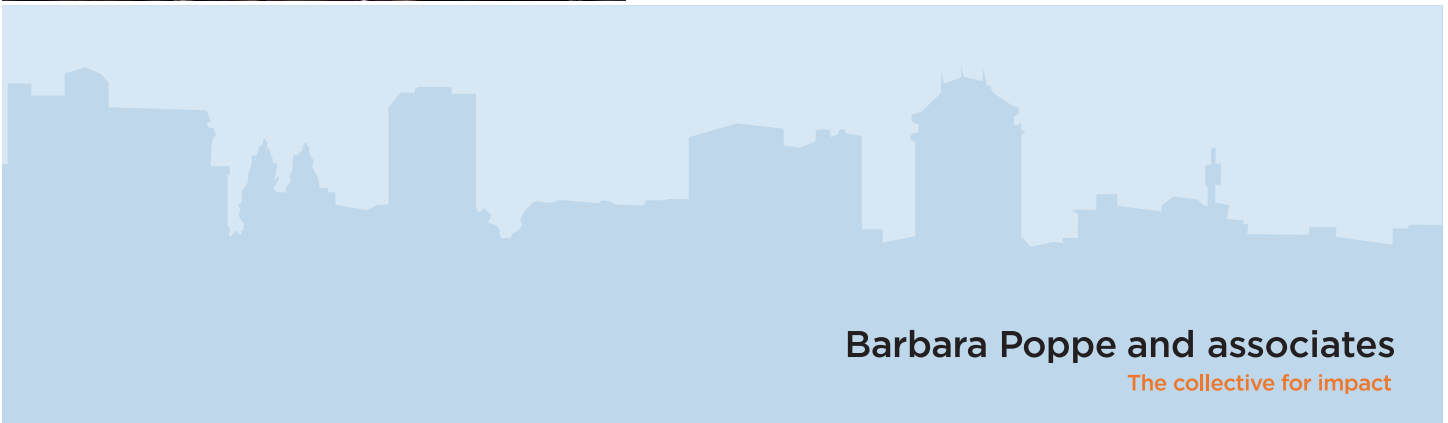
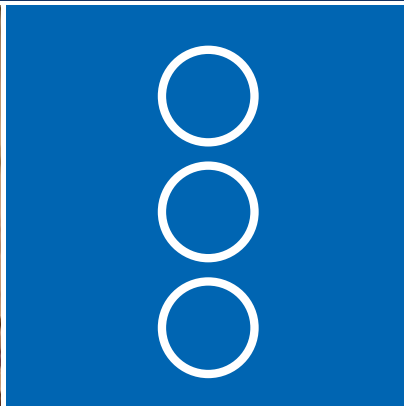
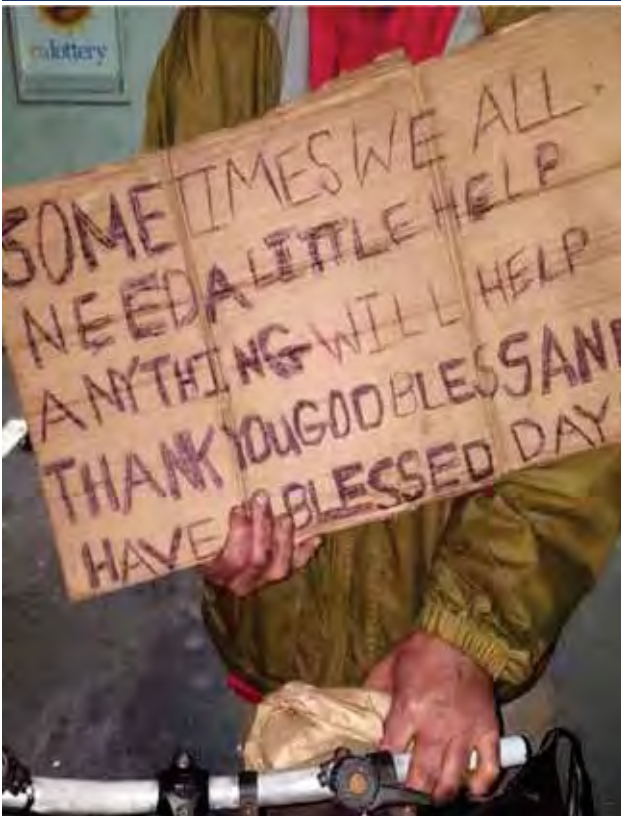




A Framework for Action

SEPTEMBER 2018



Barbara Poppe and associates
The collective for impact

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About Barbara Poppe and Associates



Barbara Poppe is the founder of Barbara Poppe and Associates and the former executive director of the United States Interagency Council on Homelessness. Ms. Poppe is a nationally recognized expert on homelessness and results-driven public-private partnerships. Barbara Poppe and Associates, established in

2014, is an independent consulting firm that develops the capacity of communities and organizations to tackle complex issues using a collaborative systems approach to achieve results and impact.

Ms. Poppe served as the Executive Director of the United States Interagency Council on Homelessness from November 2009 to March 2014. During her tenure, Poppe oversaw the Federal response to homelessness by working with 19 Federal agencies to create partnerships at every level of government and with the private sector to reduce and end homelessness. In June 2010, Barbara Poppe and four Cabinet Secretaries announced Opening Doors, the nation's first ever comprehensive Federal plan to prevent and end homelessness.

Ms. Poppe served as the executive director of the nationally recognized Community Shelter Board (Columbus, Ohio) from October 1995 to November 2009. She holds a Masters of Science degree in Epidemiology from the University of Cincinnati.

Ms. Poppe is a frequent national, state, and local speaker on homelessness and serves on the national boards of the Enterprise Community Partners and the Siemer Institute for Family Stability.

Barbara Poppe and associates

The collective for impact

This document is to serve as a strategic framework to end homelessness in the Fresno community, defined as the metro area and the surrounding suburban and rural areas within Fresno County.

The United States as a whole is struggling with a homelessness crisis and the Fresno community is not exempt from feeling the effects—both from a human perspective and a fiscal point of view. Fresno County has one of the highest rates of unsheltered homelessness in the nation.

There are many organizations doing great work currently to address homelessness in the region. Remarkable progress has been made over the past 10 years in reducing chronic homelessness by 38 percent since 2008. However, the Fresno community needs to step up their response if they are truly going to bring an end to unsheltered homelessness.

A new collective impact initiative, Street2Home, should be launched to comprehensively address homelessness across Fresno County

Street2Home is grounded in Housing First¹ practices and evidence. Housing First is a proven approach, applicable across all elements of systems for ending homelessness, in which people experiencing homelessness are connected to permanent housing swiftly and with few to no treatment preconditions, behavioral contingencies, or other barriers. It is based on overwhelming evidence that people experiencing homelessness can achieve stability in permanent housing if provided with the appropriate level of services. Study after study has shown that Housing First yields higher housing retention rates, drives significant reductions in the use of costly crisis services and institutions, and helps people achieve better health and social outcomes.²

1 Lipton, F.R. et. al. (2000). "Tenure in supportive housing for homeless persons with severe mental illness," *Psychiatric Services* 51(4): 479- 486. M. Larimer, D. Malone, M. Garner, et al. "Health Care and Public Service Use and Costs Before and After Provision of Housing for Chronically Homeless Persons with Severe Alcohol Problems." *Journal of the American Medical Association*, April 1, 2009, pp. 1349-1357. Massachusetts Housing and Shelter Alliance. (2007). "Home and Healthy for Good: A Statewide Pilot Housing First Program." Boston.
2 John Kania & Mark Kramer. "Collective Impact." *Stanford Social Innovation Review*. Winter 2011 https://ssir.org/articles/entry/collective_impact (accessed September 22, 2018)

The five key conditions of Collective Impact³

Stanford Social Innovation Review introduced the concept of "collective impact" as a collaboration that makes a substantial impact on a large-scale social problem. There are five conditions that distinguishes collective impact from other types of collaboration:

1. A common agenda
2. Shared measurement systems
3. Mutually reinforcing activities
4. Continuous communication
5. Presence of a backbone organization

3 Fay Hanleybrown, John Kania, & Mark Kramer. *Stanford Social Innovation Review*, "Channeling Change: Making Collective Impact Work." January 26, 2012 https://ssir.org/articles/entry/channeling_change_making_collective_impact_work

The recommendations contained in this report are from Barbara Poppe and Associates. Ms. Poppe was engaged by the City of Fresno and Fresno Housing Authority and funded by the latter. Ms. Poppe assessed the Fresno community's overall strengths and opportunities and advised on proven practices that have been shown to reduce homelessness in other communities. Ms. Poppe interviewed and engaged 66 individuals from 36 organizations to understand the Fresno community's unique needs and assets, reviewed local market data on housing, health, and homelessness, analyzed data about the people, programs, and systems that address homelessness, and facilitated a multi-day series of input meetings, including a two day planning session with key community leaders who work directly on homelessness. The process was guided by a steering committee that helped shape the emerging recommendations into a set of recommendations that can achieve high impact on reducing unsheltered homelessness and are feasible for local implementation over the next few years.

Based on that work, the recommendations on the following pages were developed and further refined during a second on-site visit, which included a series of feedback sessions with community leaders.

Four pillars emerged: 1) engage community & align resources, 2) reduce inflow to homelessness, 3) improve crisis response, 4) expand permanent housing options.

This document does not represent the end of the process but rather the beginning. It provides the framework to move forward. The entire Fresno community—leaders, service providers, funders, and residents—need to be a part of the solution. Street2Home offers a path forward to make homelessness rare, brief, and non-recurring across Fresno County.

The Steering Committee is collaborating with Barbara Poppe & Associates to define a System Prospectus, a more detailed assessment of potential options of funding and resources required to accomplish priority initial recommendations within this report.



**Engage community
& align resources**



**Reduce inflow to
homelessness**



Improve crisis response



**Expand permanent
housing options**

Process & Engagement

Timeline for Fresno Community Efforts to Address and End Homelessness



2010 2016 2017

Plan to End
Chronic
Homelessness

Working Group to
Address Homelessness
Encampments

Crisis
Intervention
Team

Anti-Camping
Ordinance

COUNTY OF FRESNO

FRESNO POLICE
DEPARTMENT

FRESNO CITY
COUNCIL

FRESNO COUNTY
DEPARTMENT OF
BEHAVIORAL HEALTH

This planning process began in partnership between the Fresno Housing Authority and City of Fresno and was born out of a concern that homelessness was rising across the Fresno community. In September 2017, Fresno Housing Authority contracted with Barbara Poppe & Associates, a national expert on homelessness, to assess how the Fresno community was addressing homelessness and recommend strategies that would advance and accelerate reductions in homelessness. The Steering Committee was convened by the City of Fresno and Fresno Housing and included the County of Fresno, and Fresno Madera Continuum of Care. The Steering Committee collaborated to guide the consultation and provide access to reports, data, and other information about homelessness across Fresno County. Interviews by Ms. Poppe with key leadership occurred during October to better understand the current context of homelessness in the region. These calls included City of Fresno, County of Fresno, Central Valley Community Foundation, Fresno Madera Continuum of Care, Poverello House, and Fresno Rescue Mission.

Ms. Poppe visited Fresno in November 2017 to discuss the Fresno community's response to homelessness. She met with a cross-section of stakeholders including City of Fresno Mayor Lee Brand and City Councilmembers, County of Fresno department heads, the Fresno Madera Continuum of Care members, homeless and domestic violence service providers, and philanthropic and business leaders. From information gathered through conversations and data analysis, Ms. Poppe advanced recommendations based on strategies expected to have the

2018

Research Project
Initiated

BARBARA POPPE
& ASSOCIATES

THE MAYOR'S OFFICE

FRESNO HOUSING
AUTHORITY

Decentralized
Homeless
Task Force

FRESNO POLICE
DEPARTMENT

Research Project
Site Visits

BARBARA POPPE
& ASSOCIATES

FRESNO INDIVIDUALS,
ORGANIZATIONS,
& INSTITUTIONS

Key Findings
& Community
Input Sessions

BARBARA POPPE
& ASSOCIATES

FRESNO INDIVIDUALS,
ORGANIZATIONS, &
INSTITUTIONS

Street2Home
Report Released

greatest immediate impact on reducing homelessness in the Fresno community.

Following the November on-site visit, the Steering Committee worked with Ms. Poppe on identifying the strategies to pursue for the biggest initial impact. In April 2018, a second on-site consultation occurred to meet with a range of stakeholders to test these ideas and gather feedback and suggestions to improve the emerging strategic recommendations and framework. The Steering Committee refined the recommendations based on the feedback and began assessing feasibility for implementation by developing cost estimates, potential funding sources, and conducting site visits to other communities that have implemented similar strategies to learn from those communities' experiences. Ms. Poppe also conducted follow up with key providers to gather additional input.

