

Leadership, alignment, and community engagement

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

For more on how to organize a collective impact structure, see this [link](#) . A key component of this work should be organizing a funders collaborative. The Hilton Foundation recently issued a [report](#) on the LA Funders Collaborative.

Fresno City Mayor Brand and Fresno County Administrative Officer Jean M. Rousseau should organize and convene an *executive council* of influential community leaders who can deploy human or financial resources, and keep track of the big picture. Executive Council members should include representatives of philanthropy (e.g. community foundation, Fresno First Steps Home, other engaged donors), the business sector (e.g. major employers, banks, Community Medical Centers, Fresno Bee, Chamber of Commerce, landlords/property managers, and downtown businesses), the ecumenical faith community (e.g. pastors of large congregations, downtown churches, etc.), and 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. The first task will be to put in place a dynamic staffing structure to support the collective impact structure. This should be launched early in Year One.

2) *Engage the entire community in solutions*

There is a significant lack of understanding by 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.

The [Home For Good](#) 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 countywide 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

In 2014, the Central Florida Commission on Homelessness executed what has become one of the most successful advocacy campaign in the country. The [Rethink Homelessness](#) campaign drew followers and supporters from throughout Central Florida and beyond, gave new visibility to the true plight of the people who were experiencing homeless 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 views](#) and bringing the Commission’s objectives to an even wider audience.

Another tactic could be to partner with 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. In the near term, every effort should be undertaken to engage community members in the 2018 street count. Local media could also be engaged to cover human interest stories.

This work could be organized and supported by the collective impact initiative. This should be launched early in Year One.

3) *Strengthen the data foundation – what gets measured, gets done*

The Fresno-Madera Continuum of Care (FMCoC) has done an excellent job in implementing a Homelessness Management Information System (HMIS) to provide data on the households served by the FMCoC program providers and conducting the annual Point In Time (PIT) Count. Additional capacity is needed to support program and system quality improvement as well as the collective impact initiative. Suggested areas of data and analysis enhancement are described below:

Key strategies – 2018-2020

Leadership, alignment, and community engagement

- Enhance the 2018 PIT Count to collect more information on income levels, employment status, chronic homelessness, current/recent domestic violence (within past year), and recent residence. See [Seattle Homeless Needs Assessment](#) for example of an in-depth survey.
- Expand HMIS to include non-HUD funded community residential programs and non-residential services that serve household who experience homelessness.
- Use HMIS as tool for coordinating street outreach to ensure streamlined and non-duplicative access to housing and other resources.
- 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.)
- Provide community dashboards and data analysis to support the collective impact initiative.

Additional resources and partners will likely be required to implement the above recommendations. 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.

Reduce inflow to homelessness

4) Enhance MAP Point and expand county-wide; scale up diversion and make consistent across community

Tremendous enthusiasm was expressed about the potential for the Multi Agency Access Program (MAP Point) to be expanded and enhanced and expanding diversion. Diversion is a strategy that prevents homeless for 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 program 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.

MAP Point could be enhanced in several ways that could help reduce the number of families and individuals who experience unsheltered homelessness.

- Use simple, standardized risk assessment for homelessness during MAP Point intake. The National Center on Homelessness among Veterans developed the [Homelessness Screening Clinical Reminder](#), 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.
- For households that are screened as homeless or imminent risk, a diversion consultation can be offered. Some households may require financial assistance. 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.
- Inventory community residential programs (non-HIC) 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.
- Ensure that MAP Point is provided onsite 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. food pantries).
- Establish inter-operability between MAP Point and HMIS so that households identified as homeless are connected to the FMCoC Coordinated Entry System. MAP Point staff should also be able to complete CES assessments.

Scaling up diversion will require a multi-prong approach:

- Create a simple description of diversion (i.e. elevator speech).
- Inventory currently available resources for diversion assistance. Determine level of additional funding needed. Raise funds necessary to expand diversion in meaningful way.
- Conduct training across all MAP Point partners, and homeless assistance providers to ensure best practices are being used for diversion conversations.
- Develop procedures to support administration of diversion assistance funding.

