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## **Attacking the Main Causes of Homelessness in the City of Fresno**

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Attacking the Main Causes of Homelessness in the City of Fresno

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### Abstract

Concerns for the homeless population remain a hot topic between the general public, service providers, and policymakers, not only at the national and state level but also locally in the City of Fresno, Ca. If the City of Fresno implemented an aggressive campaign of treating the main causes of homelessness, then the number of unsheltered individuals living in the City of Fresno would be reduced. If a program deploying mental health professionals directly to affected individuals is implemented, if a program getting substance abuse counselors out to the affected individuals is employed, and if a program option for in-patient treatment for the severely mentally ill and chronically homeless is introduced, then the number of unsheltered individuals living in the City of Fresno would be reduced. Relevant literature in this study shows that the percentage of homeless that suffer from mental illness, substance abuse, or both is high (North et al., 2004). The research methods used for this study were through personal contact, interviews with subject matter experts, in-person surveys with a sample of the target population, and ethnological data gained through observation. The Theory of Change and all three assumptions were validated by both subject matter experts and a sample of the target population. This study further recommends the need for more outreach and engagement (O&E) activities to help this very vulnerable population.

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## Chapter 1: Introduction

**Background of the problem:** There exists a strong correlation between severe mental illness, substance abuse, and homelessness. State-wide numbers show that 23% of the homeless suffer from severe mental illness and 17% from substance abuse (Legislative Analyst Office, 2020). These two numbers added together account for 40% of the homeless population of the state, the City of Fresno is figured in those numbers. The homeless crisis is not something new; it has existed for some time and has affected thousands of our fellow citizens. It is thought by some that a strong contributing factor to this was first caused by the deinstitutionalization of severely mentally ill patients, turning them out into the streets with no help or services. According to Guerra (2017) in 1967 then-Governor Ronald Reagan was responsible for the passing of the Lanterman-Petris-Short Act in which deinstitutionalized severe mentally ill patients turning them out into the streets to become homeless. According to Khalafi (2021), one of the latest problems of the homeless in Fresno is homeless encampments along the city's freeways, not only has this become about the city's appearance but has become a real safety issue as well. Last year the Fresno Fire Department responded to 618 fires along the freeway, many of those started by the homeless. In one month, December 2020, three members of the city's homeless population were struck and killed by vehicles on the freeway.

**Statement of the problem:** The problem of homelessness continues to plague Fresno, Ca. According to Tobias and Levin (2021) in 2019 the City of Fresno had the highest percentage of unsheltered people anywhere in the country. From 2019 to 2020 there was an alarming increase of 45% in the number of homeless individuals in Fresno (Tobias, 2020). Another problem is the utilization of programs and their potential benefits, according to the Department of Health Care Services (2020), The Mental Health Services Act (MHSA) offers outreach and

engagement programs that are proposed interventions such as access to mental health care professionals and substance abuse counselors, also in-patient hospitalization as an option to treat the severely mentally ill should be investigated, all available options need to all be looked at and evaluated for potential benefits.

**Purpose of the study:** The purpose of my study is to address two of the main causes of homelessness in a high percentage of individuals who call the streets their home, those causes being mental illness and substance abuse. Would an aggressive campaign of treating the main causes of homelessness get these people off of the streets? Would getting mental health care professionals and substance abuse counselors out to the affected individuals and getting them treatment help the homeless problem?

**Significance of the study:** My research shows that if a homeless person's cause of why they're homeless in the first place is addressed the chances are good of getting these affected people off of the streets which could decrease the overall homeless percentage numbers by up to 40%. This study is important to the field of public administration because it deals with a public problem. The newly elected mayor of Fresno, Jerry Dyer ran his campaign with the number one issue of the city's homeless problem. This study offers stakeholders another alternative to decrease the City of Fresno's homeless population.

**Research Question, Theory of Change and Assumptions:** The main research question is: Would an aggressive campaign of treating the main causes of homelessness, those causes being mental illness and substance abuse, get people off of the streets? The sub-questions are: Would getting mental health care professionals out in the streets to the affected individuals and getting them treatment help the homeless problem? Would getting substance abuse counselors out in the streets to the affected individuals and getting them treatment help the homeless

problem? Could in-patient hospitalization work as an option in treating those with severe mental illness who suffer from chronic homelessness? My theory of change is: **IF** the City of Fresno implemented an aggressive campaign of treating the main causes of homelessness, **THEN** the number of unsheltered individuals living in the City of Fresno would be reduced. My assumptions are as follows: If a program deploying mental health professionals directly to affected individuals is implemented, if a program getting substance abuse counselors out to the affected individuals is employed, if a program option for in-patient treatment for the severely mentally ill and chronically homeless is introduced, then the number of unsheltered individuals living in the City of Fresno would be reduced.

**Limitations:** The research scope was limited to researching two of the main reasons that cause an individual to become homeless, those two causes being mental illness and substance abuse, and was limited to the Fresno area. The statistics used in this study for the percentage of homeless that are affected by mental illness and substance abuse are California state-wide stats due to the non-availability of local statistics.

**Definition of Terms:** Homelessness can be defined in two categories, sheltered and unsheltered. Sheltered is a person who utilizes rescue missions and homeless shelters for meals and a roof over their head as they sleep, but they are still considered homeless. Unsheltered homeless are considered those who call the unsheltered outdoors their home.

**Expected Impact of the Research:** This research has shown that if an aggressive campaign is launched that addresses the intersection between homelessness, mental illness, and substance abuse, then the impact exists to reduce the homeless population in the City of Fresno.

## **Chapter 2: Review of Literature**

**Introduction:** This review of literature is focused on the theory of change's three assumptions that revolve around the intersections of homelessness, mental illness, and substance abuse, with individuals often suffering from both. It shows a strong need for an aggressive campaign targeted at these afflicted individuals that offers hope and treatment with the hopes of ending their homelessness.

