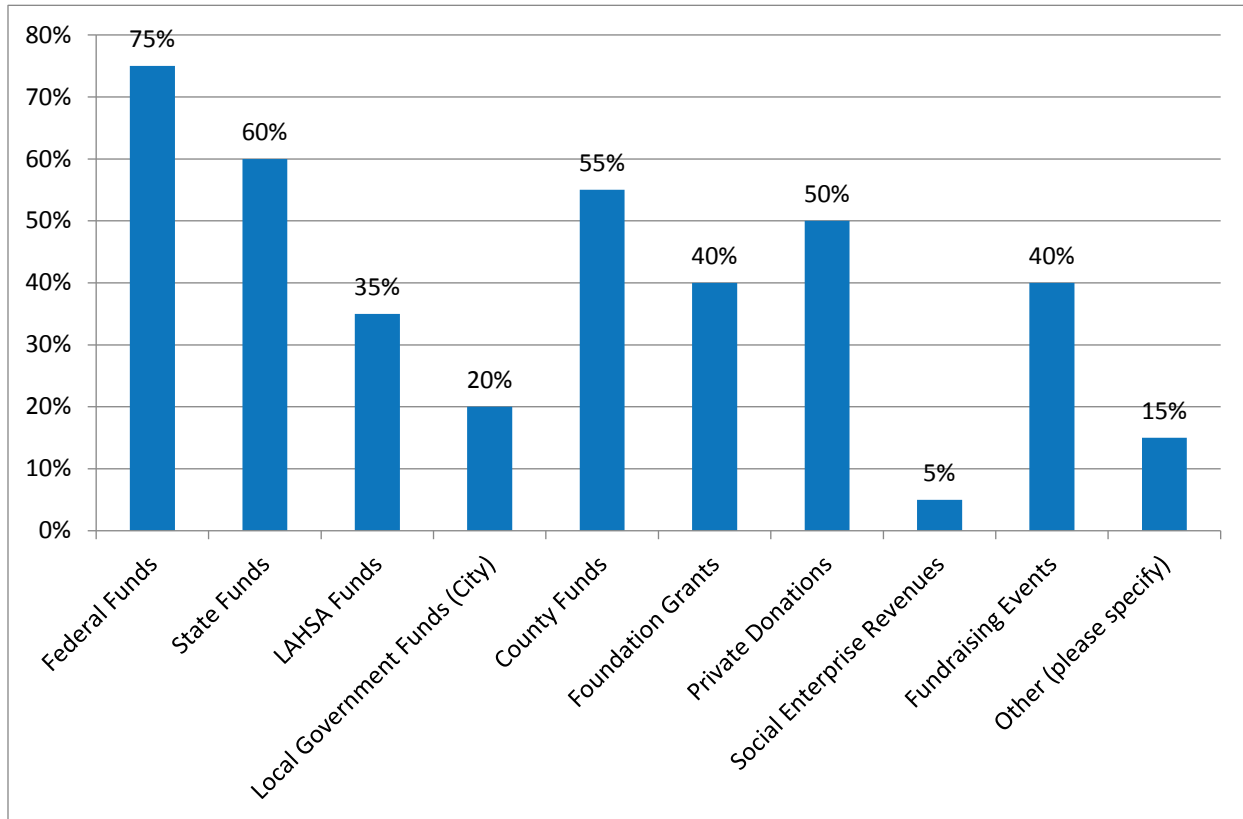
Are there plans to begin providing these services in the near future?



Question 10. What are your organization's funding sources? (Please check all that apply)

A variety of funding sources are available to service providers, and this information can be used to determine the best method for improving the services provided. All respondents answered this question, with multiple selections possible.

Figure 5-18.
What are your organization's funding sources?

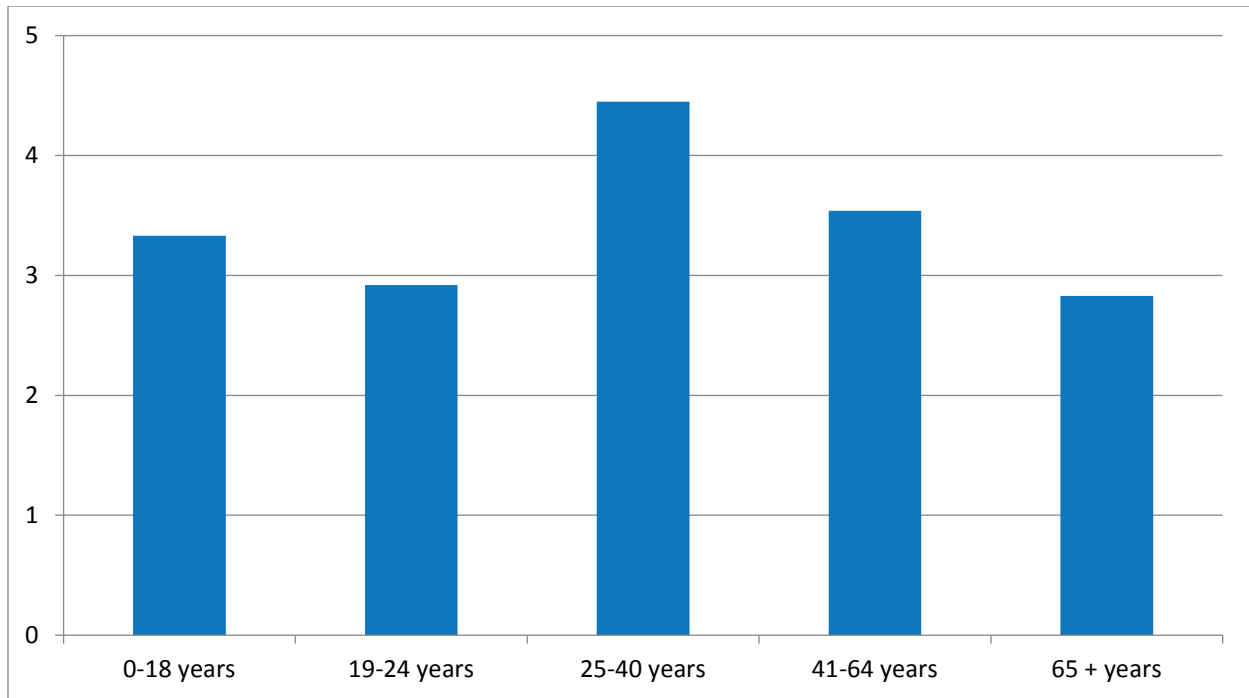


The majority of funding for organizations is derived from government funding, with federal and state grant funding the most common. Grants, private donations, and fundraising were also common methods of funding. Other sources included fees for service and tax initiative funding.

Question 11. What is the predominant age of your clients? Please rank from the most common age range of your clients to the least common, with 1 as the most common.

Five respondents did not answer this question, while 15 did. Answers were averaged and ranked according to the most common age range served. Figure 5-19 shows the number of responses for each ranking of 1 through 5.

Figure 5-19.
What is the predominant age of your clients?

