

County of Fresno

Domestic Violence Homeless Reduction Plan

August 2023



ACKNOWLEDGMENTS

The Enfuse Action Collective team (Enfuse Team), Dr. Jason Kyler-Yano, Larisa Kofman, Elizabeth Eastlund, and Cristina Cortes conducted the County of Fresno evaluation. Dr. Kyler-Yano led the evaluation qualitative and quantitative data review and analysis as well as served as the primary author of the Evaluation Methods, Limitations and Key Findings, with support from Larisa Kofman (see Appendix p. 20). Larisa Kofman, Dr. Jason Kyler-Yano and Elizabeth Eastlund collaboratively developed the Domestic Violence Homeless Reduction Plan (DVHRP) based on the evaluation findings.

The DVHRP could not have been created without the voices, stories and experiences of survivors who shared their time and truth with us, as well as the dedicated and relentless advocates from culturally specific organizations, domestic violence service providers, rural service providers, homeless and housing service providers, and government and community-based partners who took the time to share their perspectives and vision for the systems intended to support the safe housing needs of survivors.

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Thank you all for your contributions to this incredibly important project.

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Executive Summary

Background

The County of Fresno has the largest per capita calls for domestic violence to law enforcement in the State of California. According to the California Department of Justice—there were nearly 9,000 calls in 2022.¹ The reported number of calls to law enforcement only reflect a fraction of the actual cases. According to a national study, less than 30% of physical abuse and less than 20% of rapes in domestic violence cases are reported to law enforcement.² Furthermore, women of color are even less likely to report domestic violence to law enforcement due to racial injustice and the fear and realities of physical harm, deportation, separation or losing their children, and retaliation by the perpetrator/abuser.³

In 2022, the County of Fresno Board of Supervisors approved funding to authorize the Marjaree Mason Center (MMC) to hire a consultant to conduct an evaluation and assessment to develop a “comprehensive plan to address homelessness among victims of domestic violence.”⁴ Enfuse Action Collective (Enfuse)⁵ responded to the Request for Proposals (RFP) with a proposal that included a Scope of Work (ultimately adopted into the contract) that included developing and conducting an evaluation that included four-components—a comprehensive material and data review, key informant interviews, listening sessions, and distinct Safe Housing Survey Assessments. In 2023, the MMC secured Enfuse to execute the four-component evaluation and to develop the Domestic Violence Homeless Reduction Plan (DVHRP).

Domestic Violence Homeless Reduction Plan

County of Fresno

Successes & Model Practices

The four-component evaluation lifted up the following successes and model practices:

- ❑ Trauma-Informed Safe Housing Practices & Advocacy Strategies
- ❑ MMC Co-Location and Partnership with the Fresno Unified School District

1 Marjaree Mason Center. Request for Proposals for Consultation Services for Fresno County Domestic Violence Homeless Reduction Plan (2022).

2 U.S. Department of Justice (DOJ) Office of Justice Programs. National Institute of Justice. Practical Implications of Current Domestic Violence Research: For Law Enforcement, Prosecutors and Judges (2009). Retrieved from: <https://www.ojp.gov/pdffiles1/nij/225722.pdf>

3 Policy 365: Sexuality and Gender Policy at the UNC Chapel Hill. Intimate Partner Violence Towards Black, Indigenous, and Latinx Women: A Policy Report on the IPV Crisis Facing Female Survivors of Three Marginalized Communities (2019). Retrieved from: <https://www.rebeccakreitzer.com/wp-content/uploads/2019/10/IPV-in-Marginalized-Communities.pdf>

Tahirih Justice Center. Immigrant Survivors Fear Reporting Violence (2019) Retrieved from: <https://www.tahirih.org/wp-content/uploads/2019/06/2019-Advocate-Survey-Final.pdf>

4 Marjaree Mason Center. Request for Proposals for Consultation Services for Fresno County Domestic Violence Homeless Reduction Plan (2022).

5 Enfuse is a woman-owned consulting firm rooted in a commitment to equity, collaboration, and community. Enfuse supports clients through research and evaluation, training and technical assistance (TTA), product and resource development, system and organizational capacity building, protocol review and design; policy/legal compliance review and implementation support. They bring extensive experience at the intersection of gender-based violence (GBV), homelessness, and housing at the local, state, and national levels and specialize in the implementation of systems that are survivor-centered and trauma-informed.

Fresno Madera Continuum of Care and Parallel Domestic Violence Coordinated Entry System

Successes & Model Practices

The four-component evaluation lifted up the following successes and model practices:

- Centering Safe Housing Coordination through a Parallel Domestic Violence Coordinated Entry System
- Strong Knowledge of Cross-Sector Support Services and Integration of Community Resources into Policy and Practice
- Strong Perception of Equitable Intake Practices
- Commitment to Safety Practices
- Commitment to Confidentiality with the Utilization of the Homeless Management Information System
- Utilization of Training on Housing Protections



County of Fresno

Safe Housing Recommendations

The four-component evaluation was used to develop the following recommendations:

- Creating a County of Fresno Department on Domestic Violence Sexual Assault and Human Trafficking
- Forming a New Cross-Sector Collaborative in the Form of a Coalition or Taskforce to Bridge Silos and Create Shared Space
- Community Desired Centering Safe Housing Needs of Survivors of Sexual Assault and Human Trafficking as well as Domestic Violence
- Building Capacity of Cross-Sector Systems in the County of Fresno to Provide Safe Housing
- Centering Cultural Responsiveness through Individual, Organizational and Systemic Reform
- Developing County of Fresno System-Wide Emergency Transfer Policy
- Supporting Cross Sector Training

Fresno Madera Continuum of Care and Parallel Domestic Violence Coordinated Entry System

Safe Housing Recommendations

The four-component evaluation was used to develop the following recommendations:

- Centering the Exploration and Creation of a Different Assessment Tool and Prioritization of Survivor Access to Safe Permanent Housing
- Building Database and Reporting Capacity Across the FMCoC
- Enhancing Equity Policy and Practice
- Improving Estimation of Safe Housing Needs of Survivors in the Community Through Enhancing the Point-In-Time Unsheltered Count

Domestic Violence Homeless Reduction Plan

Acronym Key

FMCoC	Fresno Madera Continuum of Care
FMCoC CES	Fresno Madera Continuum of Care Coordinated Entry System
MMC DV CES	Marjaree Mason Center Domestic Violence Coordinated Entry System
CSO	Culturally Specific Organization
H/H	Homeless/Housing Service Provider
CP	Community Partners
DV	Domestic Violence

Background

The County of Fresno has the largest per capita calls to law enforcement for domestic violence in the State of California. According to the California Department of Justice—there were nearly

*The term **safe housing** in the Domestic Violence Homeless Reduction Plan (DVHRP) means shelter/housing and/or housing related services/advocacy (that the survivor deems safe for them) for survivors that are homeless or housing unstable.*

9,000 calls in 2022.⁶ The reported number of calls to law enforcement only reflects a fraction of the actual cases in the County. According to the U.S. Department of Justice, National Institute of Justice Report *Practical Implications of Current Domestic Violence Research: For Law Enforcement, Prosecutors and Judges* less than 30% of physical abuse and less than 20% of rapes in domestic violence cases are reported to law enforcement.⁷ Furthermore, women of color are even less likely to report domestic violence

to law enforcement due to racial injustice and the fear and realities of physical harm, deportation, separation or losing their children, and retaliation by the perpetrator/abuser.⁸

In 2022, the County of Fresno Board of Supervisors, as the fiscal agent for the Fresno Madera Continuum of Care (FMCoC), approved funding to authorize the Marjaree Mason Center (MMC) to hire a consultant to conduct “an evaluation of our existing systems and a comprehensive plan to address homelessness among victims of domestic violence. The service plan will serve

6 Marjaree Mason Center. Request for Proposals for Consultation Services for Fresno County Domestic Violence Homeless Reduction Plan (2022).

7 U.S. Department of Justice (DOJ) Office of Justice Programs. National Institute of Justice. *Practical Implications of Current Domestic Violence Research: For Law Enforcement, Prosecutors and Judges* (2009). Retrieved from: <https://www.ojp.gov/pdffiles1/nij/225722.pdf>

8 Policy 365: Sexuality and Gender Policy at the UNC Chapel Hill. *Intimate Partner Violence Towards Black, Indigenous, and Latinx Women: A Policy Report on the IPV Crisis Facing Female Survivors of Three Marginalized Communities* (2019). Retrieved from: <https://www.rebeccakreitzer.com/wp-content/uploads/2019/10/IPV-in-Marginalized-Communities.pdf>
Tahirih Justice Center. *Immigrant Survivors Fear Reporting Violence* (2019) Retrieved from: <https://www.tahirih.org/wp-content/uploads/2019/06/2019-Advocate-Survey-Final.pdf>

as a framework to address homelessness for victims through an assessment of overall strengths, opportunities, needs, and assets in the community.⁹”

Enfuse Action Collective (Enfuse)¹⁰ responded to the Request for Proposals (RFP) with a proposal that included a Scope of Work¹¹ (ultimately adopted into the contract) that included developing and conducting an evaluation that included four-components—a comprehensive material and data review, key informant interviews, listening sessions, and distinct Safe Housing Survey Assessments. In 2023, the MMC secured Enfuse to develop and conduct a comprehensive evaluation of cross sector systems in the County of Fresno. The evaluation gave Enfuse significant insight into the safe housing needs of survivors of domestic violence (hereinafter “survivors”) in the County of Fresno. Enfuse used the four-component evaluation to develop the Domestic Violence Homeless Reduction Plan (DVHRP).

Understanding the Safe Housing Landscape in the County of Fresno

Funding Sources for Safe Housing

In the County of Fresno, safe housing for survivors is provided by the MMC, organizations in the homeless and housing (H/H) system, and culturally specific organizations (CSO). The funding differs per organization, but generally the landscape for these organizations may include local, state, private, and/or federal sources. The federal funding specifically for the H/H system also includes \$11.5 million in homeless funding from the U.S. Department of Housing and Urban Development (HUD) administered annually by the Fresno Madera Continuum of Care (FMCoC) for the entire region.

Current Capacity and Need

Capturing an understanding of safe housing stock through credible and unduplicated data is incredibly challenging around the country and it is no different in the County of Fresno. There are a number of reasons for this. The most reliable data to utilize for estimating the current dedicated safe housing stock for survivors is through the MMC; however, while they are a big part of the picture, they are not the whole picture. There are several organizations in the County of Fresno that are a critical part of the landscape, including those that do not primarily or solely serve survivors as well as those that also serve survivors of sexual assault and human trafficking. It is challenging to quantify the number of survivors these organizations provide safe housing

9 Marjaree Mason Center. Request for Proposals for Consultation Services for Fresno County Domestic Violence Homeless Reduction Plan (2022).

10 Enfuse is a woman-owned consulting firm rooted in a commitment to equity, collaboration, and community. Enfuse supports clients through research and evaluation, training and technical assistance (TTA), product and resource development, system and organizational capacity building, protocol review and design; policy/legal compliance review and implementation support. They bring extensive experience at the intersection of gender-based violence (GBV), homelessness, and housing at the local, state, and national levels and specialize in the implementation of systems that are survivor-centered and trauma-informed.

11 In addition to the Scope of Work outlined here, under the contract Enfuse also provided technical assistance to the MMC to create the DVHRP Steering Committee. While the Steering Committee did not launch for a number of reasons, including those outlined in the DVHRP and Appendix B: Key Findings, the MMC received support and guidance regarding how to create this kind of invaluable partnership and collaboration.

to because their services go beyond just survivors, and it is not common practice for them to disaggregate data by survivor status when reporting needs and services. In addition, there are government and quasi-government agencies that provide housing and/housing related services and support to survivors that are homeless or housing unstable, as well. These organizations and agencies all have differing sets of data collection mechanisms as well as funding requirements, including federal, state and local confidentiality protections and prohibitions around data sharing.