Additional resources and partners will likely be required to implement the above recommendations. **Additional funding to expand diversion is most critical and of the highest priority.** Fresno County Department of

Behavioral Health as the primary funder for MAP Point should lead the expansion and enhancement of MAP Point. The City, County and the Central Valley Community Foundation should each identify funding for diversion expansion. This should be launched during Year One.

5) Preserve affordable rental housing

With a severe shortage of affordable rental housing, Fresno must make every effort to preserve existing affordable housing residences, including non-traditional housing like weekly hotels/motels, 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 the Hotel California. The following steps are recommended:

- Develop an inventory of existing traditional and non-traditional affordable housing (if possible); at minimum develop mailing list of owners.
- Bring together potential investors, banks, City/County housing and community development staff and City code enforcement to develop a mechanism to fund repairs in exchange for long-term affordability requirements.
- Set up a series of workshops for owners to promote preservation through rehab.
- Create a protocol with City code enforcement that connects with City housing and community development to advance efforts to preserve affordable rental housing.

Existing federal, state, and local resources and partners should be aligned to implement the above recommendations. National intermediary organizations such as NeighborWorks and Enterprise Community Partners may be a resource for this work. This should be launched later in Year One/early Year Two.

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

The 2018 PIT count indicated that a very significant number of households experienced domestic violence within the past three years. By helping victims of domestic violence avoid homelessness, fewer would be unsheltered. There is a [national effort](#) to help communities end homelessness for domestic and sexual violence survivors and their families. Fresno could request technical assistance from the Federal Domestic Violence and Housing Technical Assistance [Consortium](#) to develop a community plan. This effort should be considered for Year 2. During Year 1, the PIT Count should strive to collect more accurate estimates of current/recent domestic violence (incidence occurring within most recent twelve months).

Improve crisis response

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

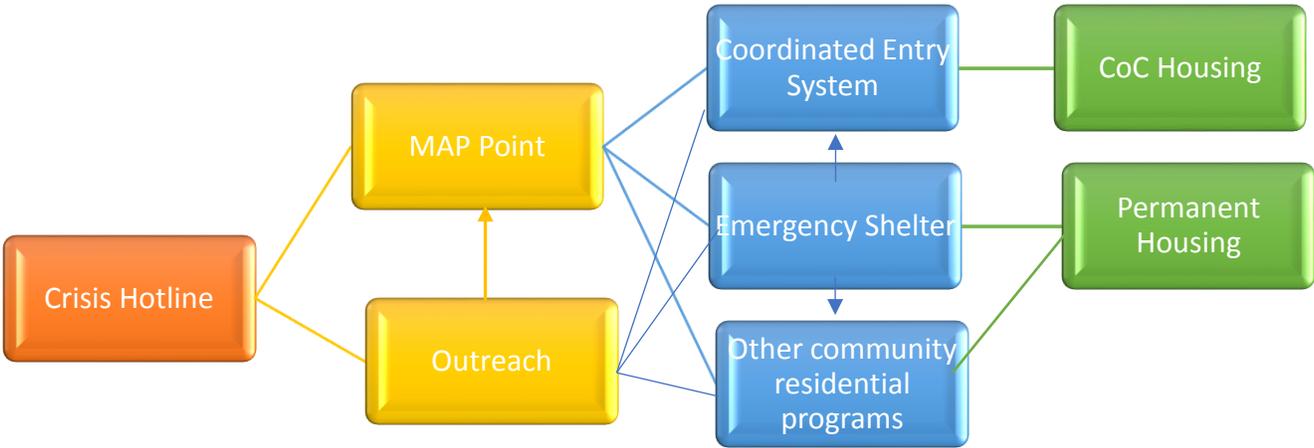
The current patchwork of programs that provide critically needed street outreach, emergency shelter, temporary housing, and supportive services are overall inadequately resources and, too often, operating without close collaboration and coordination. There is particularly a shortage of residential programs that offer safe 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 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 rehousing, and permanent supportive housing). Several organizations are conducting outreach to unsheltered persons but these programs are not tightly coordinated; this is not an effective nor efficient approach.

