

## Application Narrative Template

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This section of the toolkit is to assist jurisdictions in thoroughly completing their application narrative document. Below you will find the questions that HHAP program staff will be ensuring are answered in each jurisdiction's narrative document. Applications will not be deemed complete if all the below questions are not addressed in a jurisdiction's narrative attachment. More information on these areas can be found in the [HHAP program guidance](#).

### **1. SUMMARY OF HOMELESSNESS IN THE CoC, LARGE CITY, OR COUNTY**

To successfully complete this section, applicants must:

#### **A. Submit their CoC's complete HUD Longitudinal System Assessment (LSA) from June 2018 – June 2019.**

#### **B. Use the LSA data to provide (as defined by HUD):**

1. Total number of households served in: (1) Emergency Shelter, Safe Haven and Transitional Housing, (2) Rapid Rehousing, and (3) Permanent Supportive Housing.
2. Total number of disabled households served across all interventions.
3. Total number of households experiencing chronic homelessness served across all interventions.
4. Total number of 55+ households served across all interventions.
5. Total number of unaccompanied youth served across all interventions.
6. Total number of veteran households served across all interventions.
7. Number of individuals served across all interventions who were: (1) Female, (2) Male, (3) Transgender, or (4) Gender Non-Conforming.
8. Total number individuals served across all interventions who were: (1) White, Non-Hispanic/Non-Latino (only), (2) White, Hispanic/Latino (only), (3) Black or African American (only), (4) Asian (only), (5) American Indian or Alaska Native (only), (5) Native Hawaiian/Other Pacific Islander (only) or (6) Multiple races

**The LSA data for the Fresno-Madera Continuum of Care (FMCoC) for the period of October 1, 2017 through September 30, 2018 is attached to this application as "Final 2018 Updated Summary Data." The FMCoC has shared this data with its regional co-applicants: The City of Fresno, the County of Fresno, and the County of Madera.**

#### **Please note:**

- Per HHAP program guidance, CoCs are expected to share the LSA with their regional co-applicants (i.e. applicable large cities and counties that overlap the CoC's jurisdiction). Each entity will submit a copy of the LSA for their CoC.

- Acknowledging that there may be differences in demographics and characteristics within a region, large city and county, applicants may also include additional information and data that is specific to the geography they represent.

## **2. DEMONSTRATION OF REGIONAL COORDINATION**

To successfully complete this section, applicants must provide:

### **A. Coordinated Entry System (CES) Information**

For CoC applicants:

1. Describe how your CES functions, including:
  - a. What entity is responsible for operating your CES?

**The Fresno-Madera Continuum of Care's Coordinated Entry System is governed by the Fresno Madera Continuum of Care (FMCoC) Coordinated Entry System Committee and the FMCoC Board. The role of the FMCoC CES Committee is to make recommendations on implementing CES and is responsible for training and evaluating the coordinated entry system. The committee makes recommendations based on input from all stakeholders and other FMCoC Committees. The FMCoC Board has final approval on all FMCoC CES policies, forms and tools.**

**The FMCoC CES Committee meets twice a month to review the coordinated entry processes, including intake, assessment and referral. The coordinated entry process is evaluated by the FMCoC Evaluation Committee to ensure that it is operating at maximum efficiency and revisions are made to the Policies and Procedures as needed. The FMCoC Coordinated Entry System Committee is responsible for the design, implementation, success, and on-going evaluation of the FMCoC Coordinated Entry System, specifically how the system triages clients, prioritizes them for service, and tracks clients through the Continuum of Care.**

**WestCare California, Inc., an FMCoC member and local homeless services provider, directs operation of the CoC's CES and provides CES supportive services through its Community Coordinator and Housing Matcher positions which facilitate centralized intake, assessment, and provide housing matching for FMCoC CES participants. WestCare ensures that outreach events are coordinated with participation from FMCoC providers and encompass the entire region. The information collected from the FMCoC providers via the Vulnerability Index-Service Prioritization and Decision Assistance tool (VI-SPDAT) is used to match homeless individual or families with the appropriate housing options. WestCare also provides housing location and navigation services in support of the CES.**

**Additional support for the FMCoC's CES are provided by Fresno Economic Opportunities Commission outreach and navigation services and the Marjaree Mason Center coordinated entry project for victims of domestic violence.**

- b. What is the process for assessment and identification of housing needs for individuals and families that are experiencing or at risk of experiencing homelessness in your community?