### **Theme 1: Mental Health Disorders and Homelessness**

#### **Support to Theory of Changes First Assumption:**

In support of the first assumption, the California Department of Health Care Services (DHCS) Mental Health Services Act (MHSA) points out the need to treat the mentally ill that are homeless. This is another tool that the City of Fresno could use to fix the city's homeless problem. According to the Department of Health Care Services (2020), Outreach and Engagement (O&E) activities and programs can be used to perform outreach to individuals who are homeless and suffering from mental illness. Another MHSA funded program No Place Like Home (NPLH) can be utilized to establish permanent supportive housing to individuals who are in need of mental health services and are experiencing homelessness, chronic homelessness, or who are at risk of becoming homeless (Department of Health Care Services, 2020).

In support of the first assumption, Sacks, et al. (1987) describes how prior history has shown that a mentally disordered population in Fresno County has existed for some time. In 1987 a survey of a sample of the target population was completed. This survey comprised of 9.5% of the approximated mentally disordered and homeless population of



Fresno County. Eighty percent of the target population surveyed was found to meet the criteria for a psychiatric disorder diagnosis as determined from a standardized interview. Of these individuals, 34% were rated as severely impaired and urgently in need of treatment. An additional 33% of individuals were rated moderately impaired and treatment would be of substantial benefit to them. This study included and took into consideration information like the priority of primary needs, a preferred location for treatment and services, and the type of mental health professional individuals that patients would be most comfortable receiving treatment from.

In support of the first assumption, Fresno County Department of Behavioral Health, (N.D.) in their three-year plan 2020-2023 identifies an area of need for support of persons who are homeless or at risk of homelessness by providing overnight housing programs, permanent supportive housing, and permanent housing solutions. Their outreach and engagement (O&E) program plan calls for engagement of the homeless to provide services and care. Without such a program many homeless individuals would experience greater challenges in accessing care and the navigation of resources to help with the prevention of homelessness and addressing mental health needs.

In support of the first assumption, Kingsview Behavioral Health (2021) discusses the need for services through the Projects for Assistance in Transition from Homelessness (PATH) program. The program provides services to homeless individuals with serious mental illness and/or co-occurring substance abuse disorders. The program acts as a starting point for the homeless who are mentally ill to access mental health care services, primary health care, and substance use disorder services.

**Challenges to Theory of Changes First Assumption:**

However, according to the Fresno City Manager's Office, (N.D.), the City of Fresno focuses its resources on a shelter-first approach to their homeless problem. The city participates in the Home Investment Partnerships (HOME) Program which focuses on a 'housing-first' approach. With the new mayor came an influx of temporary housing creation for the homeless in the form of converted motels. The city manager's site talks intensely about housing the homeless but does not mention needed services for the mentally ill or individuals with substance problems that are homeless.

**Theme 2: Substance Abuse and Homelessness****Support to Theory of Changes Second Assumption:**

In support of the second assumption is Poppe (2018), who points out that chronically homeless individuals account for 10% of the individuals using homeless shelters. These people tend to be older in age and have higher levels of mental health problems and substance abuse issues. Ms. Poppe recognizes the need for an Engagement Center that would operate 24 hours a day, would offer a safe sobering place where individuals could seek help in the forms of the transition to shelter, treatment, or other appropriate services needed for placements beyond the streets.

In support of the second assumption is Wenzel et al. (1996), who states as many as one-half to three-fourth of homeless individuals fall under the diagnoses of substance abuse, both alcohol, drug dependencies, and often times both. Despite a high level of need for treatment relatively few of these affected individuals ever receive the treatment they need, this suggests difficulties for the homeless to access treatment. Studies have

shown that more homeless individuals with drug abuse problems were intravenous (IV) drug users than non-homeless addicts. Findings also showed that homeless individuals with drug problems appear to have no less of a commitment to achieving treatment goals than their non-homeless counterparts.

In support of the second assumption Mallett et al. (2021), it is widely perceived that young people who experience homelessness in western civilizations suffer from substance abuse. Available research has indicated that these homeless individuals use drugs more frequently than their home-based peers. In a study completed that produced data from interview transcripts it was discovered that one-third of the participants indicated that personal or familial substance abuse was a factor in them leaving home. Just over half of the participants indicated that drug use was a direct or indirect cause of their homelessness. One-quarter indicated that their substance abuse started after they became homeless.

### **Challenges to Theory of Changes Second Assumption:**

However, according to the National Coalition for the Homeless (2009), often substance abuse is the result of homelessness rather than the cause of it. Individuals who find themselves homeless often turn to alcohol and/or drugs to help them cope. They use mind-altering substances in an attempt to attain temporary relief from their problem of homelessness. In reality though the substance abuse only exacerbates their problems.

**Theme 3: Severely Mentally Ill and Chronic Homelessness****Support to Theory of Changes Third Assumption:**

In support of the third assumption an article by Harvard Health Publishing (2021), supports the third assumption and states that hundreds of thousands of this country's citizens spend the night in shelters or on the streets, a very high percentage of these individuals suffer from serious mental illness. Approximately one-quarter to one-third of the homeless suffer from serious mental problems like schizophrenia, bipolar disorders, or severe depression with the proportion that seems to be growing. Shelters can often be filthy, crime-ridden, and dangerous with little to no privacy for occupants. Shelter staff members frequently have no specialized training in dealing with individuals with severe mental illness. Many of the severely mentally ill homeless avoid shelters because of fear of violence and theft, or they cannot tolerate the noise, crowds, and confusion that oftentimes is the environment at a homeless shelter.

In support of the third assumption, Mental Illness Policy ORG (N.D.) argues that studies have shown that discharging mentally ill patients into the streets for the purpose of saving money is not the answer, and in turn, will burden taxpayers more due to the fact that mentally ill individuals use one of the most expensive means for a doctor's visit, the emergency room (ER). Homeless individuals with severe mental illness often end up in the emergency room frequently, also unfortunately these same individuals end up in jail or the prison system.