Steering Committee

- Doreen Eley, *Fresno Madera Continuum of Care/Fresno Housing Authority*
- Shawn Jenkins, *Fresno Madera Continuum of Care Chair*
- Jody Ketcheside, *Fresno Madera Continuum of Care Vice Chair*
- Laura Moreno, *County of Fresno Social Services*
- Preston Prince, *Fresno Housing Authority*
- H Spees, *City of Fresno*
- Dawan Utecht, *County of Fresno Behavioral Health*



Participating Individuals & Organizations

- Ana Jovel Melendez, *Assembly Arambula*
- Suzanne Bertz-Rosa, *Bertz-Rosa Strategy & Creative*
- Heidi Crabtree, *City of Clovis*
- Lee Brand, *City of Fresno*
- Steve Brandau, *City of Fresno*
- Danny Casey, *City of Fresno*
- Burke Farrah, *City of Fresno*
- Kelli Furtado, *City of Fresno*
- Tom Morgan, *City of Fresno*
- Wilma Quan-Schechter, *City of Fresno*
- H Spees, *City of Fresno*
- Ka Yang, *Clinica Sierra Vista*
- Reyna Villalobos, *Clinica Sierra Vista*
- Elizabeth Wisener, *Community Action Partnership Madera*
- Sal Quintero, *County of Fresno*
- Susan Holt, *County of Fresno Dept of Behavioral Health*
- David Pomaville, *County of Fresno Dept of Public Health*
- Duke Ramshaw, *County of Fresno Dept of Behavioral Health*
- Joseph Rangel, *County of Fresno Dept of Behavioral Health*
- Sonia Sahai-Bains, *County of Fresno Dept of Behavioral Health*
- Dawan Utecht, *County of Fresno Dept of Behavioral Health*
- Cheryl Vieira, *Fresno County Office of Education*
- Laura Moreno, *County of Fresno Dept of Social Services*
- Shawn Jenkins, *FMCoC/WestCare*
- Nathan Ahle, *Fresno Chamber of Commerce*
- Misty Gattie-Blanco, *Fresno EOC*
- Michelle Tutunjian, *Fresno EOC*
- Cary Catalano, *Fresno First Steps Home*
- Doreen Eley, *Fresno Housing Authority*
- Brandi Johnson, *Fresno Housing Authority*
- Angie Nguyen, *Fresno Housing Authority*
- Melissa Mikel, *Fresno Housing Authority*
- Cassie Morgan, *Fresno Housing Authority*
- Preston Prince, *Fresno Housing Authority*
- Tammy Townsend, *Fresno Housing Authority*
- Tara Lynn Gray, *Fresno Metro Black Chamber*
- Jay Carroll, *Fresno Rescue Mission*
- Rob Cravy, *Fresno Rescue Mission*
- Don Eskes, *Fresno Rescue Mission*
- Matt Dildine, *Fresno Rescue Mission/Martin Park Board Member/E.D.*
- Patrick Jensen, *Fresno Unified School District*
- Darius Assemi, *Granville Homes*
- Wayne Rutledge, *Property Owner*
- Vickie Goudreau, *Innovation Commercial Flooring*
- Marie Sanchez, *Kaiser Permanente*
- Serop Torossian, *Kaiser Permanente*
- Ana Cisneros, *Kings View Behavioral Health*
- Mayra Fuentes, *Kings View Behavioral Health*
- Brenda Kent, *Kings View Behavioral Health*
- Jorge Romero, *Kings View Behavioral Health*
- Nicole Linder, *Marjaree Mason Center*
- Laura Lopez, *Marjaree Mason Center*
- Lucianna Ventresca, *Marjaree Mason Center*
- Deanna Kivett, *Mental Health Systems*
- Richard Penska, *Mental Health Systems*
- Cruz Avila, *Poverello House*
- Sara Mirhadi, *Poverello House*
- Brad Hardie, *Property Owner*
- Ivonne Der Torosian, *Saint Agnes Medical Center*
- Al Solis, *Sol Devel. Assoc/CofC/EDC*
- Jody Ketcheside, *Turning Point of Central California*
- Lynne Ashbeck, *Valley Childrens Healthcare/City of Clovis*
- Dr. Vanessa Greer, *Veterans Affairs*
- Jeremy McClerry, *Veterans Affairs*
- Preston Yanez, *Veterans Affairs*
- Mary Ann Knoy, *WestCare*
- Gabriela McNiel, *WestCare*
- Maria Rodriguez, *WestCare*
- Anna Hecker, *Wings Advocacy Fresno*
- Marianne LeCompte, *Wings Advocacy Fresno*

Homelessness in America

The modern crisis of homelessness began in the 1980's as the cost of housing began to rise faster than wages for many Americans. The loss of low-cost rental units further contributed to rising homelessness. Homelessness impacts people of all ages, genders, races, religions, and ethnic backgrounds. Those households with the lowest incomes are at greatest risk. People with disabilities and disabling conditions are also more likely to become homeless.

Homelessness is Complex

Homelessness is Dynamic and Situational

Across the Fresno community, individuals move in and out of homelessness daily. It's not always the same people who are homeless day after day. The faces fluctuate from day to day. Those who are chronically homeless are most likely to be unsheltered.

Causes of Homelessness

There are four important dimensions that are both causes and consequences of homelessness. Consistently, the lack of access to affordable housing is the primary driver of homelessness.

For instance, an individual may be experiencing health issues that directly lead to homelessness, or homelessness can cause health issues and loss of a job.

Figure 1: Homelessness is dynamic and situational

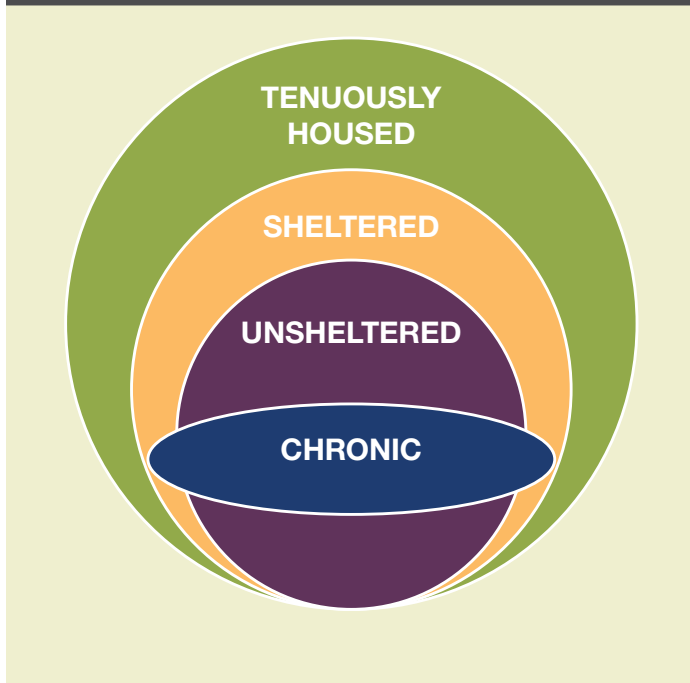


Figure 2: The causes and consequences of homelessness



Factors leading to homelessness

There is no single reason a person or family becomes homeless. Each circumstance is unique as the individual. However, there are some trends that expose some of the most vulnerable population segments.

- 11 million extremely low-income households pay at least half of their income toward housing, putting them at risk of housing instability and homelessness.⁴
- Chronically homeless account for 10% of shelter users, tend to be older and have higher levels of mental health, substance abuse, and medical problems, consume half of the total shelter days.⁵
- Domestic violence is often the immediate cause of homelessness for many women and children.⁶
- Among families that reported domestic violence in the prior five years, 88 percent reported that it was a contributor to their homelessness.⁷

4 National Alliance to End Homelessness. "Housing Affordability and Homelessness." <https://endhomelessness.org/homelessness-in-america/what-causes-homelessness/housing/> (accessed September 23, 2018)

5 Randall Kuhn Dennis P. Culhane. "Applying Cluster Analysis to Test a Typology of Homelessness by Pattern of Shelter Utilization: Results from the Analysis of Administrative Data." Wiley Online Library. April 1, 1998 <https://onlinelibrary.wiley.com/doi/pdf/10.1023/A%3A1022176402357> (accessed September 23, 2018)

6 National Alliance to End Homelessness. "Domestic Violence and Homelessness." <https://endhomelessness.org/homelessness-in-america/what-causes-homelessness/domestic-violence/> (accessed August 12, 2018)

7 Ibid.

There are varied definitions for “homelessness”

Chronic homelessness

Chronic homelessness is experienced by an individual or family with a disabling condition who has been continuously homeless (as defined by U.S. Department of Housing and Urban Development [HUD]) for a year or more or has had at least four episodes of homelessness in the past three years.

Homelessness—*as defined by U.S. Department of Housing and Urban Development (HUD)*

Households who lack a fixed, regular, and adequate nighttime residence and are living in temporary accommodations such as shelter or in places not meant for human habitation; or families who will imminently lose their primary nighttime residence; or families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions that relate to violence against the individual or a family member (sometimes referred to as “literal homelessness”).

Homelessness—*as defined by U.S. Department of Education*

Homelessness means children and youths who lack a fixed, regular, and adequate nighttime residence and includes children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; or are abandoned in hospitals; children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human; children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and migratory children who qualify as homeless (sometimes referred to as “precariously housed homelessness”).

Homeless Veteran

Homeless Veteran is an individual who served in any branch of the U.S. military. All Veterans including those who are ineligible for Veteran Health Administration benefits.

Homeless Youth

Homeless youth are typically defined as unaccompanied youth and young adults ages 12 and older (up to age 24) who are without family support and who are living in shelters, on the streets, in cars or vacant buildings, or who are “couch surfing” or living in other unstable circumstances.

Unsheltered Homelessness

Unsheltered Homeless means living in places not meant for human habitation, i.e. tents, cars and RVs, abandoned buildings, encampments, or sleeping on sidewalks, doorways, etc.

Community Driven Response is Required

An end to homelessness means that every community will have a comprehensive response in place that ensures homelessness is prevented whenever possible, or if it can't be prevented, it is a rare, brief, and non-recurring experience.

Housing First is an approach to ending homelessness that centers on providing people experiencing homelessness with housing as quickly as possible—and then providing services as needed. The basic underlying principle of Housing First is that people are better able to move forward with their lives if they are first housed.

Homelessness is a community issue and must be addressed by multi-sector efforts involving the entire community. It is an issue that the Fresno community can solve if they commit to working together, focusing on the needs of the family and individual, and implementing proven best practices to foster a path to economic and housing stability.

Housing First is a proven approach, applicable across all elements of systems for ending homelessness, in which people experiencing homelessness are connected to permanent housing swiftly and with little to no treatment preconditions, behavioral contingencies, or other barriers. It is based on overwhelming evidence that people experiencing homelessness can achieve stability in permanent housing if provided with the appropriate level of services. Study after study has shown that Housing First yields higher housing retention rates, drives significant reductions in the use of costly crisis services and institutions, and helps people achieve better health and social outcomes.⁸

Two of the most impactful strategies address the issue from each side of the spectrum and are proven as an effective approach from both human and fiscal perspectives. First, preventing homelessness for at-risk individuals through “diversion” tactics: problem-solving, mediation, flexible financial support, and linkages to mainstream resources to identify housing solutions whenever possible. The other is providing much needed permanent housing with supportive services for unsheltered individuals living on the streets right now who are disabled with long histories of homelessness.

⁸ Lipton, F.R. et. al. (2000). “Tenure in supportive housing for homeless persons with severe mental illness,” *Psychiatric Services* 51(4): 479- 486. M. Larimer, D. Malone, M. Garner, et al. “Health Care and Public Service Use and Costs Before and After Provision of Housing for Chronically Homeless Persons with Severe Alcohol Problems.” *Journal of the American Medical Association*, April 1, 2009, pp. 1349-1357. Massachusetts Housing and Shelter Alliance. (2007). “Home and Healthy for Good: A Statewide Pilot Housing First Program.” Boston. From USICH https://www.usich.gov/resources/uploads/asset_library/Housing_First_Checklist_FINAL.pdf

Figure 3: Creating flow through the system to housing



Solving homelessness is possible—even chronic homelessness

As the understanding of homelessness has evolved, there is a recognition that chronic homelessness is a relatively small and “solvable” problem that affects, on average, about 10 to 15 percent⁹ of people who experience homelessness. This vulnerable population of people with disabilities is composed primarily of adults living on their own, who either experience homelessness for prolonged periods of time or have repeat episodes of homelessness. Chronic homelessness, in addition to being extremely debilitating to those who experience it, can be very expensive to homeless systems and public systems, including health care and criminal justice.

9 Randall Kuhn and Dennis P. Culhane. Penn Libraries, University of Pennsylvania. Departmental Papers: School of Social Policy and Practice. “Applying Cluster Analysis to Test a Typology of Homelessness by Pattern of Shelter Utilization: Results from the Analysis of Administrative Data.” March 1, 1988. https://repository.upenn.edu/cgi/viewcontent.cgi?referer=&httpsredir=1&article=1097&context=spp_papers (accessed September 13, 2018)

Between 2007 and 2017, the number of people experiencing chronic homelessness across the nation on a single night fell by 27.4 percent,¹⁰ compared with a 14.5 percent reduction in homelessness overall. This decline coincided with a national, bipartisan commitment to increase investment and capacity to serve people experiencing chronic homelessness. Since 2007, the number of permanent supportive housing (PSH) beds dedicated to people experiencing chronic homelessness nearly quadrupled,¹¹ from 37,807 to 149,005. Efforts to target PSH to the most vulnerable people and to prioritize chronic homelessness in programmatic and policy responses also intensified. Randomized-controlled trials have demonstrated that PSH keeps people with behavioral health issues from returning to homelessness.¹²

Providing permanent affordable housing to individuals with chronic patterns of homelessness has also proven¹³ to significantly reduce¹⁴ use of expensive acute care services such as emergency shelters, hospital emergency rooms, and detoxification and sobering centers. As a result, PSH can lead to substantial savings¹⁵ and, among the heaviest service users, may even be a cost-neutral investment, with the cost of housing subsidies and services offset by reductions in other spending for public services.