**The FMCoC Coordinated Entry System uses the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) as the initial standard assessment triage tool to assess vulnerability when a person presents to the crisis response system. The VI-SPDAT is completed in HMIS with individuals and families who are homeless under HUD's definition of homelessness. The assessment can only be conducted by a qualified agency or program assessor participating in CES and trained in HMIS. The VI-SPDAT is generally conducted no sooner than a seven night stay in an emergency shelter, three street outreach contacts, and/or when a Homeless Verification can be attained. A trained and approved assessor will conduct the Vulnerability Index-Service Prioritization Decision Assistance Tool in order to identify linkage to appropriate housing intervention (Prevention, Transitional Housing, Rapid-Rehousing, Permanent Housing or Permanent Supportive Housing).**

**To ensure easy access to assistance, the FMCoC's Coordinated Entry System provides access to assessments, housing, and services from multiple, convenient locations throughout the Fresno Madera Continuum of Care. The homeless person in need may initiate a request for housing by walking into or calling any participating program or through contact with a street outreach program. Programs that serve as a CES assessment sites are required to have user access to HMIS, ensure compliance with data privacy and policies, provide at least one assessment day a week, have at least one trained assessor authorized to use HMIS and conduct the VI-SPDAT assessment, follow CES policies and procedures for conduction assessments and communicating about coordinated entry, and provide additional referrals to other community services.**

**As a first step, individual or family presenting are asked basic pre-screening questions to determine if they need homelessness assistance, whether they have already received the VI-SPDAT, and whether they are a member of special population requiring specialized assistance. If the individual or family needs homelessness assistance, staff checks HMIS to see if they have already received the VI-SPDAT in the past year. If not, or if their situation has changed significantly since the last time, the assessment can proceed.**

c. How are people referred to available housing through CES?

The VI-SPDAT is completed with all individuals and families to quickly assess their health and social needs and match them with the most appropriate support and housing interventions that are available. Homeless persons that have completed a VI-SDAT are added to the CoC's Master By-Name List, a universal registry within HMIS, that supports tracking, case conferencing, and rapid movement to permanent housing. Each person entered on the by-name list is assigned a Navigator by the Community Coordinator. The Navigator's responsibility is assist clients with procuring necessary documents and services such as identification card, birth certificate, social security income, disability income/verification, certification of homelessness, and other documents as needed, including linkages and transportation to necessary resources and services.

Once a client has completed a VI-SPDAT assessment, entered into HMIS, and has gathered the necessary housing documents, the CES Housing Matcher runs an eligibility matrix within HMIS to identify matches to available housing programs within the FMCoC. The Housing Matcher facilitates Navigator communications with matched programs to present to homeless clients to better foster client choice. Clients are presented with the housing interventions that are determined to be the best fit using their VI-SPDAT assessment. The client may then choose any number of the housing interventions they are matched to. The assigned navigator will work with the client to complete all necessary program applications, assist in the home finding efforts and procure any additional documentation to ensure that the client successfully connects with permanent housing.

2. How do you promote the utilization of your CES? Specifically:
  - a. What outreach do you conduct to ensure all individuals experiencing homelessness, including those with multiple barriers, are aware of the CES assessment and referral process?

FMCoC CES providers market the coordinated entry system through the following activities: monthly email updates to the general community, service providers, and City and County departments; posting of coordinated entry policies and other information on the FMCoC website and the social media platforms of the FMCoC; distributing informational flyers at service locations in the community; providing information about coordinated entry and the homeless response system, as well as access to coordinated entry services in accessible formats, such as large print, audio, Braille, interpreters, and sign language, when necessary. Additionally, some coordinated entry staff are fluent in various languages and equipped to conduct intake, assessment, and diversion when possible; directing outreach to people on the street and other sites where people experiencing homelessness access services and supports; announcements

regarding CES information and updates during FMCoC or other committee meetings related to the homeless response system; educating mainstream service providers (including, but not limited to, County Department of Social Services, County Department of Behavioral Health, County Department of Public Health, Public Housing Authorities, employment services, school districts, mental health providers, health care providers, law enforcement, faith-based organizations, business community, landlords, and substance abuse providers) about how to refer someone who is experiencing homelessness to the coordinated entry system.

b. What is the grievance or appeal process for customers?

