

THE FRESNO MADERA CONTINUUM OF CARE

Ten-Year Plan to End Homelessness

2006 – 2016

*A statement that represents our
System of Beliefs
Commitment to Cooperative planning & Community Change
to End Homelessness.*

THE FRESNO MADERA CONTINUUM OF CARE 10-YEAR PLAN TO END HOMELESSNESS

OUR UNITED VISION...

State of California Vision Statement

Guided by the needs of families, California will prevent and end family homelessness through a collaborative approach that builds on their strengths by providing housing and supports that foster independence.

Fresno Madera Continuum of Care Vision Statement

All individuals and families facing homelessness in Fresno and Madera counties will have access to safe, decent, affordable housing with the resources and supports necessary to sustain it.

WHAT WE BELIEVE

We believe in community transformation and are deeply committed to our ten community values: stewardship, boundary crossing and collaboration, commitment to outcomes, art-of-the-possible thinking, fact-based decision making, truth telling, power parity, commitment to resolve conflict, asset-based approaches, and disclosure of conflict of interest. We know homelessness is a complex social problem, which does not lend itself to simple solutions. Yet we believe that great strides can be made toward ending homelessness by addressing housing issues, then ensuring that there are the resources and supports in place to sustain that housing. We do not have to end poverty in its entirety to end homelessness; however, our ability to end homelessness rests upon the degree to which we are able to wed the efforts of the homeless service delivery system to those of other mainstream programs and systems of care – programs and systems whose barriers have contributed to its growth. Only through comprehensive, cross-system strategies will we be able to fully assist people in accessing and sustaining affordable housing, achieve community integration and maintain economic stability.

This effort requires a collaborative approach. As this 10-year plan details, both the Fresno and Madera communities are ready to embrace the challenge of system change and integration necessary to prevent homelessness and end it for the hundreds of men, women, and children in shelter or on the streets each night who could and should have a home and a bed of their own.

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EXECUTIVE SUMMARY

Over the past 20 years, the number of shelter beds and the amount of money spent on homelessness in the Fresno and Madera areas have increased significantly. Unfortunately, so have the number of individuals and families who become homeless. The Fresno Madera Continuum of Care (FMCoC) – an inclusive network of over 200 public and private organizations and individuals concerned with homelessness in our region – has been working steadily to address the needs of this vulnerable population. For the past 6 years, FMCoC annual plans have targeted homeless service gaps and coordination of efforts. Critical issues impacting local homelessness have been identified and action strategies set into motion. We have been successful in each of our endeavors. As we review our many accomplishments and evaluate best practices nationwide, we now have formalized a comprehensive plan to not only address homeless issues and service needs, but to strategize the attainment of our goal to end homelessness in the next ten years. This plan and our new strategies reflect a new and different approach. We have now moved our focus from providing comprehensive services, to putting systemic-change in motion to attack the problem at its core.

We recognize that this is no small task. Our success hinges upon our ability to mobilize, re-deploy, expand, and coordinate our community public and private services, finances and human resources. It is necessary to modify basic operations of emergency shelters, to enhance and facilitate service delivery and linkage to necessary interventions and advocacy, beyond the provision of a meal and bed. Further, it is necessary to educate, engage and gain the support of our non-involved private community members and businesses. We understand and acknowledge that this new 10-year plan will require universal involvement and commitment from both public and private sectors. In addition to promoting broader community involvement, this plan provides a path for us to continue provision of ongoing accessible and coordinated services-delivery to this vulnerable population within our communities, while also stopping the future growth of homelessness. This collaborative plan to **End Homelessness** outlines in broad strokes, the system of our belief that will guide our efforts, structure strategic initiatives and, organize our actions over the next ten years.

We know thousands of Fresno and Madera residents face homelessness each year. Many utilize local publicly funded systems of shelter and supports designed to address homelessness. Some stay for brief periods and do not return. Others graduate through multiple programs before exiting. Others move in and out of the system on a fairly regular basis over time. And still others take up residence in the system for years, and during that time, rarely leave it. In addition, there are those who experience homelessness, but for numerous reasons, never find their way into the homeless system of care. Instead, they remain "homeless" living on the streets, in their cars, or on the couches of family, friends, or strangers. Overall, Fresno and Madera's homeless population is highly diverse. Yet those facing homelessness have at least two things in common – the experience of abject poverty and the absence of safe and affordable housing. Our current system and use of resources, while helping many, have proven inadequate to the challenge of significantly reducing, let alone ending, homelessness.

The Core Tenets of Our Approach are not complex. The most effective solution to homelessness is to address immediate crisis basic needs before homelessness occurs, rapidly re-house the homeless through affordable local housing, and ensure necessary supports are in place to promote sustainability and stability. Therefore, our Core Tenets are to:

- **Prevent homelessness** whenever possible;
- Rapidly re-house people when homelessness cannot be prevented; and
- Provide **wraparound services** that promote housing stability and self-sufficiency.

Strategic Initiatives presented to implement the Core Tenets

The plan outlines primary strategic initiatives to begin the process of system change. These initiatives and their objectives form our basic agenda for change over the first five years. Through them we will:

- 1) Expand the range and availability of prevention strategies, increase immediate accessibility, and improve their long-term effectiveness.
- 2) Provide transitional case managed services at all levels of homeless service access, especially in emergency shelter facilities and prior to discharge from public care programs/institutions, to ensure linkage to appropriate and necessary community resources and supports.
- 3) Increase the level of coordinated and comprehensive services provision to the hard to serve and those who are not served, in areas of mental health, physical health and social wellbeing.
- 4) Expand the availability of permanent supportive housing, so our homeless residents can move from constant crisis, into safe, stable and supported housing until they are self-sufficient.
- 5) Increase opportunities and avenues for community individual and business partnerships that will promote housing availability, employment and promote broader formal community supports.
- 6) Increase job training, skills development and employment opportunities to increase self-reliance, decrease reliance on public supports and promote successful independent living and self-sufficiency.

A shift as fundamental as the one described 1) entails a reorientation of the homeless service delivery system, the gradual redeployment of current resources, the generation of additional public and private resources, and significant cross-systems collaboration; and 2) requires an intentional implementation change to our management approach. To this end, members of the Fresno Madera Continuum of Care will develop periodic action plans that detail short-term implementation strategies. In addition, working groups for ongoing technical assessment of strategy implementation are being developed to increase the success of this undertaking. The FMCoC has integrated these initiatives into local community Consolidated Action Plans, and our community Consolidated Plans are joined with our strategies. In this method, our goals in regard to ending homelessness have become action strategies in partnership with our local government. Our regional Continuum of Care plan and our States vision and planning for ending homelessness are complementary and supportive of one another. The FMCoC is an active participant of California's planning and policy academy, representing and interfacing our local effort with the State's design to end homelessness. Through this process, we are not approaching these broad principles in isolation, but with a coordinated, inclusive, unified approach.

The Fresno Madera Continuum of Care (FMCoC) has actively worked to ensure that all of our residents have a home, through the process of *People Helping People*. We understand that it often requires more than a roof over your head to end the crisis of homelessness. Homeless people need a supportive, humanistic process to assist them in keeping that "roof" safely in place, and crisis far from their front door. This 10-year plan will help define where we are now, how much we have accomplished, and where we need to go to achieve that success. The Board of Directors of the Fresno Madera Continuum of Care invites you to become a part of the implementation process. Homelessness in Fresno and Madera is not acceptable and, if we work together, we can end it. We have provided, in the following pages, a Definition of Our Communities, Our Homeless Problem, Resources and Strategies.

INTRODUCTION

Fresno & Madera: Our Communities

The 2000 Census data for Fresno County reports the total population at 799,400, an increase of 131,900 residents, nearly 20%, since 1990. The cities of Kerman, Coalinga, San Joaquin, and Parlier recorded the highest percent growth over the ten-year period; all four rural communities realized increased population growth exceeding 40 percent. More than half of Fresno County's residents (427,652) live in the city of Fresno, making it the largest city of our county. According to population projections, Fresno County will grow to over 1.1 million residents by the year 2020, an increase of 42 percent over current figures. The County of Fresno is the 17th fastest growing county among the 58 counties of California. Its growth rate was 19.8% with the City of Fresno comprising the majority of the growth. Data compiled through the California State University's Central California Futures Institute (CCFI) projects that Fresno's population will nearly double to a projected 800,000 by 2025. Although most growth has taken place through natural means (such as more births than deaths) other factors have played a significant role in population escalation. New arrivals from other parts of California and the nation, and those coming from other countries are also important factors. Since 2004, the City has received over 1,000 new Southeast Asian immigrants and refugees, which is not reflected in the 2000 census data. Although Fresno has grown in size and wealth, and has realized many positive community development attributes, we have also experienced poverty growth due to poor employment opportunities, decreasing agricultural and seasonal work, minimally funded health and social services, and a large influx of poor residents with inadequate public supports. These issues result in many of our residents being unable to financially support their children or a home. High poverty and low employment have plagued Fresno for years, resulting in increased numbers of concentrated neighborhoods of poverty.