In support of the third assumption Disability Rights California (2020) talks about the passing of the Lanterman-Petris-Short Act which sought to end the involuntary, inappropriate, and indefinite institutionalization of mentally ill patients. In fact, the action had a very negative impact on the lives of severely mentally ill individuals who were turned out into the streets to become homeless.

In support of the third assumption Weiner (2021) adds that during Governor Gavin Newsome's state of the state address of 2020, he addressed a call to action to fix the state's homeless crisis which would directly relate to the City of Fresno's homeless problem. According to Weiner (2021), the governor has called for getting more people into treatment; a change in the state's spending rules as they pertain to assistance for the homeless, a simplification of treatment paths, and linking services and housing. All of these things would relate to the City of Fresno and would be tools for the city to utilize to fix the city's homeless problem.

### **Challenges to Theory of Changes Third Assumption:**

According to an article by Rushforth (2015) hospitalization of the severely mentally ill is not always welcomed. Since the 19<sup>th</sup> century, social activists have led a crusade against the institutionalization of the severely mentally ill for reasons of non-ethical treatment. Treatments that in the past included electroconvulsive therapy, sterilization, and also indefinite and involuntary confinement.

**Conclusion:** This literature review shows the staggering problem of how mental illness and substance abuse affects a high percentage of homeless individuals. It shows the need for an aggressive campaign to get help and treatment options out to the street level to those affected by

these illnesses. The City of Fresno has taken a ‘housing-first’ approach to the homeless problem but does not clearly identify needed services for the mentally ill or those with substance abuse problems. Also, the review shows the belief that in some cases substance abuse is an after-effect of homelessness instead of being a cause. The ethics of hospitalization of the severely mentally ill is challenged by social activist groups. The review of literature also shows that currently, the crucial assistance these individuals need is not always readily available.

### **Chapter 3: Research Methods**

**Introduction:** For my capstone project I used an assumption-based format that was validated through a process of research. My primary research contains interviews with subject matter experts. I also collected data through a survey that was completed in person with a sample of the target population. While out on the streets conducting these surveys with the target population I gathered field notes that I used for the collection of ethnographic data. I also conducted secondary research in the form of literature reviews.

#### **Research Question and Sub Questions:**

**Main Question:** Would an aggressive campaign of treating the main causes of homelessness, those causes being mental illness and substance abuse, get people off of the streets?

#### **Sub Questions:**

1. Would getting mental health care professionals out in the streets to the affected individuals and getting them treatment help the homeless problem?
2. Would getting substance abuse counselors out in the streets to the affected individuals and getting them treatment help the homeless problem?
3. Could in-patient hospitalization work as an option in treating those with severe mental illness who suffer from chronic homelessness?

**Theory of Change and Assumptions:**

**IF** the City of Fresno implemented an aggressive campaign of treating the main causes of homelessness, **THEN** the number of unsheltered individuals living in the City of Fresno would be reduced.

**A1: IF** a program deploying mental health professionals directly to affected individuals is implemented.

**A2: IF** a program getting substance abuse counselors out to the affected individuals is employed.

**A3: IF** a program option for in-patient treatment for the severely mentally ill and chronically homeless is introduced.

**THEN** the number of unsheltered individuals living in the City of Fresno would be reduced.

**Operational Definitions:**

**Aggressive Campaign** - For the purpose of this study, an *aggressive campaign* is defined as an offensive strategy used to obtain an organized course of action, the course of action is a reduction of the homeless population in the City of Fresno.

**Homelessness** - For the purpose of this study, *homelessness* is defined as a person in the state of having no home, they lack a fixed, regular, and adequate nighttime residence.

Homelessness is further sub-categorized as *sheltered homeless* – individuals that access homeless shelter services, *unsheltered homeless* – an individual that resides in a place not meant for human habitation such as the streets, cars, parks, and abandon buildings, and



*chronically homeless* – an individual who has been homeless according to the definitions above continuously for at least 12 months OR on at least 4 separate occasions in the last 3 years (HUD, 2013).

**Mental Health Care Professional** - For the purpose of this study, *mental health care professional* is defined as those who are qualified to diagnose and treat the mentally ill such as mental health counselors, clinical social workers, mental health nurse practitioners, psychologists, and psychiatrists (National Alliance on Mental Illness, 2021).

**Severe Mental Illness** - For the purpose of this study, *severe mental illness* is defined as a person who can be diagnosed as having a mental, behavioral, or emotional disorder that causes serious functional impairment and limits or interferes with major life activities (National Institute of Mental Health, N.D.).

**Substance Abuse Counselors** - For the purpose of this study, a *substance abuse counselor* is defined as a person who makes contact with an individual that has a chemical dependency problem with abusing both legal and/or illegal substances. They identify pertinent issues, evaluate health, and develop treatment plans (National Alliance on Mental Illness, 2021).

**In-Patient Treatment** - For the purpose of this study, *in-patient treatment* is an intensive level of treatment that provides constant monitoring of patients and 24-hour care in a safe and secure facility (Pasadena Villa, 2021).

**Reduction in Unsheltered Individuals** – For the purpose of this study unsheltered individuals living in the City of Fresno should be reduced by 40% or greater to be considered a significant reduction of the city's homeless population.