10 HUD Exchange. "2017 AHAR: Part 1—PIT Estimates of Homelessness in the U.S." December 2017. <https://www.hudexchange.info/resource/5639/2017-ahar-part-1-pit-estimates-of-homelessness-in-the-us/> (accessed September 13, 2018)

11 Randall Kuhn and Dennis P. Culhane. Penn Libraries, University of Pennsylvania. Departmental Papers: School of Social Policy and Practice. "Applying Cluster Analysis to Test a Typology of Homelessness by Pattern of Shelter Utilization: Results from the Analysis of Administrative Data." March 1, 1988. https://repository.upenn.edu/cgi/viewcontent.cgi?referer=&httpsredir=1&article=1097&context=spp_papers (accessed September 13, 2018)

12 By Robert Rosenheck, MD; Wesley Kasprow, PhD; Linda Frisman, PhD; and Wen Liu-Mares, PhD. "Cost-effectiveness of Supported Housing for Homeless Persons With Mental Illness." *Arch Gen Psychiatry*/ Vol 60. (Reprinted). September 2003. Downloaded from [www.archgenpsychiatry.com](http://s3.amazonaws.com/zanran_storage/www.columbia-chps.org/ContentPages/46638736.pdf) on September 3, 2009. http://s3.amazonaws.com/zanran_storage/www.columbia-chps.org/ContentPages/46638736.pdf (accessed September 13, 2018)

13 S. Metraux; SC Marcus; and DP Culhane. "The New York-New York housing initiative and use of public shelters by persons with severe mental illness." *Psychiatry Services*. January 2003;54(1):67-71. <https://www.ncbi.nlm.nih.gov/pubmed/12509669> (accessed September 13, 2018)

14 Dennis P. Culhane and Thomas Byrne. "Ending Chronic Homelessness: Cost-Effective Opportunities for Interagency Collaboration." Penn Libraries, University of Pennsylvania, Departmental Papers: School of Social Policy and Practice. March 1, 1988. https://repository.upenn.edu/spp_papers/143/ (accessed September 13, 2018)

15 Snyder, Kaitlyn. "Ending Homelessness Today." The Official Blog of the National Alliance to End Homelessness. June 30, 2015. <https://endhomelessness.org/study-data-show-that-housing-chronically-homeless-people-saves-money-lives/> (accessed September 13, 2018)

What are the implications for policymakers and practitioners?

From the available evidence, there are some clear lessons for policy and practice:

Coordinated entry and assessment can be used to differentiate the majority of people experiencing an acute housing crisis from the minority experiencing chronic homelessness, and to refer each group to the appropriate interventions. Accurate identification of those who are *most likely* to develop chronic patterns of homelessness in the future, in order to provide services to preempt this shift, is not feasible at this time.

Treatment and care for people experiencing chronic homelessness should be the primary motivators for any intervention. However, communities that are also hoping to realize cost savings by addressing chronic homelessness will limit savings potential if they only focus on those who are already high-cost users of crisis response systems. Practitioners should consider referring all adults who are homeless with disabilities to rapid re-housing, with the option to transition to PSH as continuing need is revealed, consistent with a Progressive Engagement approach (i.e., initially providing a small amount of assistance to resolve a housing crisis, and then additional assistance as needed after individual assessment).

Among the current population of people experiencing chronic homelessness, PSH is usually the best fit. If PSH is not immediately available, rapid re-housing could be a bridge to PSH.

As individuals with chronic patterns age, they will need more medical services and assistance with activities of daily living rather than behavioral health services. Symptoms of severe mental illness or substance abuse may become less acute, but people develop other severe chronic health conditions.

Scalable interventions should be part of the solution, including aggressive enrollment in Social Security Insurance (SSI) and shallow rent subsidies when PSH is not available.

Additional Resources

Read the full research brief to see the underlying research evidence:
<http://www.evidenceonhomelessness.com/wp-content/uploads/2018/04/evidence-page-chronic-homelessness-April-2018.pdf>

Homelessness in Fresno

Homelessness is an issue for many Fresnoans, including people living on the streets, business owners, and residents. The Fresno community has made significant progress in ending chronic homelessness, but more must be done to address overall homelessness. Safety net systems should support those who fall into homelessness and prevent them from becoming chronically homeless, which is a more expensive and complex to solve.

There isn't just one story, and there isn't just one easy solution. The Fresno community needs to be both compassionate and strategic in their approach. Letting people live in an area not meant for human habitation is unacceptable. It is the entire community's responsibility as neighbors to help those in need. It is the responsibility of the City of Fresno, County of Fresno, and partner organizations, as fiscal stewards to do so effectively.

Overcoming Myths about Homelessness in Fresno

To end homelessness, there first needs to be a clear understanding of what is truth and what is myth. When it comes to the topic of homelessness, fears and misinformation reign.¹⁶

MYTH:

Homeless people prefer living on the streets

FACT:

Homeless people want a stable place to live

The vast majority of those living on the streets want to live in stable housing. The problem is not one of choice but rather lack of affordable housing.

Because of the lack of affordable apartments, not only do individuals and families more readily fall into homelessness, but also those living in temporary shelters find it difficult to move on to permanent housing creating a system gridlock.

Individuals and families need to move into safe and affordable homes more quickly in order to have the capacity available to support those who are falling into homelessness. The sooner someone is housed, the more likely they are to stay housed—avoiding more harmful, dangerous, or repeat situations. To make a real and lasting impact, the Fresno community needs to help each and every person living on the streets, in their cars, or in other locations not suitable for housing.

There are only 24 affordable units in Fresno County for every 100 households with extremely low-incomes (earning at or below 30% of area median income)¹⁷

A disabled person receives only \$906/month from SSI, yet a modest one-bedroom apartment costs \$771/month, which is 85% of their monthly income.¹⁸

Fresno County needs 41,108 more affordable rental homes to meet needs of its lowest-income renters.¹⁹

17 National Low Income Housing Coalition. "Gap Report: California." <http://nlihc.org/gap/2016/ca> (accessed September 13, 2018)

18 National Low Income Housing Coalition. "Out of Reach 2018: California." <http://nlihc.org/oor/california> (accessed September 13, 2018)

19 California Housing Partnership Corporation and Fresno Housing Authority. "Confronting Fresno county's rent and poverty crisis: a call for reinvestment in affordable homes." May 2016. <https://1p08d91kd0c03rlxhmhtydpr-wpengine.netdna-ssl.com/wp-content/uploads/2018/04/Fresno-HNR-2018.pdf> (accessed September 25, 2018)

16 Everyone In. "Three Myths About Homelessness in L.A."

<http://everyoneinla.org/three-myths-homelessness-la/> (accessed September 18, 2018)

MYTH:**Homeless people just need to get jobs****FACT:****Even when people have a job they can't afford a place to live**

There is a correlation between unemployment, low wages, and homelessness. Sometimes a job loss causes the housing crisis and sometimes the loss of housing will cause the loss of a job. According to a 2018 report,²⁰ adults in families had an average annual employment rate of 43 percent prior to the onset of shelter use; while single adults had a 52 percent rate. Sometimes the job pays too little or the hours worked vary making it impossible to earn enough to cover the cost of rent.²¹

36% of those who are homeless and unsheltered in Fresno County are working.²²

To afford a modest one-bedroom apartment in Fresno County, a minimum wage worker must work 54 hours/week year-round.²³

Median rent in Fresno County has increased 22% between 2000 and 2016 while median renter household income declined 10%, when adjusted for inflation.²⁴

MYTH:**Most Homeless People Are Transient and Aren't From Fresno****FACT:****Most households who become homeless were residents of Fresno County when they became homeless**

Perpetuating the idea that homeless neighbors aren't from the Central Valley only further dehumanizes them. By not recognizing this crisis as homegrown, it's far easier to ignore.

75% of homeless people who are assessed for homeless assistance were residents of Fresno County at the time they became homeless.

20 Cityscape: A Journal of Policy Development and Research • Volume 20 Number 2 • 2018, U.S. Department of Housing and Urban Development • Office of Policy Development and Research Employment and Earnings Trajectories During Two Decades Among Adults in New York City Homeless Shelters

21 Everyone In. "Three Myths About Homelessness in L.A." <http://everyoneinla.org/three-myths-homelessness-la/> (accessed September 18, 2018)

22 2018 Point-in-Time Count, Fresno Madera Continuum of Care

23 National Low Income Housing Coalition. "Out of Reach 2018: California." <http://nlihc.org/oor/california> (accessed September 13, 2018)

24 California Housing Partnership Corporation and Fresno Housing Authority. "Confronting Fresno county's rent and poverty crisis: a call for reinvestment in affordable homes." May 2016. <http://1p08d91kd0c03rlxhmhtydpr-wpengine.netdna-ssl.com/wp-content/uploads/2016/05/Fresno-County.pdf> (accessed September 19, 2018)



Overcoming homelessness

Crystal

Former Foster Youth

Crystal first became homeless at age thirteen when her mother abandoned her while traveling. At 15 years old, as a pregnant teen, she entered foster care and had eight placements in 18 months. Crystal again became homeless after aging out of the foster care system. She slept in her car with her daughter or stayed on friend's couches. She is now a full time student with hopes of becoming an elected official where she can advocate for those in need.

After reaching the age of 18, 20% of children who were in foster care become homeless.²⁵



Henry

Vietnam Veteran, 1972–1975

A landlord-tenant disagreement left Henry, an Army Veteran, homeless in December 2017, three weeks before Christmas. While he was panhandling, two caseworkers, whom Henry now refers to as angels, approached him and helped him with a plan to get into an apartment supported by the VA.

10% of all homeless adults in California are Veterans.²⁶

²⁵ National Foster Youth Institute. "51 Useful Aging Out of Foster Care Statistics | Social Race Media." May 26, 2017. <https://www.nfyi.org/51-useful-aging-out-of-foster-care-statistics-social-race-media/> (accessed August 12, 2018)

²⁶ U.S. Department of Housing and Urban Development. "2018 Annual Homeless Assessment Report."

Fresno Madera Continuum of Care is the Backbone for Community's Homeless Response System

The Continuum of Care (CoC) is a community planning body required by HUD to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency. Continuum of Care refers to the system of programs to address and prevent homelessness as well as the body that coordinates such efforts. The Fresno Madera Continuum of Care (FMCoC) convenes and supports the regional crisis response system. Membership is open to all organizations—private and public—that address homelessness within the region.

FMCoC oversees the Homelessness Management Information System (HMIS), the Coordinated Entry System (CES), the annual Point-In-Time (PIT) Count, the collaborative application to the U.S. Department of Housing and Urban Development for Continuum of Care funding, coordinates other federal and state funding with local jurisdictions, organizes training for providers, and provides a forum for information sharing and networking among providers.

HMIS is a computerized data collection system designed to capture client-level information over time on the characteristics and service needs of men, women, and children experiencing homelessness. FMCoC has designated Fresno Housing as the lead agency to facilitate the HMIS on behalf of the agencies that participate.

CES is a community-wide process to outreach to and identify households experiencing homelessness, assess their needs, and prioritize access to programs and resources to end their homelessness. An effective coordinated entry process includes prioritization, Housing First orientation, emergency services, standardized assessment, referral to housing, outreach, and use of HMIS. FMCoC has designated WestCare as the lead agency to facilitate the CES on behalf of the agencies that participate.

FMCoC has participated in and been recognized for its participation in the 100,000 Homes Campaign, 25 Cities, and more recently Built For Zero. These efforts have helped propel Fresno's progress on reducing homelessness.

Point-in-Time Count

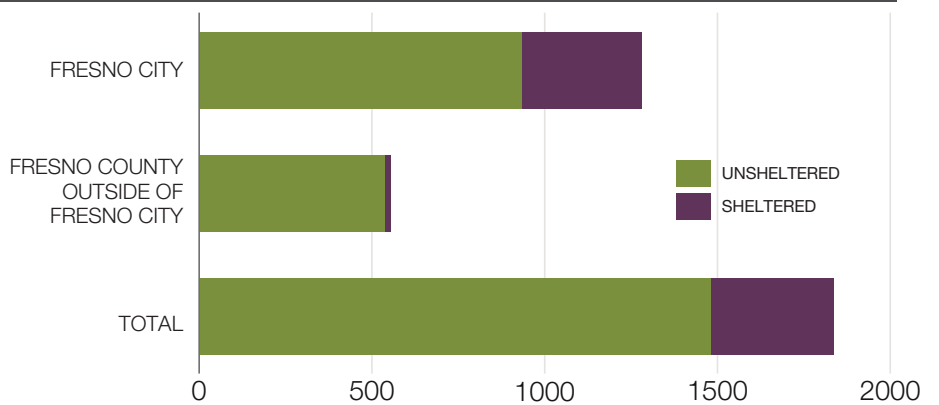
The U.S. Department of Housing and Urban Development (HUD) requires that Continuums of Care conduct an annual **count** of homeless persons who are sheltered in emergency shelter, transitional housing, and Safe Havens on a single night. The **Point-in-Time (PIT) count** is a **census** of sheltered and unsheltered homeless persons on a single night in January.

Remarkably, 96 percent of all homeless families with children in Fresno County were sheltered in emergency shelter or transitional housing, while tragically, 89 percent of single adults were unsheltered.

Compared to other West Coast cities, Fresno has made tremendous progress since 2011 with a 60 percent overall reduction in homelessness.

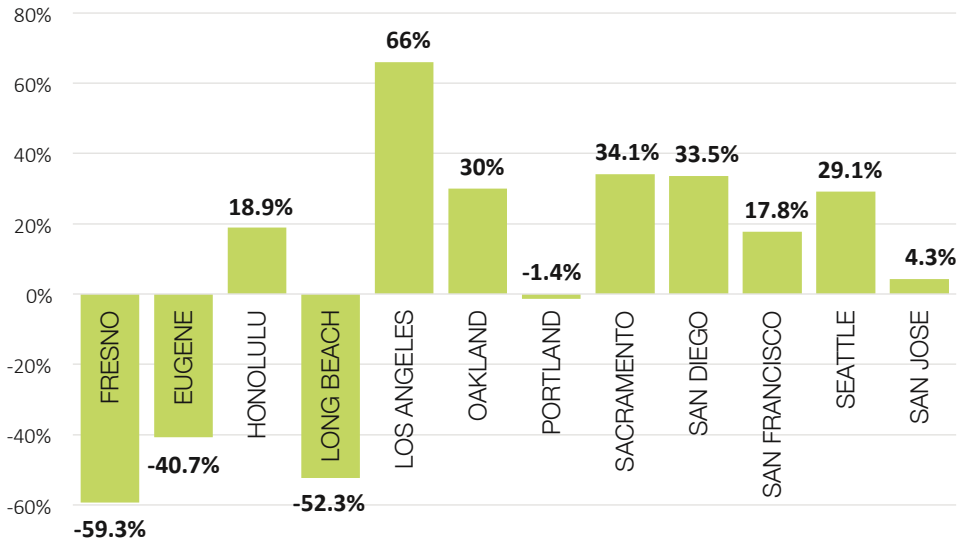
This remarkable progress is due to the implementation of a Ten-Year Plan and the adoption of Housing First by the Fresno Madera Continuum of Care and its partner organizations. By aligning resources to focus on the people with the greatest barriers to exiting homelessness and using data to inform programs and the system, the team focused on housing outcomes.