The October 2005 publication by The Brookings Institution (*A Special Analysis in Nationwide Metropolitan Policy-Regarding Areas of concentrated poverty*). In October 2005 a national publication regarding poverty was released by The Brookings Institution. This report compiles a large body of research that demonstrates how concentrated poverty exacts multiple costs on individuals and society. These costs come in the form of: reduced private-sector investment and local job opportunities; increased prices for the poor; higher levels of crime; negative impacts on mental and physical health; low-quality neighborhood schools; and heavy burdens on local governments that induce out-migration of middle-class households. Of the nearly 8 million people living in extreme-poverty neighborhoods in 2000, roughly 6 million (75 percent) inhabited big cities, of which Fresno is noted as having the highest concentrated Poverty Rate. See Table below:

Table 1. New Orleans Ranked Second Among Large U.S. Cities on Concentrated Poverty*			
	Total Concentrated Poverty Rate	Extreme-Poverty Poverty Rate— Blacks	Extreme-Poverty Neighborhoods**
Fresno, CA	43.5	44.9	22
New Orleans, LA	37.7	42.6	47
Louisville, KY***	36.7	53.2	11
Miami, FL	36.4	67.6	23
Atlanta, GA	35.8	41.0	28
Long Beach, CA	30.7	26.8	17
Cleveland, OH	29.8	35.6	52
Philadelphia, PA	27.9	27.1	54
Milwaukee, WI	27.0	39.3	42
New York, NY	25.9	33.7	248
U.S. Total	10.3	18.6	2,510

Table Notes: Table extracted from the Brookings Institute National Research paper, published in fall 2005.
Percentages/population data from 2000 National Bureau of Census
* The concentrated poverty rate reflects the proportion of all poor people citywide who lived in extreme-poverty neighborhoods.
** Extreme-poverty neighborhoods had more than 40 % of their residents living below the federal poverty threshold in 2000.
*** Louisville, KY defined as of Census 2000, prior to its merger with surrounding Jefferson County, KY.

Centrally located, Madera is bordered by Mariposa and Merced to the north, Fresno to the south, and Mono to the east. The county combines the high, rugged country of the Sierra-Nevada Mountains and the farming and industrial land of the valley floor below. Most of its industrial and residential activity is positioned along Highway 99, the area's primary transportation route, which provides a north-south corridor through the county. According to the Labor Market Information Division (LMID) of the California Employment Development Department the 2000 Census data records Madera County's population increased almost 40 percent (35,000 residents) since 1990, making it the third fastest growing county in the state. By the year 2020, Madera County will be home to 229,200 persons, an 86 percent growth over current figures. The annual average unemployment rate for 2001 was 12.1 percent.

In Madera County, according to the Census of 2000, there are 123,109 people in the county, organized into 36,155 households, and 28,598 families. There are 40,387 housing units. There are 36,155 households out of which 40.20% have children under the age of 18 living with them, 12.20% have a female householder with no husband present, and 20.90% are non-families. 16.50% of all households are made up of individuals and 7.7% have someone living alone who is 65 years of age or older. The average household size is 3.18 and the average family size is 3.52. The median income for a household in the county is \$36,286, and the median income for a family is \$39,226. Males have a median income of \$33,658 versus \$24,415 for females. The per capita income for the county is \$14,682. 21.40% of the population and 15.90% of families were documented as being below the poverty line. Out of the total population, 28.60% of those under the age of 18 and 9.00% of those 65 and older are living below the poverty line. Like Fresno, Madera has also received an influx of new residents, many who are unable to sustain themselves due to seasonal work and limited employment opportunities.

The Fresno Madera region is widely recognized as an agricultural powerhouse, one of the most productive food producers in the San Joaquin Valley and a national leader in food production. As an urban comparison, over 84% of City residents are employed in non-agricultural industries (Employment Development Department). While these are both thriving communities, there are also noticeable factors that hinder and limit quality of life opportunities available to many residents in high-poverty neighborhoods. Not only are opportunities more difficult to acquire when average incomes are low and rent/housing burdens are high, crises and problems are more likely to occur. In many cases, as we have seen in our own communities, a simple crisis or problem can easily result in the ultimate loss of their home. We understand that homelessness does not only happen to those who are poor (although they fall greatest victim to this problem), however, economic burdens, employment issues, social and domestic issues (happening in all social strata of our community) can move an already burdened family into "poverty" and homelessness, within a short period of time.

Defining Homelessness

United States Department of Housing and Urban Development (HUD)

Homeless is defined as those persons who are on the streets or in shelters and persons who face imminent eviction (within a week) from a private dwelling or institution and who have no subsequent residence or resources to obtain housing.

The Stewart B. McKinney Act

One who "lacks a fixed, regular, adequate night time residence and; has a primary night time residency that is: (A) a supervised publicly or privately operated shelter designed to provide temporary living accommodations... (B) an institution that provides a temporary residence for individuals intended to be institutionalized, or (C) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings." A homeless individual does not include any individual imprisoned or otherwise detained pursuant to an Act of Congress or a state law."

McKinney-Vento Act

A 'homeless child and youth' means (A) individuals who lack a fixed, regular, and adequate nighttime residence... and (B) includes: (i) children and youth who lack a fixed, regular, and adequate nighttime residence, and includes children and youth 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 lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement; (ii) children and youth who have a primary nighttime residence that is a private or public place not designed for or ordinarily used as a regular

sleeping accommodation for human beings... (iii) children and youth who are living in cars, parks, public spaces, abandoned buildings, sub-standard housing, bus or train stations, or similar settings, and (iv) migratory children...who qualify as homeless within this subtitle because the children are living in circumstances described in clauses (i) through (iii).

Research efforts that have focused upon the analysis of longitudinal data on shelter usage conducted in larger cities nationally indicate that, with regard to shelter utilization, there are three general patterns of homelessness – chronic homelessness, episodic homelessness, and transitional homelessness:

Chronic Homelessness-Chronic homelessness refers to an extended episode of homelessness (generally two or more years). According to longitudinal research, people who experience chronic homelessness are more likely to have a serious mental illness, sometimes with co-occurring substance abuse, unstable employment histories, and histories of hospitalization and/or incarceration. It is estimated that 10% of the single adult homeless population experiences this persistent homelessness. Because many of these individuals use the shelter system for extended periods of time they have been found to consume 50% of the total shelter days.

Episodic Homelessness-Episodic homelessness refers to recurrent periods of homelessness. People who experience episodic homelessness are younger and use the shelter system more sporadically than those whose shelter use is chronic, often have substance addictions, leave shelters when they get income or use them seasonally, and are more resistant to services. Longitudinal research indicates that approximately 9 percent of the single adult population fits this pattern of homelessness. These individuals use fewer resources than those whose homelessness is chronic, but are still frequent users of the system, staying for extended periods of time and utilizing approximately 30% of the shelter days over the course of a year.

Transitional Homelessness-Transitional homelessness generally refers to a single episode of homelessness that is of relatively short duration. Persons who experience transitional homelessness use homeless resources for brief periods, in times of economic hardship and temporary housing loss. The majority of families and single adults who become homeless over the course of a year fall into this category, and most become homeless due to a housing or personal/family related crisis.

Homelessness in Fresno and Madera affects all facets of the community, cutting across race, ethnicity, age and education level. However, homelessness is most likely to affect low-income vulnerable populations who experience first-hand a lack of safe and affordable housing, low wages, and limited access to health care. Additionally, job loss, family violence, mental illness, addictions and release from institutional facilities can result in housing loss when people are unaware of or unable to access community support systems.