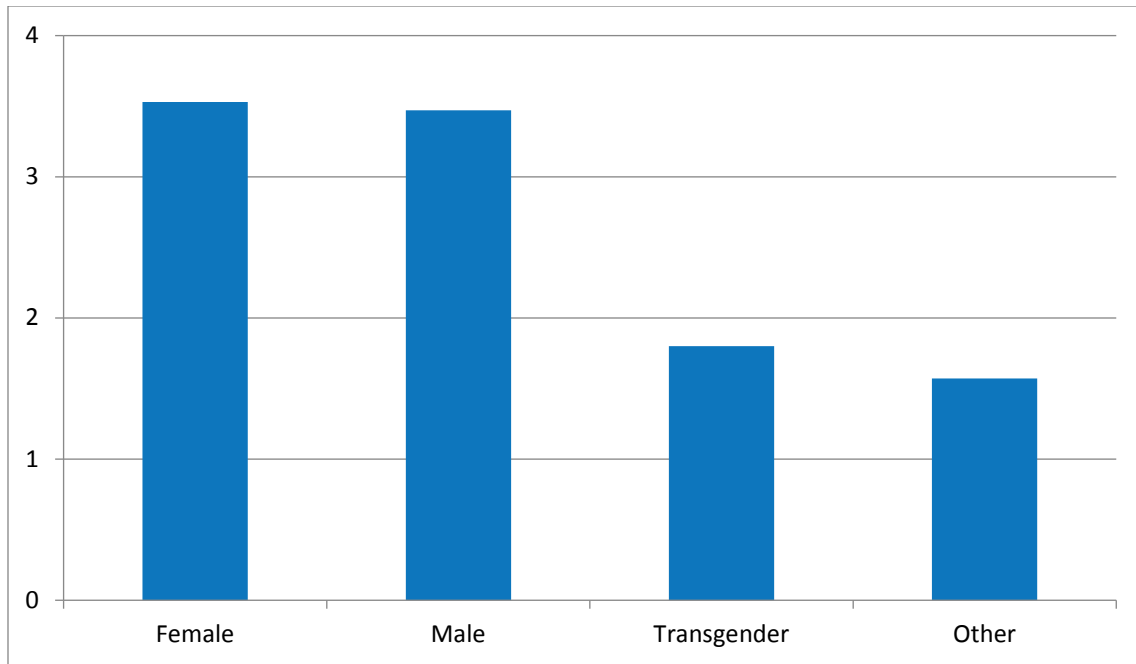


Most organizations serve a large number of clients in the 25- to 40-year-old range, but no age range is dramatically underrepresented in service. Seniors and adults aged 19 to 24 are the least served.

Question 12. What is the gender of your clients? Please rank according to who most frequently uses your services, with 1 as the most frequent.

Like question 11, this question was answered by 15 of the 20 respondents. Options for response on gender identity of clients included male, female, transgender, and other. Figure 5-20 shows the number of responses for each ranking of 1 through 4.

Figure 5-20.
What is the gender of your clients?

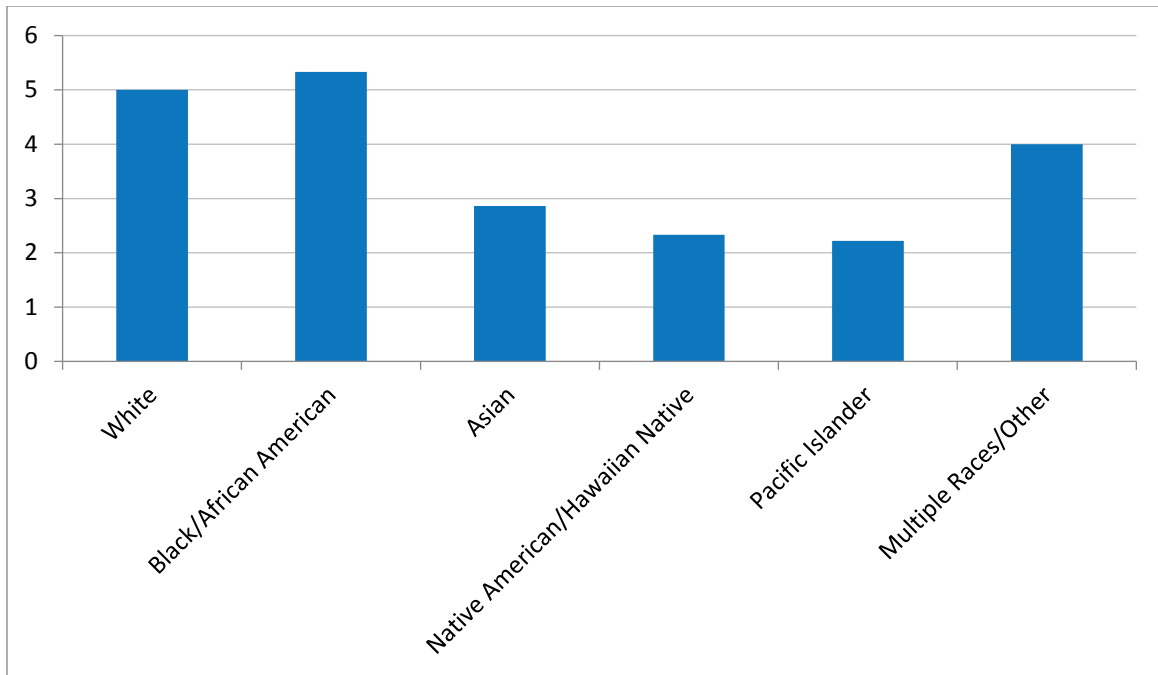


Male and female clients were approximately evenly represented for services, with females served slightly more frequently than males. Transgender and other genders were also similarly distributed.

Question 13. What is the racial distribution of your clients? Please rank according to who most frequently uses your services, with 1 as the most common.

This question was also answered by 15 respondents. It continues to explore the demographic makeup of those receiving services by asking respondents to rank the racial composition of clients served from most common to least common. Figure 5-21 shows the number of responses for each ranking of 1 through 6. Because Hispanic or Latino/Latina heritage can be of any race, this demographic is addressed in question 14.

Figure 5-21.
What is the racial distribution of your clients?



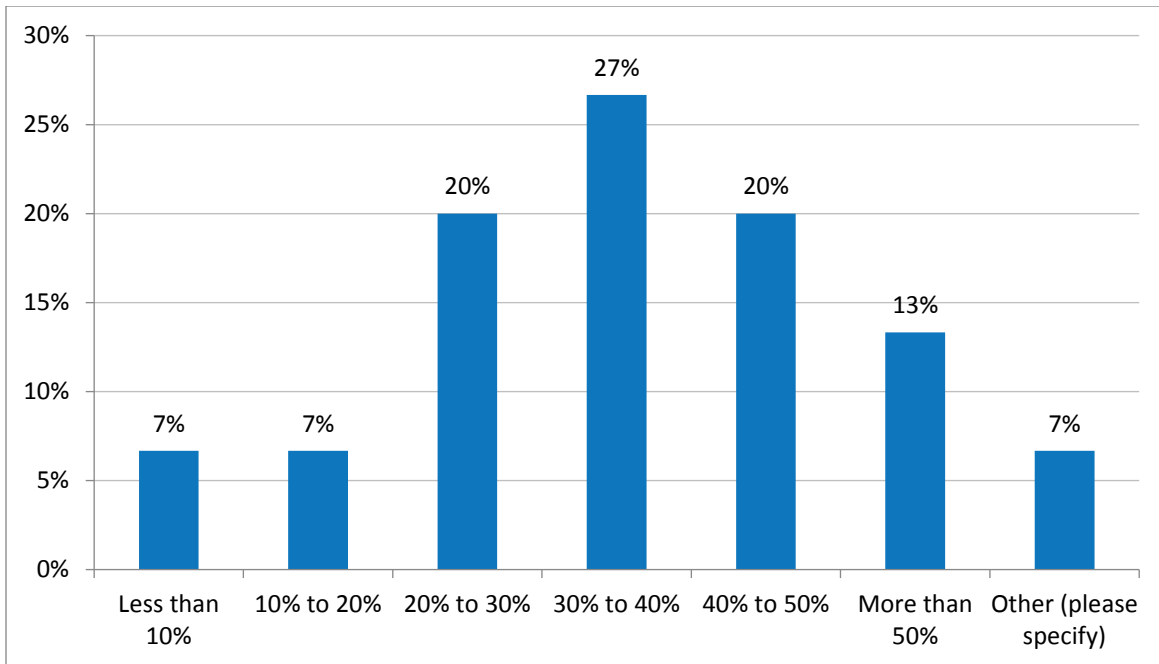
Most clients of the 15 organizations were Black or African American, with White clients the next most common. Multiple or other races were also rather common, while Asian, Native American/Hawaiian Native, and Pacific Islander clients were served less often.