As noted above, the challenge to quantify safe housing stock and need, is one shared around the country. In fact, in 2022, the California Legislature passed SB914—Homeless Equity for Left Behind Populations Act, that is hoping to make headway to quantify capacity and need, charging the California Interagency Council on Homelessness (ICH) with developing the implementation plan to provide localities, including CoCs, with more guidance regarding their requirements. The implementation plan was not available at the time of the evaluation; however, once ICH develops an implementation plan, this will benefit the County and City of Fresno as well as other municipalities in the State of California, as they try to gain a stronger understanding of the safe housing stock and need in their community. In the meantime, Enfuse has identified several routes and areas of opportunity under the County of Fresno: Safe Housing Recommendation Section (see p. 13) that would provide the County of Fresno with the ability to gain a stronger understanding of current capacity, as well as strengthen access to safe housing for survivors.

Based on the evaluation results, it is critical to emphasize the need for dedicated and stable funding to build the capacity of local organizations and programs, including those currently funded, to move forward with the recommendations provided in the DVHRP. That funding should come from local funding streams, including the County of Fresno, State of California, and federal funds. The community-based organizations in the County of Fresno do not have the capacity to institute the DVHRP without dedicated funding.

In addition to funding, results from our evaluation made it apparent that the County of Fresno has an opportunity to take a significant leadership role in addressing domestic violence and their leadership is critical to ensure the DVHRP is instituted. We propose creating and funding a County of Fresno Department on Domestic Violence, Sexual Assault, and Human Trafficking (see p. 13). The department would have the authority, capacity, and expertise to coordinate and develop programs and policies across systems, provide training and prevention education, conduct and/or coordinate research and evaluations (including an annual cross-systems gaps analysis), and perform community outreach. Counties and cities around the country have models like this one, in the form of a department or office, that ensures the local government has a centralized leadership role in addressing domestic violence in their community. The DVHRP will create the space necessary for partnership and coalition building, which will result in an increased understanding of current safe housing stock, a framework to increase partnerships, coordination, and capacity to meet the safe housing needs of survivors in the County of Fresno.

County of Fresno Safe Housing Successes & Model Practices

The four-component evaluation lifted up the following successes and model practices throughout the County of Fresno:



Trauma-Informed Safe Housing Practices & Advocacy Strategies

Culturally specific organizations (CSOs) utilize model trauma-informed advocacy strategies to support survivors¹² seeking safe and stable housing. The strategies they use include working with survivors if they are housing unstable, to develop a safety plan driven by the survivor. This plan lays the groundwork for when the survivor is ready to leave, specifically the economic resources to pay for a security deposit and first month's rent in the common case that rental assistance is not an option. CSO staff then continue to support the survivor through the process. For example, CSO staff utilize their training and understanding of State of California and federal housing protections, specifically utilizing the anti-discrimination protections to ensure survivors who may have poor or limited rental/credit history due to the violence and/or trauma they experienced, can still access housing. Their advocacy approach couples economic resources and safety planning with housing advocacy, which is an approach that centers safety and stabilizes longer term economic and housing security for survivors. It is incredibly important to use these housing advocacy strategies since the County of Fresno's current emergency resources for survivors, including shelter, are inadequate for existing needs. While increasing capacity is critical, layering these kinds of advocacy strategies is essential, as emergency shelter is not appropriate for or desired by all survivors.



MMC's Co-Location & Partnership with the Fresno Unified School District

MMC and the Fresno Unified School District have been in a collaborative relationship for many years. They have institutionalized a co-location arrangement, in order to support students and their parents who are experiencing domestic violence and homelessness. For the past seven years, a Fresno Unified School District social worker has been funded to work in the MMC shelters to support families of students who are accessing these services. While data sharing barriers still exist, this partnership serves as an example of collaboration and co-location that may be adopted as a model practice.

¹² The four-component evaluation organization participants reflected in this model practice include survivors of sexual assault, human trafficking and domestic violence in their service delivery.

Fresno Madera Continuum of Care & Parallel Domestic Violence Coordinated Entry System Specific Successes & Model Practices

The four-component evaluation lifted up the following successes and model practices throughout the Fresno Continuum of Care & Parallel Domestic Violence Coordinated Entry System:



Centering Safe Housing Coordination Through a Parallel Domestic Violence Coordinated Entry System

Establishing a parallel Domestic Violence Coordinated Entry System (DV CES) for survivors is a national model practice that prioritizes coordination of safe housing and services for survivors in a Continuum of Care (CoC). According to HUD, “coordinated entry (CE) is larger than a single grant or a program; it is a key component of a comprehensive crisis response and a way of structuring your Continuum of Care’s (CoC) system of care so that it fits together intentionally and efficiently, resulting in more efficient use of resources and improving the fairness and ease of access to resources, including mainstream resources, while prioritizing people who are most in need of assistance.”¹³ A parallel DV CES is still a new, innovative, model across the country. In the County of Fresno, the MMC launched a parallel DV CES in 2018. The MMC DV CES team works closely with the FMCoC to develop trauma-informed and survivor-centered policies and procedures. They participate in case conferencing, attend coordinated entry committee meetings, participate on the Homeless Management Information Systems (HMIS) committees, and connect with FMCoC Coordinated Entry System (FMCoC CES) Access Points in the County of Fresno to station MMC’s mobile project staff. They also manage the Comparable Database.



Strong Knowledge of Cross-Sector Support Services and Integration of Community Resources into Policy and Practice

The FMCoC CES Access Points institutionalized a practice that integrates community resources. They accomplish this by providing information and referrals to households that identify as survivors to DV service providers, including the MMC DV CES. This reflects strengths across the systems, highlighting the extensive cross-training on the needs of survivors and available resources. It also exemplifies a fairly streamlined process for the FMCoC Access Points to ensure survivors have additional resources if they are interested in them.

¹³ U.S. Department of Housing and Urban Development. Coordinated Entry and Data Guide. Retrieved from: <https://files.hudexchange.info/resources/documents/coordinated-entry-management-and-data-guide.pdf>



Strong Perception of Equitable Intake Practices

The FMCoC CES has policies and training in place promoting equitable practices for households seeking housing and/or housing services through the FMCoC CES. The evaluation data highlight equitable intake practices for survivors with a disability (i.e. if a survivor was disabled, a reasonable accommodation was provided), non-binary/gender non-conforming survivors (i.e. the survivor was asked their pronouns/determined housing placement that was safe for them), gay, lesbian, or bisexual survivors, as well as transgender or intersex survivors.



Commitment to Safety Practices

All of the FMCoC CES Access Points have safety practices in place for screening and intake. The practices include the utilization of private spaces to hold conversations and conduct assessments. This reflects significant training on trauma-informed care as well as the implementation of practice on the ground through the FMCoC CES Access Points.



Commitment to Confidentiality with the Utilization of the Homeless Management Information System

The vast majority of the FMCoC CES Access Points and H/H service providers describe the purpose of entering personal identifiable information into the Homeless Management Information System (HMIS) to households seeking housing and/or housing support services. This educates households about disclosure, third-party access and confidentiality implications. The FMCoC also has policies in place that staff are aware of and utilize regarding what to do when a client discloses that they are a survivor of DV and revokes consent to have any information entered into HMIS.



Trauma-Informed Safe Housing Practices & Advocacy Strategies

Staff at some of the FMCoC funded Permanent Supportive Housing (PSH)¹⁴ organizations that participated in the evaluation have extensive expertise in the understanding the dynamics of DV as well as utilizing trauma-informed care practices with survivors. Their expertise includes understanding the varying ways a survivor seeks support due to the trauma and/or violence they experienced or are experiencing, as well as supporting survivors through the emergency transfer process. For example, some PSH program staff have supported survivors in their programs who request emergency transfers from the beginning of the process until the household feels they are safely housed, including going through that process as many times as needed if issues come up

¹⁴ The four-component evaluation organization participants reflected in this model practice include survivors of sexual assault, human trafficking and domestic violence in their service delivery.

such as a transfer placement option away from a survivor’s support mechanism. These practices represent a strong understanding of survivor needs, centering survivor voices and supporting the survivor’s ability to maintain safe and stable housing.



Utilization of Training on Housing Protections

The MMC DV CES noted high levels of training regarding housing protections and rights of survivors. This extensive training was reflected in compliance, specifically with VAWA requirements regarding VAWA Notice of Occupancy Rights and Self-Certification Forms as the VAWA Lease Language/Addendums.

County of Fresno Safe Housing Recommendations

The four-component evaluation lifted up the following recommendations for the County of Fresno:



Creating a County of Fresno Department on Domestic Violence, Sexual Assault, and Human Trafficking

Based on the evaluation, Enfuse identified a critical need to enhance leadership on the part of the County of Fresno that would elevate and centralize their commitment to supporting survivors across systems and sectors. Enfuse recommends that the County of Fresno prioritize creating, funding and staffing, a new department focused on domestic violence, sexual assault and human trafficking (see Community Desired Centering Safe Housing Needs of Survivors of Sexual Assault and Human Trafficking as well as Domestic Violence Section p. 15). This department would have a leadership role, coordinating across departments in the County of Fresno as well as working closely with the City of Fresno. The department's role would be to coordinate and develop programs and policies across systems and focus on issues impacting survivors, including safe housing; providing training and prevention education; conducting research and evaluations (including an annual cross-systems gaps analysis); and, performing community outreach. The department would also have a leadership role to help launch the Coalition or Taskforce (see below) and/or provide leadership in the Coalition or Taskforce after the department is established. As noted in the Current Capacity and Need Section (see p. 7) there are counties and cities around the country that have this model. County leadership could connect with their peers in other jurisdictions regarding questions that may arise before and during the establishment of this department.



Forming a New Cross-Sector Collaborative in the Form of a Coalition or Taskforce to Bridge Silos and Create Shared Space

Based on the evaluation, Enfuse identified two key areas of opportunity focused on survivor safe housing across systems, bridging silos and creating a shared space. Enfuse believes focusing on addressing both areas in a deliberate and meaningful way will build a stronger systemic response to the safe housing needs of survivors in the County of Fresno. To accomplish this, Enfuse recommends the establishment of a new cross-sector collaborative in the form of a Coalition or Taskforce dedicated to expanding survivor centered, trauma-informed safe housing for survivors.

Step 1: Create a Steering Committee/Core Team to initiate the development of this cross-sector collaborative. As noted above under the Creating a County of Fresno

Department on Domestic Violence, Sexual Assault and Human Trafficking Section (see p. 13), this can move forward while the County of Fresno works to create a department, but the County must commit dedicated staffing as part of the Steering Committee/Core Team and identify funding to institutionalize the Coalition/Taskforce in the community. The City of Fresno also has a critical role in this Steering Committee/Core Team, as well as the Coalition or Taskforce, and must prioritize participation, leadership and dedicated funding.

The Steering Committee/Core Team should also include 2-3 survivors with lived experience of housing insecurity/homelessness, and 1 leadership/staff person from each of the following entities (if possible):

- Fresno Madera Continuum of Care (FMCoC)
- Marjaree Mason Center (MMC)
- Culturally Specific Organizations (CSO)
- Domestic Violence (DV) Service Providers
- Sexual Assault (SA) Service Providers
- Human Trafficking (HT) Service Providers/Agencies
- Rural West and Rural East Service Providers

Steering Committee/Core Team members will also include the Department of Social Services (DSS), the Public Housing Authority (PHA) as well as any other County or City of Fresno departments focused on housing, child welfare, public benefits and mental/behavioral health.

The Steering Committee/Core Team will prioritize determining a launch meeting date for the entire Coalition/Taskforce and developing an invitation list for that first meeting. The invitation list would include survivors as well as diverse organizational/agency leadership and staff representation (including advocates, case managers, and senior leadership) from the organizations and entities noted above, as well as additional Community Partners (CPs) identified by the Steering Committee/Core Team.

Step 2: The Steering Committee/Core Team will identify and invite outside expert facilitators to engage the Coalition/Taskforce members in a process to heal deep wounds amongst individuals within various organizations and agencies, to help bridge paths and focus on systemic change to support survivors, or to determine that healing may not be possible, but moving forward to support a shared logic model/vision through a collaborative process could be. The outside facilitators will create a space for Coalition/Taskforce members to discuss long held assumptions of each sector to increase transparency and build trust across sectors

Step 3: The Steering Committee/Core Team will identify and invite expert outside facilitators to work with the Coalition/Taskforce members on the development of a logic model, with goals and objectives, enhancing and building upon the systemic strengths identified in County of Fresno: Successes & Model Practices Section (see p. 9) as well as addressing the gaps and areas of opportunity noted in this recommendation section.