Over the past 20 years, the number of emergency and transitional shelter beds in Fresno and Madera has increased to more than 2,056 supported by millions of dollars each year. Both anecdotal and statistical data suggest that homelessness has increased and broadened during this time to include more families with children, non-traditional family types and a greater number of working poor households. This growth in the size and diversity of the homeless population is the result of a complex interplay of structural trends such as: reductions in the availability of low-cost housing; net losses in employment and employment related benefits income due to economic changes such as deindustrialization; erosion of the real dollar value of public entitlements, and narrowing of benefits eligibility criteria; and the inadequacy of resources directed to house and support community reintegration for persons with serious mental illness in the wake of deinstitutionalization. Imminent policy and program decisions in welfare and subsidized housing programs are likely to further exacerbate the present situation. Moreover, the cumulative impact of the strains that lead to homelessness makes it very difficult for people who are homeless to become "re-housed". The current situation and the projected trends demand that we take new approaches. Fresno and Madera must focus on prevention, early and immediate quality service intervention, support and linkage, and on permanently re-housing those who become homeless.

Counting Homeless—How do we KNOW the depth of the problem?

We do not 'know'... high turnover in the homeless population documented by recent studies, suggests that many more people experience homelessness than previously thought, and that most of these people do not remain homeless. Researchers use different methods to measure homelessness. One method attempts to count all the people who are literally homeless on a given day or during a given week (Point-in-Time counts). A second method examines the number of people who are homeless over a given period of time (Period Prevalence counts). Choosing between Point-in-Time counts and Period-Prevalence counts has significant implications for understanding the magnitude and dynamics of homelessness.

Point-In-Time studies, the most common study, give just a "snapshot" picture of homelessness only counting those who are homeless at a *particular time*. Some remain homeless for a long period of time, while some become homeless on a short-term or temporary basis that may be recurring depending on their life-issues. Systemic social and economic factors (i.e. prolonged unemployment or sudden loss of a job, lack of affordable housing, domestic violence, etc.) are frequently responsible for episodic homelessness. Point-in-Time studies, due to the intermittency of homeless episodes, underestimate these homeless numbers, and tend to overestimate the proportion of people who are so-called "chronically homeless"—particularly those who suffer from mental illness and/or addiction disorders as they are "findable/countable" over longer periods of time. This population has a much harder time escaping homelessness and finding Permanent Housing. For these reasons, Point-in-Time counts are often criticized as misrepresenting the magnitude and nature of homelessness.

The hidden homeless. Regardless of the time period a study is conducted, many people will not be counted because they are not easily found. This group is often referred to as "the unsheltered" or "hidden" homeless, frequently "living" in automobiles, campgrounds, or other mobile, moving, or undiscoverable places. For instance, a national study of formerly homeless people found that the most common places people who had been homeless stayed were: vehicles (59.2%) and makeshift housing, such as tents, boxes, caves, or boxcars (24.6%) (Link et al., 1995). This suggests that homeless counts may miss significant numbers of people who are homeless, including when multiple families are sharing a single bedroom home, or families live in someone's garage, for example.

National estimates of homelessness. The best approximation is from an Urban Institute study that cites about 3.5 million people (1.35 million of them children) are likely to experience homelessness in a given year (Urban Institute 2000). This national estimation was accomplished through two point-in-time counts, across the country through a National Survey of Homeless Assistance Providers in 1996. Through this process in October, 1996 444,000 people (in 346,000 households) were counted as homeless (equaling 6.3% of the population of people living in poverty), and on another day in February, 842,000 (in 637,000 households) were counted as homeless (nearly 10% of those living in poverty). These totals were converted into an annual projection (2.3 million people from the October count and 3.5 million from the February count), which translates into the nationally accepted regional means of estimation—approximately 1% of the U.S. population experiencing homelessness each year, 38 percent (October) to 39 percent (February) of them being children (Urban Institute 2000).

Counting Our Homeless: The Fresno Madera Homeless Continuum of Care

The Fresno Madera Continuum of Care (FMCoC) represents our dual-county collaborative of agencies working together to meet the needs of homeless. The FMCoC is the nationally identified regional organization of Central California representing, counting, and serving homeless of Fresno, Clovis and Madera. Therefore, identifying a “number” to be served, or who are not served, has become the FMCoC responsibility. In addition to applying the National Percentage to our own 2000 Census Bureau local statistics, the FMCoC also utilizes the following 1) an HMIS technologically advanced data collection tool administered by the Housing Authority of Fresno County; 2) the biannual single point-in-time count every other January, which encompasses all operational shelters, on-the-street counts and surveys, combined with 3) locally funded homeless facility-use statistics, to provide a picture of the homeless numbers locally.

The national Housing and Urban Development (HUD) office has, based upon research and nationally accepted generalizations, provided a formula for identifying regional estimated homeless population numbers (described above). Based upon National actual numbers that have been received, a generalization formula consists of 1-2% of an areas general population. To ensure a conservative and appropriate estimation for the Fresno and Madera areas, a 1% application was utilized. At 1% of our population, the estimate translates into a homeless population within the City of Fresno of 4,412, and a total of 9,470 in Fresno and Madera Counties combined.

Universe of Homeless Population (1%) U.S. Census 2000

County / City	Total Population	Homeless Population
Fresno County	823,900	8,239
Fresno City	441,200	4,412
Madera County	123,109	1,231
Madera City	43,207	432
Fresno/Madera Area	947,009	9,470

The Fresno Madera Continuum of Care (FMCoC) elected to use the Point-In-Time count method to meet HUD’s mandate that a Survey be conducted during the last week of January 2005 to determine local homeless counts. On January 26th, approximately 75 volunteers were trained on how to conduct an impartial survey. Incentives including warm socks were provided as an incentive for homeless participants of the survey. The Point-in-Time count in our region took place on January 27, 2005, 8:00 a.m. to midnight. Our Continuum agencies and community member volunteers walked assigned areas of our two counties, “on the streets” talking with more than 1,200 homeless, as they captured the one-page survey data. This number of useable surveys affords the survey a statistically 95% confidence level (+/- 5%). The Point-in-Time data collection process included a phone survey the same day to homeless shelter service providers to accurately account for the number they were sheltering that day. That information, combined with telephone surveys conducted by the Homeless Management Information System (HMIS) team, was crosschecked and verified on the HMIS report. Point-in-time data for this 2005 survey conducted by the Fresno and Madera CoC indicates that approximately 2,056 people are being served within Fresno and Madera’s greater homeless system each day. In addition to basic numbers, data relevant to necessary or under provided services was validated. The survey process also captured information and verification that homeless have significant medical needs with 4,196 requiring health care and many diagnosed with mental disabilities (1,409), substance abuse (1,250), Post Traumatic Syndrome (347), and HIV/AIDS (99). Rehabilitation, psychiatric treatment, and job training are all needs for the homeless. These subpopulations require additional attention relevant to the issues addressing chronic homelessness.

In Fresno and Madera, the Children and Family Service agencies track the number of persons who access county-funded shelters and homeless service programs and compiles this data annually. City funded shelters account for approximately two-thirds of the shelter beds available in Fresno, Clovis and Madera.

According to estimates derived from annual City and County statistics,

1. Approximately 9,262 persons were housed in these shelters from July 1, 2004 – June 30, 2005. For Fresno and Madera, this is the only available longitudinal measure of homelessness – that is, a measure of the number of people who are homeless over a period of time.
2. Point in time homeless counts for 2005 reflect that of 9,225 projected homeless, there are approximately 8,205 in Fresno, and 1,020 in Madera.
3. However, it is important to bear in mind that either of these statistics do not account for those people who occupy the couch, garage or floors of other residences are not accessible to include in any method of accounting. *See narrative below for more detail.*

The HMIS is a national effort to incorporate technology as a method of accounting for “unduplicated” homeless accessing homeless shelters, and to count those individuals who access duplicate/multiple homeless services. HMIS, as a data collection tool, provides a status accounting of numbers served, entering and exiting homeless shelters in our HUD funded facilities, although it is not yet a tool that represents all facilities in our community. The HMIS is a computerized network system, connecting homeless providers with the HMIS management team of the Housing Authorities of Fresno. Through this higher technology, ‘tracking’ and counting will eventually become more accurate—as long as the homeless are accessing a service in the represented system of care. This management tool will assist in defining our “local homeless,” their specific issues and needs, and the services provided. However, again, if homeless are not engaged in services, then they will not be included in our regional numbers or data collection system. The Fresno Madera Continuum has one of the most progressive functioning HMIS’ operational, particularly because it was implemented far in advance of other regions.