During the CES assessment, customers are informed of their right to file a grievance if they feel their rights have been violated. The customer may file a grievance at the various access sites (physical sites and street outreach). If the grievance is with the Coordinated Entry assessment site that has completed the VI-SPDAT assessment, the customer would be directed to that agency's grievance policy. If the grievance is against the housing program who denied the individual entry into housing, the customer can file a grievance with that housing program using their agency's grievance policy. If the grievance is regarding the coordinated entry process, the individual can file a grievance which would then be directed to the Fresno Madera Continuum of Care Coordinated Entry System Committee to hear the grievance and respond. Anyone who is on the FMCoC CES Committee who would have had direct contact with the coordinated entry process would not be able to provide input regarding the grievance. If the referred individual is not satisfied with the decision of the FMCoC CES Committee, they will be able to file a grievance with the Fresno Madera Continuum of Care Board of Directors. The decision of the FMCoC Board of Directors will stand and the decision will be passed to the FMCoC CES Committee Chair and the customer who filed the grievance.

c. How do you provide culturally responsive services to people experiencing homelessness?

All CES assessors and navigators are expected to be culturally competent and strongly encouraged to engage in training opportunities to build these skills. As part of this process assessors and navigators are advised to explore how their own values, biases, and beliefs influence their communication and service delivery. This self-reflection will help ensure that assessors and navigators are respectful of the different cultural backgrounds, preferences and practices of participants, and incorporate this information into participant action plans. Assessors and navigators continually build their culturally competent knowledge and skills as part of their everyday work and will have many opportunities to share

what they learn with their peers. They are also expected to draw upon their experiences and growing knowledge of cultural competency to assess the cultural relevance of tools, assessments, and strategies, and to develop referral partnerships with culturally competent partners.

3. What, if any, are the current challenges preventing successful CES operation in your jurisdiction, and how do you plan to address these challenges?

**The FMCoC's CES successfully provides uniform screening, assessment and referral of program participants throughout the CoC's jurisdiction. However, there are challenges in engaging and educating community partners on the CES process. The FMCoC CES committee is in the process of formalizing the CES partner agreement process to clarify the member agencies' roles in and secure greater engagement with the CES process. By identifying the roles of the CES partner agencies, FMCoC members and the community at large will have a better understanding of how CES services are provided.**

For Large City and County applicants:

1. How do you coordinate with your CoC's CES?
2. What, if any, are your jurisdiction's current challenges related to CES, and how do you plan to address these challenges?
3. How do you promote the utilization of your CES?
  - a. Specifically, what outreach do you conduct to ensure all individuals experiencing homelessness in your jurisdiction, including those with multiple barriers, are aware of the CES assessment and referral process?

N/A

#### **B. Prioritization Criteria**

1. What are the criteria used to prioritize assistance for people experiencing homelessness in your jurisdiction?

**The CoC prioritizes chronically homeless individuals and families and has committed to adopting a Housing First approach in CoC/ESG programs. For homeless families with children, the CoC seeks to mediate or prevent homelessness whenever possible, reduce the homeless episode for families through rapid rehousing (RRH) and shelter or transitional housing (focused on moving families from homelessness to permanent housing as soon as possible), and permanently house the most vulnerable families as resources are available. Information is gathered to determine the "best fit" intervention to prioritize families for more intensive services, as needed, using the VI-SPDAT assessment through the Coordinated Entry System. Rapid Re-Housing projects serving homeless families with children will strive to place clients into permanent housing within 30**

days of entering homelessness and will not screen out families based on any criteria that will impact future housing success, including age, gender or marital status. For vulnerable, chronically homeless individuals, the CoC utilizes the VI-SPDAT jurisdiction-wide, which identifies those most at risk of dying on the street and will prioritize placement and services for those highest in need. The SPDAT, will be used for more in-depth understanding of participants and even more tailored placement and services. Referral systems are already in place and continue to be expanded for greater coverage.

Programs funded with HHAP will be fully integrated with the CoC's CES and will use the CES prioritization criteria in providing assistance to homeless individuals and families.

2. How is CES, pursuant to 24 CFR 578.8(a)(8) used for this process?

Housing and service agencies that participate in the CoC's CES are required to prioritize safety and equitable access to housing and services for persons fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or human trafficking, while ensuring that client choice is upheld. Clients must be offered assistance to contact the appropriate domestic violence assistance providers if, during the CES screening process, the client indicates that: 1) they are currently residing with, or trying to leave an intimate partner that has threatened them or makes them fearful; 2) they want services specifically geared to domestic violence survivors; or 3) they need a confidential location to stay.