Step 4: As the Coalition/Taskforce moves forward with the establishment of a logic model, Enfuse recommends the Coalition/Taskforce prioritize the recommendations in this section; however, the Coalition/Taskforce should review the four-component evaluation key findings identified in Appendix B: Evaluation: Key Findings (see p. 24) for additional areas of opportunity that they may determine are important to prioritize. As noted above, it is critical that the County of Fresno identify and designate funding to ensure the longevity of a Coalition/Taskforce. The funding would support operations as well as the participation of survivors and service providers.



Community Desired Centering Safe Housing Needs of Survivors of Sexual Assault and Human Trafficking as well as Domestic Violence

Enfuse's evaluation focused solely on domestic violence, as required by the contract terms; however, many of the CPs and evaluation participants also provided safe housing and/or other services to survivors of sexual assault and human trafficking. The need to increase capacity to support survivors of sexual assault (non-intimate partner violence) is dire. Participants recommended that the County of Fresno center the safe housing needs of survivors of sexual assault and human trafficking in addition to survivors of domestic violence. Noting this, it is not about shifting resources away from domestic violence. There is a clear need identified through this evaluation for the County of Fresno to help build capacity for emergency shelter and affordable permanent housing stock for domestic violence survivors. Therefore, Enfuse recommends the inclusion of domestic violence, sexual assault, and human trafficking in any plan to address safe housing capacity, including to quantify the safe housing stock. There are a number of ways to center the safe housing needs of sexual assault and human trafficking survivors through the newly created County of Fresno department. This includes meaningful partnership development and enhancement with specific focus on cross-sector collaboration from inception, allocating resources to regular evaluation and gaps analysis, and increased service delivery and capacity building through a range of funding sources. It is vital to ensure that the voices of lived experience inform all aspects of this work.



Building Capacity of Cross-Sector Systems in the County of Fresno to Provide Safe Housing

As noted in the Current Capacity and Need Section (p. 7), there needs to be dedicated and stable funding to meet the safe housing needs of survivors in the County of Fresno. That funding should come from local funding streams including the County of Fresno, funding from the State of California, as well as federal funding sources. It is clear from the evaluation results that there is a need to prioritize building the capacity of emergency shelter for survivors as well. While it can be challenging to quantify a community's safe housing stock for a number of reasons (including a lack of uniform data), with leadership from the County of Fresno (e.g. a County of Fresno Department on Domestic Violence, Sexual Assault and Human Trafficking) and a Coalition/Taskforce, significant strides can be made. For example, institutionalizing an annual gaps analysis through the County of Fresno Department on Domestic Violence, Sexual Assault and Human Trafficking would provide critical data and insights that account for growth and change across time. Another route to help quantify current safe housing stock would be by collaborating among the partners in the Coalition/Taskforce to aggregate de-identified data to begin quantifying some of the stock (i.e. C organization provided X housing to Y # of survivors in 2022—of the Z total # of households that identified as survivors who sought their services in 2022). Additionally, the MMC runs the Comparable Database, and data should be used from the database as well.



Centering Cultural Responsiveness through Individual, Organizational and Systemic Reform

Enfuse recommends utilizing experts to provide intensive technical assistance and training to create organizational and cross-sector cultural practice shifts to center cultural responsiveness (see Appendix B: Evaluation: Key Findings pgs. 22, 28). This technical assistance and training can include reviewing and providing recommendations to alter and create policies and practices in the Central Valley community to address systemic and institutionalized racism, nationalism, and classism that directly impact Latinx leadership, staff, community members, and survivors, with harm done by mainstream, white leadership.

In addition, establishing formal relationships with CSOs (e.g., MOUs; co-location arrangements) can lead to critical improvements in the experiences of immigrant survivors and survivors with LEP. The potential benefits of co-location arrangements and shared collaborative spaces to improve collaboration have been identified across multiple stakeholder groups throughout this evaluation and can be an additional way to improve services to these groups of survivors.



Developing County of Fresno System-Wide Emergency Transfer Policy

Enfuse recommends utilizing experts to review, revise, and support the implementation of a County of Fresno system-wide emergency transfer policy, which incorporates best practices for safety planning, operable/streamlined protocols, and a Violence Against Women Act (VAWA) compliant process. In addition, the experts can provide technical assistance and training to support the FMCoC, the MMC DV CES, and the City and County of Fresno (including the PHA) with organizational policy and practice development and alignment to operationalize the emergency transfer policy. Once a department is established in the County of Fresno, they will have a significant centralized role in coordinating this effort.



Supporting Cross Sector Training

Enfuse recommends institutionalizing cross-sector training, as an essential element in building partnerships across the system and increasing access to safe housing for survivors. The H/H system can benefit from training on trauma informed care and understanding the complexities of domestic violence. The system can benefit from understanding how survivors can access subsidized housing and building relationships with advocates from other sectors who are supporting survivors.

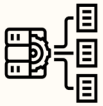
Fresno Madera Continuum of Care & Parallel Domestic Violence Coordinated Entry System Specific Recommendations

The four-component evaluation lifted up the following recommendations for the Fresno Madera Continuum Care and Parallel Domestic Violence Coordinated Entry Systems:



Centering the Exploration and Creation of a Different Assessment Tool and Prioritization of Survivor Access to Safe Permanent Housing

Enfuse recommends utilizing experts and peer support networks from other communities to explore and create a different assessment tool and/or process for survivors seeking safe housing through the FMCoC Coordinated Entry System (CES) Access Points and the MMC DV CES. This should be a collaborative process with a range of partners, including local CES Access Point staff, CSOs, DV/SA/HT service providers, H/H service providers, and the MMC staff. In addition to the assessment tool, we recommend ensuring that survivors are prioritized for safe permanent housing through the FMCoC CES. This is one of the most impactful avenues that could be utilized by the FMCoC CES to ensure survivors have access to permanent housing options.



Building Database and Data Reporting Capacity Across the FMCoC

Enfuse recommends building reporting capacity by improving the ability of the Homeless Management Information System (HMIS) database and the Comparable Database to speak to each other and produce comprehensive reports in the aggregate that internally track trends across the FMCoC and the MMC DV CES systems. The technical aspects of this improvement can include:

- Aligning systems across the FMCoC's database and the Comparable Database so that both systems use the same software and same data structure (e.g., data field/column names and data dictionaries). This alignment will allow the same reporting query/script to work in both databases, improving comparability of reports across systems and making it possible to produce comprehensive reports that include data from both database systems.
- Providing two high level database user elevated status (e.g., HMIS/Comparable Data-base Admin 1) housed within the MMC DV CES and the FMCoC to partner/collaborate across the two systems, pull and integrate client level data across the two systems, and run reporting queries/scripts that include data from both databases. This arrangement would retain a database firewall between

the FMCoC HMIS system and the Comparable Database system housed with the MMC DV CES, but provide needed collaboration of both systems, thus retaining the privacy of survivors' personal identifiable information (PII) and maintaining compliance with federal, state and local housing protections and funder requirements.



Enhancing Equity Policy and Practice

Enfuse recommends utilizing experts to provide technical assistance including targeted policy, procedure and practice review and recommendations, as well as training to the FMCoC CES Access Point staff, H/H service providers and the MMC DV CES staff, on implementing equitable service provision for survivors of color; immigrant survivors, survivors with Limited English Proficiency (LEP); survivors who are deaf or hard of hearing; non-binary or gender non-conforming survivors; gay, lesbian, bisexual or transgender survivors; survivors in households over the age of 55; as well as supporting the complexities of survivor needs in Rural areas, given that they likely differ from the needs of survivors in Metropolitan areas. Additionally, increasing dedicated funding, to include training and technical assistance, to build the internal capacity of the MMC DV CES to better serve immigrant survivors and survivors with LEP.



Improving Estimation of Safe Housing Needs of Survivors in the Community Through Enhancing the Point-In-Time Unsheltered Count

Based on the four-component evaluation and Enfuse's knowledge of the limitations of the Point-In-Time (PIT) count data, there is a systematic undercounting of families experiencing homelessness and their children, which seriously impacts survivors. Based on the 2022 PIT report, only about 11% (or about 464 people) of the 4,216 people experiencing homelessness were children. Supplementing the unsheltered street count with specific subsets of deduplicated FMCoC and the MMC DV CES (including the Family Queue) data is one approach to identify people and families experiencing homelessness that do not show up and get counted by the unsheltered PIT enumeration process (e.g., families sleeping in their cars near the local school). Another approach can be to supplement the street count with deduplicated data on student and family homelessness from Fresno Unified School District. Since the PIT count is often used to estimate homelessness service needs in communities, having more accurate estimates of the number of homeless families will better describe the actual need for services, including housing support for survivors in the County of Fresno to make clear more resources are warranted.

APPENDIX

Acronym Key

FMCoC	Fresno Madera Continuum of Care
FMCoC CES	Fresno Madera Continuum of Care Coordinated Entry System
MMC DV CES	Marjaree Mason Center Domestic Violence Coordinated Entry System
CSO	Culturally Specific Organization
H/H	Homeless/Housing Service Provider
CP	Community Partners
DV	Domestic Violence

Appendix A

Evaluation: Method & Limitations

Method¹⁵

Component One: Policy Material & Data Review

Enfuse reviewed the FMCoC and the MMC materials, including but not limited to Written Standards, Policies and Procedures, Assessment Tools, Point-in-Time (PIT) Count data and reports, and Comparable Database data and reports.

Component Two: Key Informant Interviews

Enfuse conducted fourteen key informant interviews with staff and leadership across organizations and agencies in the County of Fresno.

Component Three: Listening Sessions

Enfuse conducted seven virtual listening sessions with survivors who had accessed MMC's services (both English and Spanish), as well as staff and leadership across organizations and agencies in the County of Fresno. There were 12 organizations and agencies represented in the listening sessions, with nearly 50 staff and 5 survivors.

These three components were used to:

- Gain a deeper understanding of the organizations and agencies in the County of Fresno serving and supporting survivors
- Gain a deeper understanding of the inter-agency dynamics in the community
- Inform the development of the five distinct Safe Housing Survey Assessments
- Inform the key findings; and
- Develop the DVHRP.

Component Four: Safe Housing Survey Assessments

Enfuse developed and analyzed the results of five distinct Assessments. Each Assessment varied in length, taking an average of 10-20 minutes for respondents to complete. The targeted respondent group for each Assessment were staff that could provide meaningful insight and held a diversity of experience.

¹⁵ Enfuse was initially contracted to conduct up to six key informant interviews and listening sessions, as well as four distinct Assessments. However, due to enthusiastic interest in contributing to the development of the DVHRP, and our interest in producing a DVHRP that was based on a comprehensive sampling of stakeholders across the CoC, we expanded our interview, listening session and Assessment scope to great benefit.

Five Distinct Assessments

Domestic Violence Service Provider Assessment

Respondent Overview: Three total respondents started the Assessment, with two completing it. All three respondents represented the same agency, one that participated in the listening sessions. Two of the three respondents identified as advocates. All three reported working across the County of Fresno, including in the metropolitan areas as well as Rural East and Rural West.

Assessment Areas: MMC DV CES Intake Equity, Safety, & Assessment, Community Collaborations & Partnerships, Housing Protections, and Training.

Community Partners Assessment

Respondent Overview: Twelve respondents started the Assessment with four completing it, representing eight different organizations and agencies. Respondents included one person in a leadership role, four program/project managers, and seven people whose organizational role did not fit into our categories (e.g., Administrative Assistant). 72% of respondents said their organization primarily supported survivors in the Fresno metropolitan areas, while 55% reported primarily supporting survivors in Rural East and Rural West.

Assessment Areas: MMC DV CES Intake Equity, Safety, & Assessment, Community Collaborations & Partnerships, Housing Navigation & Safe Housing, and Training.

Marjaree Mason Center Domestic Violence Coordinated Entry System Assessment

Respondent Overview: Thirty-six respondents started the Assessment and ten completed it. Respondents included six people in leadership positions, three program managers, 19 advocates/case managers, one person in operations, and five people whose organizational roles did not fit into our categories (e.g., “Community Outreach”).

Assessment Areas: MMC DV CES Intake Equity, Safety, & Assessment, Community Collaborations & Partnerships, Housing Navigation & Safe Housing, Housing Protections, and Training.