Those not counted in traditional surveys. In addition to those persons in the shelters, many individuals are temporarily housed in institutions such as mental health and substance abuse facilities and jails; living on the streets or in cars; illegally squatting in abandoned public and private housing; or, as is particularly the case with families and youth, precariously doubled up with relatives or friends. A broader definition of homelessness encompasses these households as well. . By this broader definition, advocates such as the Fresno and Madera Coalition for the Homeless estimate Fresno and Madera’s homeless population to be as high as 10,258* throughout the course of a year. *(2% increase per year versus the 1% formulated from 2000 census).

Presented in the following section are local data, indicators, issues and characteristics of our unique communities. This information further helps us to understand how it is that some people become homeless, and how we can anticipate the continued growth of this problem, unless things change. Many of these characteristics are nationally applied indicators of high-risk populations in jeopardy of becoming homeless, and as identifiers of which additional systems need to be addressed to attack this problem.

Community Characteristics

Employment, Poverty levels & other major indicators of high-risk homelessness

High levels of poverty combined with low levels of employment opportunity, contribute to a sense of distress in neighborhoods with concentrated poor. It effectively “cuts off” informal networks crucial to helping workers find good jobs and advance in their careers. Children and out-of-work adults may fail to regard work as a social norm and may under-invest in education and training necessary for labor market success. Employers may also attach a stigma to extremely poor neighborhoods that discourages them from hiring local residents.²⁵ Many residents of our high-poverty neighborhoods do work—but many families have incomes under \$10,000, indicating that their employment was most often part-time, unstable, or did not provide family-sustaining wages. The homeless survey indicated that more than 82% of the homeless are unemployed with little hope of changing that status.

Economic and Employment Make-Up

Madera is an agriculturally oriented county, and, as in Fresno, has great seasonal variations in unemployment. In Madera’s future economy, job growth is forecasted to be in health services, however, in 1997–2001 the annual average unemployment rate in Madera County was more than double the rate of the state. The largest gain in employment in part is due to the relocation of our Valley Children’s Hospital, a one of larger medical centers for children in our state, from Fresno County to Madera County. Employment statistics gathered by the California Economic Development Department (EDD)

show that the city of Madera began 2004 with an unemployment rate of 13.9%; the rate was 11.1% by year's end. The seasonal nature of the agricultural industry accounts for the slight improvement in the unemployment rate, yet even the year-end rate is more than double the statewide unemployment rate of 5.4% for the same period. Whether employed or unemployed, many face financial challenges with a median household income of \$36,537 compared to statewide averages of \$50,220 (U.S. Census Bureau, 2003 American Community Survey).

Housing

A glance at housing statistics gathered by the City and the Census Bureau show many residents who own homes face a financial burden just to keep their homes. The 2003 census data indicates over a third (20,171) of the 56,189 mortgaged housing units have household incomes lower than 20% of the median family income (MFI). In fact, the Housing and Urban Development (HUD) Department has found that 65% of households spend more than 50% of their income towards housing.

Rent burden

The need for emergency and transitional housing often arises as a result of "rent burden" which is defined by HUD as, "housing cost of over 30% of the household income." The 2000 U.S. Census Bureau shows that 44.4% of Fresno and 40.4% of Madera's population pay over 30% of their income for rent.

Characteristics of families/children in our Community

According to the Brookings Institute Research on poverty, and its impacts: Children who live in extremely poor urban neighborhoods generally attend neighborhood schools where nearly all the students are poor, and are at greater risk for failure, as expressed by low standardized test results, grade retention, and high drop-out rates.²⁷ Their lower performance owes not only to family background, but also to the "downward pressure" that high-poverty neighborhoods exert on school processes and quality. Schools in these areas are unable to attract the best personnel, endure high rates of student mobility that frustrate classroom stability, and must operate additional systems to cope with disorder and the social welfare of their students.²⁸ Higher-poverty, urban neighborhoods typically exhibit higher crime rates, especially violent crime rates.²⁹ Research shows that neighborhood peer groups influence adolescents' propensity to engage in criminal behavior or drug use.³⁰ In these neighborhoods, the social penalties for criminal activity may be lower, and reduced access to jobs and quality schools may lower the opportunity costs of crime. Partly owing to the stress of being poor and marginalized, and partly owing to living in an environment with dilapidated housing and high crime, people in areas of extreme poverty experience negative health outcomes at much higher rates. Researchers have associated the incidence of depression, asthma, diabetes, and heart ailments with living in these neighborhoods.

Because Fresno and Madera counties are largely rural communities, this limits homeless individuals and family's access to many services and advantages readily available to urban area, non-driving residents. Also, ongoing participation in supportive programs is difficult to achieve in the more secluded rural areas. Many of these children and families speak a second language. Fresno Unified School District documents that more than 101 languages are spoken within their schools alone with Spanish being the most common.

Local data notes that the youth runaway and homeless reported incidents (per thousand residents) are nearly double (21.4%) that of the State average (11.2%). Fresno and Madera Counties maintain one of the State's highest teen pregnancy rates (26% higher than the state average), one of the highest infant mortality rates, and is a leader in having high numbers of single parents raising their children. Reported calls for Domestic Violence are 5% higher in our area than other areas of the State and we have more than double the Temporary Assistance to Needy Families (TANF) recipient rate of the state average. Area data of homeless clientele reflects that nearly 56% report violence occurring within their home and more than 80% of the families/homes had issues with the illicit use of drugs. Suspected child abuse, family and domestic violence, dysfunctional and substance abusing families/members are known major causes of homelessness.

Another indicator of need regarding the youth in our community is captured through *local school information*. In the current 2005-06 school year Fresno Unified School District (FUSD) reports that 76% of its students receive free /reduced price lunches, and more than 2,600 children in that school district have been identified as homeless. According to school officials (*The Fresno Bee, June 4, 2000*), it is estimated that more than 20% of students entering 9th grade are not graduating, and likely are dropping out of school. FUSD reports that the transience rate of youth in school is about 42% of the total student enrollment, with an increase of almost 10% realized in 2001, when a greater influx of residents occurred. Madera schools

reflect the same proportion of student/family issues as being experienced in Fresno. Transient youth typically are among the numbers of runaway and homeless children impacted and created by these many social issues, general homelessness and transience of migrant and other families which promote and perpetuate the problem of homelessness in our region.

Summary of Existing Resources / Known Gaps for Homeless

A Housing Gaps Analysis and an inventory of current beds/services needs for homeless. This chart shows the overwhelming need for homeless assistance with only 1.4% of the homeless population sheltered and leaving more than 98% of the homeless population unsheltered and receiving no services.



Fresno / Madera Housing Gaps Analysis Chart:

Individuals

Beds	Type of Shelter	Inventory For 2005	New Development 2005	Unmet Need/ Gap – 39%
Beds	Emergency Shelter	695	38	1,282
Beds	Transitional Housing	692	0	1,309
Beds	Permanent Supportive Housing	113	75	26
Total		1,500	113	2,617



Fresno / Madera Housing Gaps Analysis Chart:

Persons in Families with Children

Beds	Type of Shelter	Inventory For 2005	New Development In 2005	Unmet Need/ Gap
Beds	Emergency Shelter	301	0	846
Beds	Transitional Housing	368	0	3,297
Beds	Permanent Supportive Housing	116	0	312
Total		785	0	4,455

See Appendix for Fresno Madera Continuum of Care Members and providers of service/shelter to the Homeless of our communities.

HOW OUR CONTINUUM OF CARE HAS EVOLVED—TIME FOR STRATEGIC CHANGES

The homeless shelter and service system in Fresno and Madera, like those in most urban/suburban areas, has evolved over the past two decades to address the changing demographic of its homeless population. Currently there are approximately 2,056 shelter beds reflecting a range of shelter models. Initially, the system was predominantly comprised of seasonal or overnight facilities designed to harbor the homeless against harsh weather, provide some degree of safety, and address basic needs. Today, this shelter model represents less than a fifth of the beds in Fresno and Madera systems of care. These programs typically now only serve single adults. While they are smaller in number, there are more people staying on the streets for longer periods of time. This in part is due to the philosophical stance that the emergency stay is for the provision of basic need services of food and a bed. While this is adequate for some (and will always be needed to some degree) the majority of these individuals actually represent the core of our Chronic Homeless population. Intervention, assistance and supportive or therapeutic services need to be initiated. The chronic homeless, typically, stay in the emergency shelter "cycle" for extended periods of time, not moving forward nor improving their plight through contact with service providers. This service philosophy has shown the cyclical nature of homelessness. The fact that many of those who became homeless were experiencing repeated and prolonged episodes of homelessness suggested that minimalist, basic needs approaches, while effective at protecting people from the larger hazards of street life, were insufficient to truly move people out of homelessness.