Figure 4: Fresno County 2018 PIT Count



2018 PIT Count	Unsheltered	Sheltered	Total	
Fresno City	935	344	1,279	70%
Fresno County outside of Fresno City	543	12	555	30%
Total	1,478	356	1,834	
Percentage	81%	19%		

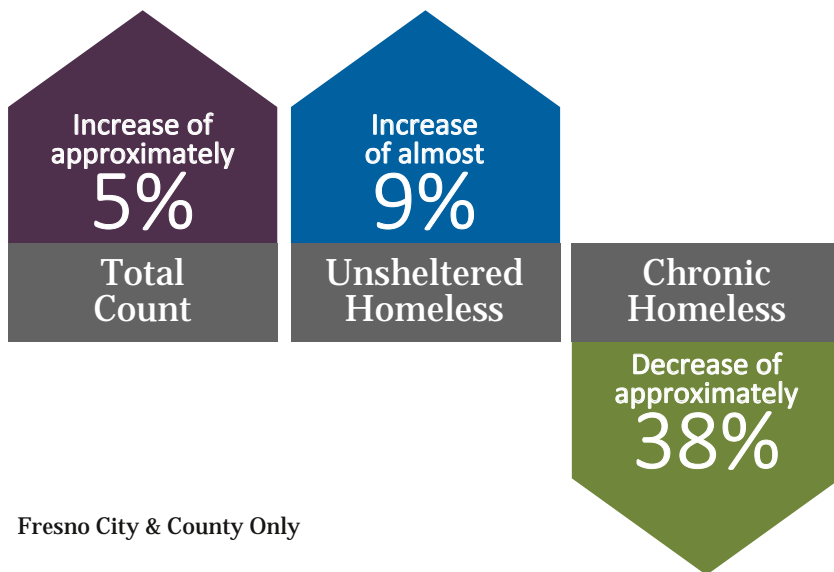
Figure 5: Percentage change: total homelessness compared to other West Coast Cities



U.S. INTERAGENCY COUNCIL ON HOMELESSNESS, 2011-2017

While overall homelessness and unsheltered homelessness is up in 2018 compared to 2017, chronic homelessness is down significantly. The decrease is attributed to intentional strategic and investment decisions to increase the amount of permanent supportive housing and target this resource to this vulnerable and expensive population. Despite this progress, 95 percent of people who experience chronic homelessness are unsheltered and represent 25 percent of all people who experience homelessness.

Figure 6: Point in Time Trends: 2018 vs. 2017



Fresno City & County Only

Figure 7: 2018 PIT Count, Fresno County

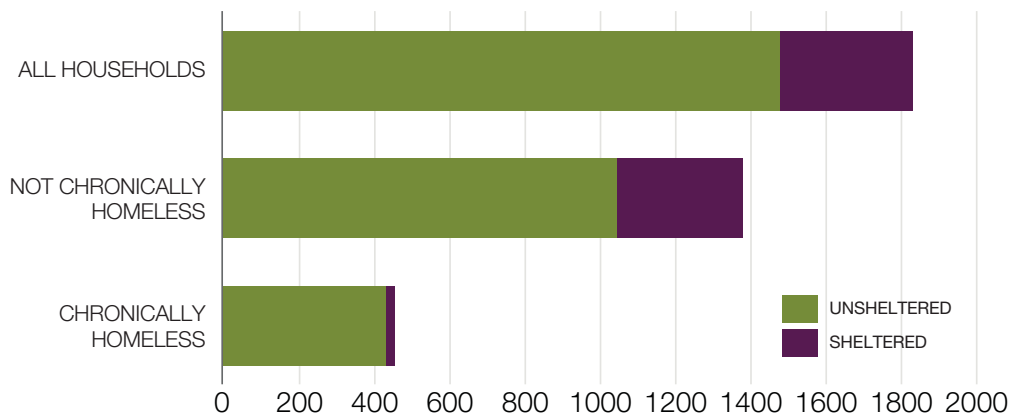
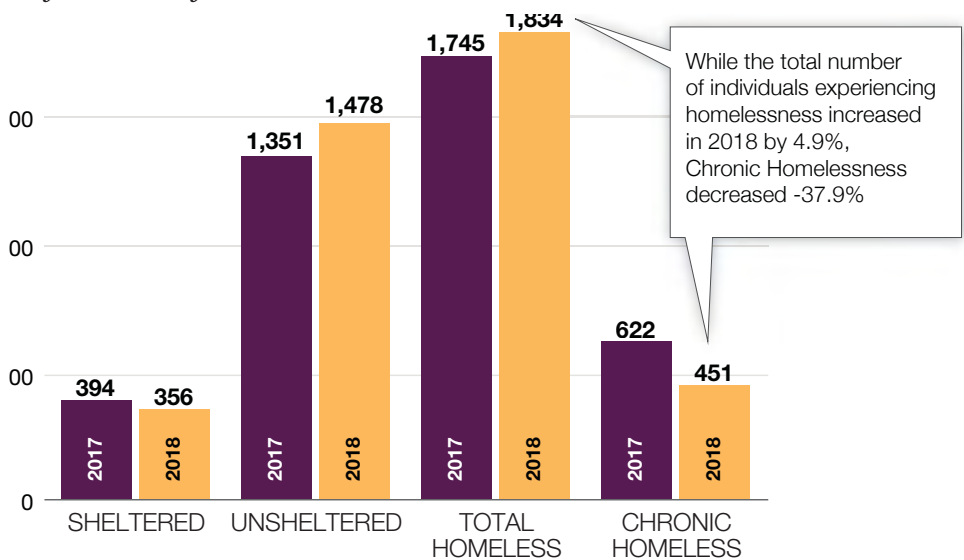


Figure 8: Total Homeless Persons, Sheltered and Unsheltered, in Fresno County from Point-in-Time Count

Total Homeless Persons, Sheltered and Unsheltered, in Fresno City and County from the Point-in-Time Count

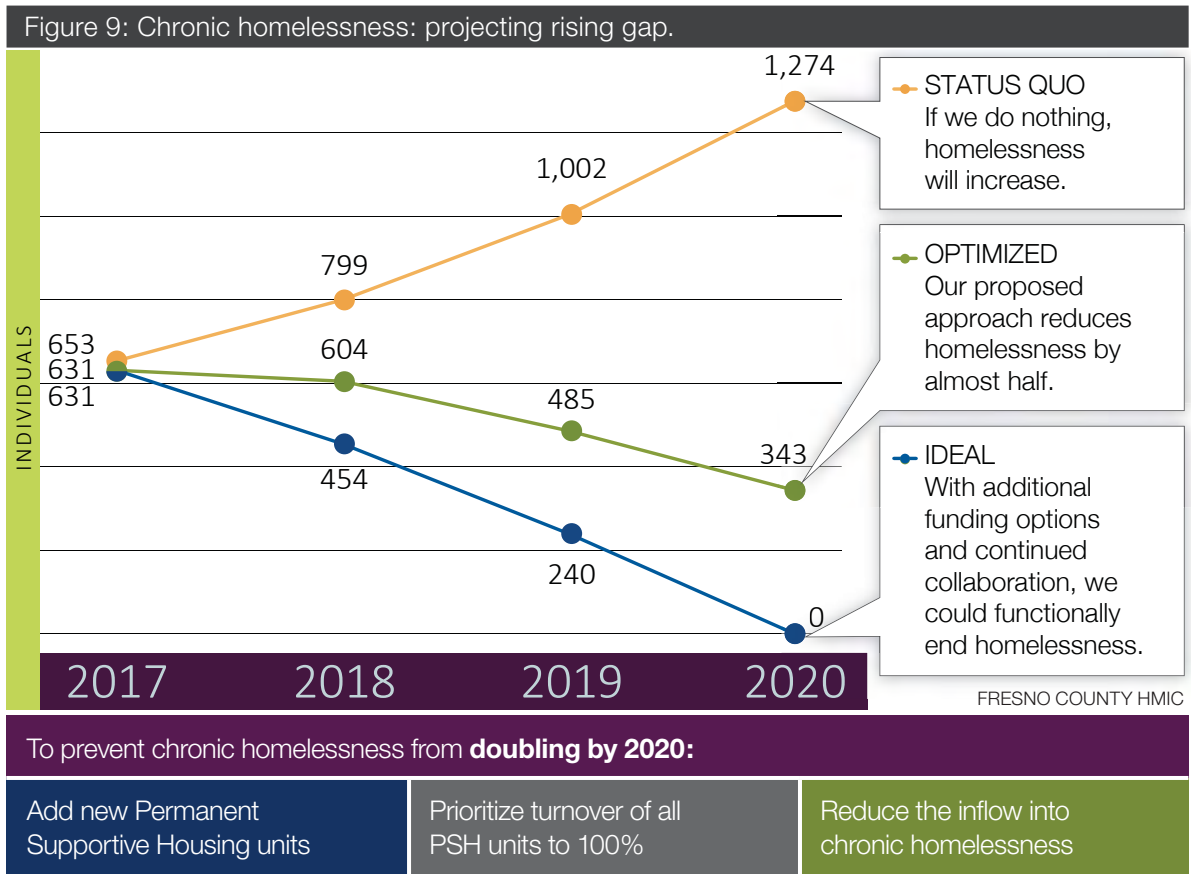


Lack of Housing Options

The rise of unsheltered homelessness is likely due to the rising cost of rent and the severe lack of affordable rental housing in Fresno County. Once a person becomes homeless, the housing resources to help them exit homelessness are also very scarce. Current permanent housing options available through the Fresno-Madera Continuum of Care, permanent supportive housing (PSH), and rapid re-housing (RRH) are at capacity. To address the needs of those who are currently homeless and future needs, more permanent housing options must be made available.

Progress & Opportunity

As mentioned previously, those who experience *chronic homelessness* require permanent supportive housing to exit homelessness. The Fresno community has made progress in decreasing the number of individuals who are categorized as chronically homeless. However, while chronic homelessness is down considerably, homelessness overall is trending slightly upwards. If the Fresno community continues on this trajectory and does nothing, homelessness numbers across all populations will likely increase. The recommendations in the following section optimize the Fresno community's current approach for all populations who experience homelessness. The recommendations include a special focus on individuals who experience chronic homelessness since they are among the highest users of social and community services. As noted in Figure 9, chronic homelessness is projected to rise if no additional permanent supportive housing is added. The recommendations are intended to realize the vision of achieving a functional end to homelessness in Fresno County by making homelessness rare, brief, and non-recurring.



Key Strategies: 13 Recommendations in Four Pillars



**Engage
community &
align resources**



**Reduce
inflow to
homelessness**



**Improve crisis
response**



**Increase
permanent
housing exits**

Based on the input received from participating organizations and the analysis of local data, reports, and evaluations, Barbara Poppe recommended four (4) areas of focus, which were endorsed by the Steering Committee. These are the pillars of this plan: engage community and align leadership, reduce inflow into homelessness, improve crisis response, and expand permanent housing options. Each pillar umbrellas suggested strategies to address homelessness in the Fresno community. The following section includes Barbara Poppe and Associates recommendations within each of the Pillars, which have been further developed in partnership with the Steering Committee. These thirteen (13) recommendations will build upon the strong foundation that existing programs and providers have built over the past years, which are responsible for the progress to date. By focusing new investment in these specific areas, progress on reducing homelessness will be accelerated. The Four Pillar framework will also provide the flexibility to adjust the collective community response to homelessness over time.



**Engage
community &
align resources**

1. Adopt Collective Impact Initiative and engage cross-sector community leaders
2. Educate and engage the entire community in solutions
3. Strengthen the data foundation—what gets measured, gets done



**Reduce inflow
to homelessness**

4. Scale up diversion and make consistent across community—and enhance points of access for housing and services
5. Preserve affordable housing options
6. Build and implement collaborative community solutions to reduce homelessness among domestic violence survivors



**Improve crisis
response**

7. Align community programs to create a comprehensive crisis response network that provides person-centered and housing-focused service
8. Create new, low-barrier crisis housing options



**Expand
permanent
housing options**

9. Partner and recruit landlords to enhance and expand all types of housing placement options and supports
10. Scale up rapid re-housing
11. Increase permanent supportive housing
12. Aggressively expand non-traditional permanent housing options
13. Design a cross-sector demonstration for people who experience street homelessness and are frequent users of public services.



