<u>Testimony in on HB1012</u>
Requesting Full Funding of Permanent Supportive Housing Services
Cody J. Schuler, Executive Director, Fargo-Moorhead Coalition to End Homelessness, NDL#367
North Dakota Senate Appropriations Committee
March 10, 2020

Mr. Chairman, members of the Committee, I offer testimony in opposition to the inadequate level of funding in HB 1012 for permanent supportive housing facilities in Bismarck, Fargo, and Grand Forks. Permanent supportive housing provides vital services for our state's citizens experiencing chronic homelessness. Permanent supportive housing creates housing and provides services for some of our most vulnerable citizens. While bringing dignity to those experiencing chronic homelessness, supportive housing is also an investment that is proven to reduce costs to the community at large.

In our community, Cooper House has been an essential asset in our work to end homelessness (a goal of making homelessness a rare, brief, and one-time experience). In its initial year of existance, a study showed that Cooper House helped realize over $200,000 of saving to the community. Since that time, other programs in the Fargo area, similarly serving formerly chronic homeless, has demonstrated over $1 million over the past three years.

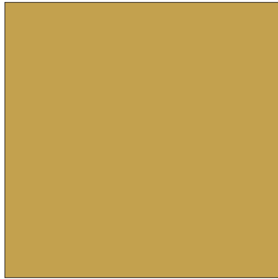
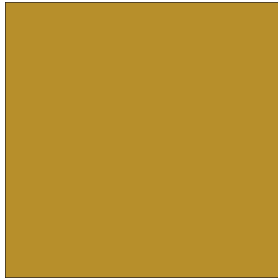
Now is not the time to reduce funding for Cooper House and other permanent supportive housing in the state. The 1915(i) is a new and important resource in addressing homelessness in our state. However, as a new opportunity, there are several unknowns about how many residents at Cooper House will qualify or if the reimbursements will be enough to cover the proposed reduction in funds. It is imperative that this funding be restored for another biennium, giving the Department of Human Services and local service providers the opportunity to ensure the 1915(i) is implemented without any gaps in services.

Should gaps in services occur, it is likely that the stability, safety, and security of the residents of Cooper House would be compromised. Furthermore, there is a real concern that calls to and interventions by law enforcement would increase. This is both unnecessary, costly, and preventable.

Thank you in advance for your support of restoring adequate funding of permanent supportive housing in the Department of Human Services budget and providing adequate services to vulnerable citizens.

<u>Attachments</u>:

1. *State of Homelessness in the Fargo-Moorhead Metro Area, 2020 (cost of savings outlined on pp 47-48)*
2. *Cooper Housing Impact Report, A study of the impact of Housing North Dakotas' Chronically Homeless Population, 2010*

Experience the Eide Bailly Difference

Cooper House Impact Report

A Study of the Impact of Housing
North Dakota's Chronically Homeless Population

CPAs & BUSINESS ADVISORS

Cooper House Impact Report & Cost Study

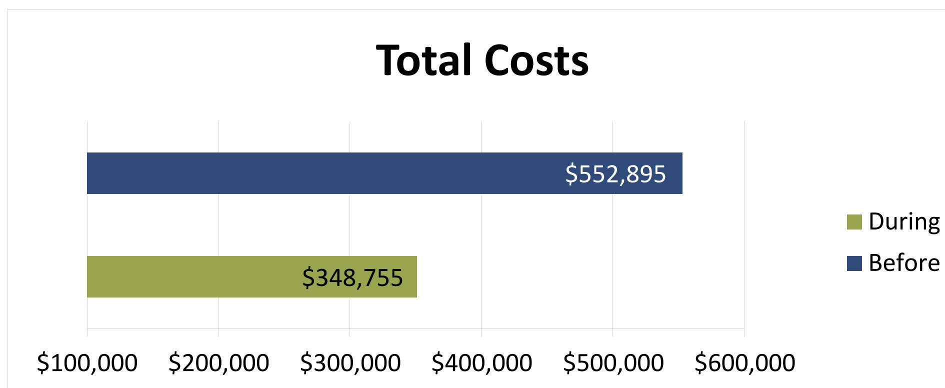
Eide Bailly was engaged by the Fargo Housing & Redevelopment Authority (FHRA) to compile cost data for a group of residents of Cooper House, a supportive housing for the homeless project managed by FHRA. We have compiled data showing the costs to society prior to when these people secured housing at Cooper House and then 12 months during their time housed at Cooper House. Because people move in and out not all dates line up over the same time frame. We have attempted to collect data showing 12 months prior to being housed at Cooper House and during their stay at Cooper House. We have not audited, reviewed or tested this information beyond simple due diligence while collecting it.