Fresno Madera Continuum of Care Coordinated Entry System Access Point Staff Assessment

Respondent Overview: Eleven total respondents started the Assessment and seven completed it, representing five different organizations. Respondents included three people in leadership roles, one project/program manager, four advocates/case managers, and three people whose organizational role did not fit into our categories (e.g., “Housing Coordinator”).

Assessment Areas: FMCoC CES and MMC DV CES Intake Equity, Safety, & Assessment, Community Collaborations & Partnerships, HMIS, and Training.

Fresno Madera Continuum of Care Program Funded Projects Assessment

Respondent Overview: Nineteen respondents started the Assessment, with fourteen completing it, representing fourteen different organizations. Respondents included two people in leadership roles, four project/program managers, four advocates or case managers, and nine people whose organizational roles did not fit one of our categories (e.g., Administrative Assistant, Housing Specialist).

Assessment Areas: FMCoC CES Intake Equity, Safety, & Assessment, Community Collaborations & Partnerships, HMIS, Housing Protections, and Training.

Limitations

The Five Distinct Assessments were completed voluntarily, representing a sampling of staff. Therefore, the results do not represent the entirety of each system or partner entities and it is not clear if they were representative of the populations from which the samples come. Enfuse used a convenience sampling technique paired with snowball sampling. To reduce the potential impact of sampling bias (i.e., where certain people in a population were more likely to be included in the sample than others, thus reducing the diversity of respondents and responses), we introduced a monetary incentive of a random drawing for each Assessment group of \$25 for respondents who completed the Assessments. This incentive also served to increase the sample sizes for each Assessment. To reduce response fatigue and improve the quality and quantity of responses, we included skip logic into the Assessments so that respondents were only presented with questions that were relevant to their work and experience.

When the number of respondents for a question were small and thus percentages may be misleading, a parenthetical with the number of people that endorsed each response choice is included after the percentage (e.g., 25% (n = 2)). For example, only three people completed one Assessment. Assessment responses for this small of a respondent group were not useful in aggregate. As such the responses were instead considered and utilized as qualitative data that is closer in function to findings derived from listening sessions.

Listening sessions and key informant interviews were voluntary and participants were identified through a snowball sampling method as well. Findings from these qualitative data collection sessions were used to develop the DVHRP to derive in-depth details and a diversity of the experiences and perspectives of participants, that is not otherwise as accessible through the Assessments. As such these findings were not intended to reflect the perspectives of the populations from which participants come.

Appendix B

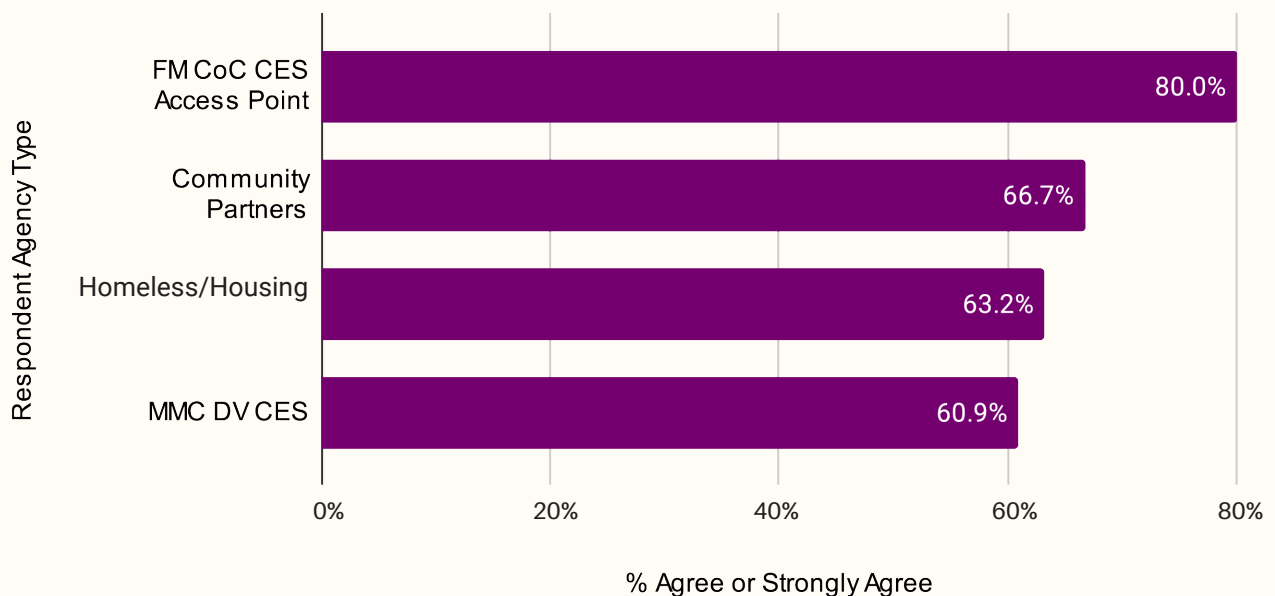
Evaluation: Key Findings

Section One: Community Collaboration & Partnerships

Collaboration with CSOs in the County of Fresno

The majority of the Fresno Madera Continuum of Care Coordinated Entry System (FMCoC CES) Access Point respondents (80.0%), the Marjaree Mason Center Domestic Violence Coordinated Entry System (MMC DV CES) (60.9%), Community Partners (CPs) (66.7%), and the FMCoC program funded projects (hereinafter Homeless/Housing (H/H) service provider respondents) (63.2%) reported that either they had an ongoing relationships with staff from Culturally Specific Organizations (CSOs) or that a colleague at their organization did. The MMC DV CES respondents reported that they developed these relationships through outreach, community events, general networking, case conferencing and collaboration for clients, and by making referrals for culturally specific services. Other methods of developing relationships with CSOs shared by CP respondents, the FMCoC CES Access Point respondents, and H/H respondents included attending collaborative meetings, participating in work groups, and personal connections.

Ongoing Relationships with Culturally Specific Organizations by Agency Type of Respondent

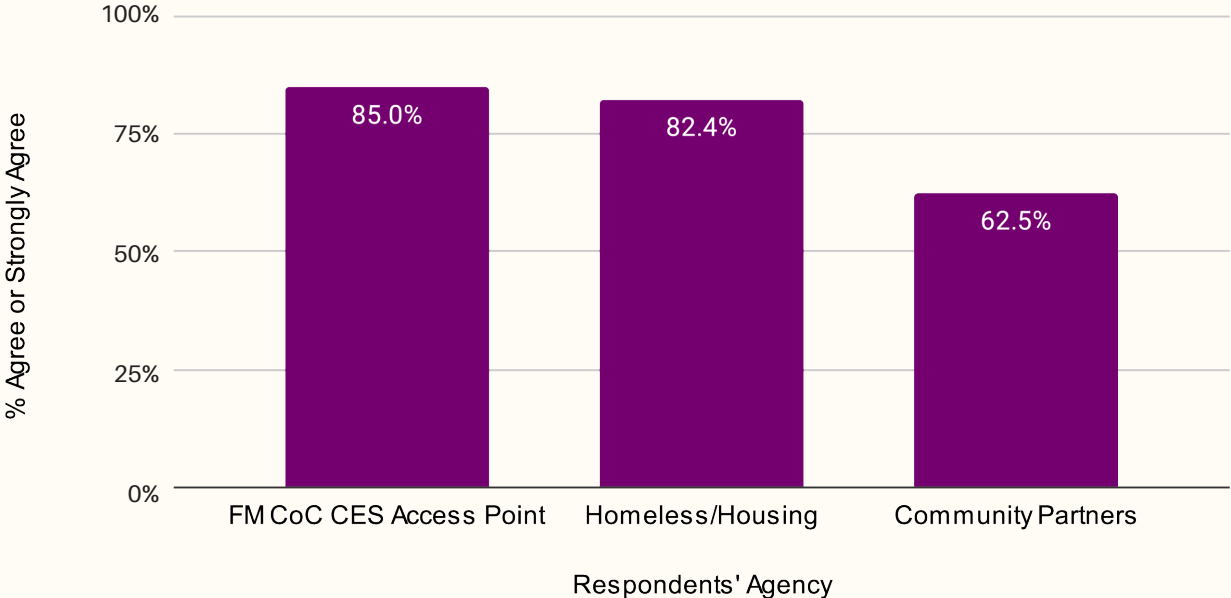


The Assessments also asked all respondents about barriers to creating relationships/partnerships with CSOs. The top barriers identified by the MMC DV CES respondents included lack of existing relationships (61.9%), lack of common collaborative spaces (23.8%), lack of communication (19.1%), and historical relationship issues creating barriers to maintaining relationships/partnerships (19.1%). The barriers of lack of communication and lack of common collaborative spaces were shared across the FMCoC CES Access respondents, CP respondents, and H/H respondents. However the historical relationship issues creating barriers to relationship development was unique to the MMC DV CES respondents and CP respondents.

Collaboration with MMC

The majority of FMCoC CES Access Point respondents (85.0%), H/H respondents (82.4%), and CP respondents (62.5%) reported either having an ongoing relationship with staff from the MMC or that a colleague at their organization did. Respondents from the FMCoC CES Access Point, CPs, and H/H service providers described developing these relationships with the MMC by using intentional collaboration to better serve survivors (including through seeking out formal relationships such as MOUs), attending collaborative meetings, CoC meetings, training, participating in conferences, through sub-committees, workgroups, meetings with the MMC leadership, and case conferencing.

Ongoing Relationships with MMC by Agency Type

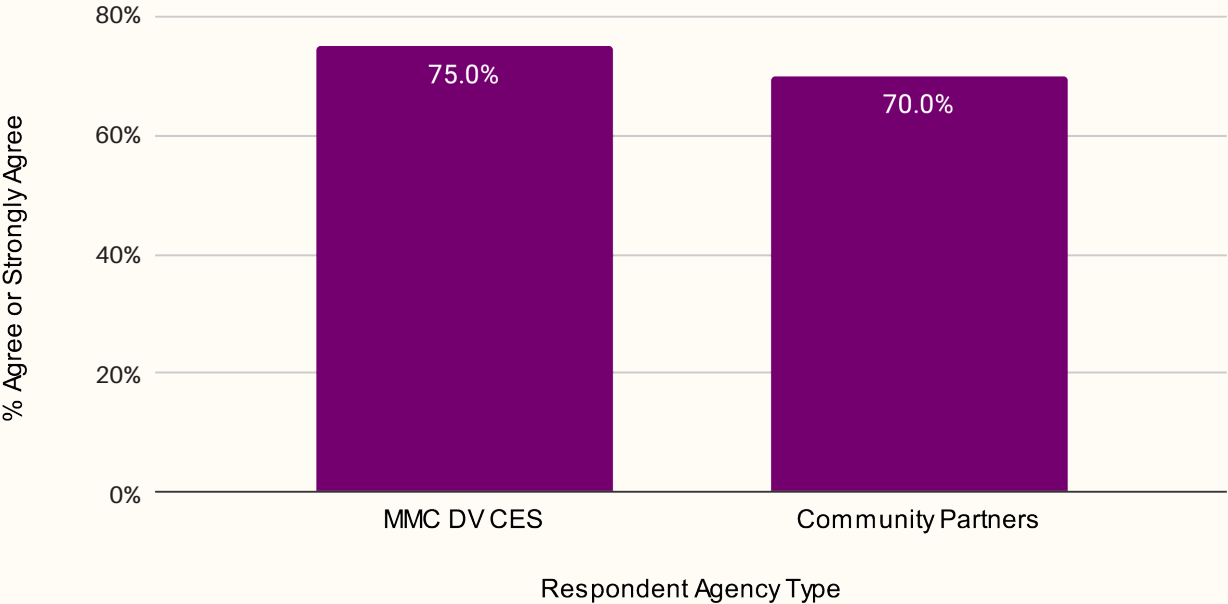


Barriers to creating and/or maintaining relationships with the MMC that were shared by the FMCoC CES Access Point, CP, and H/H respondents included lack of common collaborative spaces, lack of communication, lack of existing relationships and not prioritizing creating relationships with their organizations as well as historical relationships issues. Additionally, in the open response portion of the question, respondents noted the following additional barriers: geographic barriers, including not having MMC locations in Madera, and a lack of access for survivors from the Mountain area. Additionally one respondent pointed to the MMC’s additional Release of Information (ROI) before information could be communicated with an H/H as a barrier.