PILLAR 1:

Engage community & align resources

RECOMMENDATION 1:

Adopt the Collective Impact approach and engage cross-sector community leaders

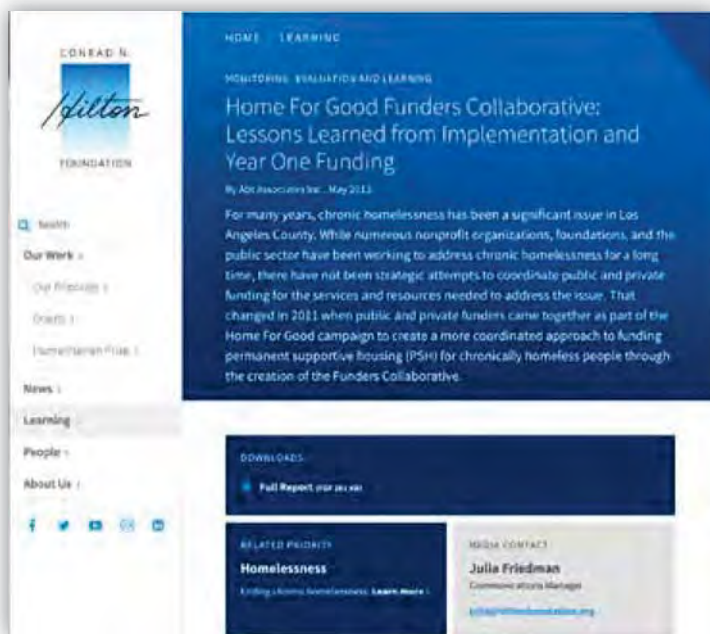
Cross-sector partnerships, acting with urgency and boldness, are required to accelerate progress through shared leadership and alignment of resources. Public, private, and nonprofit leaders, acting in concert, can mobilize the community to be engaged in solutions, to set community goals and track progress, and to scale up and disseminate best practices. A public-private partnership will be required to identify funding for proven practices/programs and to test innovative approaches. A “collective impact” framework has been adopted by many other communities and underlies their progress on reducing homelessness; the components are:

	Common agenda for change	Common agenda for change including a shared understanding of the problem and a joint approach to solving it through agreed upon actions
	Shared metrics & measurement	Shared metrics and measurement for alignment and accountability
	Clear plan of action	Clear plan of action and mutually reinforcing activities
	Open & continuous communication	Open and continuous communication across all players to build trust, assure mutual objectives, and support shared work
	Community quarterback	Backbone organization (aka community quarterback) with dedicated staff to oversee the entire initiative and coordinate participating entities.



For more on how to organize a collective impact structure, see [Stanford Social Innovation Review's publication on collective impact](#).²⁷ A key component of this work should be organizing a funders collaborative that includes current and potential local public and philanthropic investors. The Hilton Foundation recently issued a [report](#)²⁸ the Los Angeles Home For Good Funders Collaborative.

Fresno City Mayor Lee Brand and Fresno County Administrative Officer Jean M. Rousseau should organize and convene **Street2Home** as a *collective impact initiative* of influential community leaders who can deploy human or financial resources and keep track of the big picture. The Street2Home initiative participants should include representatives of **philanthropy** (e.g. community foundation, Fresno First Steps Home, United Way, other engaged donors), the **business sector** (e.g. major employers, banks, Community Medical Centers, Saint Agnes Medical Center, Fresno Bee, Chamber of Commerce, landlords/property managers, and downtown businesses), the **ecumenical faith community** (e.g. pastors of large congregations, downtown churches, etc.), **experts on affordable housing and homelessness** including the co-chairs of the Fresno Madera Continuum of Care, the executive director of the Fresno Housing Authority, key homeless assistance providers, and **human services experts**, including victim services, mental health care, substance use disorders, and workforce development providers. The Fresno community's Street2Home initiative must develop a flexible and dynamic structure with clear delineation of leadership and decision-making roles, as well as, opportunities for extensive community engagement and participation. The actual legal structure will need to be determined with a range of options possible. The first task will be to implement a dynamic staffing structure to support the Street2Home collective impact structure. This should be launched early in year one.



Recommended Street2Home participant representatives

- Philanthropy
- Business sector
- Ecumenical faith community
- Experts on affordable housing and homelessness
- Human services experts

²⁷ Christopher Keevil & John Martin. Stanford Social Innovation Review. "How to Organize Alliances of Multiple Organizations: Part 1." March 14, 2012 https://ssir.org/articles/entry/how_to_organize_alliances_of_multiple_organizations_part_1 (accessed September 19, 2018)

²⁸ Abt Associates Inc. Conrad N. Hilton Foundation. "Home For Good Funders Collaborative: Lessons Learned from Implementation and Year One Funding." May 2013 <https://www.hiltonfoundation.org/learning/home-for-good-funders-collaborative-lessons-learned-from-implementation-and-year-one-funding> (accessed September 19, 2018)



What Collective Impact Backbone Organizations Do²⁹

Figure 11: What Collective Impact Backbone Organizations Do

Activity	Short-term outcomes (illustrative)	Intermediate outcomes (illustrative)
Guide vision and strategy	Partners share a common understanding of the need and desired result	Partners' individual work is increasingly aligned with the initiative's common agenda
Support aligned activities	Partners increasingly communicate and coordinate their activities toward common goals	Partners collaboratively develop new approaches to advance the initiative
Establish shared measurement practices	Partners understand the value of sharing data	Partners increasingly use data to adapt and refine their strategies
Build public will	Community members are increasingly aware of the issue(s)	More community members feel empowered to take action on the issue(s)
Advance policy	Policymakers are more aware and supportive of the initiative's policy agenda	Policy changes increasingly occur in line with initiative goals
Mobilize funding	Funding is secured to support initiative activities	Philanthropic and public funds are increasingly aligned with initiative goals

29 Shiloh Turner, Kathy Merchant, John Kania, and Ellen Martin. Stanford Social Innovation Review. "Understanding the Value of Backbone Organizations in Collective Impact: An in-depth review of what it takes to be a backbone organization, and how to evaluate and support its work, Part 2." July 18, 2012 https://ssir.org/articles/entry/understanding_the_value_of_backbone_organizations_in_collective_impact_2 (accessed September 19, 2018)



Staffing

Organizing staff positions for Street2Home should be flexible; it will depend on available resources. It is anticipated that early staffing will be lean. Capacity can be added over time in accordance with the progression of the initiative and its resources.

Ideally this would be a three-person team composed of executive director, a facilitator, and a data manager.

Figure 12 is an example of the staffing model from Collective Impact Forum.

Initially it may be possible to combine functions during the initial launch with just two staff positions. With help from the board and partners, some staff support functions may be achieved by loaning or reassigning talent. Partners should also be tapped to provide in-kind contributions of office space, shared information technology (IT) systems, fiscal management, etc. Since Street2Home will unlikely be able to afford and attract a person with a strong evaluation background at the onset, the recommendation is to invest in a consultant to develop the evaluation plan and metrics/measurements. The evaluation plan and measurement process can be a start-up investment that can carry the work for a few years. As Street2Home grows and develops, additional staff may be needed.

Collective Impact Backbone Starter Guide³⁰

Figure 12: Collective Impact Backbone Starter Guide

Executive Director	Guide vision and strategy	<ul style="list-style-type: none"> • Build a common understanding of the problem • Serve as a thought leader/standard bearer for the initiative • Ensure common agenda is updated as needed as strategy unfolds
	Advance policy	<ul style="list-style-type: none"> • Advocate for an aligned policy agenda • Stay on top of policy developments that impact the effort
	Mobilize resources	<ul style="list-style-type: none"> • Mobilize and align public and private resources to support initiative's goals (and the backbone itself)
Facilitator	Build community engagement	<ul style="list-style-type: none"> • Create a sense of urgency and articulate a call to action • Support community member engagement activities • Produce and manage communications (e.g., news releases, reports)
	Support aligned activities	<ul style="list-style-type: none"> • Coordinate and facilitate partners' continuous communication and collaboration (e.g., run taskforce meetings) • Recruit and convene partners and key external stakeholders • Seek out opportunities for alignment with other efforts • Ensure taskforces are being data driven
Data Manager	Establish shared measurement practices	<ul style="list-style-type: none"> • Collect, analyze, interpret, and report data • Catalyze or develop shared measurement systems • Provide technical assistance for building partners' data capacity

³⁰ Collective Impact Forum. "Backbone Starter Guide: A Summary of Major Resources about the Backbone from FSG and the Collective Impact Forum." <https://collectiveimpactforum.org/resources/backbone-starter-guide-summary-major-resources-about-backbone> (login) <https://collectiveimpactforum.org/sites/default/files/Backbone%20Starter%20Guide.pdf> (document), page 12 (accessed September 19, 2018)



RECOMMENDATION 2:

Engage the entire community in solutions

There is a significant lack of understanding by some community leaders and the general public about the causes and consequences of homelessness in Fresno. Most are unaware that there are a network of agencies working to address homelessness and that there are real solutions to homelessness. However, before working on a full community engagement, the Fresno community needs to be sure their partners, elected officials, and community leaders are engaged. The Street2Home collaborative will need to actively engage the full community in order to be successful. Development of a thoughtful community engagement plan should be undertaken early in year one as defined in the System Prospectus.

Engage Across the Community

Partners

Engage partners and potentially other audiences with a participatory workshop, potentially one based on Design Thinking, that not only explains the recommendations but also asks workshop participants to go deeper in taking the recommendations into innovative, collaborative, and aspiring work plans.

Another tactic could be to partner with Multi-Agency Access Program (MAP Point) to organize community resource fairs in communities that are seeing high numbers of people living unsheltered. These events could provide opportunities for neighbors to meet and help connect people with needed resources.

Elected Officials

Individual meetings with high-level materials often work best for elected officials. Be clear on the story and the ask.

Community Leaders

Many community leaders are members of civic or business organizations. Create a speaking tour to present the information through industry council, cultural groups, faith-based organizations, and Rotary and Kiwanis Clubs.

Public Engagement

The public engagement needs to reach both the active citizen and the passive resident. A multi-layered rollout plan should be created that leverages earned media opportunities, media partnerships, and at least one if not multiple events.



Models of community engagement

Home For Good Los Angeles

The *Home For Good*³¹ initiative was launched in December 2010 by the Business Leader's Task Force on Homelessness, a partnership of United Way of Greater Los Angeles and the Los Angeles Area Chamber of Commerce. It has since grown into a county-wide effort that represents 200+ cross-sector partners working collaboratively on systems and solutions to end homelessness.

Home For Good encompasses many inter-related activities, including:

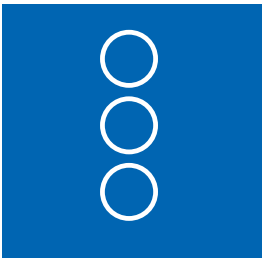
- A Funders Collaborative
- Annual “Homewalk” to raise funding and awareness about homelessness
- Community summits on homelessness

Home For Good | homeforgoodla.org

 *homeforgood LA: Home for Good Summit*



³¹ Home For Good. <http://homeforgoodla.org/> (accessed September 19, 2018)



Rethink Homelessness

In 2014, the Central Florida Commission on Homelessness executed what has become one of the most successful advocacy campaigns in the country. The Rethink Homelessness³² campaign drew followers and supporters from throughout Central Florida and beyond, gave new visibility to the true plight of the people who were experiencing homelessness in Central Florida. Its relentless focus on community advocacy has helped it grow to reach a regular audience of more than 30,000 people on Facebook alone and spurred local governments to create meaningful change. One video created by the campaign, “Cardboard Stories,” has spread the message of Rethink Homelessness around the world. Its origins were humble: Two Rethink Homelessness team members went out with handheld video cameras, a stack of spare cardboard pieces, and a set of markers. They offered homeless people a piece of cardboard and a marker, giving them a platform to tell part of their story to the community at large. The videotaped results went viral, garnering almost 6.5 million YouTube views³³ and bringing the Commission’s objectives to an even wider audience.

32 Central Florida Commission on Homelessness. “Phase II: Rethink Homelessness.” <https://www.cfchomelessness.org/about/our-history/#two> (accessed September 19, 2018)

33 YouTube. “Cardboard Stories | Homeless in Orlando.” June 26, 2014 <https://www.youtube.com/watch?v=THxtcWNw3QA> (accessed September 19, 2018)

Rethink Homelessness

rethinkhomelessness.org





RECOMMENDATION 3:

Strengthen the data foundation— what gets measured, gets done

Street2Home as a collective impact initiative must develop shared metrics and measurement for alignment and accountability. A strong evaluation, plan with agreed upon shared metrics and measurements, is essential. The development evaluation plan and measurement process are critical start-up investments to carry the work forward for the initial few years. This measurement system should build on the FMCoC's Homelessness Management Information System (HMIS) and the annual Point-In-Time (PIT) Count. Additional capacity will be needed to support program and system quality improvement as well as support the Street2Home initiative. Suggested areas of data and analysis enhancement are described below:

<p>1.</p> <p>Expand HMIS to include non-HUD funded community residential programs and non-residential services that serve households experiencing homelessness.</p>	<p>2.</p> <p>Use HMIS as tool for coordinating street outreach to ensure streamlined and non-duplicative access to housing and other resources.</p>	<p>3.</p> <p>Identify research partner to support data analysis and research necessary to undertake cross-system strategies (e.g. frequent users, youth aging out of foster care, etc.).</p>	<p>4.</p> <p>Provide community dashboards and data analysis to support the Street2Home initiative.</p>
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Additional resources and partners will likely be required to implement the recommendation. FMCoC will need additional funding to expand HMIS staffing and cover costs (e.g. seat licenses, training, etc.) related to expanding HMIS to include agencies that are currently not using HMIS. Likewise, providers who are being asked to participate in HMIS may also need some additional funding to support staff. This data enhancement should be undertaken early in year one.



PILLAR 2:

Reduce inflow to homelessness

RECOMMENDATION 4:

Scale up diversion and make consistent across community; enhance points of access



Reduce the number of households that enter homelessness



Help people who are unsheltered to leave the streets for more stable housing

Diversion is a strategy that assists homeless people seeking shelter by helping them identify immediate alternative housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing. Diversion can reduce the number of households that enter homelessness. Diversion can also be provided to people who are unsheltered to help them leave the streets for more stable housing.

Use simple, standardized risk assessment for homelessness at all access points



Diversion



Financial Assistance



Prevention Assistance



MAP is a step in establishing and formalizing a collaborative process across all service providers. MAP is an intake process open to organizations that provide services to individuals facing homelessness, substance abuse, and/or mental illness.

- By providing an integrated intake process, navigating complicated systems becomes easy.
- By creating custom linkage plans coupled with monitoring, long-term success is within reach.
- By creating convenient intake locations, the burden on public safety agencies and emergency rooms is alleviated.

Together, we can connect individuals and families to the right supportive resources at the right time to create lasting change for individuals, families, and our community.

Diversion³⁴

Encourages families to generate creative ideas and identify realistic options for becoming housed within a goal of 30 days.

Established in other parts of the country as a homeless prevention strategy, Diversion is being used successfully in Washington state to help families exit homelessness.