**Population Sampling Strategy:** For the purpose of this research two different population groups were used to collect data. Interviews were conducted with subject matter experts that provided not only quantitative data but qualitative data as well. Subject matter experts included three licensed clinical social workers (LCSW) that have experience with the homeless, a chief emergency room (ER) doctor from the downtown Community Regional Medical Center, the sergeant-in-charge of the Fresno Police Department's Homeless Task Force, a Fresno Police Officer that works patrol in areas where homeless reside, a psychiatric nurse from Exodus Fresno Mental Health Crisis Stabilization Unit (CSU), an intake and evaluation counselor from My Time Drug Rehab and Alcohol Addiction Treatment Center, the head pastor that runs the Trinity Lutheran Church's homeless assistance program, and a city worker from the City of Fresno's Homeless Task Force. In-person contact was also the means for collecting data from surveys with a sample of the target population, that being homeless individuals that produced primarily quantitative data.

**Procedure:** Data collected from subject matter experts was obtained through in-person interviews, phone interviews, or the use of the Subject Matter Expert Interview Guide via E-mail. Data collected from a sample of the target market was done in-person through the completion of the Sample of Target Population Survey.

**Ethnographic Data:** This data was collected through the creation of field notes that I made while out in the streets of Fresno conducting my Surveys with the target population. It captures observable data of Fresno's homeless population in their natural setting, the streets where they

reside. This data produced the identification and description of cultural patterns amongst the homeless population.

**Data Processing and Analysis:** In the analysis of quantitative data I have used proportion ratios that identify trends that validate and are in line with my assumptions. In the analysis of my qualitative data, I focused on themes, concepts, words, and patterns for use to draw conclusions. In the analysis of ethnographic data, I used field notes to draw conclusions based on cultural patterns.

**Internal and External Validity:** There are numerous independent variables that may affect the number of unsheltered individuals living in the City of Fresno but because of time and resource constraints I focused on the three that I think would have the most significant effect. I was open to my subject matter experts and survey respondents pointing out other variables that would have had an impact on internal validity.

This case study is of the City of Fresno located in the central valley of California. The city has demographic and other factors with contextual features that may be like other jurisdictions inside and outside of California. Hence, lessons could be replicated to address their homeless situation, however, other cities may not benefit due to their unique characteristics.

**Limitations:** Interviewing was limited to as many subject matter experts as possible who possess the knowledge of the correlation between mental illness, substance abuse, and homelessness. Surveying a sample of the target market, homeless individuals was limited to in-person contact due to their limited or no access to receive mail or e-mail. Data gathered from the target market, homeless individuals may have a result of accuracy issues due to the [respondee's](#) mental state.

**Conclusion:** The research design produced sound data through interviews and a survey with a sample of the target population. The problem was looked at from different angles and views by the use of experts, informants, and a sample of the target population that the research is all about. Ethnographic data produced cultural information about the City of Fresno's homeless population based from personal observation.

## Chapter 4: Results and Findings

**Introduction:** This chapter provides an analysis of quantitative, qualitative, and ethnographic data as it pertains to the project's theory of change and three assumptions. The data was gathered by means of interviews with ten subject matter experts on the correlation between homelessness, mental illness, and substance abuse. In-person surveys were conducted with a sample of the target population, twenty members of the City of Fresno's homeless population which was made up of different sexes and races. Ethnographic data was collected by personal observation while out in the streets surveying the target population, the homeless themselves. The data is organized by assumption and data type, quantitative, qualitative that includes excerpts from interviews, secondary data from literature reviews, and ethnographic/observable data.

**Data Collection and Analysis:** The theory of change for this project is **IF** the City of Fresno implemented an aggressive campaign of treating the main causes of homelessness, **THEN** the number of unsheltered individuals living in the City of Fresno would be reduced. The following assumptions have been made:

**A1: IF** a program deploying mental health professionals directly to affected individuals is implemented.

**A2: IF** a program getting substance abuse counselors out to the affected individuals is employed.

**A3: IF** a program option for in-patient treatment for the severely mentally ill and chronically homeless is introduced.

**THEN** the number of unsheltered individuals living in the City of Fresno would be reduced.

**Assumption 1: IF** a program deploying mental health professionals directly to affected individuals is implemented. **THEN** the number of unsheltered individuals living in the City of Fresno would be reduced.

**Quantitative Results:**

**Question 1:** If a program deploying mental health professionals directly to affected individuals is implemented, do you think the number of unsheltered living in the City of Fresno would be reduced?

A total of 10 interview participants answered this question, 9 out of 10 (9/10) agree with 1 person (1/10) disagreeing. This quantitative data validates assumption 1 by subject matter experts.

A total of 20 survey participants answered this question, 17 out of 20 (17/20) agreed with 3 people (3/20) disagreed. This quantitative data validates assumption 1 by a sample of the target population.

**Question 4:** If the City of Fresno implemented an aggressive campaign of treating mental illness and substance abuse, do you think the number of unsheltered living in the City of Fresno would be reduced?

A total of 9 interview participants answered this question, 7 out of 9 (7/9) agree, 2 disagree (2/9), 1 person failed to answer (1/10). This quantitative data validates assumption 1 by subject matter experts.

A total of 20 survey participants answered this question, 20 out of 20 (20/20) unanimously agree. This quantitative data validates assumption 1 by a sample of the target population.

**Qualitative Results:** Qualitative data strongly supports and validates assumption one of this study by both subject matter experts and a sample of the target population. Almost every input received from both interviews and surveys acknowledges the need for mental health professionals to engage the mentally ill who are homeless to offer help and hope.

One of the most informative interviews completed was with the sergeant-in-charge of the Fresno Police Departments Homeless Task Force. He informed me that his task force has in fact been engaging the homeless that are mentally ill out in the streets the last six months, since January 2021. The city is in partnership with Kingsview Behavioral Health who dispatches mental health care professionals when the police receive a call of a homeless person in mental distress. Once at the scene the police stay back and let the mental health care professionals approach the individual first. This partnership has worked extremely well, what was once a 2% acceptance of help rate by mentally ill homeless individuals has turned into a 78% acceptance of help rate since the program started. The Fresno Police Department's Homeless Task Force operates on the basis of mental health care professionals are primary with the police being secondary while engaging the homeless who are mentally ill. The sergeant added that the homeless who suffer with mental illness is not a police problem but in fact a mental health problem.