Question 14. Approximately what percentage of your clients are Hispanic or Latino/Latina?

Hispanic or Latino/Latina individuals may be of any race and are therefore counted separately from question 13. Fifteen respondents answered this question.

Figure 5-22.

Approximately what percentage of your clients are Hispanic or Latino/Latina?

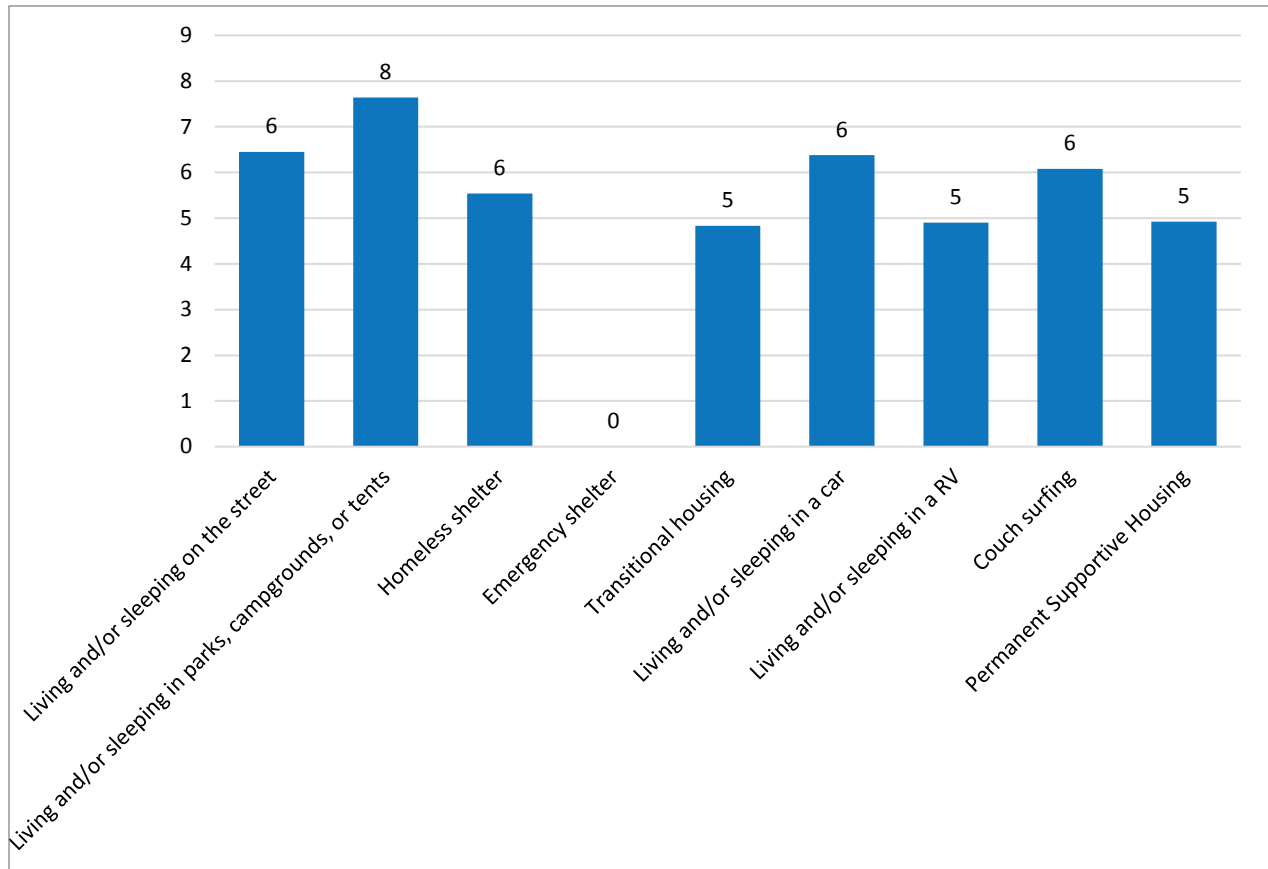


Approximately a quarter of the respondents said 30 to 40 percent of their clientele is Hispanic or Latino/Latina, and 80 percent of the service providers had at least 20 percent Hispanic or Latino/Latina clients. One respondent selected “Other” and noted they were not sure of the answer.

Question 15. Where in Lancaster are your clients living and/or sleeping? Please rank according to how many clients are in each situation, with 1 as the most clients.

Because there are many ways to be homeless, this question asked how clients of the responding organizations are living. This was another ranking question, with respondents assigning ranks of 1 through 9 to each living situation. Figure 5-22 shows the number of responses for each ranking. Fifteen responses were received.

Figure 5-23.
Where in Lancaster are your clients living and/or sleeping?

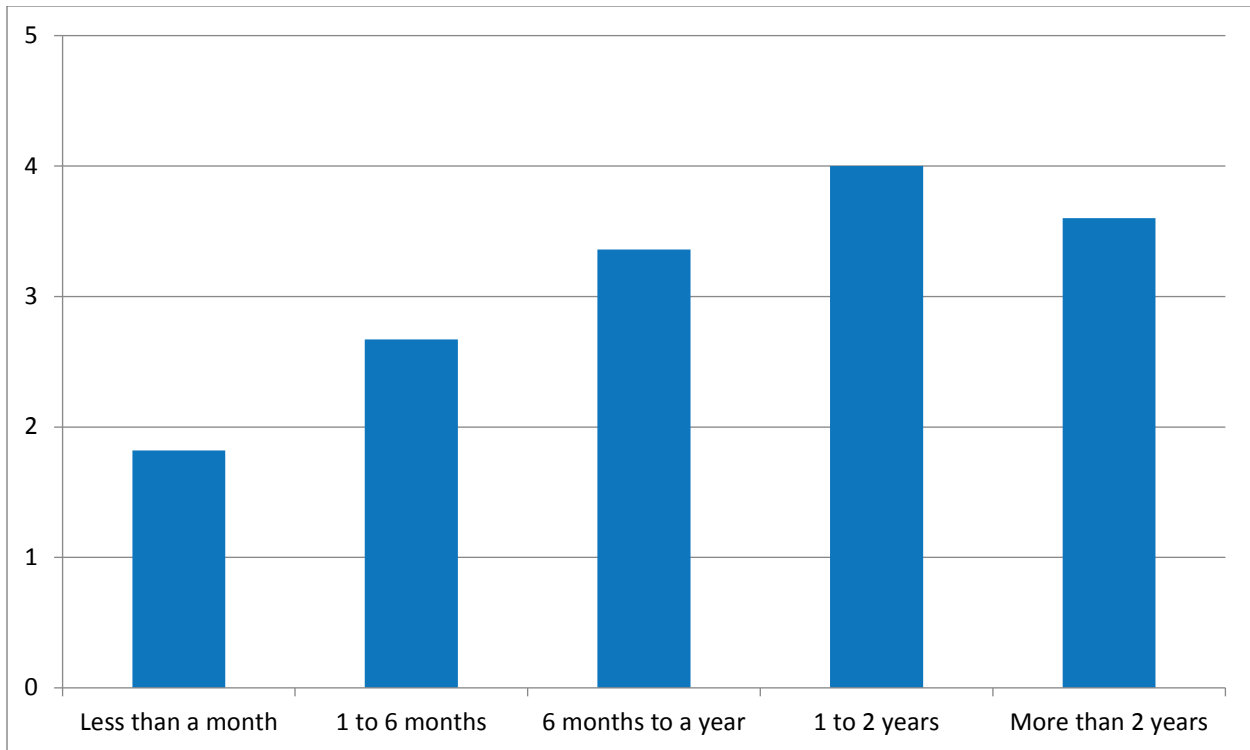


Most of the clients served are living in public outdoor spaces such as campgrounds and parks. Living on the streets, in a car, and couch surfing were the next most common, respectively. Transitional housing, permanent supportive housing, and living in an RV were less common, and no clients were living in an emergency shelter.