More than half of the families that participated in the Pierce County diversion pilot were able to obtain safe housing through diversion. Among those families, most secured a place of their own. The median amount of time it took those families to become housed was 36 days and the vast majority did not return to homelessness within a year.

Considered a “light touch” approach, Diversion is a process, not a program. It differs from homeless interventions that require intensive case management and sizable system resources. As a result, Diversion costs less and takes less time to get families successfully housed, freeing up resources that can be invested to help more families in need.

The Diversion process takes place during a family’s initial contact with the homeless response system—either at Coordinated Entry or at the front door of an emergency shelter. A Diversion-trained staff member initiates an exploratory conversation with the family to brainstorm practical solutions for moving from homeless to housed in a hurry .

Families are prompted to identify safe housing options based on their own available resources, not those of the homeless response system. To help ease the transition out of homelessness, the system may offer families a flexible combination of short-term services and one-time financial assistance.

³⁴ Building Changes. “Diversion – Building Changes.” <https://buildingchanges.org/strategies/diversion> (accessed September 18, 2018)

Tremendous enthusiasm was expressed about the Multi-Agency Access Program (MAP) Point’s ability to assess, link, and connect individuals and families to community resources. The MAP Point could be enhanced in several ways that could help reduce the number of families and individuals who experience unsheltered homelessness.



FMCoC Coordinated Entry System (CES) provides assessment, triage, and linkage to available permanent and transitional housing resources dedicated to serving homeless families and individuals. Because the housing resources included in CES are far less than the needs, CES must also establish priorities, in accordance with HUD guidance, to ensure the households with the longest histories of homelessness and the greatest vulnerability receive these scarce resources. The CES and its network of access points could be better equipped to provide diversion assistance.

Recommendations to enhance MAP Point and CES:

- | | | | | |
|---|--|--|---|---|
| <p>1.
Use simple, standardized risk assessment for homelessness during MAP Point intake and the CES assessment. The National Center on Homelessness among Veterans developed the <u>Homelessness Screening Clinical Reminder</u>, a two-question universal screener that assesses housing instability and risk among Veterans who present for outpatient care and are not already engaged with VA Homeless Programs.</p> | <p>2.
For households that are screened as currently homeless or at imminent risk, a diversion consultation should be offered. Some households may require financial assistance but diversion financial assistance should be reserved for those who would otherwise be unsheltered but for this help. Referrals/linkage to prevention assistance could be made for those not served by diversion financial assistance who may have more time to resolve their situation before becoming unsheltered.</p> | <p>3.
Inventory community residential programs (programs that are not currently part of the FMCoC Housing Inventory Count) and ensure they are part of the real-time MAP Point referral/linkage process. Train all MAP Point partners and homeless assistance providers about these resources and how to access them.</p> | <p>4.
Ensure that MAP Point is provided on-site at least weekly in every community/neighborhood where people who are unsheltered are staying and access services. At least weekly services should be provided at central location in each jurisdiction, which sees families who are food insecure and may also be housing unstable (e.g. community based organizations who distribute food).</p> | <p>5.
Establish interoperability between MAP Point and HMIS so that households identified as homeless are connected to the CES. MAP Point staff should also be trained and able to complete CES assessments if CES mobile assessors are not able to provide this assessment.</p> |
|---|--|--|---|---|



Street2Home should take the lead to scale up diversion using a multi-prong approach:

<p>1. Create a simple description of diversion to use with public communications (i.e. elevator speech).</p>	<p>2. Inventory currently available resources for diversion and prevention assistance. Determine level of additional funding needed. Raise the flexible funds necessary to expand diversion in meaningful way.</p>	<p>3. Conduct training across all MAP Point partners, CES access points, and homeless assistance providers to ensure best practices are being used for diversion conversations.</p>	<p>4. Develop procedures to support administration of centralized diversion assistance funding.</p>
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Additional resources and partners will likely be required to implement the recommendation.

Additional funding to expand diversion is most critical and of the highest priority. Street2Home should identify funding for diversion expansion. This expansion should be launched during year one.

Fresno County, as the primary funder for MAP Point, should lead the expansion and enhancement of MAP Point; FMCoC should lead the expansion and enhancement of CES.

RECOMMENDATION 5:

Preserve affordable rental housing

With a severe shortage of affordable rental housing, the Fresno community must make every effort to preserve existing affordable housing residences, including non-traditional housing like weekly hotels/motels, single rooms (SROs), rooming houses, and group homes. Given that many buildings are in poor condition, efforts to work with property owners to make required improvements for health and safety will be necessary. Since most rental housing and non-traditional housing is located within its boundaries, the City of Fresno should take the lead. The recent closing of the Hotel California is a prime example of what happens when there is not an intentional effort to preserve precious housing resources. It may be instructive for a case study to be developed that describes Hotel California.



The following steps are recommended:

<p>1.</p> <p>Develop an inventory of existing traditional and non-traditional affordable housing; at minimum develop a mailing list of owners that can be used to connect and determine their interest in upgrading and keeping their properties affordable to low income renters with histories of homelessness.</p>	<p>2.</p> <p>Bring together potential investors, banks, City/County housing and community development staff and City/County code enforcement to develop a mechanism to fund repairs in exchange for long-term affordability requirements.</p>	<p>3.</p> <p>Set up a series of workshops for owners to promote preservation through rehab.</p>	<p>4.</p> <p>Create a protocol with City code enforcement that connects with City housing and community development to advance efforts to preserve affordable rental housing.</p>
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Existing federal, state, and local resources and partners should be aligned to implement the recommendation. National intermediary organizations such as NeighborWorks and Enterprise Community Partners may be a resource for this work. This effort should be launched later in year two.

The U.S. Department of Housing and Urban Development (HUD) defined the 2018 Point-in-Time Count Domestic Violence questions as:

Have you been a DV victim or survivor? Y/N

- If yes for DV victim or survivor, when did the experience occur?
 - Within past 3 months
 - 3–6 months ago
 - From 6–2 months ago
 - More than a year ago
- If yes for DV victim or survivor, are you currently fleeing?

RECOMMENDATION 6:

Build a path forward for collaborative community solution to reduce homelessness among domestic violence survivors

The 2018 PIT count indicated that 17 percent of all households experienced domestic violence recently—alarmingly most (81 percent) were unsheltered. By helping victims of domestic violence avoid homelessness, fewer would be unsheltered and able to recover better and more quickly from the trauma of domestic violence.

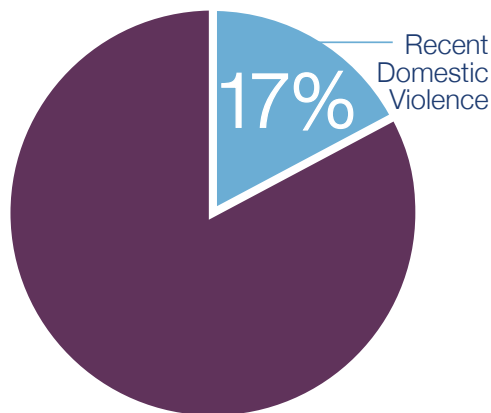
The Marjaree Mason Center (MMC) is Fresno County’s only dedicated provider of domestic violence shelter and support services, including education for victims and youth. FMCoC providers and other homeless assistance and housing providers also serve this population.



The lack of access to safe shelter may be growing due to HUD priorities that reduced funding for transitional housing—in Fresno County this resulted in the closure of domestic violence specific transitional housing operated by MMC. In 2018, HUD provided the opportunity for the FMCoC to apply for new funding to support specific types of domestic violence specific services and housing. MMC responded by requesting funding for permanent housing and coordinated entry services. The results of this collaborative application will likely not be known until early 2019.

There is currently not a comprehensive community plan that aligns resources, best practices, and programs to ensure that victims of domestic violence receive the housing and supports necessary to avoid homelessness or exit homelessness quickly when it does occur. This plan can determine what types of crisis and longer-term housing options are needed as well as other supports that can prevent homelessness for victims of domestic

Figure 13: Recent domestic violence as reported in the 2018 PIT Count



violence. There is a national effort³⁵ to help communities end homelessness for domestic and sexual violence survivors and their families. FMCoC, on behalf of the Street2Home initiative should request technical assistance from the Federal Domestic Violence and Housing Technical Assistance Consortium³⁶ to develop a community plan. Initial planning should begin during year one with the community plan completed during year two.

Early in year one, Street2Home initiative should work with FMCoC to determine if matching funds are needed to support the hoped-for expansion of new domestic violence programs and services through securing new funding from the 2018 HUD CoC competition. Finally, Street2Home should work closely with the Marjaree Mason Center to ensure that crisis shelter beds are preserved and work in partnership to identify funding to close budget gaps.

35 Safe Housing Partnerships. "Working together to end homelessness for domestic and sexual violence survivors and their families." <https://safehousingpartnerships.org/> (accessed September 19, 2018)

36 Safe Housing Partnerships. "Technical Assistance." <https://safehousingpartnerships.org/technical-assistance> (accessed September 19, 2018)



PILLAR 3:

Improve crisis response

RECOMMENDATION 7:

Align community programs to create a comprehensive crisis response network that provides person-centered and housing-focused service

The current patchwork of programs that provide critically needed street outreach, emergency shelter, temporary housing, and supportive services are overall inadequately resourced and, too often, operating without close collaboration and coordination. There is particularly a shortage of residential programs that offer safe temporary shelter and services; generally emergency shelter is highly specialized to a narrowly defined population or program model such that for most single adults there is effectively no access to emergency shelter.

The FMCoC has made good progress in creating a Coordinated Entry System to prioritize and match CoC-funded housing programs (e.g. bridge housing, rapid re-housing, and permanent supportive housing). Several organizations are conducting outreach to unsheltered persons, but these programs are not tightly coordinated.

Street2Home should take the lead to improve the crisis system in the following ways:

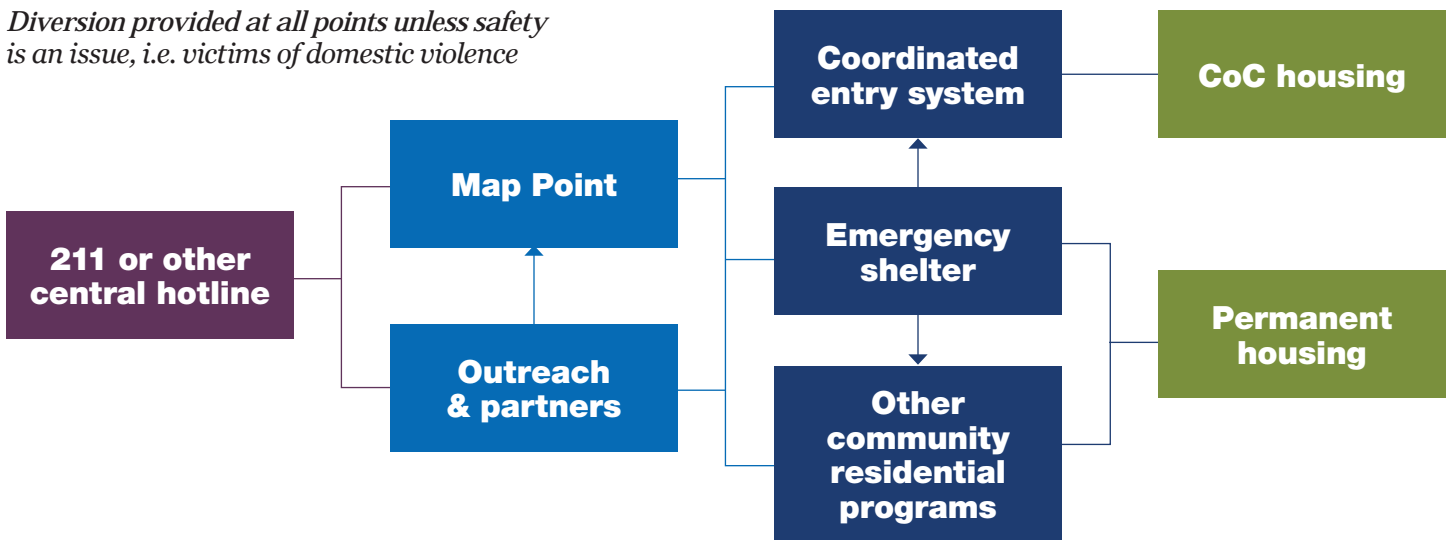
1. Determine whether 211 or another 24/7 organization can host a public facing hotline number for residents to call who are concerned about neighbors who are at risk or experiencing homelessness. Publicize hotline number as the public point of contact for homelessness and emergency services. The hotline operators could also screen and refer individuals to MAP Point for in-person services or to the coordinated outreach team for follow up with unsheltered persons who need immediate assistance. The hotline should have a data system that connects with MAP Point and HMIS.
2. MAP Point should provide access and linkage to all non-homeless residential programs and have a direct link to CES programs. Residential programs that are not restricted to homeless only populations should not be included in the CES, instead these programs should be part of the MAP Point inventory.



3. Create a mechanism to coordinate street outreach. Encourage all outreach teams to participate in HMIS and the BNL (by name list) processes that are hosted by FMCoC and the Veterans Affairs Medical Center (VAMC).
4. Offer standardized crisis system orientation to new staff and volunteers about how the Fresno community crisis response system to address homelessness is organized. Create other opportunities to share information about programs to keep everyone updated and working together.
5. Offer community education via faith-based organizations, civic and neighborhood associations, and businesses associations about how the community crisis response system to address homelessness is organized and the limitations of the system.

Figure 14: Need description or title about flow

Diversion provided at all points unless safety is an issue, i.e. victims of domestic violence



Additional resources and partners will likely be required to implement the recommendation. Fresno County, as the primary funder for MAP Point, should lead the expansion and enhancement of MAP Point; FMCoC should lead the expansion and enhancement of CES; United Way should determine role for 211 as the central hotline.

Additional funding to expand diversion is most critical and of the highest priority. Street2Home should identify funding for diversion expansion. This expansion should be launched during year one.