Interviews with the licensed clinical social workers (LCSW) yielded data that also validates assumption one. It is the belief by these mental health experts that providing resources to the mentally ill on the streets and at homeless sites

known as encampments would provide resources, and remove any barriers that exist for services to these mentally ill individuals that find themselves homeless. One of these professionals adds that when the symptoms of mental illness are managed, coping and functioning skills can improve significantly. This could translate into an increased ability to obtain employment, housing, and an overall improvement of quality of life.

The information yielded through my interview with the emergency room (ER) doctor also validates assumption one. It is her opinion that mental health issues are the main reason why the City of Fresno's homeless population has exploded. She believes in a proactive approach to treating the city's mentally ill homeless prior to a crisis, this would alleviate a lot of strain that is placed on her hospital's emergency room as these homeless individuals suffering a mental health crisis are brought to the emergency room (ER) and placed on 5150 holds.

The qualitative data interprets as being in line with theme one of the literature review "Mental Health Disorders and Homelessness" which validates assumption one. According to the Department of Health Care Services (DHCS) (2020), *How Can the Mental Health Services Act (MHSA) be Used to Support Homeless Individuals?* this article points out the need to treat the mentally ill that are homeless through outreach and engagement (O&E) activities.

The Fresno County Department of Health (N.D.) *Mental Health Services Act Three Year Plan 2020-2023 & Annual Update 2019-2020*, they to call for outreach and engagement (O&E) of the homeless to provide services and care.



Kingsview Behavioral Health (2021) *Help for the Homeless, Projects for Assistance in Transition from Homelessness (PATH)* also recognizes the need for services for homeless individuals who suffer from mental illness and/or co-occurring substance abuse disorders. Kingsview is currently the organization in partnership with the City of Fresno's Homeless Task Force that dispatches mental health care professionals to the scene when the police department responds to a homeless person in mental distress.

**Ethnographic Results:** This is observable data collected by the creation of field notes made while conducting in-person surveys with a sample of the target population, the homeless themselves. The number of the homeless suffering from mental illness is very apparent throughout the City of Fresno, they are seen everywhere. It seems that the worse off are in the downtown area around the Poverello House and the Fresno Rescue Mission close to the encampment on F St. around the area known as Cut-Throat Alley. When a mentally ill homeless person is in visible mental distress, most often from schizophrenia or psychosis fellow homeless citizens refer to this as "having a bad day". The homeless citizens I talked with also shared information that often the individuals that are severely mentally ill become the victims of crime as they are preyed upon by other homeless individuals.

**Assumption 2: IF** a program getting substance abuse counselors out to the affected individuals is employed. **THEN** the number of unsheltered individuals living in the City of Fresno would be reduced.

**Quantitative Results:**

**Question 2:** If a program getting substance abuse counselors out to the affected individuals is employed, do you think the number of unsheltered living in the City of Fresno would be reduced?

A total of 10 interview participants answered this question, 6 out of 10 (6/10) agree with 4 people (4/10) disagreeing. This quantitative data validates assumption 2 by subject matter experts.

A total of 20 survey participants answered this question, 15 out of 20 (15/20) agreed with 5 people (5/20) disagreed. This quantitative data validates assumption 2 by a sample of the target population.

**Question 4:** If the City of Fresno implemented an aggressive campaign of treating mental illness and substance abuse, do you think the number of unsheltered living in the City of Fresno would be reduced?

A total of 9 interview participants answered this question, 7 out of 9 (7/9) agree, 2 disagree (2/9), 1 person failed to answer (1/10). This quantitative data validates assumption 2 by subject matter experts.

A total of 20 survey participants answered this question, 20 out of 20 (20/20) unanimously agree. This quantitative data validates assumption 2 by a sample of the target population.

**Qualitative Results:** Qualitative data supports and validates assumption two of this study by both subject matter experts and a sample of the target population.

Information obtained from interviews and surveys show a strong correlation between substance abuse and mental illness amongst the homeless population.

During my interview with an intake and evaluation counselor from My Time Drug Rehab and Alcohol Addiction Treatment Center, I learned of a new breed of homelessness, that being young people with opioid addiction. He informed me that this has become a real problem with the patients they intake for rehabilitation. He also informed me that often these individuals homelessness is caused by a disconnect between the individual and their family, with the family giving up on trying to help the affected family member. He feels that the sooner these individuals can be reached the better off they are, however, his opinion is that the individual must be accepting of help and ready to get clean and sober.

Out of the ten interviews I completed half reference a direct connection between substance abuse and mental illness and often homeless individuals are dual diagnosed as having both mental illness and substance abuse problems. Often time's mentally ill individual's substance abuse stems from their attempt to self-medicate for their mental illness, while other homeless individuals use alcohol and drugs as a perceived coping mechanism. The majority of the subject matter experts interviewed allude to the fact that unless a person homeless or not is ready to make the commitment of clean and sober their chances of recovery are not good, that thought is what produced the quantitative data of only 6/10 in agreeance. As one of the subject matter experts a Fresno Police Officer who works patrol informed me, very few of these individuals actually want help with their substance abuse problem. She knows this through her interaction with these

individuals. She stated that these individuals panhandle for money to buy alcohol and drugs, her experience is that most of them do not want help.

The qualitative data interprets as being in line with theme two of the literature review “Substance Abuse and Homelessness” which validates assumption two. Poppe (2018), *Street 2 Home Fresno County, A Framework for Action*, points out that chronically homeless individuals account for 10% of the individuals using homeless shelters. These people tend to be older in age and have higher levels of mental health problems and substance abuse issues.