Question 16. What is the average length of time your clients spend homeless? Please rank by most common to least common, with 1 as the most common.

Question 16 asked respondents to summarize the average length of time their clients are in homeless situations, ranking the responses from the most common situation to the least common. Figure 5-24 shows the number of responses for each ranking of 1 through 5. Fifteen respondents answered this question.

Figure 5-24.
What is the average length of time your clients spend homeless?

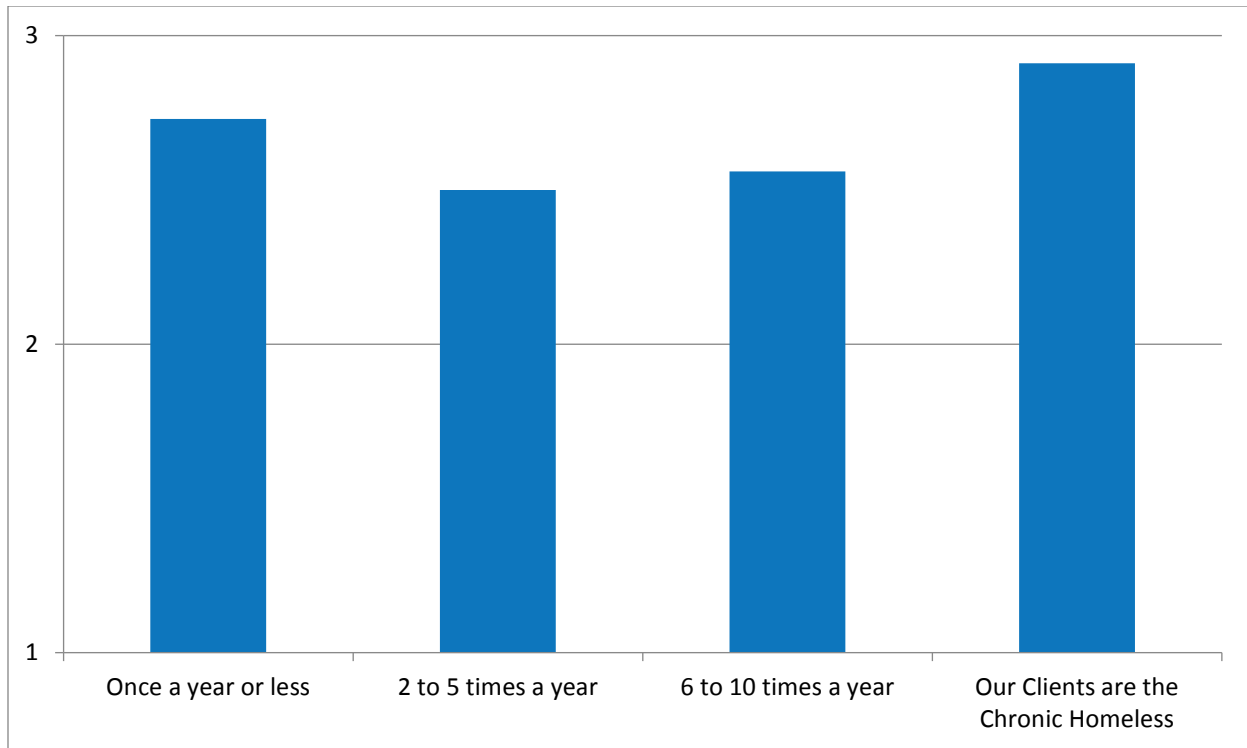


Most clients are homeless for an average of one to two years. Clients being homeless for less than a month was the least common. Strategies for combating homelessness may vary depending on the length of time someone is homeless; this information can help direct funding and resources to the appropriate strategy.

Question 17. How frequently do your clients become homeless? Please rank by most common to least common, with 1 as the most common.

While many individuals find housing, it can be difficult for some to maintain a housed situation. Recurrent homelessness can also require different strategies and aid than one-time occurrences, so identifying these scenarios can help in developing an effective strategy. Fifteen service providers responded to this question.

Figure 5-25.
How frequently do your clients become homeless?



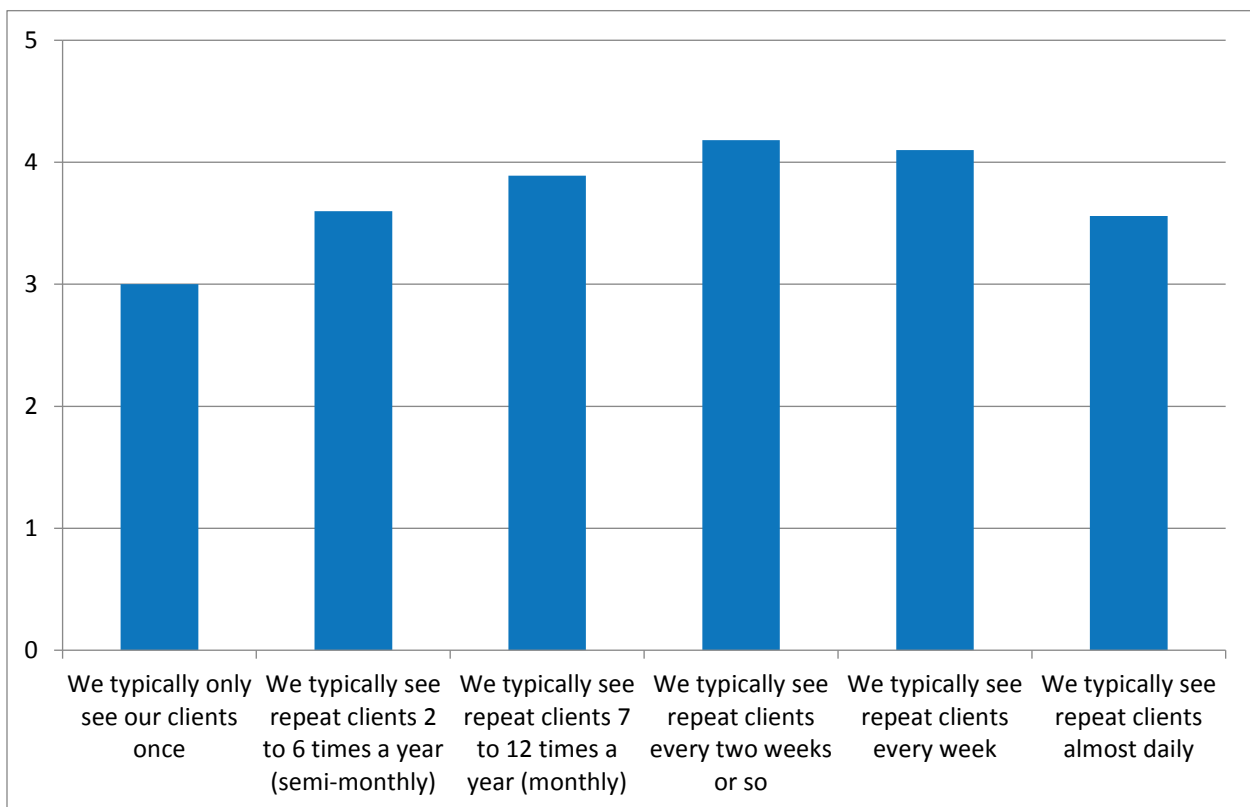
More of the organizations serve the chronically homeless, although many serve those who are often or occasionally housed. Because the organizations were somewhat evenly spread among the four responses, there is no dramatic difference in service for each category.