Whether or not the client wishes to be connected to DV services, the client must be offered equitable access to the full housing/services system available through Coordinated Entry System. In such cases, the assessment can be conducted on paper or by using an anonymous client assessment.

To help ensure equitable access while emphasizing safety, victim service providers may elect or not elect to administer the CES assessment process (including prescreening and the VI-SPDAT) for clients seeking other housing/services available through CES. However, victim service providers should have a standardized policy governing when and how they elect to use the Coordinated Entry System assessment process, and it should have a process for referring the client to another agency that does administer the VI-SPDAT. The pre-screening and VI-SPDAT may only be administered on paper, and under no circumstances can client identifying information be entered into the master list or HMIS. Rather, the VI-SPDAT score and a unique identifier must be provided to CoC staff, and the victim service agency must destroy any paper copies of the VI-SPDAT and pre-screening form.

### **C. Coordination of Regional Needs**

1. How have you coordinated with your partnering CoC, large city (if applicable), and/or county to identify your share of the regional need to address homelessness?

**A planning group consisting of representatives from the City of Fresno, FMCoC, and Counties of Madera and Fresno drafted a proposed joint service plan, which supports a continuum of services. The plan is consistent with the Homeless Emergency Aid Program (HEAP) planning process undertaken in 2019, which is consistent with the 14 priorities supported by the Fresno Madera Continuum of Care in 2019. The proposed joint plan will regionally extend Triage Center Emergency Shelters, Youth Bridge Housing, and Diversion for an additional two years; extend Rapid Rehousing and Bridge Housing for an added year; and youth services. In addition, the plan would add new Triage emergency shelter beds regionally. The proposed activities are part of a coordinated plan among HHAP allocation recipients. The joint plan with the region's recipients, utilizing the combined allocation, will ensure a continuum of services across jurisdictions to strengthen the region's crisis response network to address the homelessness crisis in Fresno and Madera Counties.**

2. What is your identified share of this need, and how will the requested funds help your jurisdiction meet it?

**The 2019 Homeless Point-In-Time count data shows that 2,508 individuals experienced homelessness in the CoC's jurisdiction of Fresno and Madera Counties. Of the individuals experiencing homelessness in the CoC's jurisdiction, 2069 were unsheltered, an increase of 23.1% from 2018. Approximately 82% of all homeless individuals in the CoC's jurisdiction are unsheltered, demonstrating a significant need for emergency shelter services and permanent housing solutions in the region. Over 55% of the individuals experiencing unsheltered homelessness in the CoC's jurisdiction are located in the City of Fresno. Correspondingly, the City of Fresno will assume the administrative responsibilities and provide funding for a greater share of the Triage Center Emergency Shelter beds in the region.**

**The CoC will use its HHAP allocation to provide ongoing funding to maintain the continuum of services established through CoC HEAP funding. These services include Triage Center Emergency Shelter, Bridge Housing, Diversion services, and Youth Bridge Housing. The HEAP funding that supported these new services introduced to address the homelessness crisis in the CoC's jurisdiction of Fresno and Madera Counties will expire in 2021. The HHAP funding for these services will be provided in coordination with the City and County of Fresno to maintain the community's continuum of comprehensive homeless services.**



#### **D. Creating Sustainable, Long Term Housing Solutions**

1. How is your jurisdiction involved in the efforts to create sustainable, long-term housing solutions for people experiencing homelessness across your region?

The Fresno-Madera Continuum of Care has approved participation of its Board Chair in the Street2Home Fresno County collective impact initiative. The Street2Home collective impact initiative will review and address the causes of homelessness and spearhead the development of affordable housing strategies. This organization allows for participating community stakeholders to more readily identify and align existing homeless resources and coordinate planning efforts to create long-term housing solutions throughout the region. In coordination with the Street2Home Fresno County Planning Committee's efforts to develop a comprehensive plan to address homelessness, the County of Fresno met with 15 incorporated cities in Fresno County and used the input provided by city representatives and the County's Departments, to create a list of priorities to strategically address homelessness countywide. In recognition of homelessness as an issue that requires communitywide partnership and coordination, these 14 priorities were also adopted by both the Fresno Madera Continuum of Care and the Fresno City Council. The recommended priorities, as outlined below, are intended to be a comprehensive list, updated as necessary based on data-driven outcomes or at least once a calendar year:

1. Address jurisdictional overlaps (local, State, Federal, and private) collaboratively.
2. Increase transportation to outpatient programs and regular prenatal/medical care for pregnant and parenting women and children who are homeless.
3. Roving formalized coordinated community outreach and in conjunction with law enforcement, through Fresno Madera Continuum of Care or otherwise, to ensure that efforts are aligned and data is tracked.
4. Assistance to build housing stock, increasing safe overnight housing (24-48 hours), and a centralized approach to single room occupancy units.
5. Priority access to emergency housing for pregnant and parenting women and their children also families with children with significant medical issues as it is difficult to manage the continuum of care when the family is homeless.
6. Real time accurate number of shelter beds available and increase the number of non-faith based shelters.
7. Additional "wet" shelters that do not require the person to participate in a program, person can be high or drunk to use the facility and not be turned away.

- 8. Education regarding available services and shareable system to track linkages.**
- 9. Improved data on the homeless such as length of homelessness (acute vs chronic), cause of the homelessness, is it a family, individual, minor without family support.**
- 10. A formalized assessment of housing and shelter needs in rural communities.**
- 11. Strong centralized structure for homeless funding and service decisions and expanded distribution of funding opportunities.**
- 12. Comprehensive case management for homeless clients and improved access to primary healthcare and medication for chronic diseases; perhaps partnering with Federally Qualified Health Clinic or UC San Francisco.**
- 13. Increased substance use disorder services and mental health services throughout county.**
- 14. Enforce ordinances that address hazardous or unsanitary conditions, which constitute fire, health, and/or safety risks.**

**The CoC is committed to continuously improve the quality of data collected and shared in the CoC's HMIS. The Fresno Housing Authority, which serves as the CoC's lead HMIS agency, provides training and technical assistance to anyone using the HMIS for the Coordinated Entry System, who faces obstacles to inputting complete and accurate data, and may recommend and/or require technical assistance for service providers who receive a low score on automated data quality reports. All HHAP funded programs will report client data into the CoC's HMIS to further strengthen data and information sharing between regional co-applicants.**

Examples could include, but are not limited to:

- a. Partnering with agencies responsible for city planning and zoning, housing developers, and financial and legal service providers.
- b. Developing or strengthening data and information sharing across and within jurisdictions.
- c. Coordinating with other regional jurisdictions to ensure systems are aligned and all available funding is being used efficiently and effectively.

### **3. RESOURCES ADDRESSING HOMELESSNESS**

To successfully complete this section, all applicants must answer the following questions:

#### **A. Existing Programs and Resources**

1. Provide an exhaustive list of all funds (including the program and dollar amount) that your jurisdiction currently uses to provide housing and homeless services for homeless populations.

This list should include (where applicable), but not be limited to:

- a. Federal Funding (Examples: [YHDP](#), [ESG](#), [CoC](#), [CSBG](#), [HOME-TBRA](#), [CBDG](#))
  1. **2019 CoC award: \$10,279,862**
    - a. **Permanent Supportive Housing**
    - b. **Outreach**
    - c. **Coordinated Entry System**
    - d. **HMIS**
  - b. State Funding (Examples: [HEAP](#), [CESH](#), [CalWORKs HSP](#), [NPLH](#), [VHHP](#), [PHLA](#), [HHC](#), [Whole Person Care](#), [HDAP](#), [BFH](#))
    1. **2018 HEAP CoC award: \$9,501,363**
      - a. **Triage Centers Emergency Shelters**
      - b. **Bridge Housing**
      - c. **Site-based and tenant-based Rapid Rehousing**
      - d. **Diversion Services**
      - e. **Youth Bridge Housing**
      - f. **Expanded CES Navigation (including Youth Navigation)**
    2. **2018 CESH CoC award: \$1,563,085**
      - a. **Site-based and tenant-based Rapid Rehousing**
      - b. **Landlord Mitigation Fund**
      - c. **Homelessness Planning**
    3. **2019 CESH CoC award (future funding): \$879,281**
    4. **2018 HCD ESG CoC award: \$285,252**
      - a. **Planned Services:**
        - i. **Rapid Rehousing**
        - ii. **Street Outreach**
        - iii. **Emergency Shelter**
  - c. Local Funding

2. How are these resources integrated or coordinated with applicants from overlapping jurisdictions (i.e. CoC, large city, and/or county)?