Wenzel et al. (1996), *Drug-abusing homeless clients in California’s substance abuse treatment system* states as many as one-half to three-fourth of homeless individuals fall under the diagnoses of substance abuse, both alcohol, drug dependencies, and often times both. Despite a high level of need for treatment relatively few of these affected individuals ever receive the treatment they need, this suggests difficulties for the homeless to access treatment.

**Ethnographic Results:** This is observable data collected by the creation of field notes made while conducting in-person surveys with a sample of the target population, the homeless themselves. Drug and alcohol use and abuse is apparent amongst the city’s homeless. Three of my respondents actually were partaking while I interviewed them, with two other individuals sharing with me the main cause of their homelessness was their drug addiction. While downtown I observed at least two individuals that appeared to be “on the nod” which is known as a back-and-forth state of consciousness and semi-conscious often caused by

heroin or opioid use. I observed two other individuals that appeared to be under the influence lying along the side of the street within piles of trash.

**Assumption 3: IF** a program option for in-patient treatment for the severely mentally ill and chronically homeless is introduced. **THEN** the number of unsheltered individuals living in the City of Fresno would be reduced.

**Quantitative Results:**

**Question 3:** If a program option for in-patient treatment for the severely mentally ill and chronically homeless is introduced, do you think the number of unsheltered living in the City of Fresno would be reduced?

A total of 10 interview participants answered this question, 9 out of 10 (9/10) agree with 1 person (1/10) disagreeing. This quantitative data validates assumption 3 by subject matter experts.

A total of 20 survey participants answered this question, 20 out of 20 (20/20) unanimously agree. This quantitative data validates assumption 3 by a sample of the target population.

**Question 5:** Do you agree with California Gov. Gavin Newsom's State of the State address (February 2020) that there needs to be changes made to the State's involuntary treatment laws targeted at the severely mentally ill who have become chronically homeless and unable to manage their own care?

A total of 9 interview participants answered this question, 7 out of 9 (7/9) agree, 2 disagree (2/9), 1 person failed to answer (1/10). This quantitative data validates assumption 3 by subject matter experts.

**Qualitative Results:** Qualitative data supports and validates assumption three of this study by both subject matter experts and a sample of the target population. A lot of the participants from both groups, the subject matter experts, and a sample of the target population agree that a safe clean place for these severely mentally ill individuals to mend and get better would be beneficial.

My interviews with the three licensed clinical social workers (LCSW) yielded similar comments from all of them that providing support, safety, and security, as well as addressing their basic needs would be beneficial to the severely mentally ill that are chronically homeless. This would also allow for focused and comprehensive support for this population group. It would also be beneficial for these individuals as they rotate out of an in-patient setting that there is a focus on further treatment in the form of out-patient services to include employment options and a place to live as well as social work follow-up and case management.

In comments made during my interview with the emergency room (ER) doctor include that this would not only be beneficial to the patient but the community as well. However, she added that there needs to be a strong emphasis on treating the chronically homeless with the dual diagnoses of not only severe mental illness but substance abuse as well. As of now, she states most in-patient facilities only want to take patients with a mental illness diagnosis only and turn away patients with a dual diagnosis of mental illness and substance abuse. It is her experience that approximately 80% of the homeless patients she treats in her

emergency room (ER) have both a mental illness and a co-existing substance abuse problem.

In comments made during my interview with the Fresno Police Officer that works patrol in areas where the homeless reside she stated that it would be beneficial to have a facility where severely mentally ill individuals that are normally chronically homeless are housed for not only their safety but potentially the safety of others. She has witnessed these severely mentally ill individuals that are chronically homeless harm others or get harmed during altercations with the police when the police have no other options but physical restraint to protect themselves while the incident is occurring.

The qualitative data interprets as being in line with theme three of the literature review “Severely Mentally Ill and Chronic Homelessness” which validates assumption three. Harvard Health Publishing (2021), *The Homeless Mentally Ill* states that hundreds of thousands of this country’s citizens spend the night in shelters or on the streets, a very high percentage of these individuals suffer from serious mental illness. Approximately one-quarter to one-third of the homeless suffer from serious mental problems like schizophrenia, bipolar disorders, or severe depression with the proportion that seems to be growing.

Mental Illness Policy ORG (N.D.), *Homelessness Among the Mentally Ill* argues that studies have shown that discharging mentally ill patients into the streets for the purpose of saving money is not the answer, and in turn, will burden taxpayers more due to the fact that mentally ill individuals use one of the most expensive means for a doctor’s visit, the emergency room (ER). Homeless

individuals with severe mental illness often end up in the emergency room frequently, also unfortunately these same individuals end up in jail or the prison system.

Disability Rights California (2020), *Understanding the Lanterman-Petris-Short (LPS) Act* talks about the passing of the Lanterman-Petris-Short Act which sought to end the involuntary, inappropriate, and indefinite institutionalization of mentally ill patients. In fact, the action had a very negative impact on the lives of severely mentally ill individuals who were turned out into the streets to become homeless.

**Ethnographic Results:** While out in the City of Fresno conducting my surveys with the target population, I ran across and noticed several individuals who appeared to be in mental distress due to the effects of schizophrenia and/or psychosis. The biggest thing I noticed was their lack of personal hygiene, most of these individuals that I observed were filthy dirty which in my opinion shows their inability to care for themselves. The basis for my third assumption is the severely mentally ill that are chronically homeless and their lack of ability to care for themselves in all aspects of their lives. The ethnographic data shows the need for a clean, safe, environment for these individuals to receive treatment and get better, and is supportive of the third assumption.

**Conclusion:** Quantitative, qualitative, and ethnographic data collected shows that all three assumptions of this project's theory of change have been validated fully. The apparent need exist in the City of Fresno for an aggressive campaign of getting mental health and substance



abuse professionals into the streets to help the afflicted. Assumption one is validated further by the program in existence since January 2021 of the partnership between the Fresno Police Department and Kingsview Behavioral Health and how this program has benefitted and yielded favorable results in the form of an increased acceptance of help rate by the mentally ill who are homeless, from 2% before the program started to now 78% with this program in existence.