Collaboration with H/H Service Providers

The majority of respondents from the MMC DV CES (75.0%) and CPs (70.0%) reported either having an ongoing relationship with H/H service providers or that a colleague at their organization did. The MMC DV CES respondents described building these relationships through participating in meetings and events, outreach, collaborating on cases, supporting in-person warm hand-offs at shelters, and general networking. CP respondents added that they developed these relationships by participating in workgroups and participating in sub-committees.

Ongoing Relationships with Homeless/Housing Agencies by Respondent Agency Type

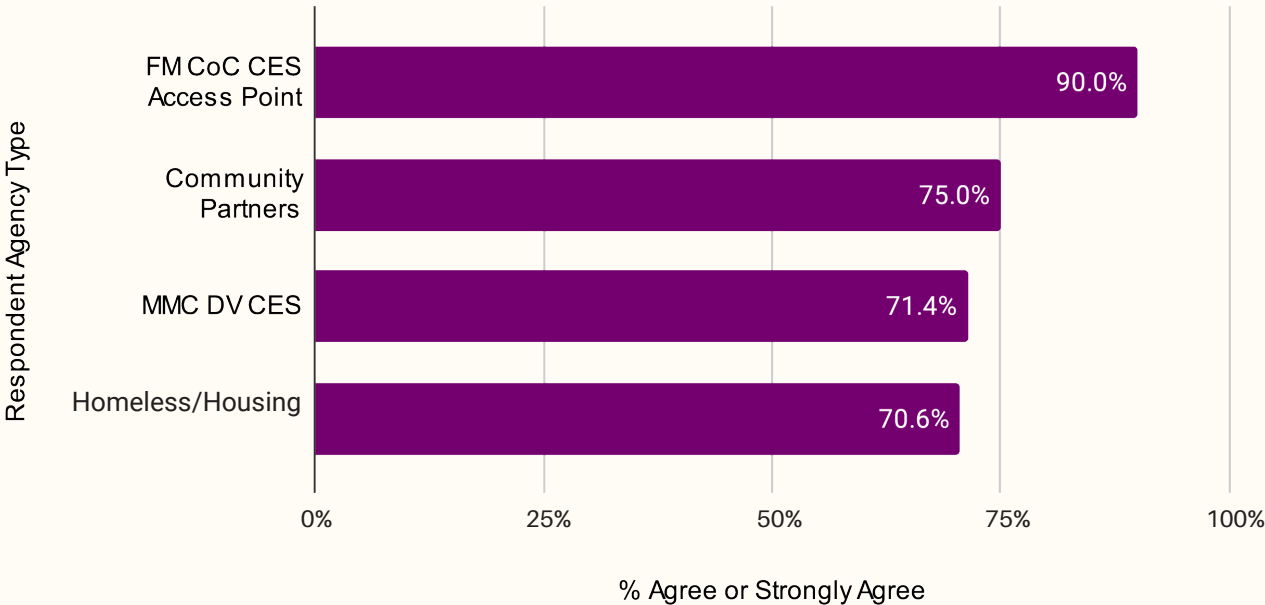


The most common barriers identified by the MMC DV CES respondents to collaborating with H/H service providers included lack of communication (43.5%), lack of collaborative spaces (43.5%), and lack of existing relationships (39.1%). CPs added that concerns regarding survivors not being taken seriously (33.3%) and creating these relationships were not prioritized by the H/H service providers (22.2%) as additional barriers.

Collaboration with DV Service Providers in the County of Fresno

The majority of respondents from the MMC DV CES (71.4%), FMCoC CES Access Points (90.0%), CPs (75.0%), and H/H service providers (70.6%) reported either having an ongoing relationship with staff from another DV service provider in the community, or that a colleague at their organization did. Notably, the MMC DV CES respondents listed partnerships with: Central CA Legal Services, Fresno State Survivor Advocates, Centro La Familia, and Crime Victim Assistance Center.

Ongoing Relationships with DV Service Agencies by Respondent Agency Type



Respondents from the FMCoC CES Access Points, CPs, and H/H service providers, listed partnerships with: Fresno EOC, Fresno Interdenominational Refugee Ministries, Breaking the Chains, Black Women’s Coalition, Red Crescent, CAPMC, Elder Abuse Services, Madera CAP, The Open Door Network, Valley Crisis Center, Mountain Crisis Center, Westside Family Preservation,

Made for Them, Rescue the Children, Evangel Home, Mighty Community Advocacy, WestCare Turning Point Welfare Champions (Kings County), and Clinica Sierra Vista.

The MMC DV CES respondents reported developing relationships with other survivor serving organizations through outreach/tabling events, collaborative meetings, and networking. The FMCoC CES Access Point, CP, and H/H respondents provided additional ways they developed these relationships, including through case conferencing, working on collaborative projects, referrals, and education/training.

The top barriers reported by the MMC DV CES respondents to creating relationships with other DV service providers in the community included lack of existing relationships (55.0%), lack of common collaborative spaces (35.0%), and lack of communication (30.0%). The FMCoC CES Access Point, CP, and H/H respondents shared the same barriers. That being said, a substantial share of the FM CoC CES Access Point (44.0%) and H/H (35.3%) respondents shared that none of the options were barriers for them.

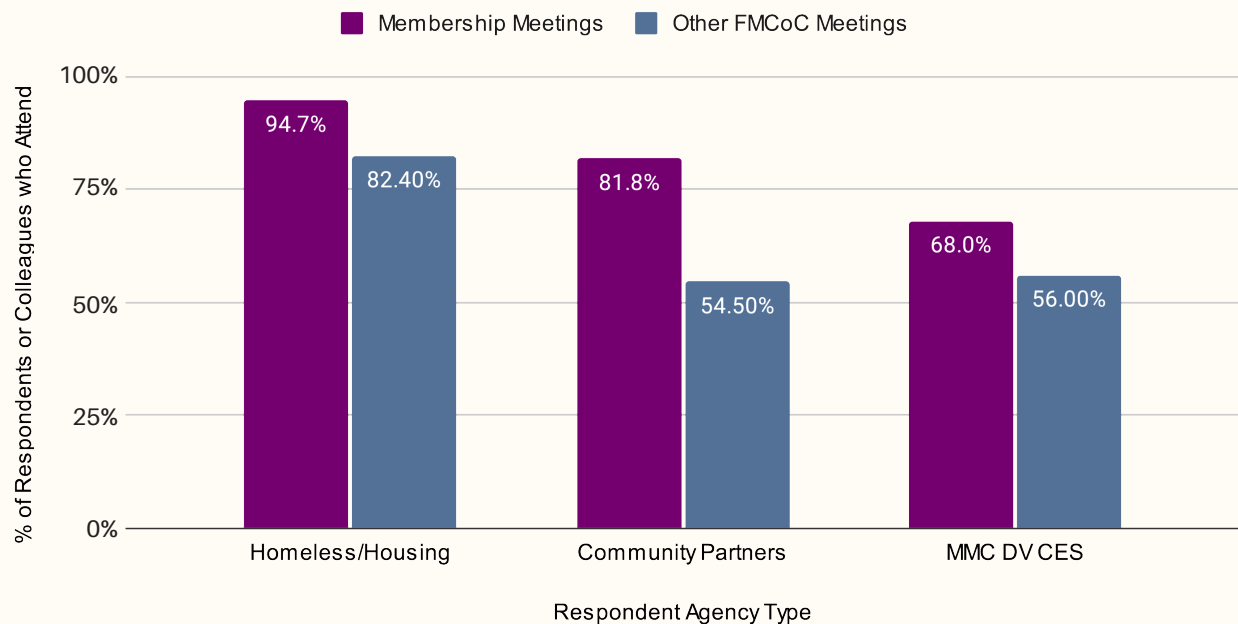
Of note, one distinct barrier to both services and partnership, was identified by a CP respondent, specifically in regards to support for elders in need of safe housing. The CP respondent noted a discrepancy between the legal definition of elder abuse in federal law and the state of California law, as a barrier to access and even collaboration. However, they did note progress and received support to address the barriers, specifically from the MMC leadership and some H/H service providers.

When respondents were asked in the Assessment if there was anything else that they wanted to share about collaboration in their community, one H/H respondent shared that the current ROI system was a barrier to being able to collaborate across the FMCoC. Another H/H respondent shared that H/H service providers should do a better job of intentionally and thoughtfully inviting CSOs to collaborate given the historical harms caused by mainstream systems. At the end of the Assessments, when asked if the respondents wanted to share any other information, an H/H respondent noted that the “community needs more coordination.”

Collaboration through the FMCoC

The majority of the MMC DV CES (68%), CP (81.8%), and H/H (94.7%) respondents reported either attending the FMCoC Membership meetings themselves or that a colleague at their organization did. Notably, the MMC DV CES respondents were the group with the smallest share of those who reported attendance. The MMC DV CES respondents were much less likely to agree or strongly agree that issues impacting survivors were discussed (22.2%) and adequately addressed (11.1%) compared with CP respondents (57.1% and 42.9% respectively).

Regular Attendance at FM CoC Meetings by Respondent Agency Type



The majority of the MMC DV CES (56.0%), CP (54.5%), and H/H (84.2%) respondents also reported either attending other FMCoC system meetings or that a colleague at their organization did. Examples of the other system meetings attended by the MMC DV CES respondents included VI-SPDAT committee meetings, Built for Zero meetings, and CES Case Conferencing meetings. CP and H/H respondents described attending HMIS meetings, Action Camps, Application Scoring meetings, Collaborative Applicant, and CoC Executive Board /Leadership meetings. A relatively small share of the MMC DV CES respondents agreed or strongly agreed that issues impacting survivors were discussed at these other FMCoC system meetings (37.5%), and that issues impacting survivors were adequately addressed there (37.5%). Alternatively, three out of the four CP respondents who reported attending other FMCoC meetings agreed or strongly agreed that both issues impacting survivors were discussed and were adequately addressed at these meetings.

Cross-Sector Partnership, Relationship Building in the County of Fresno

Through qualitative data, including key informant interviews and listening sessions, a couple of the MMC DV CES respondents shared that it was a battle to ensure that DV service providers were heard generally and to remind those in shared meeting spaces that homelessness was a DV issue as well. One person also shared that a lot of hard earned relationships across organizations at the staff level could be or were damaged through actions taken at the leadership and elected official level. In the Assessments, three CP respondents provided additional insight into collaboration across community organizations. One shared that there was a will to collaborate and build relationships but there was a lack of capacity to invest in building relationships across the system.

Section Two: Coordinated Entry System – Equity, Safety, & Assessment

Fresno Madera Continuum of Care Coordinated Entry System

Centering Survivor Choice and Safety

100% of the Fresno Madera Continuum of Care (FMCoC) program funded projects respondents (hereinafter Homeless/Housing (H/H) service providers) were very familiar with the FMCoC Coordinated Entry System (CES). 68.8% of H/H respondents agreed or strongly agreed that the FMCoC CES Intake & Assessment process was designed to allow survivors to disclose, by choice, their status as a survivor. Despite the familiarity with the system in general and agreement that the FMCoC CES's system supports survivors' self-disclosure, H/H respondents report much less familiarity with specific aspects of the FMCoC CES's safety planning capacity and procedures.

100% of FMCoC CES Access Point respondents agreed or strongly agreed that they had safety practices in place for screening/intake, including for couples (87.5% agreed or strongly agreed). Again this percentage was lower for H/H respondents' view of the FMCoC CES Access Point practices noted above. 62.5% of H/H respondents agreed that safety practices were in place for screening/intake (25.0% were unsure). 75.0% of CES Access Point respondents either agreed or strongly agreed that they were trained to provide safety planning if a household¹⁶ discloses DV (25.0% disagreed). A smaller percentage of H/H respondents (56.3% agreed or strongly agreed) with this statement (25.0% not sure or NA).

75.0% of CES Access Point respondents agreed or strongly agreed that couples were separated upon request (12.5% were not sure) compared with only 37.5% of H/H respondents (31.3% were unsure). 100% of CES Access Point respondents agreed or strongly agreed that FMCoC CES Access Points use private space to have conversations/conduct assessments, and only half of H/H respondents (50.0%) had this response (31.3% were unsure). These critical safety practices at CES Access Points could be reflective of the 50% of CES Access Point respondents who received training on confidentiality and safety protocols, as well as trauma-informed care implementation strategies, with a striking 75% also receiving training on DV.