**The CoC's HEAP funded services are intended to address gaps in the community's existing homelessness response system. These programs function as a continuum of services that quickly moves households from homelessness to permanent housing by leveraging complementary resources in the community, such as rapid rehousing and permanent supportive housing programs administered by the City of Fresno and the Counties of Fresno and Madera.**

**The CoC's CESH funded Landlord Mitigation Fund provides additional support for the County of Fresno's CalWORKs HSP Landlord Engagement program and together are designed to expand the inventory of property managers willing to work with FMCoC programs and clients. These services are designed to meet the needs of homeless individuals and families that are receiving services through FMCoC agencies and programs, but are unable to independently secure a long-term housing rental. By increasing the available housing inventory, homeless service programs throughout the region will be able to more easily connect homeless clients to permanent housing.**

**The CoC CES programs, which include CES navigation, outreach, and CES for victims of domestic violence, coordinate with Fresno County HSP Community Coordinator/Housing Matcher, Fresno City Outreach programs, Fresno County Department of Behavioral Health Multi-Agency Access Point Navigators, Madera Community Action Partnership Outreach to connect people experiencing homelessness throughout Fresno and Madera Counties to the CoC's CES and the community's housing programs.**

3. What gaps currently exist in housing and homeless services for homeless populations in your jurisdiction?
  - **Affordable housing solutions**
  - **Low-barrier emergency shelter**
  - **Prevention services**

## **B. HHAP Funding Plans**

1. Explain, in detail, how your jurisdiction plans to use the full amount of HHAP funds (including the youth set-aside) and how it will complement existing funds to close the identified gaps in housing and homeless services for the homeless population in your jurisdiction.

**The CoC will use its HHAP allocation to provide ongoing funding for a continuum of homeless services that are designed to address the broader homelessness crisis**

across the CoC's jurisdiction of Fresno and Madera Counties. These services include:

- **Triage Center Emergency Shelter** – 24-hour emergency shelter that offers low-barrier access to dormitory or private accommodations with on-site, housing-focused services including diversion pre-screening, case management, housing search and placement, connection to community resources, and stabilization of health issues. Triage Centers are intended to provide a safe, supportive environment where residents will be provided with wraparound services to attain permanent housing by rebuilding their support network and addressing the issues that led to the episode of homelessness.
- **Bridge Housing** – 24-hour emergency housing that offers low-barrier access to dormitory or private accommodations with on-site, housing-focused services. Bridge Housing serves as short-term housing when a household has been offered a permanent housing intervention but the permanent housing opportunity is still being arranged. The goal of the program is to place households into safe and secure shelter while making the necessary preparations for the household to enter into permanent housing. This service will ensure that those preparing to enter permanent housing are easily located and are receiving the necessary services to access permanent housing in a timely manner. Services will be housing-focused and highly integrated with the permanent housing provider.
- **Diversion Services** – Services intended to help people seeking shelter identify a safe alternative to emergency shelter. Diversion is a strategy that prevents homelessness for people seeking shelter by empowering them to identify immediate alternate housing arrangements and, if necessary, connects them with services and financial assistance to help them return to permanent housing. The Diversion program will employ creative strategies, structured problem solving, and support for households in crisis to resolve their current housing crisis. Diversion services shall be offered in coordination with other complementary services, as part of the path from homelessness to permanent housing stability. Services include short-term case management, housing search and placement, problem solving and mediation, linkage to community resources and limited one-time financial assistance.
- **Youth Bridge Housing** – Bridge Housing serves as short-term housing when a youth household (ages 18 – 24) is unsheltered or has been offered a permanent housing intervention but the permanent housing opportunity is still being arranged. The goal of the program is to ensure: 1) those preparing to enter into permanent housing are housed and easily located, receiving the necessary services to access permanent housing in a timely manner and 2) youth who are unsheltered and not appropriate for the adult triage center have an emergency bed available. Services will be housing-

focused and highly integrated with both the permanent housing provider and the participant's Navigator. Services also include health and safety education.