## **Chapter 5: Conclusion, Recommendations, and Areas for Further Research**

**Introduction:** The main research question examined in this study was “Would an aggressive campaign of treating the main causes of homelessness, those causes being mental illness and substance abuse, get people off of the streets? To complete the study the theory of changes sub-questions were changed into three assumptions. The three assumptions were then turned into direct questions that were asked to ten subject matter experts during interviews and a sample of the target population which was twenty of the City of Fresno’s homeless population during in-person survey completion. Ethnographic data was gathered through personal observation while out in the streets surveying the homeless and added to the study. This study’s theory of change and three assumptions were supported and validated by subject matter experts and a sample of the target population. The first assumption was validated further by the fact that it is already in work by the City of Fresno, since this past January 2021 the Fresno Police Department’s Homeless Task Force has been teamed up with a mental health care team from Kingsview Behavioral Health deploying mental health professionals to affected homeless individuals in the streets of Fresno with great success.

**Conclusion:** This study’s Theory of Change was; If the City of Fresno implemented an aggressive campaign of treating the main causes of homelessness, then the number of unsheltered individuals living in the City of Fresno would be reduced. Both quantitative data and qualitative data collected through the interview of subject matter experts, quantitative data collected from surveys from a sample of the target population, and secondary data through literature reviews supports and validates this study’s Theory of Change and all three assumptions. Ethnographic data also supports the studies Theory of Change and three

assumptions with the observable data solidifying that mental illness and substance abuse are the main causes of homelessness in the City of Fresno

### **Theory of Change Assumptions**

**Assumption # 1:** If a program deploying mental health professionals directly to affected individuals is implemented, then the number of unsheltered individuals living in the City of Fresno would be reduced. This assumption was validated by both the subject matter experts 9/10 in agreeance and a sample of the target population 17/20 in agreeance.

Literature reviews also strongly validate the assumption by almost every article pointing out the need for outreach and engagement (O&E) by mental health care professionals to engage mentally ill individuals who are homeless out in the streets. The assumption is also further validated by the program in existence since this past January 2021 that partners the Fresno Police Department's Homeless Task Force with a mental health care team from Kingsview Behavioral Health which deploys mental health professionals to affected homeless individuals in the streets of Fresno when the police department receives a call of a homeless person in mental distress. This program's success can be measured by the acceptance of help rate by the homeless accepting help from the mental health care professionals, before the program, the acceptance of help rate was 2%, since the program has been in place the rate has gone up to 78%.

**Assumption #2:** If a program getting substance abuse counselors out to the affected individuals is employed, then the number of unsheltered individuals living in the City of Fresno would be reduced. This assumption was validated by both subject matter experts 6/10 in agreeance and a sample of the target population 15/20 in agreeance. Literature

reviews also support assumption two as does ethnographic data that eludes to the fact that quite a few of these individuals would not be homeless if it was not for the substance abuse problems and their addiction to drugs and/or alcohol. Many of the subject matter experts explain that often the substance abuse problems are connected to mental illness with these homeless individuals.

**Assumption #3:** If a program option for in-patient treatment for the severely mentally ill and chronically homeless is introduced, then the number of unsheltered individuals living in the City of Fresno would be reduced. This assumption was validated by both subject matter experts 9/10 in agreeance and a sample of the target population 20/20 in unanimous agreeance. The literature reviews allude to the fact that with the deinstitutionalization of California and the closure of many mental hospitals and institutions this brought negative effects on the affected individuals and in fact, was a large contributor to them becoming homeless. Ethnographic data gathered through the observation of these severely mentally ill individuals shows their inability to care for themselves and that they reside in an environment that is far from safe and secure and does not promote their healing, things that an in-patient setting would allow for.

**Recommendations:**

<b>RECOMMENDATIONS</b>			
	<i>Recommendation 1</i>	<i>Recommendation 2</i>	<i>Recommendation 3</i>
<b><u>S</u>pecific</b>	Further progress with outreach and engagement (O&E) programs between FPD and Kingsview	As per Poppe (2018), set up Outreach and Engagement (O&E) Centers	Further research of an in-patient facility option to treat severely mentally ill that are chronically homeless
<b><u>M</u>easurable</b>	Already has increased the acceptance of help rate, more O&E = treatment for afflicted	Monitor acceptance of help rates, out-patient follow up	Monitor acceptance of help rates and track number of severely mentally ill still on the streets
<b><u>A</u>chievable</b>	Increase number of mental health teams to work the streets, if FPD does not have the officers to supply, private security	In-patient substance abuse for homeless already exist, use as a guideline to set up O&E Centers	Several in-patient mental health facilities already exist in the area, possibly some conversion to accept homeless
<b><u>R</u>elevant</b>	Directly aligns with assumption 1 of this project	Aligns with assumption 2 and would offer a safe sobering place to get clean and sober	Supports Assumption 3, in-patient care would reduce the number of the severely mentally ill who are chronically homeless
<b><u>T</u>ime</b>	6 months, obtain needed manpower and set up mental health teams	1 year to set up Outreach and Engagement (O&E) Centers and staff	1 year to investigate funding, locations, and staffing

Figure 5.1

Recommendation #1: Further progress with outreach and engagement (O&E) activities with the partnership between Fresno Police Department and Kingsview Behavioral Health would be extremely beneficial. This program has already shown it works by an increased acceptance of help rate by those who are homeless and suffer from mental illness. Get more of these teams on the street to seek out and actively engage homeless

individuals who are in mental distress. If there is any problem with the Fresno Police Department supplying the officers due to manning look into using private security as members of these teams. This recommendation is in line with assumption one of this project and could reduce the number of unsheltered homeless individuals in the City of Fresno. Currently the program is in place, an obtainable time line goal would be six months to obtain needed manpower and the setup of additional mental health teams.