RECOMMENDATION 8:

Create new low-barrier crisis housing options

Figure 15: Four models of low-barrier crisis housing options for special population needs

1

Bridge Housing

- Transitional housing used as a short-term stay when a household has been offered and accepted a permanent housing intervention but, the individual or family are not able to immediately enter the permanent housing.
- Resident goals are very short-term with the focus on a move to permanent housing.
- Bridge Housing has low-barriers to admission with services highly integrated with the permanent housing provider.

2

Engagement Center

- A 24-hour program for persons who are homeless and publicly inebriated.
- Beyond offering a safe, sobering place, the programs work with individuals to transition to housing, treatment, or other appropriate placements beyond the streets.
- Police and outreach workers typically provide referrals to these facilities.

3

Navigation Center

- A 24-hour residential program that provides low-demand access to semi-private accommodations for people who are unsheltered.
- The model pioneered in San Francisco serves up to 75 people and permits residents to bring “pets, possessions, and people” with them.
- San Francisco and Seattle use this model to engage people who are camping/sleeping in areas that pose a serious public health and safety concern.
- On-site services are focused on housing placement and stabilization of health issues, including substance use and mental health disorders.
- Referrals generally come through a coordinated outreach process controlled by local government. To obtain the greatest impact, there needs to be a prioritized, clear protocol on high access.

4

Safe Haven

- A 24-hour residence for people with serious and persistent mental illness or fleeing domestic violence.
- The Safe Haven model provides private or semi-private accommodations for up to 25 persons.
- On-site services are low-demand and housing focused.
- This type of program would provide a space for engagement of chronically homeless people who have the greatest challenges to obtaining housing.
- Referrals to this type of specialized crisis housing should be coordinated through CES to ensure that the most vulnerable people with longest histories of homelessness are served.



As noted earlier, there is a critical shortage of emergency shelter and crisis housing options for single adults and couples. Based on data analysis and interviews, families with children can generally be accommodated by existing programs and motel overflow vouchers. The cost to build sufficient capacity to serve all unsheltered single adults and couples would be extraordinary and would hamper need for substantial new investment in permanent housing. There are, however, a few places where investment in crisis housing may significantly impact progress on reducing street homelessness.

Building a large emergency shelter and/or creating a single one-stop campus is not advised as there is no evidence that this approach is more effective. Rather, small 24/7 low-barrier residential programs (30–75 people daily) in diverse locations have been shown to be effective. There are four models that should be considered for special population needs and typically offer services with usual length of participation between 7–90 days. See Figure 15.

A more general population approach for single adults and couples might also be useful once the strategy to meet special needs has been determined. This could be a 24/7 housing-focused emergency shelter (perhaps described as a Triage and Crisis Housing Center) that provides low barrier access to dormitory and private accommodations for adults and couples. On-site services should be focused on diversion, connection to community resources, housing placement, and stabilization of health issues, including substance use and mental health disorders.

Significant new resources and collaborative partnerships will be required to implement any of these recommendations. As the community considers how much crisis housing capacity to add, critical consideration should be given to these issues:

1. Implement diversion to scale as it will significantly reduce unsheltered homelessness and help reduce the need for emergency shelter.
2. Ensure sufficient investment in housing resources to avoid bottleneck. These include housing relocation and landlord mitigation funds, rapid re-housing, permanent supportive housing and other housing options (see Pillar 4).
3. Provide adequate ongoing operating and services funding for the crisis housing option to ensure that the program is high-quality, effective, and cost-efficient.
4. Choose sites that are convenient to public transportation. Don't over-concentrate crisis housing options in one neighborhood. Consider creative reuse of existing structures, even if only available for a transitional basis (e.g. 2–5 years).



Figure 16: Emergency Shelter Bed Impact Calculator

	Balanced Options Model				San Diego Model	Variance
	Triage Center	Nav Center	Bridge Housing	Sum of Balanced Options		
INPUTS						
Number of beds	100	45	30	175	300	- 125
Average length of stay	45	60	30		30	
Rate of exit to stable housing (including permanent housing)	70%	75%	85%		15%	
Rate of exit to permanent housing	50%	60%	80%		12%	
CALCULATIONS						
Number served if 100% occupied year-round	800	300	400	1,500	3,700	- 2,200
Number served and referred to Bridge Housing (BH)		60				
Unduplicated number served (BH referral deducted)	800	240	400	1,440		
Number of exits to homelessness	240	75	60	375	3,145	- 2,770
Number exits to permanent housing	400	180	320	900	444	456
Number of exit to stable housing	560	225	340	1,125	555	570
Unduplicated due to BH referral	560	165	320	1,045		

	Balanced Options Model	San Diego Model
EXIT RATE OUTCOMES		
Rate of exit to stable housing (including diversion)	70%	15%
Rate of return to homelessness	26%	85%

Note: <http://www.sandiegouniontribune.com/news/homelessness/sd-me-homeless-tents-20180613-story.html#>

Figure 16 compares a balanced options approach with the San Diego model of large shelters. The balanced options model includes investment in sufficient diversion and exit housing options rather than investment only in a large shelter.

Additional funding to expand diversion is most critical and of the highest priority. Street2Home should identify funding for diversion expansion then consider funding needs for crisis housing and permanent housing. A balanced approach that ensures there are sufficient exit housing options will ensure that crisis housing truly ends homelessness. Street2Home should establish funding priorities, identify resources, and issue competitive requests for funding during year one.

PILLAR 4:

Expand permanent housing options

RECOMMENDATION 9:

Enhance housing placement options and supports

Given the tight market for affordable rentals across Fresno County, it is even more difficult to place households with poor credit, history of eviction, or a criminal history. As noted by U.S. Interagency Council on Homelessness (USICH),³⁷ “Private market landlords are critical partners in the work to help people quickly exit homelessness. Successful landlord partnerships are locally driven and involve ongoing engagement.” The following actions are recommended:



Recruit landlords to participate in a centralized listing process by making currently vacant units available to individuals and families in search of housing. Open Doors Atlanta³⁸ is a strong model developed through partnership led by the real estate sector. In Oregon, they created an effort called “A Home for Every Vet”³⁹ with one component focused on landlord recruitment. The National Alliance to End Homelessness (NAEH) offers some other ideas.⁴⁰

³⁸ Open Door Atlanta. <http://www.opendoorsatl.org> (accessed September 19, 2018)

³⁹ A Home for Everyone. “Are you a landlord or property manager? Please join our community-wide effort to house all veterans.” <http://ahomeforeveryone.net/landlord/> (accessed September 19, 2018)

⁴⁰ National Alliance to End Homelessness. “Resources: Landlord Outreach Strategies.” October 7, 2015. <https://endhomelessness.org/resource/landlord-outreach-strategies/> (accessed September 19, 2018)



Create a risk mitigation fund to cover costs due to excessive damage done to a unit beyond what the security deposit will pay. Per USICH, “Generally, communities have found that they are not used as frequently as expected, but that just having this added protection in place can be a game changer when asking landlords to rent to someone that they consider “high risk,” such as people with a poor rental history, low or no income, and/or past involvement with the criminal justice system.” For Open Doors Atlanta, a rent guarantee is paid in the event the tenant defaults. In exchange for this guarantee, the landlord waives some admission barriers. This guarantee is administered by a third party with expertise in providing rent guarantees and intermediary organization holds the funds that pay the claims for tenants covered by Open Doors.

Additional resources and partners will be required to implement the recommendation. Most communities raise private and philanthropic funding to support the risk mitigation fund. This should be a priority for year one. Street2Home should lead the private sector fundraising effort to create a centralized pool for housing placement programs to access.

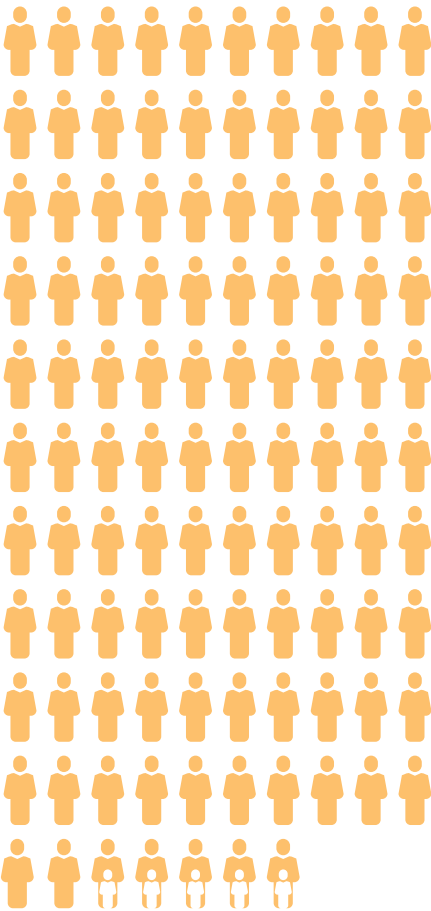
³⁷ U.S. Interagency Council on Homelessness. “Landlord Engagement.” May 25, 2018. <https://www.usich.gov/solutions/housing/landlord-engagement> (accessed September 19, 2018)



Critical shortage of rapid re-housing

In September 2018, 107 households were eligible for RRH but were unable to be placed because of lack of RRH capacity:

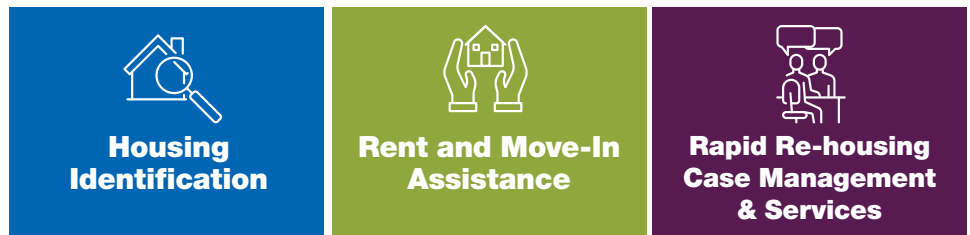
- 102 without children
- 5 with children



RECOMMENDATION 10:

Scale up rapid re-housing

Rapid re-housing (RRH) offers a cost-efficient and effective way to help people exit homelessness. Rapid re-housing, informed by a Housing First approach, is a critical part of a community’s effective homeless crisis response system. RRH rapidly connects families and individuals experiencing homelessness to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services. There are three core components of rapid re-housing: 1) Housing Identification; 2) Rent and Move-In Assistance; and 3) Rapid Re-housing Case Management and Services. The National Alliance to End Homelessness (NAEH) has many resources available to help programs implement effective rapid re-housing, including rapid re-housing performance benchmarks and program standards.⁴¹



Rapid re-housing is being effectively implemented in the Fresno community by a number of providers. Most households who receive rapid re-housing in Fresno County were Veteran households served by the Supportive Services of Veteran Families (SSVF) program. The average length of assistance is three to four months. Of all households (both Veteran and other households) served by rapid re-housing, 88 percent exited to permanent housing. Despite its effectiveness, there is critical shortage of rapid re-housing placements. Recently (September 2018), 107 households (102 without children; 5 with children) had been assessed as eligible for RRH but had been unable to be matched to RRH due to lack of RRH capacity.

There are several federal funding sources that are currently being deployed for rapid re-housing: SSVF (awarded by HUD via VA), CoC (awarded by FMCoC), ESG (awarded by City and County), and HOME TBRA (awarded by City and County). CalWORKs Housing Support Program promotes housing stability for families in the CalWORKs program, utilizing best practices from the Rapid Re-housing Program model.

⁴¹ National Alliance to End Homelessness. “Rapid re-housing performance benchmarks and program standards.” February 15, 2016 <https://endhomelessness.org/resource/rapid-re-housing-performance-benchmarks-and-program-standards/> (accessed September 18, 2018)



Street2Home should join forces to provide additional funding to public and private funders to scale up rapid re-housing to serve unsheltered single adult households, which is the greatest gap. For families, Fresno County should target allocation from the CalWORKs Housing Support Program to the most vulnerable families with children who are at greatest risk of being unsheltered.

RECOMMENDATION 11:

Increase permanent supportive housing

Permanent supportive housing (PSH) is permanent housing with indefinite leasing or rental assistance paired with supportive services to assist homeless persons with a disability or families with an adult or child member with a disability achieve housing stability. PSH provides community-based housing enabling formerly homeless individuals and families to live as independently as possible. The Housing First approach is a cornerstone of effective PSH programs. The first priority for admission to PSH should be for those who experience chronic homelessness. PSH can be at a single site model or a scattered site model. Numerous cost studies across the country have demonstrated the cost-effectiveness of PSH.

There are a number of PSH programs that receive funding through the FMCoC. Overall results are excellent and most programs are aligned with Housing First practices.

However, analysis suggests that admission could be better targeted to households who experience chronic homelessness.

The VA administers HUD-VASH (permanent supportive housing for Veterans) in partnership with the Fresno Housing Authority. Per the 2018 PIT count, 134 Veterans were unsheltered and of those 52 were chronically homeless. Despite this clear need, HUD-VASH is not being tightly targeted to those Veterans who are unsheltered and experiencing chronic homelessness. Reducing the time from intake to housing move-in would also improve program performance.

PSH has demonstrated to be effective in ending chronic homelessness. Between 2007 and 2016, chronic homelessness across Fresno County was cut by 42 percent through expansion of PSH. Bringing on an additional 650 units during 2018–2020 could cut number of people experiencing chronic homelessness in half by 2020 (USICH SHOP [U.S. Interagency Council on Homelessness Supportive Housing Opportunity Planner] based on 2017 PIT and HIC [Housing Inventory Count]).