Question 18. Based on your observation, do you see/assist the same individuals on a regular basis? Please rank from most common to least common, with 1 as the most common.

Fifteen respondents answered this question on how often repeat clients are given service. Respondents were asked to rank the given choices, and the responses were averaged and ranked to determine the overall result.

Figure 5-26.

Based on your observation, do you see/assist the same individuals on a regular basis?



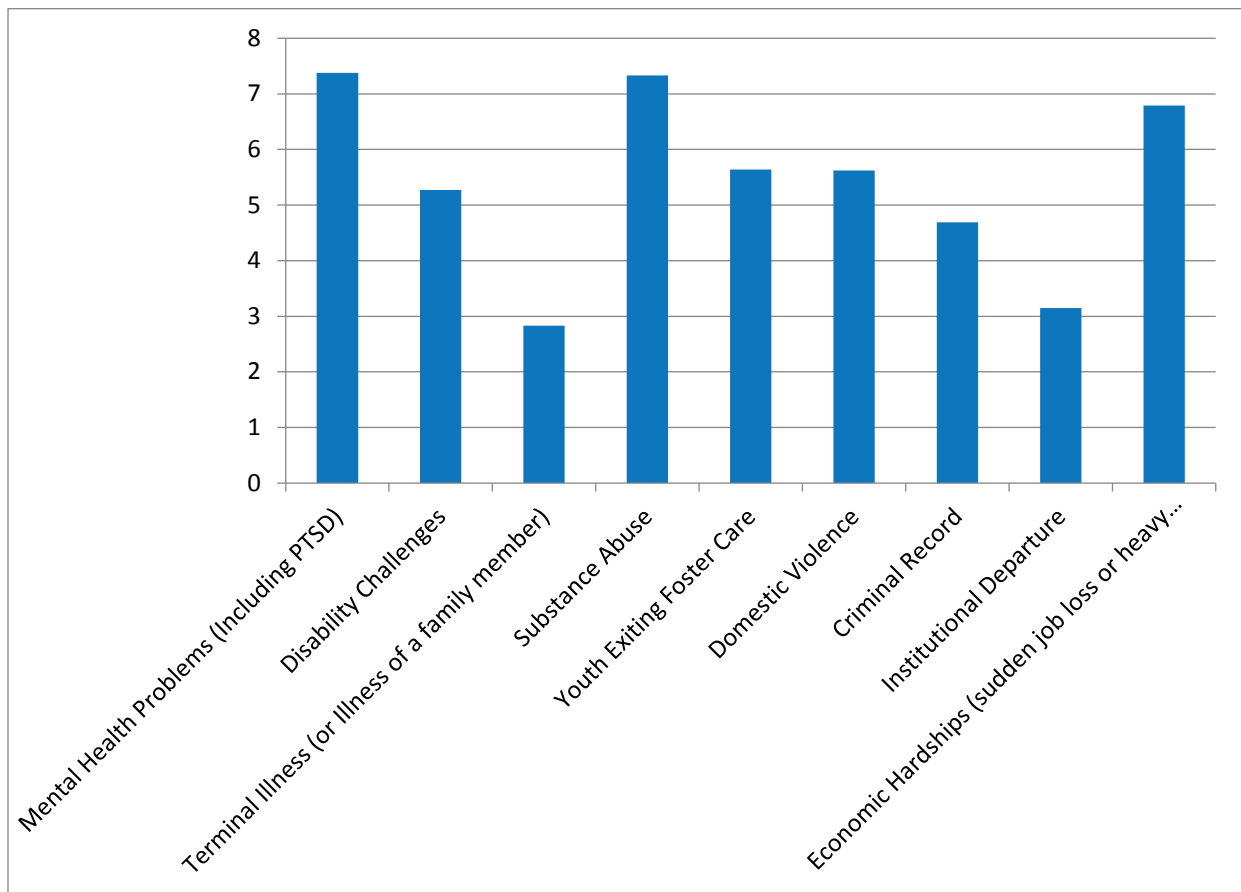
A majority of repeat clients were assisted on a weekly or biweekly basis. Seeing repeat clients daily, monthly, or semi-monthly was also common. The frequency of visits may also be driven by the type of services offered by each organization, and therefore the service type should be considered when evaluating the frequency of services.

Question 19. What do you believe are the primary root causes of your clients' homelessness, or that puts them at risk of homelessness? Please rank from most important to least important, with 1 as the most important.

The causes of homelessness are an important factor in providing services and reducing instances of homelessness. This question was intended to gather the service providers' professional opinion on the causes of homelessness for the clients they serve. Fifteen answers were received for this question, and responses were ranked and averaged for the final result.

Figure 5-27.

What do you believe are the primary root causes of your clients' homelessness, or that puts them at risk of homelessness?



Mental health problems and substance abuse were the top perceived causes of homelessness for clients served. Also highly ranked were economic hardships such as job loss or severe debt, domestic violence, and youth exiting foster care. Terminal illness and departure from an institution were deemed the least common causes of homelessness for clients.

Question 20. Are there other primary root causes that we have not identified in this survey?

This question was open-ended to allow respondents to list any additional causes of homelessness that were not mentioned in the previous question. Eight responses were received and included:

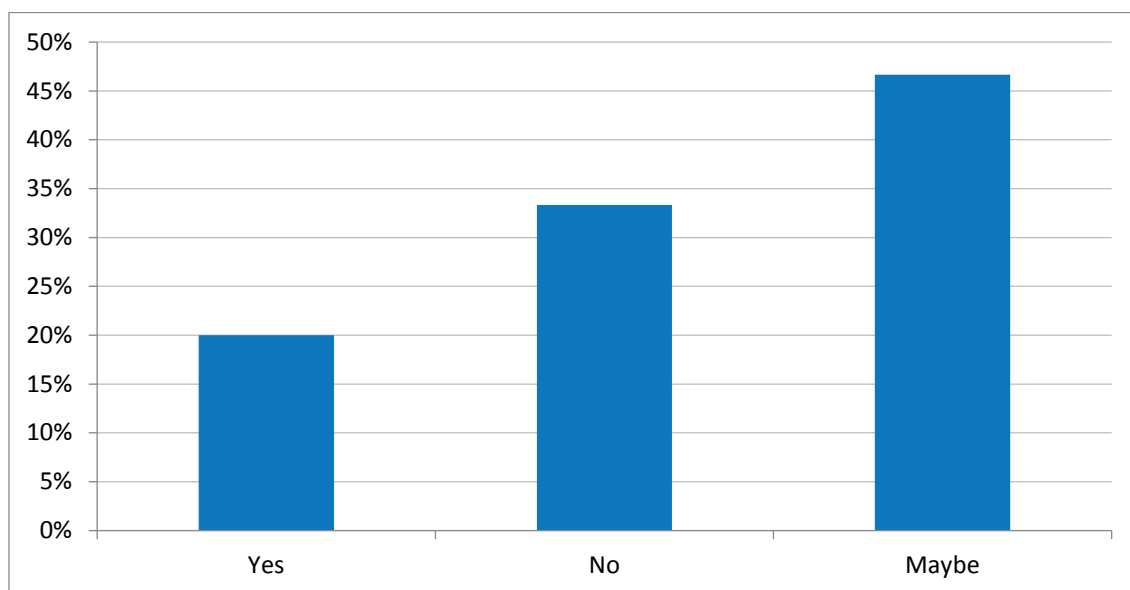
- Divorce from or death of a spouse
- Lack of education
- Loss of family support
- Sexual assault
- Eviction due to landlords desiring rent increases
- Systemic racism
- Having a fixed income in a region with high housing costs

Question 21. Do you keep records that we might be able to utilize for this study?