- Determine whether 211 or other 24/7 organization can host the public facing hotline number to call for citizens who are concerned about or at risk/experiencing homelessness.
- Publicize hotline as the public point of contact for homelessness and emergency services.
- The hotline can screen and refer individuals to MAP Point for in-person services.
- The hotline can screen and refer 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.
- MAP Point should provide access and linkage to all non-homeless residential programs and have a direct link to CES programs. It does not make sense to include residential programs that are not restricted to homeless only populations in the CES. The latter should be part of the MAP Point inventory.
- 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 VAMC.
- Offer standardized crisis system orientation to new staff and volunteers about how the crisis response system is organized. Create other opportunities to share information about programs to keep everyone updated and working together.
- Offer community education via faith-based organizations, civic and neighborhood associations, and businesses and business associations about how the emergency system of services is organized and the limitations.

Additional resources and partners will likely be required to implement the above recommendations. **Additional funding to expand diversion is most critical and of the highest priority.** Fresno County Department of Behavioral Health as the primary funder for MAP Point should lead the expansion and enhancement of MAP Point and the development of the 24/7 hotline. The City, County and the Central Valley Community Foundation should each identify funding for diversion expansion. This should be launched during Year One.

Key strategies – 2018-2020

Improve crisis response



Diversion provided at all points

8) Create new low-barrier crisis housing options

As noted above there is a critical shortage of emergency shelter and crisis housing options. The cost to build sufficient capacity 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 (up to 75 people) in diverse locations have been shown to be effective. There are four models, in particular, that should be considered for implementation.

- **Bridge Housing** is transitional housing used as a short-term stay when a household has been offered and accepted a permanent housing intervention (e.g., RRH, SSVF, HUD-VASH, PSH) but, is not able to immediately enter the permanent housing. Generally provided for up to 90 days. Goals in the Individual Service Plan (ISP) should be very short-term with the focus on a move to permanent housing. Given the short time-frame of Bridge Housing, the program should have low-barriers barriers with services highly integrated with the permanent housing provider.
- **Navigation Center** is 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. Onsite 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. There needs to be a clear protocol on high access is prioritized to obtain the greatest impact. Stays are usually limited to 60-90 days.
- **Engagement Center** is 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. Stays are usually limited to 1-7 days.
- **Safe Haven** is a 24-hour residence for people with serious and persistent mental illness. The Safe Haven model provide private or semi-private accommodations for up to 25 persons. Onsite 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. Stays are usually not time-limited but should generally be less than 90 days.

Additional resources and partners will likely be required to implement the above recommendations.

Expand permanent housing options

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 [USICH](#), “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 available units to individuals and families in search of housing. [Open Doors Atlanta](#) 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](#)” with one component focused on landlord recruitment. The NAEH offers some other ideas [here](#).
- 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 event the tenant defaults. In exchange for this guarantee the landlord waives some admission barriers. The guarantee is administered by Liberty Rent Guarantee - <http://www.libertyrent.com/>. Enterprise Community Partners holds the funds that pay the claims for tenants covered by Open Doors.

Additional resources and partners will likely be required to implement the above recommendations. Most communities raise private and philanthropic funding to support the risk mitigation fund.

10) Scale up rapid rehousing

Rapid rehousing offers a cost-efficient and effective way to help people exit homelessness. Rapid rehousing, informed by a Housing First approach, is a critical part of a community’s effective homeless crisis response system. Rapid rehousing 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 rehousing: 1) Housing Identification; 2) Rent and Move-In Assistance; and 3) Rapid Rehousing Case Management and Services. The National Alliance to End Homelessness has many resources available to help programs implement effective rapid rehousing, including [rapid rehousing performance benchmarks and program standards](#).

Rapid rehousing is being effectively implemented in Fresno by a number of providers. Most households who receive rapid rehousing in Fresno were Veteran households served by the SSVF program. The average length of assistance is three to four months. Of all households (both Veteran and other households) served by rapid rehousing, 88% exited to permanent housing. Despite its effectiveness, there is critical shortage of rapid rehousing placements. **XXX households have been assessed as eligible for RRH but are awaiting a match to a program.**

There are several federal funding sources that are currently being deployed for rapid rehousing: SSVF (award by 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 Rehousing Program model.