Background:

Cooper House opened in Fargo, ND in May of 2010. The Cooper House apartment's provide permanent supportive housing for homeless persons and is a stabilizing next step in the lives of people coming out of shelters or transitional housing programs. It consists of 42 apartments, 32 of which are efficiencies and 10 are one bedroom units. The apartments are rented exclusively to individuals who are documented as homeless. Preferences are given to those experiencing chronic or long-term homelessness, veterans, and people with disabilities. Homeless is defined as an individual or family who lacks a fixed, regular, and adequate nighttime residence. Chronic or long-term homelessness is considered to be anyone being homeless for 12 consecutive months or 4 times in the past 3 years.

Mental Health Technicians are on staff 24 hours, seven days a week at Cooper House, and a part time Licensed Addiction Counselor and a full time Case Manager are in the building daily, working with the clients and offering needed services. Family Health Care Center provides a part time nurse on site who provides medication management, infection control, health assessment, and referrals and follow up.

Cooper House employs a "Housing First" hybrid model, where people are provided a home first and then are offered a variety of services to help improve their lives and keep them in housing.



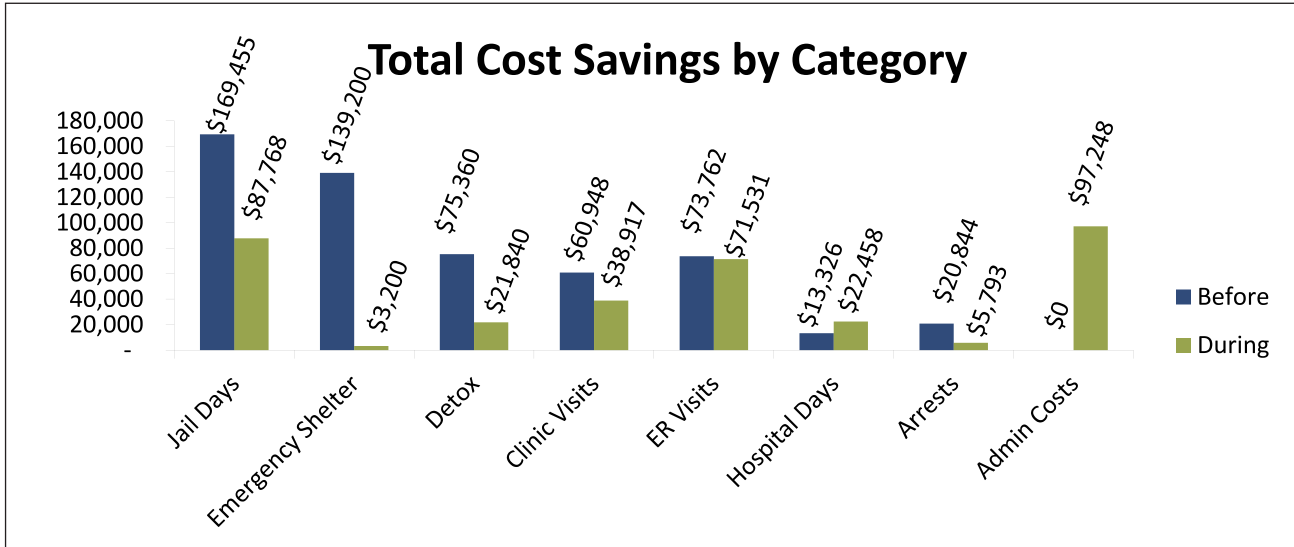
Conclusion:

Based on the results from the cost study, it is evident that housing the chronically homeless is "the smart way to do the right thing." There was a total of $204,140 savings in costs for those who lived at Cooper House for the time period that this study was conducted, through October 31, 2011. Being proactive in helping the homeless population is shown to help save the tax payers money and to make the community a better place to live.