Having accurate and reliable records can make a plan more successful over time. Fifteen respondents answered this question, with three saying yes, they have records that may be utilized. Five service providers did not have records that could be used, and seven weren't sure.

Figure 5-28.

Do you keep records that we might be able to utilize for this study?



B. COMMUNITY WORKSHOP

A community workshop was held on Tuesday, May 1, 2018, from 6:00 p.m. to 8:00 p.m. at Sgt. Steve Owen Memorial Park. The purpose of the workshop was to introduce the community to the Lancaster Community Homelessness Planning effort and solicit feedback on the impacts of and potential options for combating homelessness in the City. The meeting was publicized via flyer, email, social media and the City's website. Feedback obtained during this workshop accumulated assessments of homelessness challenges, understanding, and possible solutions.

Workshop Format

The workshop was in the format of an open house; rather than formal presentations, consultants and City staff were placed at different “stations” where attendees could ask questions and provide input on specific aspects of the study:

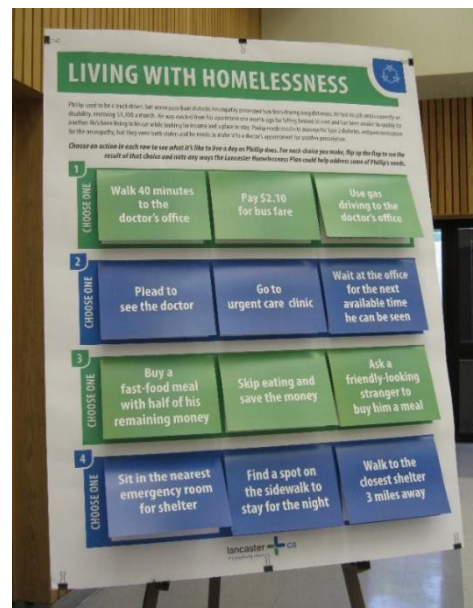


Station 1: Welcome

- A presentation explaining the Lancaster Homelessness Plan and what it hopes to accomplish.

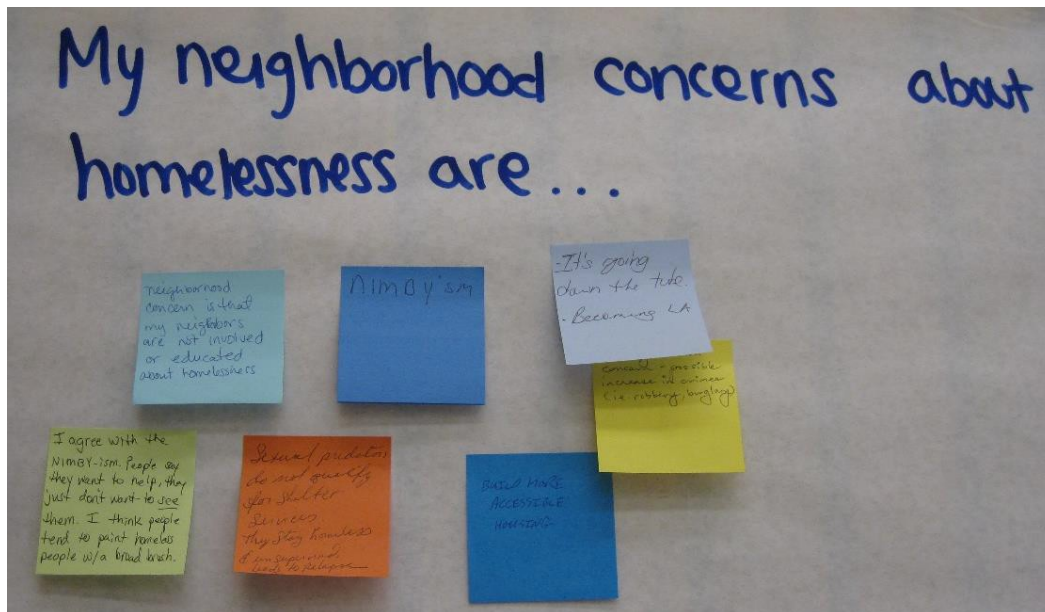
Station 2: Homeless Services and Gaps

Poster activity leading someone through a day in the life of someone living with homelessness, with space to provide feelings, thoughts, and ideas on what could help a person in that situation.



Station 3: Community Concerns

- Space for attendees to write in community concerns, neighborhood concerns, and personal concerns from their perspective.



Station 4: Strategies to Combat Homelessness

- Voting on strategies that are most effective at addressing homelessness by dropping tokens in designated buckets.



Station 5: Opportunities and Ideas

- Space for attendees to write in opportunities and ideas on improving homeless services and combating homelessness in Lancaster.



Summary of Major Themes

General Concerns

Concerns regarding homelessness included business, personal, neighborhood, and community-wide impacts. Respondents also included both concerns for themselves and their families or neighbors, and concerns for those living in homelessness. Among concerns for themselves were personal safety, potential crime, reduction in business or property values, and being solicited for food or money by homeless persons. Trepidation for the homeless individuals included a lack of shelters and other housing, difficulty streamlining, connecting, and providing services, and an inability to receive mental health or substance abuse treatment. Moreover, most respondents were already working on solutions through their current jobs—though the majority were looking for a way to help and be a part of combatting homelessness.

Housing

Many attendees mentioned a lack of affordable housing, homeless shelters, and transitional homes in the area. Suggestions included having more shelters, building more affordable housing, and creating transitional living homes to provide living space until individuals and families can obtain permanent housing. Comments also advocated for the allowance of safe, designated outdoor areas for homeless individuals, like safe parking programs.

Services

Most comments focused on providing better services for substance abuse and mental health concerns, and with streamlining and connecting services to better provide aid. There was also a concern that people do not know how to access services when they are in need and therefore do not get help. Participants suggested that a one-stop-shop of information and services be developed in order for community members to direct such individuals to proper services.

Education/Training

Several comments emphasized community education on needs and services, as well as training and education for the individuals experiencing homelessness. This includes teaching people to understand and empathize with those in homelessness and what resources are available, as well as more formalized job training and educational services for those who could benefit from developing skills or additional education. Such wraparound services would allow for a holistic method of training that is specific to their individual needs and ensures their success.

C. FOCUS GROUPS AND STAKEHOLDER OUTREACH

Discussions were held in the spring of 2018 with stakeholders representing six different perspectives: faith-based/non-profit providers, City staff, County agencies, businesses directly impacted by homelessness, healthcare providers/school administrators, and seniors. The purpose of these conversations was to gain an understanding of the diverse community perspectives on homelessness, what resources are available, and insight on potential options.