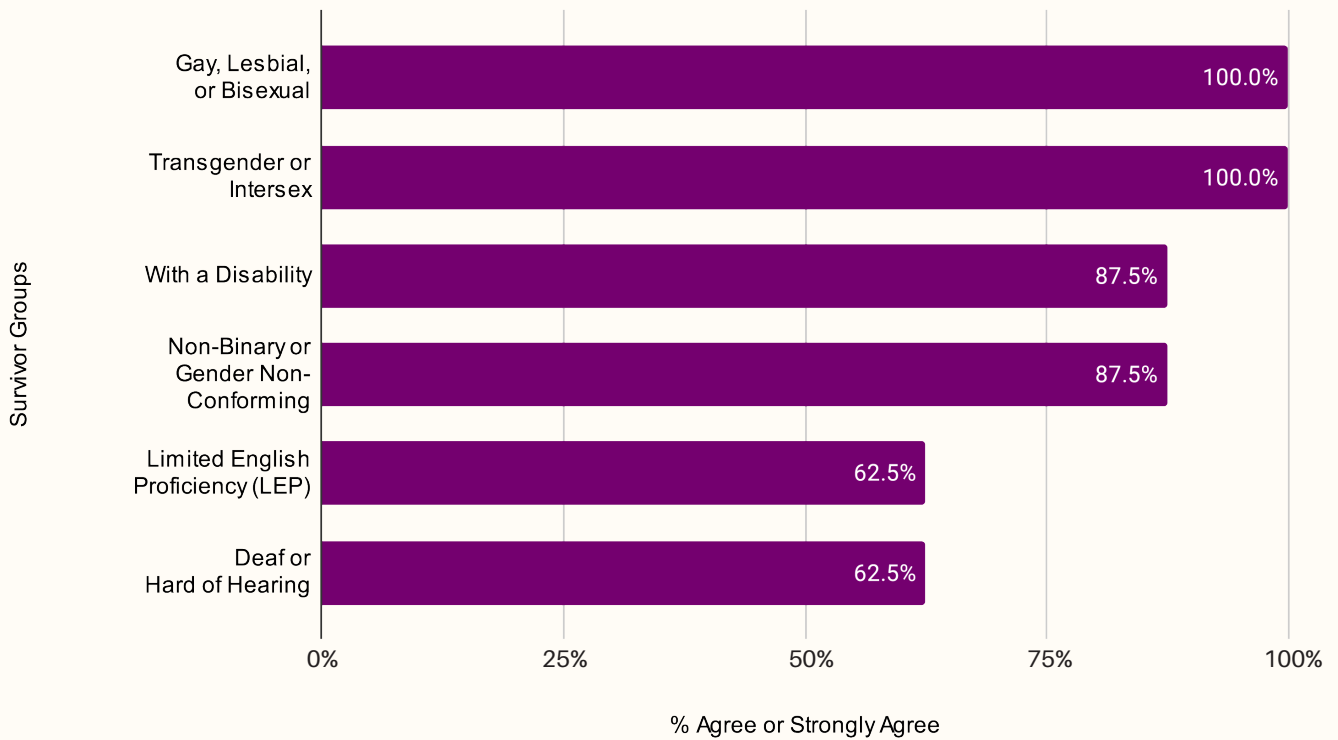
Equitable Intake Design

Based on reporting from CES Access Point respondents, the CES Access Points had strong equity assurances for several groups of survivors and some room for improvement for others. A vast majority of CES Access Point respondents agreed or strongly agreed that survivors with a disability (87.5%), non-binary/gender non-conforming survivors (87.5%), gay, lesbian, or bisexual survivors (100%), transgender or intersex survivors (100%), were ensured equitable services through the

¹⁶ The term "household" will be used in the evaluation key findings to capture individuals and families.

FMCoC CES Intake process. There was some room for improvement in terms of providing equitable intake services for survivors with Limited English Proficiency (LEP; 62.5% agreed or strongly agreed) and for survivors who were deaf or hard of hearing (62.5% agreed or strongly agreed).

***Equitable FMCoC Access Point Intake Process for Underserved Survivor Groups
FMCoC Access Point Respondent Perceptions***



Access to Housing and/or Housing Support Services

The majority of H/H respondents agreed or strongly agreed that a household currently experiencing DV was able to access housing services through the FMCoC CES (58.8%), a household that previously experienced DV was able to access housing services through the FMCoC CES (64.7%), and survivors were able to access the FMCoC CES in areas where they did not originally become homeless/at-risk of homelessness, as long as they were in the Fresno Madera geographic serving area (58.8%).

However, only 47.1% of H/H respondents agreed or strongly agreed that survivors were effectively prioritized for housing interventions through the FMCoC CES, with 24.5% of H/H respondents disagreeing or strongly disagreeing. 37.5% of CES Access Point respondents noted a need to have

a separate CES priority list for survivors (separate from the Community list, also known as the FMCoC CES list) to better serve survivors (50% were not sure).

There was also concern amongst respondent groups regarding the effectiveness of the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT). Only 12.5% of CES Access Point respondents agreed or strongly agreed that the VI-SPDAT was effective in supporting survivors with housing placement, and only 37.5% agreed or strongly agreed that the tool considered the unique risk factors for homelessness experienced by survivors. 37.5% of CES Access Point respondents said survivors presenting for housing and/or housing support/services would be better served using a different or modified Assessment tool/process, 62.5% said they were not sure. This could indicate a need to see what a different tool would actually look like.

Referral & Warm Hand-off

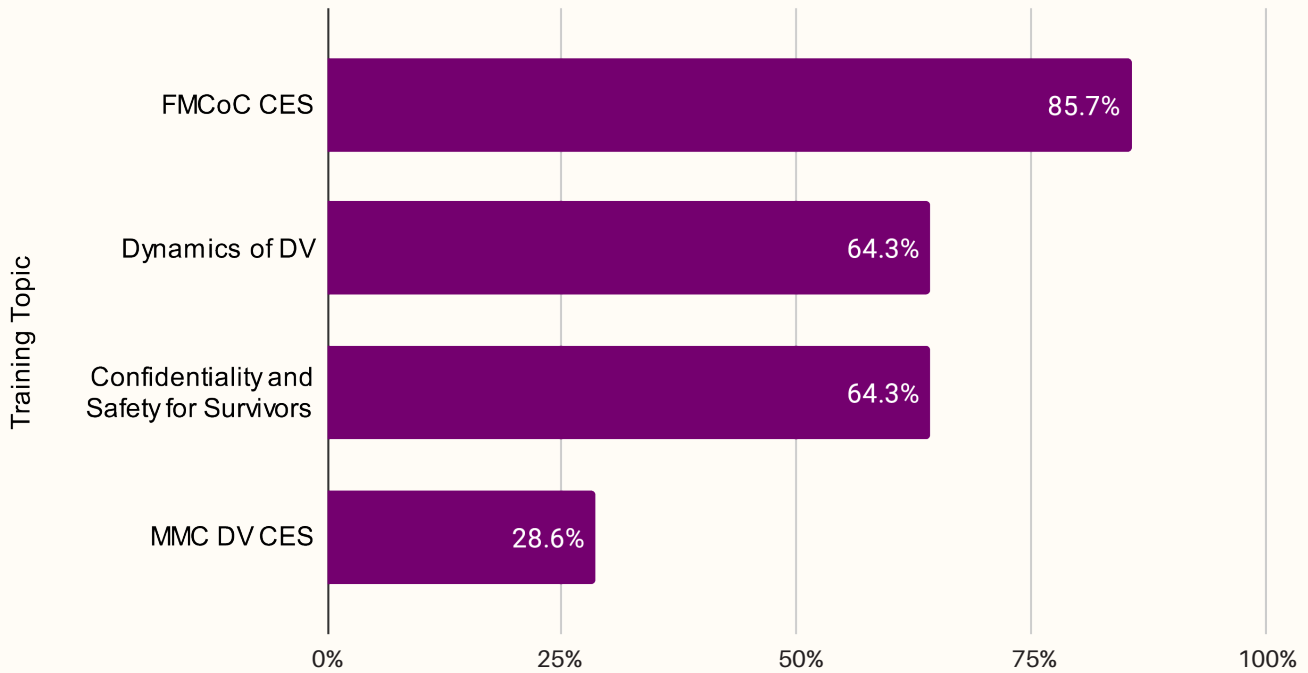
When a household presented as a survivor, 87.5% of CES Access Point respondents often, always, or almost always provided information about the Marjaree Mason Center Domestic Violence Coordinated Entry System (MMC DV CES), and 100% of respondents often, always, or almost always provided information and asked if the household wanted to be put in touch with the MMC DV CES (or to continue through the FMCoC CES Access Point).

100% of CES Access Point respondents often, always, or almost always referred survivors to DV service providers when a household identified as experiencing DV. 87.5% of CES Access Point respondents said they often, always, or almost always referred households to the MMC DV CES when they identified as a survivor or described experiencing DV. The remaining respondents (12.5%) said they did this sometimes. Once a household identified as a survivor, 87.5% of CES Access Point respondents said they ensured the household was connected with MMC DV CES either immediately or within 1-3 days.

Strong Desire for Cross-Sector Training

H/H respondents noted receiving the most training on the FMCoC CES (85.7%) and the least training on the MMC DV CES (28.6%). This was reflected in some of the findings in other sections as a lack of understanding regarding the MMC DV CES, their role and process. Notably, 64.3% of H/H respondents had received training on the dynamics of DV and 64.3% had also received training on confidentiality and safety.

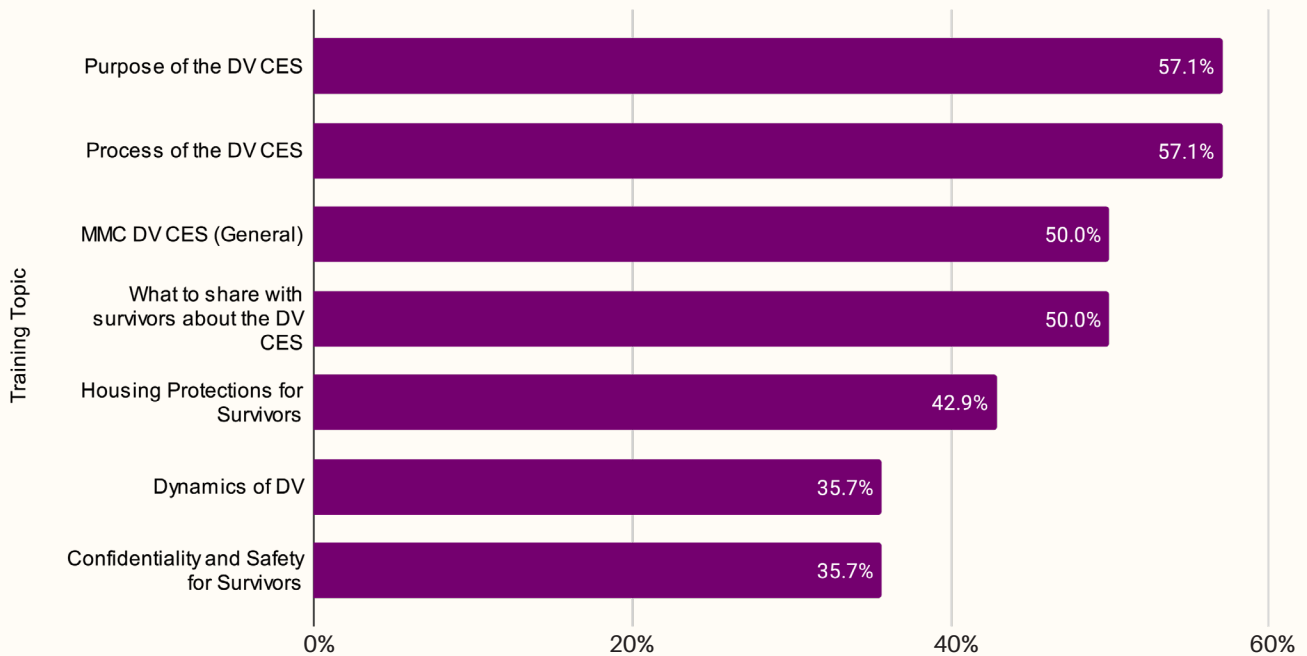
Homeless/Housing Respondent Training Received



Additionally, the topic that the largest share of H/H respondents wanted training on was the MMC DV CES (50.0%), and specifically the purpose (57.1%) and process (57.1%) of the DV CES, as well as what to share with survivors regarding the MMC DV CES (50.0%). They also wanted to learn more about the FMCoC CES Access Point staff role in the MMC DV CES process (50.0%), and the process for survivors who had entered into the MMC DV CES (50.0%).