Also, service intervention and transitional housing efforts tend to allow longer lengths of stay (some up to two years) in a services-enriched environment. Some transitional living programs reflect an attempt to compensate for the inadequacies of certain mainstream programs and systems by bringing an increasing range of services such as mental health and substance abuse intervention on-site. In summary, in lieu of affordable housing alternatives, this approach has expanded to become a residential service model designed to equip homeless households with the skills and resources to "succeed" in permanent housing. While this concept is valid and proves to be successful in many of our Fresno and Madera programs, particularly those assisting youths to transition into housing and adulthood, it also has proven ineffective in directly ending homelessness as it does not address the general factors and system that fosters homelessness in our community. Moreover, many of the problems that deeply impoverished households face, such as lack of education and marketable skills, histories of trauma and domestic abuse, and serious disabilities, are not resolved in such a short amount of time and to the degree that would enable them to succeed in the competitive private housing market. Thus, many remain in the system for long periods of time or leave only to return again. Prevention, early intervention, more structured and service-bound emergency services, combined with a broader plan to quickly move homeless into their own homes/housing with supports, is more realistic, and will promote greater independence and success on their part, to become independent.

Developing the Plan—Moving Forward

Partnerships toward success: Our plan for moving our communities in central California forward toward a positive-growth for all is through the coordinated implementation of our 10-year action plan. This plan is a living document, to be visited and renewed each year as we finalize each community's Consolidated Plan, community-funding strategies, and focus our citizenry in a comprehensive fashion. Keeping our local leaders on the "same page," and by implementing the same/similar strategies in a unified front to address community needs, will promote the wellness of our neighborhoods and end chronic homelessness. In addition to the local government support and coordination, ending chronic homelessness and minimizing poverty levels requires the commitment of an active citizenry, a coordinated community plan of action, and financial assistance from the federal government.

The Evolution of the FMCoC: Information and concepts built into this new Plan were initiated during the past 5 years through regular strategic team-meetings, homeless training and conference attendance, review and analysis of Best Practices, dialoguing with other communities, and through researching The National Homeless Interagency initiatives and technical supports. The FMCoC have been actively represented on State Homeless taskforces, and assisted in the development of California's initial action plan. Much has been done and already accomplished in light of prior 5-year outcomes, objectives and goals to address local homelessness. All of our previous work and achievements have assisted the FMCoC in clearly focusing on broader areas of change required to impact and negate homelessness.

Fresno Madera Continuum of Care Plan to End Homelessness

The Continuum of Care holds annual meetings, working in small focus groups with broad representation by community members, public officials, homeless providers and consumers of homeless services. The comprehensive citizen participation process involves outreach to various organizations, agencies, service providers, and professionals to gather input in which would then be the base for its identified priority needs. During the Plan development process, which was evolutionary in the development of the Continuum itself, we started developing and organizing our meetings, purpose, roles and responsibilities to the homeless. As time progressed our planning has become broader, more applicable to the general homeless community needs, and the development of an infrastructure that would truly end homelessness through comprehensive, combined service efforts with systemic impacts.

The Fresno Madera Continuum of Care Plan

This past year we have re-examined our efforts, reviewed our own services delivery processes as well as those provided by others. In addition to reviewing our own services and homeless program delivery, we have reviewed national best practices and successes. Thus our strategic plan has evolved. The following are the Initiatives we have identified within our 10-year plan. As this is a living document, the detail of our annual strategies and objective goals will be specifically defined, in reference to this plan, in the FMCoC annual objectives submitted to the United States Housing and Urban Development (HUD) office for funding of local community homeless action plans. Further, objective and goal achievement will be measured and evaluated at the end of each annual period:

As noted in our Executive Summary, the plan outlines three Core Tenets that will facilitate positive system change, end homelessness and virtually eliminate chronic homelessness. The Core Tenets are given greater detail when defined into our general strategies or initiatives. The strategies become more distinct as they are translated into specific activities and annual objectives to be accomplished. As this is a living document, the plans and goals will annually be updated to ensure we have a 5-year scope of strategies and activities at all times. And so, while we represent only the first 5-years worth of specifics, the 10-year plan is embodied in the Core Tenets, to be further detailed, defined and evaluated annually.

► Broaden Homeless Prevention Actions (CORE TENET)

1. **Expand the range and availability of prevention strategies, increase immediate accessibility, and improve their long-term effectiveness. (STRATEGY-INITIATIVE #1)**

■ ACTIVITIES TO BE DEFINED INTO MEASURABLE OUTCOMES ANNUALLY

- 1) Target youth, foster care systems, and individuals with prevention, early intervention, and service linkage to relevant supports and housing—prevent chronic homelessness before it starts.
- 2) Implement a coordinated release policy with law enforcement agencies into the discharge process of jails, prisons, and youth authority facilities.
- 3) Implement a coordinated release policy/process for persons leaving hospitals, mental health crisis care/evaluation sites, and drug programs.
- 4) Coordinate transfers of possible homeless youth into supportive housing from systems of care (i.e. foster care).
- 5) Proactively work toward improved community rental assistance supports, legal advocacy, and referral systems to keep families in their homes, or to assist them in attaining homes. Become visible in the community as a resource prior to homelessness, for those in crisis.
- 6) Ensure local government support in providing assistance for the homeless and those in danger of becoming homeless by promoting increased communication and service delivery capabilities of agencies and organizations that provide programs to assist the homeless.
- 7) Increase the development of programs that negotiate with landlords and help with bad credit histories.
- 8) Maximize housing trust funds, rental assistance programs, and access to funds that can solve a household's short-term problems, such as paying back rent, security deposits, and other moving expenses, to minimize factors attributed to homelessness.

2. **Provide transitional case managed services at all levels of homeless service access, especially in emergency shelter facilities and prior to discharge from public care programs/institutions, to ensure linkage to appropriate and necessary community resources and supports. (STRATEGY-INITIATIVE #2)**

■ *ACTIVITIES TO BE DEFINED INTO MEASURABLE OUTCOMES ANNUALLY*

- 1) Programs providing emergency shelter service only will be partnered with service organizations that can deliver necessary case management, intervention, and service linkage services.
- 2) Programs providing transitional living housing/services will minimize lengths of stay to a maximum of one-year, moving the individual into permanent/community based living with supports, in a quicker fashion, minimizing dependency on homeless services.

3. **Increase the level of coordinated and comprehensive services provision to the hard to serve and those who are not served, in areas of mental health, physical health and social wellbeing. (STRATEGY-INITIATIVE #3)**

■ *ACTIVITIES TO BE DEFINED INTO MEASURABLE OUTCOMES ANNUALLY*

- 1) Increase outreach, treatment, service delivery of mental health interventions linkages in emergency shelter program sites.
- 2) Increase comprehensive outreach efforts to find hard to serve/non service seeking clients, and identify appropriate services.

▶ **Rapidly “re-house” people when homelessness cannot be prevented (CORE TENET);**

4. **Expand the availability of permanent supportive housing, so our homeless residents can move from constant crisis—into safe, stable and supported housing until they are self-sufficient. (STRATEGY-INITIATIVE #4)**

■ *ACTIVITIES TO BE DEFINED INTO MEASURABLE OUTCOMES ANNUALLY*

- 1) Increase greater coordination among emergency shelter providers, community social workers, and mental health, hospital services to ensure that those who have recently lost their homes, are systematically reviewed, and found appropriate housing with supports, immediately.
- 2) *Increase housing opportunities* for very low- and low-income families with emphasis on households with five or more members, elderly and the disabled through new home construction and increased ownership opportunities.
- 3) *Improve Access to Housing for Large Families* - In order to improve the opportunities for large, related families (household with more than four persons) to access affordable housing, the City will continue to work with the Housing Authorities of the City and County of Fresno, the Community Housing Council, the Community Housing Leadership Board (CHLB), and the Fair Housing Council (FHCCC) in the establishment and implementation of a training and "certificate" program for both home buyers and tenants who desire to become homeowners. The program will assist 56 families a year in qualifying for affordable housing opportunities.