Focus Groups

Approach

Each focus group followed a list of questions that were geared to gain a better understanding of homelessness in Lancaster, what is currently being done to address homelessness, what is not being done to address homelessness, and solutions moving forward to combat homelessness in Lancaster. These series of questions were utilized as way to guide dialogue among the group and allowed for the conversation to be candid and open, rather than set a rigid structure. Therefore, not all questions were asked and/or answered in every focus group, depending on their relevance and the stakeholders' responses.

Discussion Questions

Discussion questions included the following:

- What is the most common way you interact with homeless people?
- From your perspective, has homelessness and its impacts decreased, stayed the same, or increased in Lancaster over the past five years?
- Would you be interested in providing them with a service card with applicable contact information?
- What do you think is contributing to homelessness right now?
- What are the biggest service gaps you see in helping the homeless?
- What do you expect from your city with regard to homelessness?
- What ideas or innovative solution do you think would help end homelessness in Lancaster?
- How is homelessness impacting the services you provide to the community?

- What are the biggest service gaps you see in helping the homeless?
- Are the areas of highest need being adequately provided for? Are those services being utilized by the homeless population in Lancaster?

Summary of Major Themes

Service Providers

- More education in the community is needed on what homelessness really is.
- People are spending too long waiting for housing after entering into the pipeline/coordinated entry system.
- Increased outreach coordination among service providers is needed.
- Housing First should be a priority.
- The perception that homeless individuals are migrating here is not what is being seen. Many may not have been born in Lancaster, but they migrated here for work or other reasons and then became homeless.
- Services at the back end to help formerly homeless people stay in housing are critical.

Business Community

- There is frustration among business owners who deal with aggressive panhandlers.
- The Ambassador Program provides businesses a point of contact when there is an issue. Ambassadors engage with homeless individuals on a daily basis and develop trust in order to link them to service providers.
- Many of the homeless individuals are moving through Lancaster and don't typically stay longer than one month. The perception is that many are not from Lancaster.
- Businesses would like to see services centralized in one area with wraparound services.

City and County Agencies

- Issues with illegal dumping, panhandling, and vandalism.
- Chronic homelessness is an issue.

- Many of the homeless people in Lancaster are not from Lancaster.
- Dealing with the issue of homelessness has high costs for City departments.
- Safety is also a concern; some people feel unsafe in the parks and other public spaces.
- Centralizing homeless services should help alleviate some problems.
- Solutions include barriers for the storm drains and redesigning freeway on/off ramps.

Schools and Healthcare Providers

- Families need places that they are able to live together.
- Life and job training is needed.
- High level of foster youth placement in the Antelope Valley. Some of those youth age out and become homeless.
- Lack of affordable housing and high paying jobs is leading to homelessness.
- Wraparound service center with healthcare and childcare is needed for homeless youth and their families.

Staff Engagement

To ensure staff's participation in the process, a special meeting was scheduled for City employees to learn about and discuss the topic of homelessness. This meeting took place on April 19, 2018 with nearly 100 employees in attendance

The following is a summary of the discussion and input received.

- Education and training for both homeless individuals, general public, and City staff.
- Provide options for volunteering and self-empowerment for homelessness individuals.
- Explore options for services in exchange for compensation
- Mental health and substance abuse facilities should be expanded/improved.
- There should be a balance between compassionate aid and legal enforcement.
- Homelessness is impacting the City

Senior Center

City staff met with seniors at the Lancaster Senior Center on June 7, 2018, to hear their perspective on homelessness and related issues in the community and to gather suggestions and ideas.

- There are many seniors with backgrounds in mental health, law enforcement, and education who would be willing to volunteer their time.
- While homelessness affects all ages, there was general agreement that there is an increase in the number of young homeless persons in Lancaster.
- The group would like to see more programs to transition inmates to “real life” following release from prison or from drug and alcohol rehabilitation, and to develop a senior work program.
- Many seniors are on a fixed income. Without affordable housing and home maintenance assistance, seniors in the community need local jobs.

Stakeholder Interviews

Stakeholders identified for the Lancaster Community Homelessness Plan included the Mayor and City Council members, City Staff, Homeless Impact Commissioners, and Criminal Justice Commissioners. Individuals invited to participate in stakeholder interviews included City Staff, City Council members, Homeless Impact Commissioners, and Criminal Justice Commissioners. Many of these stakeholders are community leaders, non-profit directors, and professionals whose day to day tasks are directly impacted by homelessness. Interviews included questions regarding the impacts of homelessness from multiple perspectives, including personal, professional, and community oriented viewpoints.

Stakeholder interviews included three distinct types of outreach. First, stakeholders were invited to take the stakeholder survey. Second, stakeholders that were unable to attend the focus groups were provided questions similar to those asked at the focus groups and invited to respond to the questions via email. Each stakeholder was also offered a 15- to 20-minute follow-up phone conversation if they desired. Finally, a series of one-on-one interviews were held with 18 key stakeholders to provide additional depth and clarity to the existing homelessness problem in Lancaster and potential solutions. Several major themes emerged in these interviews and are discussed below.

Summary of Major Themes

The most common topics discussed in the interviews included causes of homelessness in Lancaster, service gaps for homeless populations, improvements to coordination between service providers, and changes in the homeless population. While there were contradictions in the responses to questions due to differences in perspective and a lack of solid data, the two most common concerns were

coordination of services between service providers, and a need for services to prevent homelessness before it occurs. The following sections describe the common themes of the interviews.

Cause of Homelessness

Economic instability, a lack of economic opportunity, mental health concerns, and substance abuse issues were cited as the most common causes of homelessness in Lancaster, although there was disagreement between stakeholders on which is the most common cause. There has also been a recent increase in the number of young adults who are homeless, potentially due to aging out of foster care or because of opioid addiction. Several interviewees also said Lancaster's location at the end of the Metrolink line contributed to the homeless population, with either individuals choosing to come to Lancaster due to its services or potentially agencies in Los Angeles sending individuals to the city via the Metrolink line. Other reasons commonly cited included release from prison with no support network, family break-ups, and an inability to reach support services due to a lack of transportation.

Service Gaps

Service gaps listed by those interviewed included a lack of affordable housing options, transportation aid for both obtaining services and for personal use, 24/7 wraparound services, and education and prevention services to reduce the likelihood of becoming homeless in the first place. Many stakeholders placed an emphasis on the prevention services, as they believe preventing someone from becoming homeless will have greater long-term success than recovery after homelessness has occurred. For the most part, interviewees did not see many service gaps in Lancaster – in that Lancaster has a wide variety of services, but rather a lack of overall funding and coordination of services prevents the existing service providers from providing the breadth and depth of services necessary to make widespread long-term progress in addressing homelessness. Job training and the need for more jobs, particularly entry-level jobs and opportunities designed to help persons re-entering the workforce after a substantial absence was identified as a major need in the community. Additional substance abuse treatment was also identified as a major need, along with more comprehensive mental health services, including in-patient treatment and long-term case management.

Improved Coordination Between Service Providers

Nearly all the stakeholders interviewed believed the lack of coordination between service providers was the primary issue in Lancaster. A few noted that the region needed unified leadership with a champion that could coordinate and spearhead efforts. The lack of coordination meant an inability to gather meaningful data that would greatly help future efforts, with an overlap of services that reduces the efficiency of funding and does not allow the providers to coordinate efforts based on individual strengths and allow for greater long-term reach. Additionally, a few interviewees believed having a central location for services would improve marketing, information gathering, and efficiency of providing services.