H/H respondents reported interest in training on housing protections for survivors (42.9%), dynamics of domestic violence as well as confidentiality and safety protocol for survivors (35.7% each). Additionally one respondent wrote in their open ended response that they would like training specific to human trafficking survivors.

Homeless/Housing Respondent Training Topic Interests



Marjaree Mason Center Domestic Violence Coordinated Entry System

Education and Outreach Regarding MMC DV CES

The FMCoC CES Access Points had exceptional referral practices in place to the MMC DV CES. However, in regards to Community Partners (CPs), while some CP respondents were very familiar with MMC, there were gaps in knowledge and familiarity with the MMC DV CES. Of the respondents for whom familiarity with MMC and the MMC DV CES were applicable, 100% (n = 5) were familiar with MMC but only 50% (n = 2) were familiar with the MMC DV CES. 75% (three out of four) of CP respondents said their organization shared information about MMC and their services with clients, but only one out of three said they also shared information about the MMC DV CES with clients. Of the five CP respondents who answered the question about referrals to MMC and/or the MMC DV CES, none reported often or always making referrals.

Strikingly, no CP respondents reported receiving training on the MMC DV CES and only 25.0% of CP respondents reported receiving training on the FMCoC CES. The data regarding referrals and information sharing with clients specific to MMC DV CES reflects the area of opportunity regarding broader training and outreach to CPs. Promisingly, 75.0% of CP respondents said they wanted to receive training on the MMC DV CES and 50.0% said the same of the FMCoC CES.

Interestingly, four out of five CP respondents reported having made referrals to connect survivors to another organization (i.e., not MMC) that provides housing and/or housing services to survivors. Of those that made any referrals to MMC, two respondents reported that they made between 1-5 referrals and one reported making between 6-10 referrals in 2022.

Equitable & Trauma-Informed Intake Design & Access

Survivors seeking DV and/or housing services/supports come into contact with MMC through a variety of intake avenues including their hotline (95.0%), in person at an MMC location (85.0%), or in person during street outreach (45.0%). The majority of MMC DV CES respondents (60.0%) shared that advocates/staff described the MMC DV CES to survivors during the intake process (25.0% were not sure). 70.6% of MMC DV CES respondents agreed or strongly agreed that the intake process made it easier for survivors to access services. 83.3% of the MMC DV CES respondents said that survivors were asked specific questions about their housing and/or housing support/services needs even if they were not entering the MMC DV CES through emergency shelter.

The FMCoC CES Access Point and CP respondents perceived that the MMC DV CES had several strong areas in regards to equitable and trauma-informed design. The FMCoC CES Access Point respondents agreed or strongly agreed that survivors with a disability (76.5%), survivors with limited English proficiency (LEP; 64.7%), gay, lesbian, or bisexual survivors (64.7%), transgender or intersex survivors (64.7%), survivors who were deaf or hard of hearing (64.7%), and non-binary/gender non-conforming survivors (52.9%) *were* ensured equitable services through the MMC DV CES.

Equitable & Trauma-Informed Intake Design & Access

Only 50% of the MMC DV CES respondents noted that questions about housing needs of survivors at intake were uniform and used by all advocates. 47.1% of the MMC DV CES respondents agreed or strongly agreed that the intake process was traumatizing to survivors (only 11.76% disagreed or strongly disagreed). 35.3% disagreed or strongly disagreed that the intake process was too extensive for survivors in a crisis situation (41.2% neither agreed nor disagreed). Finally, 58.9% agreed or strongly agreed that the intake process could use improvements to be more trauma informed (17.7% were not sure and 17.7% disagreed or strongly disagreed).

In alignment with this perspective from the MMC DV CES respondents and reflecting that the intake process and questions could be further streamlined, according to a survivor that participated in a listening session, “the guy who did the assessment with me was awesome” exemplifying the strong trauma-informed training and practice of intake counselors/advocates at MMC, but the survivor also noted “it was the initial phone call when you’re trying to research the resources available that was flawed.”

The MMC DV CES respondents also noted that more could be done to ensure equitable services—specifically, 35.3% of the MMC DV CES respondents noted that they neither agreed nor disagreed that MMC had equitable services for non-binary or gender non-conforming survivors, reflecting a differing perspective than the FMCoC CES Access Point respondents perceptions. 11.7% of the MMC DV CES respondents disagreed or strongly disagreed and 17.7% neither agreed nor disagreed, that they had equitable services for gay, lesbian, or bisexual or transgender survivors.

Further, 23.5% of MMC DV CES respondents disagreed or strongly disagreed that the MMC had equitable services for survivors with LEP and only half (52.9%) agreed or strongly agreed that the intake process was responsive to survivors whose primary language is not English (29.4% disagreed or strongly disagreed). One of the MMC DV CES respondents noted “I think one of the biggest barriers that we encounter is the language barrier both during intake and having case management/advocates that can work through that language barrier.”

To shed more light on areas of opportunity for supporting survivors with LEP, listening sessions participants and key informants shared that the MMC DV CES intake staff had a practice of referring LEP and immigrant survivors to culturally specific organizations (CSOs). This practice led to increased confusion and complexity for survivors, particularly when CSOs did not have the same housing and/or housing service resources as the MMC. A Spanish speaking survivor with LEP, noted calling the MMC intake hotline three times before getting connected with culturally responsive services and then being referred out to a CSO for support.

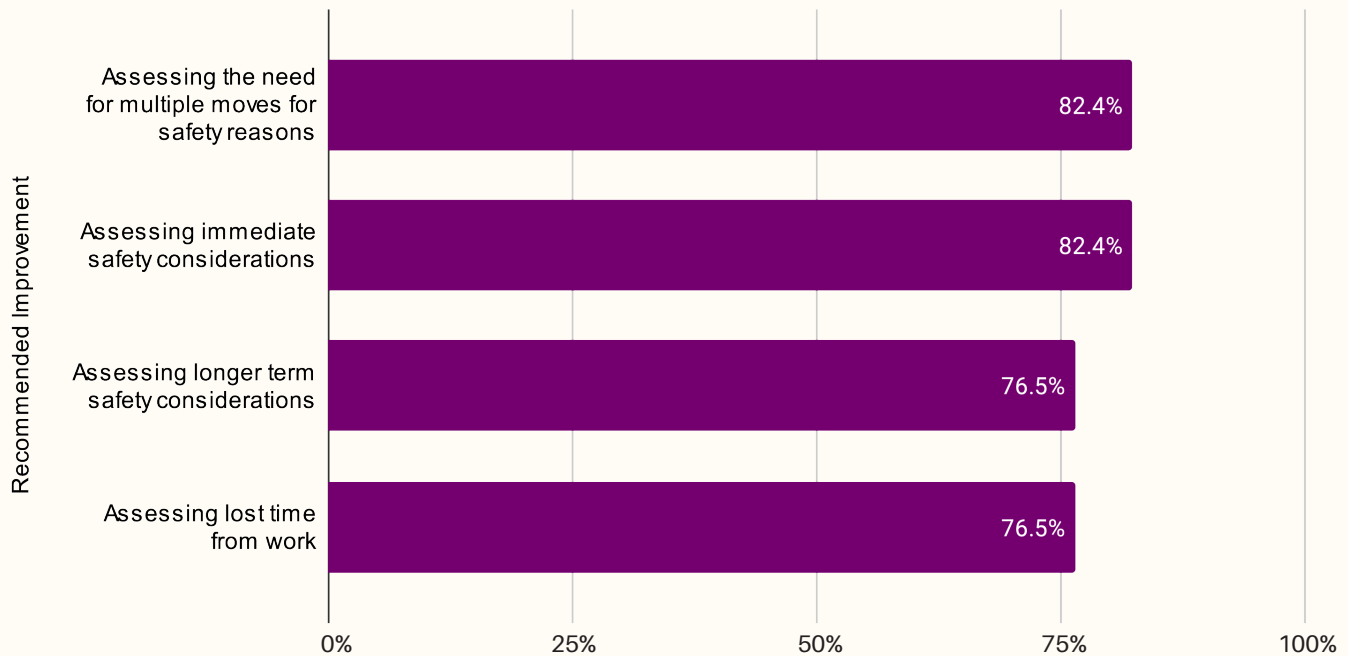
Access to Housing and/or Housing Support Services through CES

Similar to the FMCoC Access Point and H/H respondents, the majority of the MMC DV CES respondents were also interested in a tool other than VI-SPDAT to assess survivors safe housing needs. 52.9% of the MMC DV CES respondents said that survivors presenting for housing and/or housing support/services would be better served using a different or modified assessment tool. 82.4% of the MMC DV CES respondents said they would be interested in exploring different assessment tool options that center survivor safety and housing needs to be used through the MMC DV CES.

According to the MMC DV CES respondents, the following recommendations would improve the MMC DV CES assessment for housing placement for survivors:

- Assessing the need for multiple moves for safety reasons (82.4%)
- Assessing immediate safety considerations (82.4%)
- Assessing longer term safety considerations (76.5%)
- Assessing lost time from work (76.5%)

Recommendations for Improving House Placement Assessment for Survivors



One of the MMC DV CES respondents noted, “Although some enhancements to the assessment process is needed, I believe MMC truly reflects a ‘low barrier’ access point for survivors in general (especially as it pertains to accessing MMC housing). However the barrier in my opinion is that we were using a ‘tool’ that reflects barriers for those that had been unhoused for months to years. Many of the survivors that we work with were ‘fleeing’ from their home for the first time, and do not ‘fit’ the criteria and model in which the tool focuses on. MMC has had to implement the Risk Assessment alongside this tool (which is not ideal), in order to better demonstrate the overall risk and housing insecurity of the client.”

Similar to responses from the FMCoC CES Access Point respondents, the MMC DV CES respondents also said that a separate survivor specific CES priority list would better serve survivors and their access to safe and stable housing (76.5%).

Section Three: Homeless Management Information System

Privacy & Confidentiality

100% of Fresno Madera Continuum of Care Coordinated Entry System Access Point (FMCoC CES) respondents and 76.9% of the FMCoC program funded projects (hereinafter Homeless/Housing (H/H) service provider) described the purpose and risks of entering personal identifiable information (PII) into the Homeless Management Information System (HMIS) to a household seeking housing and/or housing resources/supports. 100% of the FMCoC CES Access Point respondents and 69.2% of H/H respondents reported that their organization also asked households seeking housing and/or housing resources/support to complete a Release of Information (ROI) form prior to entering PII into HMIS. One important area with room for equity improvement was that only 38.5% of H/H respondents said their organization provided an ROI or consent form in different languages (23.1% said this was not applicable).

In addition, survivors have a right to determine what information is shared with a third party (e.g. between the organization providing services to them and another organization/entity outside of that organization). This right is protected by federal, state and local laws, and in the case of DV service providers, as well as other organizations receiving certain funding (or with specific licensure), they have obligations and requirements they must follow, which includes ensuring the survivor determines what, if any information, can be shared with a third party. If a survivor determines the organization providing services to them can share information, they are asked by that organization to sign an ROI. The ROI should be time-limited and describe the information the organization can share with a third-party. Without an ROI, information regarding the survivor cannot be shared with a third party, unless it meets the very narrow exceptions outlined in the law.

87.5% of FMCoC CES Access Point respondents reported that their organization had a procedure in place if a household did not consent to share any information in HMIS (only 61.5% of H/H respondents said the same). 50% ($n = 4$) of the FMCoC CES Access Point respondents said that when this happened, survivor information was not tracked electronically (progress was tracked in paper files), 25% said survivor information was stored in a separate database, one person shared their information was made private in HMIS, and one person was not sure. When the same question was asked of H/H respondents, the largest share of respondents said the information was made private in HMIS (46.7%; though 60% of respondents said that staff knew how to do this), followed by 26.7% reporting that the information was tracked in paper files as opposed to electronically, 20% being unsure of what happened in this situation, and one person (6.7%) stating that this option did not exist.