Specific actions that are recommended include:

1. Deploy housing vouchers with services for chronically homeless individuals and families. Fresno Housing Authority is exploring how it can provide 600 housing choice vouchers to create both master leased and sponsor based PSH in partnership with Fresno County (Department of Behavioral Health [DBH], Department of Public Health [DPH], and Department of Social Services [DSS]) and healthcare partners (Community Medical Centers and other healthcare systems, managed care organizations, and Federally Qualified Health Centers [FQHCs]).
2. Preserve affordable housing and set aside a portion of the units for PSH. The Mental Health Association of Oklahoma (MHAOK) has used this approach⁴² to preserve rental housing while adding units targeted for use as PSH. The services partnerships will need to be created for each development using similar partners for the voucher-based expansion described above. If possible, use the internal subsidy model used by MHAOK to reduce need for rent subsidies.
3. Build new PSH using Low Income Housing Tax Credit (LIHTC) and other affordable rental housing development tools. The services partnerships will need to be created for each development using similar partners for the voucher-based expansion described above.

Street2Home should identify how to scale funding from public and private sources for PSH to serve unsheltered single adult households who experience chronic homelessness, which is the greatest gap.

RECOMMENDATION 12:

Aggressively expand non-traditional permanent housing options

Given the incredibly tight rental market and overall shortage of affordable rental units, non-traditional permanent housing options need to be considered. These should include:

1. **Improve and expand independent living**—privately owned homes or complexes that provide housing for adults with mental illness and other disabling health conditions. They serve residents

⁴² Mental Health Association of Oklahoma. "How Our Housing Model Works." <http://mhaok.org/our-work/our-housing-model/housing-model/> (accessed September 18, 2018)



that do not need medication oversight, are able to function without supervision, and live independently. Based in San Diego, Independent Living Association (ILA)⁴³ has developed quality standards that are best practices for independent living facilities and provides an online directory of certified independent living facilities. DBH plans to bring ILA to Fresno County for technical assistance to ensure quality shared living environments. There will be an opportunity to grow capacity by marketing the ILA concept to potential owners/operators. An online inventory could be a resource to CES and MAP Point.

2. **Develop worker dormitories/bunk houses for employed individuals.** Residents live in a safe and secure dormitory-style environment and are not required to participate in any program functions. Individuals pay a daily, weekly or monthly rate to live in the facility. Residents are self-sufficient and provide their own food and hygiene, the facility provides bedding and lockers. Residents may have access to on-site medical care, limited case management and connection to employment specialists. The 24/7 programs are self-funded. In Houston, one operator is Harmony House.
3. **Develop shared housing options.** A recent report describes promising practices in shared housing defined as using written agreements to formalize the co-residence of two or more families within the same housing unit where each family contributes to the household's finances using their own income or benefits. Shared housing tends to result in a somewhat equal power dynamic, wherein each family feels that it has a claim to the space. Shared housing is not time-limited or temporary housing. There are many forms of shared housing. One agency that specializes in this model is Sacramento Self-Help Housing.

Additional resources and partners will be required to implement the recommendations. Street2Home should determine the feasibility, cost, and benefits of implementing these options then determine the appropriate partners and resources to undertake these recommendations. Ideally, some alternative housing options will become available by the end of year one.

43 Independent Living Association. "Independent Living Association: Promoting High Quality Independent Livings in San Diego County." <https://ilasd.org/> (accessed September 18, 2018)



RECOMMENDATION 13:

Design and fund a cross-sector demonstration for people who experience street homelessness and are frequent users

The goal of frequent user initiatives is to break the costly cycle of homelessness that occurs when people repeatedly use high cost services due to long-term homelessness. By providing supportive housing, formerly homeless people's utilization of high cost care of expensive systems—police, jail, the courts, EMT's, and emergency rooms—drops dramatically. Ideally, future cost savings are used to jumpstart the development and operation of supportive housing. A strong research and evaluation is critical to taking a disciplined approach and documenting costs and cost avoidance/cost savings. Philanthropy and local county government are critical partners in frequent user initiatives.

There are many examples of frequent user initiatives across the country (see: Corporation for Supportive Housing (CSH) Frequent Users Systems Engagement (FUSE),⁴⁴ a description of Orlando's effort⁴⁵). Another approach is to use Pay For Success models; such models have been implemented in Denver, Massachusetts, and Cuyahoga County, Ohio. To learn more about Pay for Success, check out Enterprise Community Partners and the Pay for Success Learning Hub.⁴⁶

To undertake this type of initiative, there would need to be willing partners in health care and criminal justice, Fresno County's capacity to be active partners (and perhaps lead), potential for local philanthropy/donor investments, and a research partner. Engagement with a national intermediary is advised. The first step could be a feasibility assessment.

Street2Home should convene potential partners to determine the feasibility, cost and benefits of implementing a frequent user initiative. The timing of this convening could be during year one or year two.

44 Corporation for Supportive Housing. "FUSE Blueprint." <https://www.csh.org/resources/fuse-blueprint/> (accessed September 18, 2018)

45 Ochs, Alyssa. Inside Philanthropy. "'Fundable, Doable, and Measurable' A Foundation's Success Against Homelessness."

<https://www.insidephilanthropy.com/home/2017/11/21/southeast-fundable-doable-measurable-an-successful-example-of-chronic-homelessness-funding>

(accessed September 18, 2018)

46 Enterprise. "Pay for Success." <https://www.enterprisecommunity.org/tag/solutions/pay-for-success> (accessed September 18, 2018)

Moving Forward

In a perfect world, the organizations working to solve homelessness would stop to plan then move forward in coordinated steps. However, as is obvious, there is no perfect world. Forward movement must happen in parallel with continuing to provide services.

The first steps after acceptance of this report by the City of Fresno and County of Fresno should be for Fresno City Mayor Lee Brand and Fresno County Administrative Officer Jean M. Rousseau to organize and convene **Street2Home** as a collective impact initiative and identify a staffing structure to support the launch of Street2Home. In short order, the Street2Home board should begin establishing work plan and priorities

for year one and two. Some recommendations can be advanced more quickly as new state and federal resources are secured and by partnering with the private sector to identify new local resources that can support the implementation of the Street2Home work plan and priorities for year one and two. Using the collective impact process and framework, the plan will evolve over time.

Always the “north star” for Street2Home should be to bring a functional end to homelessness—making it rare, brief, and non-recurring. The residents of neighborhoods across Fresno County—those who are housed and those who are without—will be able to see first-hand the impact of this effort over the next two years.

Focus Areas

 <p>Engage community & align resources</p>	 <p>Reduce inflow to homelessness</p>	 <p>Improve crisis response</p>	 <p>Expand permanent housing options</p>
<p>Strategy Adopt a Collective Impact Initiative approach: Establish a new public-private collaboration to strengthen data collection and usage; define homelessness as a community issue to garner added resources and supportive services for joint solutions.</p>	<p>Strategy Increase diversion and crisis assistance: Consistent, community-based diversion, service connections, resolve housing stability issues, and divert from entering homelessness.</p>	<p>Strategy Create low-barrier crisis housing options: Better engage individuals at-risk of homelessness and those already unsheltered. Employ robust permanent housing placement solutions with case management and supportive services, as needed.</p>	<p>Strategy Establish a partnership to connect unsheltered, chronically homeless individuals to permanent supportive or other housing. New resources could include additional Bridge Housing leading to 600 Fresno Housing Authority Housing Choice Vouchers accompanied with case management services provided by the County.</p>

Glossary of Terms

About the System of Care

Continuum of Care (CoC) A community planning body required by HUD to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency. Continuum of Care is often used to refer to the system of programs to address and prevent homelessness as well as the body that coordinates such efforts.

The Fresno Madera Continuum of Care (FMCoC) convenes and supports the regional CoC. Membership is open to all organizations—private and public—that address homelessness within the region.

Coordinated Entry System (CES) A community-wide process designed to outreach to and identify households experiencing homelessness, assess their needs, and prioritize access to programs and resources to end their homelessness. An effective coordinated entry process includes prioritization, Housing First orientation, emergency services, standardized assessment, referral to housing, outreach, and use of HMIS.

FMCoC has designated WestCare as the lead agency to facilitate the CES on behalf of the agencies that participate.

Homelessness Management Information System (HMIS) A computerized data collection tool designed to capture client-level information over time on the characteristics and service needs of men, women, and children experiencing homelessness.

FMCoC has designated FHA as the lead agency to facilitate the HMIS on behalf of the agencies that participate.

Housing First An approach to ending homelessness that centers on providing people experiencing homelessness with housing as quickly as possible—and then providing services as needed. The basic underlying principle of Housing First is that people are better able to move forward with their lives if they are first housed.

McKinney-Vento Homeless Assistance Act The U.S. law passed in 1987 and amended several times since that provides federal money for homeless programs, including Emergency Solutions Grant and Continuum of Care. It also protects the rights of homeless children in the public school system by granting them protected-class status. The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 amended and reauthorized the McKinney-Vento Homeless Assistance Act with substantial changes to the HUD programs, including a consolidation of HUD's competitive grant programs.

Point-In-Time (PIT) A snapshot of the homeless population taken on a given day. Since 2005, HUD requires all CoC applicants to complete this count every other year in the last week of January. This count includes a street count in addition to a count of all clients in emergency and transitional beds.

FMCoC conducts the regional PIT with community volunteers and FMCoC member organizations.

Definitions

Chronic homelessness Experience by an individual or family with a disabling condition who has been continuously homeless for a year or more or has had at least four episodes of homelessness in the past three years.

Homelessness
—as defined by
*U.S. Department of Housing
and Urban Development* Households who lack a fixed, regular, and adequate nighttime residence and are living in temporary accommodations such as shelter or in places not meant for human habitation; or families who will imminently lose their primary nighttime residence; or families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions that relate to violence against the individual or a family member (sometimes referred to as “literal homelessness”).

Homelessness
—as defined by
U.S. Department of Education Homelessness means children and youths who lack a fixed, regular, and adequate nighttime residence and includes children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; or are abandoned in hospitals; children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human; children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and migratory children who qualify as homeless (sometimes referred to as “precariously housed homelessness”).

Homeless Veteran An individual who was served any branch of the U.S. military. All Veterans including those who are ineligible for Veteran Health Administration benefits.

Homeless Youth Typically defined as unaccompanied youth ages 12 and older (up to age 24) who are without family support and who are living in shelters, on the streets, in cars, or vacant buildings, or who are “couch surfing” or living in other unstable circumstances.

Unsheltered Homelessness Individuals or families living in places not meant for human habitation, i.e. tents, cars and RVs, abandoned buildings, encampments, or sleeping on sidewalks, doorways, etc.

Interventions

- Bridge Housing** An interim housing used as a short-term stay when a Veteran has been offered and accepted to a permanent housing intervention (e.g., Supportive Services for Veteran Families [SSVF], U.S. Department on Housing and Urban Development Veteran Affairs Supportive Housing [HUD-VASH], CoC) but is not able to immediately enter the permanent housing.
- Diversions** Aimed at helping households stay safely in current housing or, if that is not possible, move to other housing without requiring a shelter stay first. Priority is given to households who are most likely to be admitted to shelters or be unsheltered if not for this assistance.
- Emergency Shelter** A facility designed to provide temporary or transitional shelter for people who experience homelessness, typically (but not exclusively) for a period of 90 days or less. Housing-focused supportive services provided in addition to the provision of shelter. HUD encourages average length of stay to be less than thirty (30) days.
- Permanent supportive housing (PSH)** Decent, safe, affordable, community-based housing that provides tenants with the rights of tenancy and links to voluntary and flexible supports and services for people with disabilities who are experiencing chronic homelessness.
- Rapid Re-housing** Places a priority on moving a family or individual experiencing homelessness into permanent housing as quickly as possible, ideally within 30 days of a client becoming homeless and entering a program. Time-limited services may include housing identification, rent and move-in assistance, and case management.
- Transitional Housing** A type of temporary housing and appropriate support services to homeless persons to facilitate movement to independent living within 24 months. HUD encourages that this be a limited portion of the community inventory and reserved for specific sub-populations (e.g. youth or domestic violence victims) or for purposes like short-term interim housing.



Appendix

Exploring Other Community Practices

There are many models around the country that are examples of best practices. Visiting programs in other cities provides insights into what has worked. Many of those who are involved in solving homelessness locally have visited sites including Portland, San Diego, San Francisco, and San Jose. While each locale provided great insights, there is no place like the Fresno community and the solution will be tailored to the region.

San Francisco, CA: Navigation Center

The steering committee was interested in learning more about the innovative Navigation Center model that was pioneered in San Francisco (see sidebar). Ms. Poppe connected the steering committee with the City of San Francisco Department of Homelessness and Supportive Housing and Episcopal Community Services,⁴⁷ the operator of two Navigation Center sites, emergency shelter and supportive housing. This site visit peaked interest in exploring replication of the Navigation Center model in Fresno.

⁴⁷ Episcopal Community Services. "Navigation Center." <http://www.ecs-sf.org/programs/navcenter.html>

Seattle, WA: Navigation Center

Seattle replicated the Navigation Center in hopes of achieving improved success in addressing unsheltered homelessness, particularly in encampments. The City of Seattle announced its plan to implement the model during the summer of 2016 and selected DESC⁴⁸ as the operator following a competitive proposal process. The Seattle Navigation Center opened in July 2017. Ms. Poppe facilitated a call between the steering committee and the City of Seattle to understand more about how they implemented the model and their early learnings from the evaluation, which has generally been very favorable. The City of Seattle shared all of its RFP materials, contract requirements, and progress to date.

⁴⁸ Downtown Emergency Service Center (DESC). "Navigation Center." <https://www.desc.org/what-we-do/survival-services/navigation-center/>

San Jose, CA: Destination Home

Destination: Home⁴⁹ is a public-private partnership serving as the backbone organization for collective impact strategies to end homelessness in Santa Clara County. It was established in 2008 as an outcome of a Blue Ribbon Commission on ending homelessness. The steering committee visited San Jose to understand how Destination Home was organized and to gain recommendations on how a collective impact approach to address homelessness might be undertaken in Fresno County.

⁴⁹ Destination Home. <https://destinationhomesv.org/>

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The Fresno Housing Authority underwrote the cost of this report as a way to collaborate and support the effort to address and solve homelessness in the Fresno community.