Recommendation #2: As per Poppe, (2018), *Street 2 Home Fresno County, A Framework for Action*, set up Outreach and Engagement (O&E) Centers that would help the homeless who suffer from substance abuse. These centers could operate 24 hours a day, and would offer a safe sobering place where individuals could seek help in the forms of the transition to a shelter, treatment, or other appropriate services needed for placements beyond the streets. Success could be monitored through the acceptance of help rates by the homeless who suffer from substance abuse and out-patient follow up. Several in-patient substance abuse programs already exist in the city that could be used as a guideline to set up Outreach and Engagement (O&E) Centers. This recommendation is in line with assumption two of this project and could reduce the number of unsheltered homeless individuals in the City of Fresno. An obtainable goal would be 1 year to set up Outreach and Engagement (O&E) Centers and staffing.

Recommendation #3: Further research of an in-patient facility option to treat severely mentally ill that are chronically homeless. Measurable success would be to monitor acceptance of help rates and track number of severely mentally ill still on the streets. Several in-patient mental health facilities already exist in the area; there would be

possibly the need for some conversion to accept homeless individuals into these pre-existing facilities. This recommendation supports Assumption 3, in-patient care would reduce the number of the severely mentally ill who are chronically homeless. An obtainable goal would be 1 year to investigate funding, locations, and staffing.

**Areas for Further Research:** Further research on the new breed of homelessness, that being young people with opioid addiction would be beneficial. A in depth study done on the causes of these individuals homelessness, which is often caused by a disconnect between the individual and their family, with the family giving up on trying to help the affected family member. This study could not only be beneficial to the affected individuals themselves but also to families dealing with this problem.

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## **Appendix A**

### **INTERVIEW GUIDE: Homelessness and the City of Fresno, California**

**INFORMED CONSENT:** Hello, my name is Charles Meredith and I am an Executive Master of Public Administration (EMPA) candidate at Golden Gate University (GGU). I am currently working on my educational research project titled “Attacking the Main Causes of Homelessness in Fresno, CA”. My study focuses on what I assume to be the main causes of homelessness in Fresno, those causes being mental illness and substance abuse. I have requested you to participate in my interview because you are a subject matter expert on the intersections of mental illness, substance abuse and homelessness. My interview with you can be done in person, via phone, video conference, or emailed. Your responses are secure and confidential, if you wish to remain anonymous. Your participation in my study is crucial to its success and I thank you for your time in advance. If you have further questions please contact me via email: cmeredith@my.ggu.edu or 1+ (916) 997-8542.

1. If a program deploying mental health professionals directly to affected individuals is implemented, do you think the number of unsheltered living in the City of Fresno would be reduced? Please elaborate on your response.
  
2. If a program getting substance abuse counselors out to the affected individuals is employed, do you think the number of unsheltered living in the City of Fresno would be reduced? Please elaborate on your response.

3. If a program option for in-patient treatment for the severely mentally ill and chronically homeless is introduced, do you think the number of unsheltered living in the City of Fresno would be reduced? Please elaborate on your response.
4. If the City of Fresno implemented an aggressive campaign of treating mental illness and substance abuse, do you think the number of unsheltered living in the City of Fresno would be reduced? Please elaborate on your response.
5. Do you agree with California Gov. Gavin Newsom's State of the State address (February 2020) that there needs to be changes made to the state's involuntary treatment laws targeted at the severely mentally ill who have become chronically homeless and unable to manage their own care? Please elaborate on your response.

**REFERRAL:** Thank you very much for your participation in my educational research project, if you know of other subject matter experts like you that could further add to my research, please provide their contact information as a referral.

## Appendix B

### **SURVEY GUIDE: Homelessness and the City of Fresno, California**

**INFORMED CONSENT:** Hello, my name is Charles Meredith; I am an Executive Master of Public Administration (EMPA) candidate at Golden Gate University (GGU). I am currently working on my educational research project titled “Attacking the Main Causes of Homelessness in Fresno, CA”. My study focuses on what I assume to be the main causes of homelessness in Fresno, those causes being mental illness and substance abuse. I have requested you to participate in my survey because you are members of the target population pertaining to my research. Your responses are secure, confidential, and you can remain anonymous if you wish. Your participation in my study is crucial to its success and I thank you for your time in advance. If you have further questions please contact me via email: cmeredith@my.ggu.edu or 1+ (916) 997-8542. Thank you again.

Please answer Yes or No, if you wish to expound on your answers use the space provided under each question, on the back of the form, or a separate piece of paper if more space is needed.

Please state your name (or you may remain anonymous)

1. If a program deploying mental health professionals directly to affected individuals is implemented, do you think the number of unsheltered living in the City of Fresno would be reduced? Yes / No

2. If a program getting substance abuse counselors out to the affected individuals is employed, do you think the number of unsheltered living in the City of Fresno would be reduced? Yes / No
  
3. If a program option for in-patient treatment for the severely mentally ill and chronically homeless is introduced, do you think the number of unsheltered living in the City of Fresno would be reduced? Yes / No
  
4. If the City of Fresno implemented an aggressive campaign of treating these causes of homelessness, those causes being mental illness and substance abuse, do you think the number of unsheltered living in the City of Fresno would be reduced? Yes / No
  
5. Please rate the following situations from 1 to 5 as you feel they are the cause of homelessness

\_\_\_\_ Job Loss / Lack of Employment

\_\_\_\_ Lack of Affordable Housing

\_\_\_\_ Substance Abuse

\_\_\_\_ Prior Criminal History

\_\_\_\_ Mental Illness

Thank you very much for your participation in my educational research project, if you know of any others that could further add to my research please provide their contact information as a referral.