Additionally, 87.5% of the FMCoC CES Access Point respondents said that the FMCoC had a policy and process for what to do when a client disclosed that they were a survivor and revoked consent to have any information in HMIS. Similarly, 80% of H/H respondents said the same (20% were not sure).

Based on key informant interviews and listening sessions, the best practice of protecting survivor personally identifiable information (PII) and using a comparable database system, with additional privacy and confidentiality measures built in, was the established policy and procedure throughout the FMCoC. What was also shared in these sessions was that the FMCoC used the ServicePoint database system administered by Wellsky and the Comparable Database used the Apricot database system administered by Social Solutions. Across these sessions and open ended responses in the Assessments, consistent themes of a disconnect between the two data systems and teams were apparent. While some of this disconnect seemed to be more relational in nature, the use of two different database systems also presented a literal technical disconnect that limited collaborative data sharing and reporting. Given the importance of collaborative data sharing and reporting to reliably track trends across time, to provide comprehensive public facing reports, and to effectively reflect areas of success and areas of need when applying for funding, a database solution that considers both the importance of PII confidentiality and privacy and data sharing and reporting needs is critical.

Section Four: Housing Protections

Mixed Knowledge of Laws & Regulations Protecting Survivors

Laws/Regulation	MMC DV CES Respondents ¹⁷ (n = 10)	Homeless/Housing Respondents (n = 14)
Violence Against Women Act (VAWA)	10% Extremely 40% Moderately 20% Somewhat 30% Slightly 0% Not at all	21.4% Extremely 21.4% Moderately 57.1% Somewhat 0% Slightly 0% Not at all
Americans with Disabilities Act (ADA)	10% Extremely 60% Moderately 0% Somewhat 20% Slightly 10% Not at all	57.1% Extremely 14.3% Moderately 28.6% Somewhat 0.0% Slightly 0.0% Not at all
Section 504 of the Rehabilitation Act (Section 504)	0% Extremely 30% Moderately 10% Somewhat 20% Slightly 40% Not at all	7.1% Extremely 0.0% Moderately 42.9% Somewhat 35.7% Slightly 14.3% Not at all
Title VI of the Civil Rights Act	0% Extremely 40% Moderately 30% Somewhat 20% Slightly 10% Not at all	42.9% Extremely 7.1% Moderately 21.4% Somewhat 21.4% Slightly 7.1% Not at all
HUD Equal Access Rule	10% Extremely 20% Moderately 30% Somewhat 20% Slightly 20% Not at all	28.6% Extremely 21.4% Moderately 42.9% Somewhat 0.0% Slightly 7.1% Not at all
Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH Act)	0% Extremely 10% Moderately 20% Somewhat 10% Slightly 60% Not at all	28.6% Extremely 7.1% Moderately 42.9% Somewhat 21.4% Slightly 0.0% Not at all

¹⁷ Marjaree Mason Center Domestic Violence Coordinated Entry System

Accessing Safe Housing in the County of Fresno

Safe Housing Practices to Access Safe Housing

Through the key informant interviews and listening sessions, several critical advocacy practices surfaced repeatedly by Culturally Specific Organizations (CSOs) serving survivors. Those practices and strategies were used to support survivors seeking safe and stable housing, exemplifying their vast understanding of housing protections, including the Violence Against Women Act (VAWA) as well as federal and state of California Fair Housing Acts (FHAs), which help to ensure survivors are not discriminated against in shelter/housing.

Participants in listening sessions shared countless strategies used to support survivors, including ensuring survivors were aware of their rights, and how to utilize them when a housing provider denied housing. Several examples were also shared of organizational and advocate commitment to centering cultural responsiveness including language access, ensuring materials were translated, interpretation was available and survivors were supported by advocates with extensive training and expertise.

Further, there was a strong understanding that survivors of sexual assault, stalking, dating violence and human trafficking experienced different kinds of violence and trauma and there was room for all survivors to receive the support they needed to reach and maintain safety, as well as housing. In addition to utilizing and promoting culturally responsive services and understanding the differing experiences across violence and trauma, they also had extensive expertise in the rights of immigrant survivors and utilized their expertise to support the rights of all survivors to safe and stable housing. Their advocacy strategies represented model safe housing practices for survivors and successfully ensured survivors had access to safe housing, as well as other support services (based on survivor choice).

Adding Requirements for Survivors Seeking Housing and/or Housing Support Services

86.7% of the Fresno Madera Continuum of Care program funded project (hereinafter Homeless/Housing (H/H) service providers) said their organization accepted survivors into their programs (13.3% said no). 42.9% of H/H respondents said they required survivors to file a protection/restraining order before accessing their organizations housing and/or housing services, 35.7% required counseling, 28.6% required a police report, and 14.3% required no more contact with the harm-doer. Only 50% of H/H respondents reported that their organization did **not** add additional requirements for survivors seeking their housing and/or housing services. Adding additional requirements may be unlawful and likely compromises the safety and housing stability of survivors.

Serving Survivors with Intersecting Identities

According to the Assessments, the vast majority of the Marjaree Mason Center Domestic Violence Coordinated Entry System (MMC DV CES) respondents and H/H respondents reported that their organizations provided housing and/or housing resources/supports to survivors with the following intersecting identities:

- Black, Indigenous, or Person of Color
- Immigrants
- Physically/cognitively disabled
- Mental illness
- Active addiction issues
- Men (with or without children)
- Women (with or without children)
- Deaf or hard of hearing
- Transgender or Non-binary/Gender non-conforming
- Lesbian, Gay, or Bi-sexual
- Over 50

70% of MMC DV CES respondents and 57.1% of H/H respondents reported serving survivors under 18.

While the MMC DV CES and H/H respondents served survivors with intersecting identities, perspectives shared by key informants and through listening sessions flagged that there were areas of opportunity in regards to equitable practices for applicants, specifically in regards to cultural competence and responsiveness to survivors of color, immigrant survivors, survivors with Limited English Proficiency (LEP), survivors who were deaf or hard of hearing, non-binary or gender non-conforming survivors, and gay, lesbian, bisexual or transgender survivors.

Additional areas of opportunity existed to support the safe housing needs of survivors with intersecting identities, specifically survivors in households over the age of 55, as well as supporting the needs of survivors in Rural areas.

Accessing Safe Housing Across Differing Types of Housing

Across the board, the same three barriers were ranked by the MMC DV CES respondents as the most significant barriers facing survivors trying to *access* Rapid Re-Housing (RRH), Permanent Supportive Housing (PSH), Other Federally Subsidized Housing (e.g., HCV/Section 8 Voucher), or Private Housing (no federal subsidy):

- Not enough housing stock/lack of affordable housing
- Poor credit
- Poor or limited rental history

DV service provider respondents, representing CSO's, contributed the following top two recurring barriers—applicant was an immigrant and criminal record. These two recurring barriers are important culturally specific considerations.

Knowledge of & Adherence to Notice Requirements

The high level of training and its application was exemplified in this section. 66.7% of the MMC DV CES respondents said that staff at their organization received training on federal, state, or local housing protections that applied to survivors (20% were unsure). Reflecting that training, 80% of MMC DV CES respondents were aware of the Notice of Occupancy Rights & Self-Certification Form Requirements under VAWA (i.e., VAWA lease language), and 20% were not sure. 60% of the MMC DV CES respondents reported that the MMC DV CES staff provided a Notice of Occupancy Rights & Self-Certification Forms to program participants/tenants (40% were unsure) and 70% said that the MMC's lease/rental agreement with program participants/tenants included VAWA Lease Language (30% unsure). A smaller percentage (50%) said that the landlords/housing providers that the MMC worked with who received a federal subsidy (e.g., RRH), provided a VAWA Lease Addendum to tenants (50% unsure).

A similar percent of H/H respondents (78.6%) said staff at their organization were aware of the Notice of Occupancy Rights & Self-Certification Form Requirements under VAWA, and 57.1% said they provided a Notice of Occupancy Rights & Self-Certification Form to program participants/tenants (35.7% not sure or NA). A smaller share of H/H respondents (42.9%) said that both their organization's lease/rental agreement with program participants/tenants included VAWA lease language and that the landlords/housing providers the organization worked with who received a federal subsidy did so as well (50.0% were unsure).

Maintaining Safe Housing in the County of Fresno

Trauma-Informed Safe Housing Practices & Operable Internal Emergency Transfers

Qualitative data from the listening sessions showed extensive expertise amongst some H/H services provider staff regarding domestic violence, as well as sexual assault and human trafficking specifically among Permanent Supportive Housing (PSH) providers. Their expertise ranged from trauma-informed practice implementation, specifically understanding the varying ways survivors sought support due to the trauma and/or violence they experienced or were experiencing, as well as helping to ensure survivors could immediately access an emergency transfer and supporting them through the process until safely housed. These practices represented a strong understanding of survivor needs, centering the survivor's voice and supporting the survivor's ability to maintain safe and stable housing.

Maintaining Safe Housing Across Differing Types of Housing

Across the board, the same three barriers were ranked as the most significant barriers facing survivors in each respondent group to *maintaining* Rapid Re-Housing (RRH), Permanent Supportive Housing (PSH), Other Federally Subsidized Housing (e.g., HCV/Section 8 Voucher), or Private Housing (no federal subsidy):

- DV on the premises
- Facing threat of eviction or program termination due to reconnecting with a harm-doer
- Not having economic resources to maintain housing

Additionally, the barrier of “Survivor no longer meets current housing eligibility requirement (e.g., increase in income)” was included in the list of barriers to maintaining RRH only. Overall, the DV service provider respondents were aligned with the MMC DV CES respondents, with the addition of “Facing threat of eviction or program termination due to contacting the police or 911 because of the violence committed against them” as a barrier to maintaining housing through a Private Housing Provider/Landlord (no federal subsidy).

Emergency Transfers for Survivors

The MMC DV CES respondents had little information about the FMCoC’s Emergency Transfer Plan (ETP). Only 30% of the MMC DV CES respondents said that the FMCoC had an ETP for survivors with the other 70% being unsure. The high rate of being unsure was reflected in the subsequent question about the FMCoC ETP being operable and streamlined for survivors, with only 10% (one person) reporting in the affirmative and 90% being unsure.

Relative to MMC DV CES respondents, H/H respondents’ had slightly higher awareness of the FMCoC’s ETP for survivors, with 50.0% reporting being aware of the plan. Only 14.3% of H/H respondents reported that their organization had its own ETP for survivors (42.9% said no), though 42.9% were unsure or said the question was not applicable. Despite the low rate of H/H respondents reporting that their organization had an ETP for survivors, 42.9% reported that their organization provided emergency transfers for survivors (14.3% said no), but only 28.6% reported that their organization tracked emergency transfer requests (57.1% said not sure or NA). This data reflected the information shared by participants in one of the listening sessions regarding PSH providers ensuring survivors received emergency transfers internally. Indeed, when asked about what the FMCoC should do to ensure its ETP was usable and operable for survivors, one H/H respondent suggested they “track its progress.” The majority of H/H respondents (64.3%) said that their organization referred survivors who needed emergency transfers to the MMC DV CES.

When it came to awareness of the MMC ETP, the MMC DV CES respondents’ awareness was slightly higher, but still reflected room for outreach and training. Only 40% of the MMC DV CES respondents reported that the MMC had its own ETP for survivors with the remaining 60% being unsure. 30% said that the MMC ETP was operable and streamlined for survivors with

the remaining 70% being unsure. When asked about emergency transfer requests and referrals from other organizations to the MMC, a similar relatively low rate of awareness was found. For instance, only 20% of MMC DV CES respondents said that the MMC DV CES staff received referrals from external agencies due to emergency transfer requests (10% no, 70% unsure), only 10% said that the MMC DV CES tracked external emergency transfer requests (10% no, 80% unsure), and 30% said that the MMC DV CES tracked internal emergency transfer requests (70% unsure). Reflecting this lack of awareness of ETPs and requests, 90% of the MMC DV CES respondents did not know how many external transfer requests were made to the MMC DV CES, and 80% did not know how many survivors in an MMC program requested an emergency transfer under the ETP in 2022.

Strong Desire for Cross-Sector Housing Protection Training

The vast majority of respondents noted receiving training on federal, State of California and local housing protections for survivors as well as a strong interest, over 80%, in continuing to receive training on housing protections so they could better support survivors.