- **Rapid Rehousing – Project-based and tenant-based programs that provide temporary, medium-term financial assistance, combined with housing location and case management services, to help homeless individuals and families obtain permanent housing and achieve long-term stability. Tenant-based assistance will be provided to participants throughout the region with a particular focus on the City of Selma and surrounding rural communities.**

How will you ensure that HHAP funded projects will align and comply with the core components of Housing First as defined in Welfare and Institutions Code § 8255(b)?

**HHAP funded projects will be required to adhere to a Housing First model by quickly connecting individuals and families experiencing homelessness to permanent housing without preconditions or barriers, such as sobriety, treatment or service participation requirements. Supportive services such as housing-focused case management will be offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry. Current projects funded by HEAP are already aligning their services with the core components of Housing First, and this practice will continue with HHAP funding.**

#### **4. PARTNERS ADDRESSING HOMELESSNESS**

To successfully complete this section, all applicants must answer the following questions:

##### **A. Collaborating Partner Efforts**

Please note: per [Program Guidance](#), page 9, collaborative partners, at a minimum, should include representatives of local homeless service providers, homeless youth programs, law enforcement, behavioral health, county welfare departments, city and county public officials, educators, workforce development, community clinics, health care providers, public housing authorities, and people with lived experience. If any of these partnerships are not currently active in your jurisdiction, please address in question #3 below.

1. Describe, in detail, the collaborative partners who will be working with you on identified HHAP projects and how you will be partnering with them.

The CoC will collaborate with the homeless service providers currently operating the HEAP and CESH homeless services programs that will be extended through HHAP funding. Additionally, the CoC will collaborate with the City of Fresno and the Counties of Fresno and Madera, and the member agencies of the FMCoC which includes representatives from local homeless service providers, homeless youth programs, law enforcement, behavioral health, county welfare departments, city and county public officials, educators, health care providers, a public housing authority and people with lived experiences of homelessness. The planned services rely on coordinated HHAP funding between the City, CoC and County to maintain the full complement of services.

2. Describe any barriers that you experience in partnering, and how you plan to address them.

**The CoC and its collaborative partners have faced difficulties in navigating the varied processes of the local political bodies that will direct the use of HHAP funds and other homeless services funding. Each jurisdiction has its own process and priorities for how these funds will be implemented in their respective regions.**

**The Street2Home collective impact initiative will be instrumental in addressing and resolving these challenges. The foundational structure of the Street2Home includes representation from all the regional co-applicants, the Fresno Housing Authority, and representatives from philanthropy, the business community, this hospital system, and Fresno County rural cities. Street2Home acknowledges that local jurisdictions will maintain control of their allocated funding, but aims to both foster better coordination between new and existing services and adopt shared homelessness priorities through an open forum for dialog between all local partners.**

Examples could include: lack of key stakeholders or service providers, political bureaucracy, approval methods, lack of community input, etc.

3. *If no collaborative partners have not been identified at time of application, describe the collaborative process of how you intend to include new and existing partners on HHAP projects.*

## **5. SOLUTIONS TO ADDRESS HOMELESSNESS**

To successfully complete this section:

Applicants that Submitted a Strategic Plan for CESH must:

- Identify the measurable goals set in your CESH Strategic Plan and explain, in detail, which of these goals HHAP funding will directly impact and by how much.

**Please note:** Per HSC § 50219(a)(6), all applicants' measurable goals must include the number of individuals they intend to serve, and the number of individuals they intend to successfully place in permanent housing with HHAP funding.

Applicants that did not Submit a Strategic Plan for CESH must:

- Identify clear, measurable goals that HHAP will be expected to achieve in your jurisdiction.

**CoC HHAP Measurable Goals:**

- **Total number of individuals to be served: 765**
  - **Triage Center Emergency Shelter: 241**
  - **Bridge Housing: 42**
  - **Youth Services: 76**
  - **Rapid Rehousing: 41**
  - **Diversion Services: 378**
- **Total number of individuals to be placed in permanent housing: 343**
  - **Triage Center Emergency Shelter: 90**
  - **Bridge Housing: 25**
  - **Youth Services: 18**
  - **Rapid Rehousing: 30**
  - **Diversion Services: 189**

Examples:

- Decrease the percent of our jurisdiction's total homeless population that is unsheltered by 10 percentage points annually (baseline of 65% from 2018).
- Reduce the number of people who become homeless for the first time across our jurisdiction by 20% annually (baseline of 2,000 households from 2018)
- Increase the percent of successful shelter exits into permanent housing by 5 percentage points annually (baseline of 60%).