Public and private funders should join forces to provide additional funding to scale up rapid rehousing to serve unsheltered single adult households which is the greatest gap. For families, Fresno County should target its \$1 Million allocation from the CalWORKs Housing Support Program to the most vulnerable families with children who are at greatest risk of being unsheltered.

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 enables 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 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 from the FMCoC to provide PSH. 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 in partnership with the Fresno Housing Authority. There appear to be opportunities to improve HUD-VASH by better targeting it Veterans who are unsheltered and experiencing chronic homelessness and reducing the time from intake to housing move-in.

PSH has been demonstrated to be effective in ending chronic homelessness. Between 2007 and 2016, chronic homelessness across Fresno County was cut by 42% through expansion of PSH. Bringing on an additional 650 units during 2018-2020 will cut number of people experiencing chronic homelessness in half by 2020 (USICH SHOP).

Fresno PSH Cost Study (Culhane and Metraux, 2010)

Reviewed costs and potential cost offsets associated with creating **950 units of housing for chronically homeless persons**, with 20 percent of the units targeted at five sub-groups of chronically homeless persons with varying levels of service utilization and housing needs.

- Sub-Group 1 (SMI, Heaviest Users)- Chronically homeless persons with severe mental illness (SMI) who have a co-occurring substance disorder and may have medical issues as well.
- Sub-Group 2 (SMI, Less Expensive)- Persons with severe mental illness (SMI) with less intensive needs.
- Sub-Group 3 (Public Inebriates)- Chronically homeless persons with severe alcohol problems, who are oftentimes referred to as chronic public inebriates.
- Sub-Group 4 (Substance Abuse and Chronic Medical Condition)- Chronically homeless persons with co-occurring substance abuse and chronic medical conditions.
- Sub-Group 5 (Substance Abuse Only)- Chronically homeless persons who have a substance abuse disorder, without a co-occurring mental health diagnosis.

➤ Findings:

- Estimated \$7.4 million annually to operate the 950 units of housing
- Estimated **annual savings will be between about \$8.7 million and \$17.2 million**

Specific actions that are recommended include:

- Deploy 600 vouchers for chronically homeless individuals and families. FHA should provide 600 housing choice vouchers to create both master leased and sponsor based PSH in partnership with Fresno County (DBH, DPH, and DSS) and healthcare partners (Community Medical Centers and other healthcare systems, managed care organizations, and FQHCs).
- Preserve affordable housing and set aside a portion of the units for PSH. The [Mental Health Association of Oklahoma](#) has used this approach 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.
- Build new PSH using 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.

Public and private funders should join forces to provide additional funding and facilitate partnerships to create these additional PSH units to serve unsheltered single adult households who are unsheltered and experiencing chronic homelessness.

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:

- **Improve and expand independent livings** - privately-owned homes or complexes that provide housing for adults with mental illness and other disabling health conditions. They serve residents that do not need medication oversight, are able to function without supervision, and live independently. Based in San Diego, [ILA](#) has developed quality standards that are best practices for Independent Livings and provides an online directory of certified independent livings. DBH plans to bring ILA to Fresno to 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.
- **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](#).
- **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 family units within the same housing unit where each family unit contributes to the household's finances using its own income or benefits. Shared housing tends to result in a somewhat equal power dynamic, wherein each family unit 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 above recommendations.

13) Design and fund a cross-sector demonstration project for people who experience street homelessness and are frequent users of the local emergency services

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: [CSH-FUSE](#), a description of [Orlando's effort](#)). Another approach is to use Pay For Success models as have been implemented in Denver, Massachusetts, and Cuyahoga County, Ohio. To learn more about Pay for Success, check out this [link](#) to Enterprise Community Partners and the [Pay for Success Learning Hub](#).

To undertake this type of initiative, there would need to be willing partners in health care and criminal justice, Fresno County 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.