Public Perception

In the interviews, service providers spoke of the perception of homelessness by the general population and of the perception of service providers by those who are homeless. For the general population, there is a perception that homelessness has increased dramatically--creating a safety and health concern. Interviewees disagreed on whether the actual number of homeless individuals has increased, decreased, or remained steady, but most agreed that the recent increase in visibility has spurred most public concerns. There was tentative agreement that many of the homeless in Lancaster were younger than in prior years and were not local residents originally, although a few noted that it was not relevant when providing services.

The service providers interviewed were of the opinion that the perception of the homeless individuals toward those providing services was overall distrust, believing that there is a lack of compassion or respect, and that the needed services would be suddenly removed.

Perception Challenges

There were several perception challenges expressed by different interviewees that reflect the difficulty in addressing the wide variety of homeless sub populations. Some interviewees provided insight that the majority of homeless persons in the community were confrontational, aggressive and potentially violent persons. Some conveyed frustration in trying to maintain public spaces and public safety without sufficient resources or options to respond to homeless persons who are unwilling or resistant to engaging with service providers. Additional interviewees were very solution oriented with the goal of addressing the problem with the existing homeless population. Others were very cause focused and saw the need to address the specific challenges posed by the Metrolink station and prison facility located in Lancaster. All of the interviewees identified the need for a multi-lateral approach to address homelessness, and several suggested that service providers needed to be able and willing to try new and innovative approaches to problem solving, including pilot programs and solutions that may at first appear unpopular or contrary to current practices. Many interviewees were frustrated with the pay-per-service homelessness assistance model, the lack of long-term success rate data, and competitive funding requirements that trap service providers in triage and prevent pro-active solution-oriented approaches to ending homelessness. Additionally, a major frustration shared by many interviewees is the prevalence of service-resistance in some of the more visible persons experiencing chronic homelessness, and the lack of options available to assist people unwilling to engage with the existing service providers.

Homeless Outreach Ride-Along

During the research for this plan, the team joined with Los Angeles Homeless Services Authority (LAHSA) outreach team, to participate in a homeless ride-along. The ride-along included meeting with LAHSA staff outside the Mental Health America facility early in the morning where they loaded a vehicle with dog food and bottled water. Staff drove to a large undeveloped lot on the edge of the city where there were about eight or so homeless campsites scattered throughout the lot.

The lot was large enough with adequate ground to cover which made the camps difficult to view from the road. Camps ranged from tents to shelters built from materials scavenged from illegal dumping to non-operable recreational vehicles. Some of the camps were clustered together while others were more isolated. Approximately half of the camps included a homeless person with a dog, all of which were tied up or on a leash.

LAHSA staff approached each camp offering the homeless people who were on site bottled water, dog food for their dogs, and asked about their general welfare. Staff knew almost all of the people in the camps by name, and had specific information about their challenges and situations. Staff also spoke with the people at the camps about being connected to services. The LAHSA staff had good rapport with the people in the camps, along with personal background information. Not a single person in the camps who were not currently coordinating with service providers expressed interest in receiving assistance.

The conditions in the camp were severe with no water or shade on the lot, and no restrooms or sanitation. LAHSA staff were warned, by homeless individuals, to stay away from one section of the lot where a venomous snake had been identified the day before. As well, staff walked carefully to avoid unhygienic and dangerous debris on the ground. There were several sites on the lot where large piles of debris were scattered--likely from illegal dumping. The camps were not close to any services or facilities, and several of the people in the camps walked or used bicycles to get around.

During the ride-along the LAHSA team encountered an additional outreach team, from a different service provider, who was also meeting with homeless individuals they were assisting. This encounter with other outreach teams indicates good coverage of camps. However, this also verifies the lack of coordination amongst service providers.

D. HOMELESS INDIVIDUAL INTERVIEWS

In order to understand the challenges and needs of homelessness in Lancaster, 20 homeless individuals were interviewed. Twenty questions were asked of individuals at the Salvation Army, the community workshop, Grace Resources, and Valley Oasis to obtain firsthand information on the situations and issues related to homelessness. Many of the questions involved demographic information such as age and race.

- Five individuals surveyed were in their 20s, three were in their 30s, and five were in their 40s. Six people were in their 50s, and one was 70 years old.
- Six people were Hispanic or Latino/Latina, and five were Black or African American. Two respondents were multiple races, and the remainder were White.
- Seven individuals were female and 13 were male.
- Six people also had children under the age of 18 staying with them.
- Thirteen people had a disability, and three disclosed a current substance abuse problem.
- Six individuals listed employment as a source of income, often in addition to governmental aid. The remaining 14 people cited governmental aid as their source of income.

The individuals interviewed all had places to sleep that were off the street, although four were staying in a vehicle at night. Ten slept at a facility, three of whom were in transitional housing, and two people declined to answer questions regarding their overnight accommodations.

Twelve respondents said this was not their first occurrence of homelessness, and six said it was the first time they have been homeless. Two did not say whether this was the first time they have been homeless. When asked about the reason for leaving their last housing situation, eight people left due to domestic conflicts or dissolutions. Three people lived in rental housing where the rent was raised beyond their ability to pay or the location sold and they were required to move out. Four people declined to answer the questions about previous living arrangements.

Those interviewed were asked what services have been most useful to them and what services seem unavailable that would help improve their situation. The services at Grace Resources and Valley Oasis were considered very useful. The respondents opined that general services such as food banks, medical and psychological services, job and hiring assistance, and shelters provide the best assistance.

Services identified as needed included:

- Additional and permanent shelters
- Help keeping families and couples together
- Restroom facilities
- Support for those making too much to qualify for aid
- Resources on learning to be self-sufficient
- Counseling in learning to adjust to not being homeless
- Life skills coaching
- Showers and laundry services in more easy-to-reach locations
- Mental health aid
- Gas vouchers
- Resources in schools for children, such as hygiene kits
- Transportation services to get to resource centers or critical locations like grocery stores and pharmacies
- Affordable housing and aid in navigating the housing voucher system and placement
- Employment assistance such as resume help, information on local jobs, transportation assistance, and computers to apply for jobs
- Feminine hygiene products
- Help dealing with the “welfare trap” of making too much to qualify for aid but not enough to live off of.

E. KEY TAKEAWAYS

From April to June 2018, feedback on homelessness in Lancaster was received from over 500 community members including residents, service providers, business owners, elected and appointed officials, City and regional agency staff, school districts, health agencies, and homeless individuals. Individuals who participated in these outreach efforts agreed that homelessness is a critical issue in Lancaster. Although there was variances as to whether homelessness has increased, decreased, or remained the same in recent years or as to whether homeless individuals were originally from Lancaster or coming to the community, many agreed that addressing the issue was a priority. The community is concerned not only about people experiencing homelessness, but also about the quality of life in affected neighborhoods. Homelessness affects the city's neighborhoods, depresses its businesses, and shocks and upsets visitors when they see such extreme deprivation alongside prosperity.

Mental health problems and substance abuse were ranked as the most common causes of homelessness by many of the stakeholders. In response to this ranking, many stakeholders identified a need for additional mental health and substance abuse resources as part of the solution.

There is no one solution to addressing homelessness in Lancaster. However, many participants felt that additional affordable housing was needed in the community, as well as job and life skills training. Participants also agreed that better coordination among service providers in Lancaster and in the region is critical in order to improve conditions. Many stakeholders also welcomed new and innovative ideas to address the issue, noting that the current strategies were not adequately addressing needs. Designated safe camping areas and new incubator spaces for service providers were some examples of this type of idea. Generally, the community believes this is an issue that can be greatly improved with the right combination of coordination, funding, and participation by the community.

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