■ **ACTIVITIES TO BE DEFINED INTO MEASURABLE OUTCOMES ANNUALLY TO PROMOTE HOUSING AVAILABILITY**

Local government will incorporate the FMCoC into its annual action plans to achieve the following:

- 1) Through local government, its housing partners will increase new construction production housing by increasing the number, expertise and capacity of the nonprofit housing community and stimulating the private sector using CDBG funds, HOME funds, RDA funds, local, private and public sector grants, and other federal and state resources.
- 2) Local government along with the RDA and Housing Authority will annually assess the allocation of resources compared to the needs in the community. The City will continue to work with nonprofit CHDOs to fund and initiate the construction or rehabilitation of 25-50 affordable units per year.
- 3) The City will provide Support for Tax Credit Applicants - The City will provide support for at least six tax credit applications per year to ensure the availability of additional low-income multi-family rental units. The objective is to provide at least 907 units per year of additional multi-family housing for low-income households.
- 4) Through coordination of a number of programs, the City will assist 250 large households each year with the acquisition of a home with three or more bedrooms; more than 200 large households per year with purchase of a home using the Homebuyers Assistance Program.
- 5) The City will continue to proactively facilitate the development of affordable housing by acquiring land in the central city. HOPE Programs. The Housing Authority will continue providing home purchase opportunities for its clients. 20 homes are to be purchased each year. (FHA)
- 6) Local government will support the planning and operational needs of the local Continuum of Care.

The FMCoC will make permanent housing and chronic homelessness its priority.

- 7) Annual HUD Super NOFA priorities will remain on focused permanent housing; reducing homelessness through implementation of the 10-Year plan strategies
- 8) Incorporating and interfacing with local public and private services/service providers to ensure that homeless needs are addressed to provide the necessary supports for stable homes/housing.

5. Increase opportunities and avenues for community individual and business partnerships that will promote housing availability, employment and promote broader formal community supports. (STRATEGY-INITIATIVE #5)

■ **ACTIVITIES TO BE DEFINED INTO MEASURABLE OUTCOMES ANNUALLY**

- 1) Implement programs that help people develop personal and family financial management skills, establish or re-establish good credit and rental histories, and retain housing.
- 2) Increase the number of private home development businesses in the CoC, increase involvement in the process of creating low-income housing. Maintain City/County Government involvement and ensure that the FMCoC annual action plan and strategies are incorporated into Consolidated plans and other local economic development strategies. The FMCoC, will continue to seek and acquire available private and public funds to increase permanent housing capacity by a minimum of 25 beds each year.

- 3) Increase participation of private community individuals and businesses in the FMCoC.
- 4) Provide funding opportunity and program development partnerships to occur within the FMCoC.
- 5) Seek private enterprise and large community businesses to provide employment, training and job shadow opportunity to homeless and hard to serve populations.
- 6) Develop mentors through community, utilizing support groups and instituting “steps” toward full independent living.
- 7) Improve and promote access to community public and private services. Programs that encourage developers to build or renovate attractive, accessible properties, and help managers ensure good maintenance and repair

► **Provide wraparound services that promote housing stability and self-sufficiency. (CORE TENET)**

6. Increase job training, skills development and employment opportunities to increase self-reliance, decrease reliance on public supports and promote successful independent living and self-sufficiency. (STRATEGY-INITIATIVE #6)

■ **ACTIVITIES TO BE DEFINED INTO MEASURABLE OUTCOMES ANNUALLY**

- 1) Develop a coordinated multi agency service review group that will review and identify necessary wraparound services for clients as they leave emergency, transitional or temporary housing—going into permanent housing.
- 2) Instill comprehensive case management services / advocacy at all levels of homeless service provision.
- 3) Outreach and support the rural municipalities in the development of wraparound services for rural homeless populations.
- 4) Seek and engage the faith-based and general community in providing families with basic supports that are unavailable elsewhere.
- 5) Ensure that community services (i.e. substance abuse interventions and treatment) are in place to provide necessary supports and assistance to clients leaving supportive housing programs
- 6) Provide and ensure linkages are in place when homeless participants leave specific services.
- 7) Ensure that the FMCoC creates a discharge policy to strengthen coordination of client transfers in services, and humane interventions as a result of the discharge. Identify and implement means of ensuring quality health, mental health and well-being for homeless.
- 8) Engage local government into prioritizing support of emergency and transitional housing, prevention of homelessness and permanent housing for homeless Programs that provide Permanent Housing and supportive services to the mentally ill and physically disabled.

PLAN IMPLEMENTATION

The Continuum of Care The Fresno Madera Continuum of Care (FMCoC) Collaborative seeks to end the plight and growth of homeless in our community. The first step accomplished thus far, is clearly defining the problem. Annually, the FMCoC reviews its Strategic Plan to end homelessness. This 10-year plan will now serve as a cornerstone for the evaluation of achievement and goals achievement. The Strategic Plan will be developed with the accomplishment of the Core Tenets in mind. The plan will guide the way the homeless providers will structure services and interventions, and impact recommendations made by the FMCoC in support of federal and state funding for projects and programs.

It is already evident to local government in our community that they are not capable of independently addressing homeless issues or needs, even if they prioritize them in action plans. No one agency, public or private service, or government can address homelessness as a standalone entity. This plan requires a repair to existing public systems of care that homelessness interfaces with, but is not addressed within. The plan requires local government funding to support the FMCoC activities and organizational efforts; and the Continuum will need to internalize and modify its "continuum" delivery of services, reemphasizing permanent / supportive housing and implementing greater, immediate intervention at emergency service sites. The plan relies on positive interaction of individuals within service organizations and agencies to accomplish the goals and objectives set forth by the plan. Currently, local government relies on the coordinated services of the Fresno Madera Continuum of Care to provide for local homeless population needs. Fresno and Madera's homeless population follows the national trends. Homelessness in America is a "revolving-door" repetitive crisis for many. Other communities throughout the country that have committed local resources, eliminated service barriers, and provided governmental supports have found success in decreasing and minimizing homelessness.

The Fresno Madera Plan to End Homelessness requires a public private framework for change. To end homelessness in Fresno and Madera by 2016, we will shift our current approach to addressing homelessness from a shelter-based strategy to a housing-based strategy.

This housing-based strategy has three emphases, as noted earlier, being the three CORE TENETS:

- 1) **PREVENTION** efforts to forestall homelessness for those at imminent risk;
- 2) Rapid re-**HOUSING** of those who are homeless (a Housing First approach); and,
- 3) The provision of **WRAPAROUND** services and supports to promote housing stability and self-sufficiency.

Plan implementation begins with the establishment of our initial 5-Year objectives. Annual outcome specifics will be defined during each CoC annual meeting. The following section identifies targeted general accomplishments to ensure a 10-year successful goal achievement. Our Annual Plan, submitted to HUD through the Super NOFA application each year, will detail specific activities and planned achievements with measurable outcomes.

OUR 5-YEAR STRATEGIC APPROACH

The following represents the planned strategic overview for the first five years, as aligned with the three CORE TENETS:

1) Prevention Implementation –Five-year strategy for implementation

It has long been argued that the most humane strategy for addressing homelessness for those at imminent risk is to prevent its occurrence in the first place. Prevention efforts include strategies such as one-time or short-term rent or mortgage assistance, legal assistance programs, representative payee and direct payment programs, and housing placement services. They also include more systemic strategies that seek to prevent homelessness by ensuring that people leaving institutions such as jails, prisons, or treatment facilities are not discharged to the streets or shelter system, as well as strategies that seek to forestall homelessness in cases of family crises such as domestic violence. By far the most common prevention approach is the provision of one-time or short-term financial assistance. Currently in Fresno and Madera, approximately \$112,000,000 of government and private funding are invested in one-time rent, mortgage, and utility assistance annually.

Five-Year Prevention Strategic Initiative addressing Core Tenet #1—Prevent Homelessness:

Over the next five years, Fresno and Madera’s Continuum will significantly increase resources directed to prevention efforts as the first line of defense in its strategy to combat homelessness. Through this initiative, the Continuum will expand the breadth of current efforts, increase their immediate accessibility, and improve their long-term effectiveness.