**Please note:** Per HSC § 50219(a)(6) all applicants' measurable goals must include the number of individuals they intend to serve, and the number of individuals they intend to successfully place in permanent housing with HHAP funding.





**HOMELESS HOUSING, ASSISTANCE AND PREVENTION PROGRAM (HHAP)  
ANNUAL BUDGET TEMPLATE**

**APPLICANT INFORMATION**

CoC / Large City / County Name:	COC-514	Receiving Redirected Funds? Y/N	No
Administrative Entity Name:	Fresno County Department of Social Services	Total Redirected Funding	\$ -

**HHAP FUNDING EXPENDITURE PLAN\***

ELIGIBLE USE CATEGORY	FY20/21	FY21/22	FY22/23	FY23/24	FY24/25	TOTAL
Rental Assistance and Rapid Rehousing	\$ -	\$ -	\$ 528,923.66	\$ -	\$ -	\$ 528,923.66
Operating Subsidies and Reserves	\$ -	\$ 1,057,322.76	\$ 655,104.05	\$ -	\$ -	\$ 1,712,426.81
Landlord Incentives	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Outreach and Coordination (including employment)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Systems Support to Create Regional Partnerships	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Delivery of Permanent Housing	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Prevention and Shelter Diversion to Permanent Housing	\$ -	\$ 253,138.04	\$ 253,138.04	\$ -	\$ -	\$ 506,276.08
New Navigation Centers and Emergency Shelters	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Strategic Homelessness Planning, Infrastructure Development, CES, and HMIS (up to 5%)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Administrative (up to 7%)	\$ -	\$ 103,405.30	\$ 103,405.30	\$ -	\$ -	\$ 206,810.60
						\$ 2,954,437.15
			<b>TOTAL FUNDING ALLOCATION</b>			
	<b>FY20/21</b>	<b>FY21/22</b>	<b>FY22/23</b>	<b>FY23/24</b>	<b>FY24/25</b>	<b>TOTAL</b>
Youth Set-Aside (at least 8%)	\$ -	\$ 118,177.49	\$ 118,177.49	\$ -	\$ -	\$ 236,354.98

\*Narrative should reflect details of HHAP funding plan

**COMMENTS:**

**FINAL**



February 4, 2020

California Homeless Coordinating and Financing Council  
[HCFC@BCSH.ca.gov](mailto:HCFC@BCSH.ca.gov)

**RE: Homeless Housing, Assistance, and Prevention Program (HHAP) Letter of Support**

To Whom It May Concern:


With this letter the overlapping jurisdictions of the Counties of Fresno and Madera, the City of Fresno, and the Fresno Madera Continuum of Care acknowledge and agree to regionally coordinate, plan and partner, per California Health and Safety Code, section 50219(a)(1).

Our partnership represents a segment of the Street2Home (S2H) multi-disciplinary membership, serving as a collective impact structure for the Counties of Fresno and Madera. S2H reviews issues impacting communities as a result of increased homelessness (community safety, encampment clean-up, disease prevention, sanitation, trash, etc.) and impacting people experiencing homelessness (connection to services, service provider availability, housing, supportive housing, substance abuse services, access to health care, etc.).

As partners, since early-January 2020, we have met and created a Joint Service Plan using the HHAP funding allocations. The Plan will enhance coordination and develop local capacity to address immediate homelessness challenges cross-jurisdictionally. Using the Plan, our partnership will braid services that support each partner and improve the continuum of services to transition persons experiencing homelessness to substance use disorder treatment, mental health treatment, back to their family, and/or permanent housing. Lastly, the Plan adds new triage beds regionally, necessary to bring more individuals into temporary housing while keeping them in their communities.

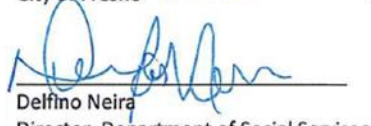
We agree to meet quarterly to discuss cross-jurisdictional issues and jointly plan and evaluate HHAP spending and projects to ensure our regional needs are addressed collectively.

Sincerely,

  
Jean M. Rousseau  
County Administrative Officer  
County of Fresno

  
Wilma Quan  
City Manager  
City of Fresno

  
Dennis Koch  
Director, Department of Behavioral Health  
County of Madera

  
Delfino Neira  
Director, Department of Social Services  
as Administrative Entity for the Fresno  
Madera Continuum of Care