To expand the range and availability of prevention strategies, we will:

- Better coordinate and expand legal assistance and housing resources available for one-time, short-term and transitional financial assistance that can be used to avert eviction.
- Increase linkage to permanent housing and services for persons leaving institutions. Create a formal discharge policy with local medical practitioners, hospitals, jails and juvenile institutions—requiring formal referral of clients/individuals suspected of having no home to return to

To increase timely access to prevention resources, we will:

- Establish a 24-hour prevention and referral Hotline, coordinated with 2-1-1, assessment, transportation, and prevention resources.
- Incorporate greater service provision at the emergency shelter level, so as to prevent future, ongoing, or cyclic homelessness.
- Improve and expand mobile assessment capabilities to immediately identify appropriate shelter alternatives and facilitate their access for persons at imminent risk of homelessness.
- To improve the long-term effectiveness of prevention strategies, we will link households assisted by prevention programs to ongoing community resources to support their sustainability.

2) Re-House Immediately, those who become Homeless; and Promote permanent Housing as a primary intervention Strategy—Five year strategy for implementation.

For those who are already homeless or for whom homelessness cannot be prevented, the Continuum will employ a Housing First strategy. As described in the National Alliance to End Homelessness’s 10-year plan, a Housing First approach seeks to assist persons to exit homelessness as quickly as possible by placing them in permanent housing and linking them to needed services. This approach assumes that *the factors that have contributed to a household’s homelessness can best be remedied once the household is housed*. It also accepts that for some lifelong support may be required to prevent the reoccurrence of homelessness. Hence it seeks to maximize utilization of mainstream resources. But for most, the model seeks long-term self-sufficiency, promoted through a wraparound service philosophy (described below).

For Fresno and Madera, this approach requires a fundamental shift in its shelter strategy, away from its current tiered system of care to an **Interim Housing** model in which short-term housing is provided for the minimum time needed to

access permanent housing, with services focused on an immediate and comprehensive needs assessment, resource acquisition (i.e., public benefits and other forms of assistance), and housing placement. Within this Housing First model, two core principles define permanent housing: choice regarding the location and type of housing, and no predetermined limit on the length of time that the household can remain in the housing unit. Accordingly, the form of permanent housing will vary according to the needs and desires of each household. For some, permanent housing will mean a Safe Haven, eventually moving to a Single-Room Occupancy (SRO) unit within a project-based development with on-site supportive services. For others, permanent housing will be an individual apartment unit with a temporary rent subsidy, monthly case management, and facilitated access to community supportive services. For still others, the type of permanent housing may change over time.

Five-Year "Housing First" Strategic Initiative addressing Core Tenet #2—Provide Permanent Housing

Over the next five years, Fresno and Madera's Continuum must undertake three efforts simultaneously in order for its new Housing First approach to be successful.

- 1) It must expand the availability of affordable permanent housing; increase its accessibility; and transition the existing tiered shelter system into a Housing First system. To expand the **availability** of affordable permanent housing, we will:
 - Create new project-based permanent supportive housing units for persons with serious and persistent disabilities.
 - Expand permanent supportive housing subsidies for persons with serious and persistent disabilities who can live independently in market rate housing with appropriate supportive services.
 - Develop additional engagement housing, such as safe havens and harm reduction programs for those who need permanent housing, but are resistant to traditional service models.
 - Expand transitional rent subsidies for households who can be placed in community-based permanent housing with integrated services, in which the tenant holds the lease or assumes the lease over the period of the transitional subsidy.
 - Develop and increase the availability of appropriate Housing First models of permanent housing for youth who are homeless.
- 2) To increase the **accessibility** of affordable permanent housing, we will:
 - Develop an affordable housing clearinghouse that will be used to link households in interim housing with appropriate market housing.
 - Expand and increase coordination of street outreach for persons who are homeless and not requesting services to provide assessment and linkage to engagement housing and permanent supportive housing.
 - Continue to work with local government and private development to enhance and expand local affordable housing.
- 3) To **transition** the existing shelter system to a Housing First system, we will:
 - Develop standards for Interim Housing and permanent housing models that promote housing placement in the most suitable, least restrictive settings possible.
 - Use local public funding to encourage, and eventually mandate, existing shelter programs to convert to the new Housing First model.

3) Wraparound Services

In many respects, housing stability is a function of a household's ability to access fundamental resources and supports that assure that, when a crisis occurs, it does not threaten the security of that housing. For all of us, these supports include affordable healthcare with mental health and substance abuse services; livable wage employment and/or other income

supports; and for families, childcare. These supports are all the more critical for poor households, for whom a crisis often means choosing between addressing essential needs for housing, food, or medical care.

Fresno and Madera's Continuum is dedicated to ensuring that households have access to a full range of resources and services to protect the stability of their housing. This will be accomplished through the implementation of a **wraparound services** approach. Wraparound services refer to a comprehensive service provision model that guarantees that any and all services needed by an individual or family are integrated through a cohesive, individualized service plan that guides all service provision. Fresno and Madera's Continuum will infuse this service approach across all components of its homeless service delivery system – prevention, interim housing, and permanent housing.

Currently, service referral is a component of most homeless service provision, but in the absence of more active and integrated case management, referral-based case management often results in fragmented care. The implementation of a wraparound services approach will mean that case managers across agencies must work together to develop one plan of action for each client, with each agency contributing, according to its strengths and resources, to support the individual or family in achieving housing stability and long-term self-sufficiency. Because service intensity is determined based upon client need, this may also mean that initially an agency provides daily or weekly case management, which may shift to monthly or on-call assistance over an extended period of time. For some, services will always remain an integral part of the residential environment. For others, this support will be transitional, sufficient to ensure that employment and community-based resources, such as health care, schools, social services, civic organizations, and communities of faith, are secured.

Five-Year Wraparound Services Strategic Initiative addressing Core Tenet #3—Provide Necessary Supports to enable housing stability, self sufficiency and independent living.

Over the next five years, this initiative will simultaneously strengthen community supports and safety net systems for persons at-risk of homelessness and for those who are being re-housed, and increase their accessibility. This will be accomplished by providing transitional services that ensure linkage to these community resources, and increasing the availability and awareness of formal community supports.

To ensure linkage to available community resources, we will:

- Expand the provision of community-based case management services that embody a wraparound services approach.
- Develop formal systems integration strategies between the Housing First system and mainstream service systems, such as public entitlements (TANF, Medicaid, Social Security, and Food Stamps), employment training and placement, public health, community mental health, and substance abuse, to ensure that formerly homeless households have streamlined access to the array of formal supports available in the community.

To increase the availability and awareness of formal community supports, we will:

- Identify alternative resources to fund targeted supportive services for persons with severe and persistent disabilities placed in permanent supportive housing.
- Implement follow-up strategies to work with households assisted with basic prevention strategies to increase their housing stability and reduce their future risk of homelessness.
- Develop a broadly disseminated community education program on various factors that contribute to homelessness and methods to mitigate their impact. For example a campaign on the cycle of violence could promote options for addressing spousal abuse, elder abuse and other forms of domestic violence so that they do not result in homelessness.

Additional 5-Year Implementation plans are also required for the Continuum structure to support the changes herein, and provide support to homeless service agencies within our region. Fresno Madera Continuum of Care Structural Modifications will be done to support the system of beliefs that encompass Plan Implementation:

The Organization of Making Change: System Infrastructure

The three initiatives described above will require an underlying system-level infrastructure in order to be effective and efficient. To support the planned activities for each of the initiatives, the FMCoC will:

- Implement a homeless information management system with information and referral, case management, and benefits screening functionality to collect information about the people who become homeless, improve the effectiveness of service delivery, and understand the relationships between service utilization and client outcomes over time. The affordable housing clearinghouse can also be seamlessly linked with the homeless information management system.
- Consolidate housing assistance resources into a Housing Assistance Fund that can be coordinated centrally, with minimal overhead, and serve prevention, housing placement, and long-term subsidy purposes.
- Modify the organization of the Continuum structure itself, with appropriate technical assistance, direction and formal planned guidance.
- The FMCoC must acquire structural and managerial financing, to ensure planned implementations, focused activities to engage public and private sectors, and overall targeted vision achievement

The five-year plan presents a framework for implementation through the Prevention, Housing First, and Wraparound Services strategic initiatives. Each of these elements must be developed in lockstep with one another. Without implementing prevention strategies, there will continue to be an intense need for emergency shelter. Without expanding the availability of affordable housing, it will be hard to assist people to leave the system quickly. Without developing employment strategies, it will be difficult to keep people in permanent housing. Equally as important, the transition process must be carefully managed to ensure that people who are homeless do not experience any interruption in services or additional hardship, as a result. We envision three stages to the implementation process:

- **Assessment & Preparation.** The Continuum has begun the analysis that will be used to develop a “roadmap” for change. Assessment activities will include a detailed examination of the current system, which will consider how programs are currently structured, how resources are now used, and the nature of existing resources and their regulatory constraints. During this stage, the Continuum will also concretely define program standards, develop education materials on the new approach, identify ways to efficiently model the transition to maximize the impact and minimize the challenges of each change, and build public understanding and support for the new approach.

The FMCoC is the primary component to ending homelessness through this planning. It will be imperative that initial administrative organization and funding support be allocated to facilitate the smooth transitioning. The FMCoC will need to identify managerial support within its providers, or public funded agencies to ensure adequate administration and oversight of the full implementation of all Plan Components and initiatives. Providing ongoing, adequate funding to further the efforts of the FMCoC would be an excellent investment for local authorities and citizens. In the interim, a Strategic Planning Committee will be put into place and meet for strategy development and plan implementation on a monthly basis. They will schedule meetings with appropriate un-involved service agencies who will need to be brought into the planning portion of this change. Increased Homeless provider meetings will be necessary to initiate, promote, and support the changes identified in focused service delivery.

Changes in service delivery, if funded by HUD or other accountable funding sources, will need to be modified during the following year, once change is in motion.

- **Transition.** The Continuum will manage a well-organized transition process that supports a dual operating system that will incrementally evolve from the current model to the new one over a period of several years. This transition will be guided by the analysis and plans developed during the assessment stage. These stages will overlap, as there will be a continuing need for assessment and evaluation of plan models throughout the transition period. Technical assistance resources will need to be an integral part of this process to ensure that the transition is effectively managed, and that people and agencies are not displaced in the process. Initial steps in the transition phase will include creation of key infrastructure elements required to support the new system; commitment of additional resources for the development of permanent housing and expansion of mainstream services; legislative advocacy to build broader State and Federal support; and proactive outreach to other housing and human systems to begin systems integration efforts.

- **Full Implementation.** This final stage represents the complete implementation of the plan. By this point, the Continuum should experience reductions in the numbers entering the interim housing system, and an increase in the number of households exiting the system to permanent self-sufficiency. As a result, significant reductions in expenditures on the core “shelter” system will be recognized, and a majority of the resources will be directed to supporting households’ housing stability. To ensure the viability of the Housing First model, ongoing evaluation activities will be conducted to determine the effectiveness of the new approach, and to guide the development of the second five-year strategy toward our 10-year goal to end homelessness in Fresno and Madera.

Evaluation. Evaluation will be an important part of plan implementation. Each action plan will delineate specific benchmarks and outcome measures as a framework to gauge progress and report to policymakers and funders. Key to the evaluation effort will be the full-development of the homeless information management system, which will provide a way of understanding how people who are homeless use the system of services, and the impact of these services in promoting housing stability and self-sufficiency. The homeless information system will also collect data that can be used to generate point-in-time and longitudinal counts of homelessness in Fresno and Madera.

THE NATIONAL PLAN TO END HOMELESSNESS

This Plan is highly influenced by the work of *The National Alliance to End Homelessness* and its Ten Year Plan to End Homelessness. In January 2001, the full Continuum membership came together for the first time to analyze the current status of homelessness in Fresno and Madera. At this meeting members were briefed on a campaign drafted by the National Alliance to End Homelessness. *The National Plan to End Homelessness*, like the Fresno and Madera plan suggests that any plan to end homelessness must include four components:

- Planning for outcomes
- Closing the front door to homelessness through prevention
- Opening the back door from homelessness by streamlining the process of re-housing
- And strengthening the web of community supports to keep people housed.

FRESNO MADERA CONTINUUM OF CARE LEADERSHIP: 2006

The Fresno and Madera Continuum of Care is a consortium of community organizations, private and public, not-for-profit and for-profit entities committed to ending homelessness in Fresno and Madera. It includes schools, faith organizations, local businesses and employers, civic organizations, and concerned individuals. However, the core of the Continuum, particularly for the purposes of developing the Strategic Plan, includes public and private providers and service-funders that help address the needs of people who are homeless. Shelter providers, mental health organizations, substance abuse treatment programs, domestic violence counseling centers, employment assistance groups, housing developers, and state and city government offices—all have played key roles in creating the Plan. While participation has occurred, broader dialogue is planned, and greater breadth of community involvement will be sought during this first year.

The Fresno and Madera Continuum of Care is overseen by a Governing Board, which coordinates and facilitates the planning process and oversees the distribution of funding. The Governing Board is comprised of both elected and appointed members representing the range of organizations and groups needed to end homelessness, including homeless service providers, consumers and advocates, city, county and state agencies, and business and foundation leaders.

The Governing Board is overseen by a five member Executive Committee elected from its membership. One Officer is required from each Madera County and Fresno County, the other representatives are nominated and elected from all other sectors / subpopulation representative groups (eg: youth, veterans, domestic violence, mentally ill, disabled...etc). Two Board seats are set-aside for consumer representatives. The 2005-2006 Governing Board adopted the 10-Year Plan as stated herein.

Organizations that are represented on the 2005-2006 Governing Board are as follows:

Executive Board	Executive Committees
Katrina Edwards, Executive Chair (EOC Youth Sanctuary),	Katrina Edwards, Executive Chair (EOC Youth Sanctuary)
Larry Penner, Vice Chair	Mary Moore, HUD and Services Committee, Assisted Housing Manager, Fresno Housing Authority)

Fresno Madera Continuum of Care Plan to End Homelessness

Pam Kallsen, Secretary (Marjaree Mason Center)	Jess Negrete, Co-Chair Advocacy Committee (Attorney, Central California Legal Services).
Candis Bazley, Treasurer (Spirit of Woman)	
Doreen Eley, Member-At-Large (Administrative Director, Poverello House.	Ron Prestige, Co-Chair Advocacy Committee (City of Madera).
	Linda Murray, HMIS Committee, (Fresno Housing Authority (Information Technology Manager).
	Yvette Quiroga, Services Committee (Madera Housing Authority).

RESEARCH AND DATA COLLECTION REFERENCES

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- Link, Bruce et al. "Life-time and Five-Year Prevalence of Homelessness in the United States" *American Journal of Public Health*, (December 1994).
- U.S. Department of Housing and Urban Development (HUD) www.HUD.gov
- *2000 Census of Population and Housing, Summary File 3A*, State of California, Employment Development Department
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- Fresno Madera Emergency Housing and Assistance: Local Emergency Shelter Strategy, 2004.
- The National Interagency Homeless Coalition, web sources-10-year tool kit & innovative programs, April 2006.
- The Chicago Ten Year Plan; through the National Coalition to End Homelessness website—model programs for 10-year planning and Plan development. 2006.
- The Fresno Bee, Valley Voices, Saturday May 6, 2006—comments by Deborah J. Nankivell, private business community leader and team member of the Regional Jobs Initiative community movement.

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Research extracts/cites from: October 2005 • The Brookings Institution • Special Analysis in Metropolitan Policy— as noted below in endnote reference numbers:

²⁵ William Julius Wilson, *The Truly Disadvantaged: The New World of the Urban Poor* (New York: Vintage, 1997).

²⁷ Century Foundation Task Force on the Common School, *Divided We Fail: Coming Together Through Public School Choice* (Washington: Century Foundation Press, 2002).

²⁸ Ruth Lupton, "Schools in Disadvantaged Areas: Recognizing Context and Raising Quality" (London: LSE Centre for the Analysis of Social Exclusion, 2004).

²⁹ Margery Austin Turner and Ingrid Gould Ellen, "Location, Location, Location: How Does Neighborhood Environment Affect the Well-Being of Families and Children?" (Washington: Urban Institute, 1997).

³⁰ Anne Case and Lawrence Katz, "The Company You Keep: The Effects of Family and Neighborhood on Disadvantaged Youth." NBER Working Paper 3705 (Washington: National Bureau of Economic Research, 1991).

APPENDIX

A Community that Cares about the Homeless:
An Inventory of Services and Providers

To be Included:
Year One: 2006 FMCoC Goals and Objectives

Achievements of 2005

FMCoC Board Members 2006