The Study:

This study is meant to be a snapshot of the impact of housing North Dakota's chronically homeless population. The data of this study was collected with the consent of 66 tenants (the Study Group) who have lived at Cooper House at various times since it opened. Area service providers, shelters, law enforcement, the court system, and healthcare providers have all cooperated in providing the information gathered throughout this study. Once the information was consolidated then an average per person per month cost was calculated and this was used to calculate the group average.

Below is an overview of the costs comparisons for a one year period prior to being housed and a one year period ending October 31, 2011.



Note: There are two significant public cost drivers not captured by this study. Those of the judicial system which includes all costs related to court processing, arrests, and those costs related to state hospital days attributed to court ordered rehab. For some individuals this was up to dozens of times prior to living at Cooper House.

Healthcare & Medical Costs:

Based on the information received from Sanford Hospital, the Cost Study Group, costs went from $148,036 to $132,906 for a 10% decrease in costs or a savings of $15,130. The healthcare and medical cost data was compiled through October of 2011.

Law Enforcement & Legal costs:

Based on the information received from the Fargo Police Department, the cost associated with arrests declined from $21,000 to $6,000, which resulted in a decrease of $15,000, or 72%. The jail day costs were reduced from $170,000 to $87,800 for an $81,687 or 48% decrease.

Overall, legal and law enforcement saw a cost savings of $96,738 for those living at Cooper House, with some individuals having 100 less jail days than before they were homeless. The law enforcement and legal cost data was compiled through October of 2011.

Detox Costs:

Based on the information received from the Fargo Police Department, the average cost per detox visit is $120, not accounting for police officers time to collect and transport individuals to the facility. The total cost for detox visits decreased from $75,360 to $21,840. For the Cost Study Group, this is a cost savings of 71% or $53,520. In addition, this particular Study Group has seen 446 fewer visits. The detox cost data was compiled through October of 2011.

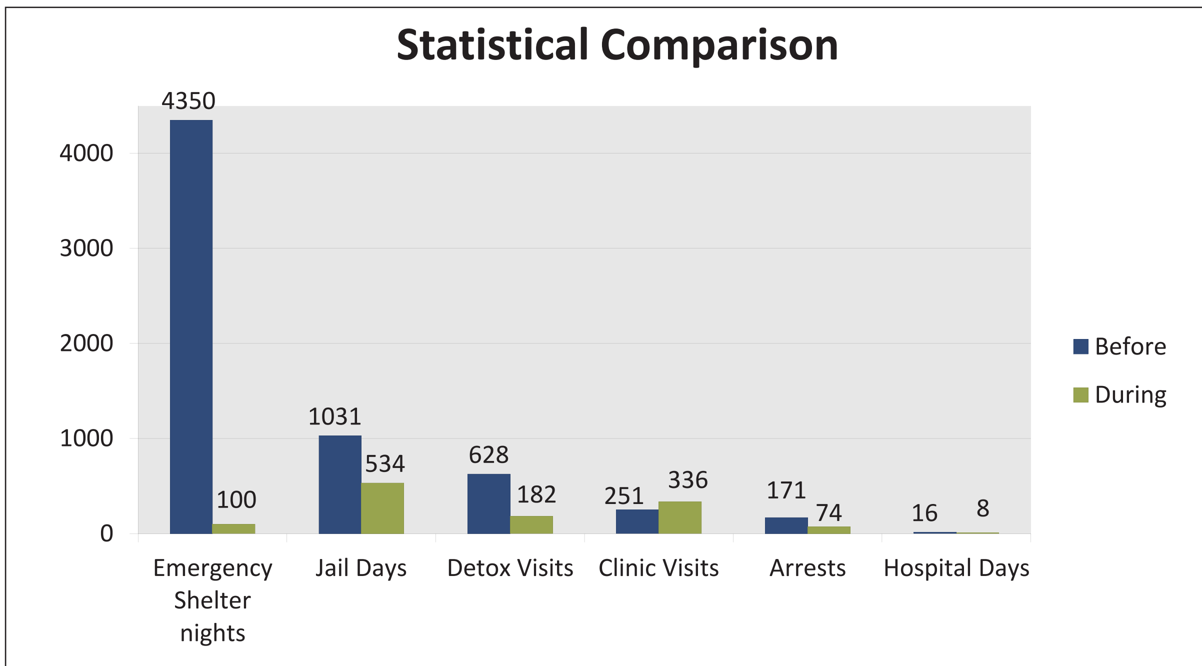
Administration Costs:

The capital outlay of the administration costs is $97,248. This service is provided by Dacotah Foundation through a contract with Southeast Human Services. The front desk is staffed 24/7 and these individuals are considered key to the success and integration back into the community. They staff check tenants and guests in and out of the building, monitor the security system, help with wellness checks, and work to link tenants to appropriate services.

Emergency Shelter:

Based on the information provided by only one of several homeless shelters in Fargo, the Study Group costs were reduced from $139,200 to $3,200, for a total cost savings of $136,000 or 98%. The number of emergency shelter nights was reduced from 4,350 to 100. The emergency shelter cost data was taken from averaging the costs for 2010 and 2011 to determine the average cost per year. The number of times accessed was taken compiled through October 2011.

Below is a statistical comparison of the number of times a service was accessed for the Cost Study Group before and during their residency at the Cooper House:



Places of Birth:

Many of the participants in the cost study call North Dakota their home and have lived here their entire life. Below, the red stars indicate where a portion of the Cost Study Group individuals are originally from.

Please note that not all costs were captured during the study. Some services accessed are not accounted for here and the cost of working with these individuals on the street is understated. For example, only one of several homeless shelters and one of the two hospitals were contacted for this study. Meals from community based organizations are also not accounted for here. In addition, costs accumulated here are only based on the individuals costs accumulated while living in Fargo and do not account for costs incurred in other locations.

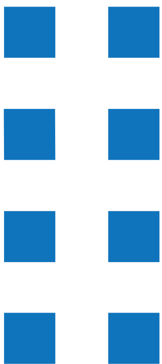
THE 2020 STATE OF HOMELESSNESS

IN THE FARGO–MOORHEAD METRO AREA

A REPORT OF THE FM COALITION TO END HOMELESSNESS IN COLLABORATION WITH UNITED WAY OF CASS-CLAY

ABOUT THE FM COALITION TO END HOMELESSNESS

For 30 years, the FM Coalition to End Homelessness (the Coalition) has been working to address the concerns surrounding homelessness in the Fargo-Moorhead Metro. In response to a growing concern to a local rise in homelessness, four local emergency shelters came together in 1989 to form the Fargo-Moorhead Coalition for Homeless Persons to improve service delivery. As the Coalition became a forum for discussion about the particular circumstances related to working with those experiencing poverty and homelessness, the Coalition grew to include other organizations serving homeless and low-income populations. The Coalition's purpose was to coordinate and improve service delivery in the most humane and efficient manner possible, and it grew to become an active force to provide, expand, and obtain new services. In 2007, the Coalition became a 501(c)(3) nonprofit corporation, hired its first director, and became the key leader in implementation of the City of Fargo's Ten-Year Plan to End Homelessness.



Today, more than 70 partners from service areas related to housing, physical and behavioral health, recovery, law enforcement, community action, disability, and veterans' issues, as well as faith-based groups and individual community members concerned about homelessness, come together with a unified mission: working in partnership to find permanent solutions to prevent and end homelessness in Fargo, Dilworth, Moorhead, and West Fargo. Through unified advocacy, partner education and trainings, and community and regional collaboration, the Coalition strives to fulfill its mission and live up to its recently refreshed name and make homelessness rare, brief, and one-time for individuals and families in this community.

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For the purpose of this report, we will refer to our geographic location as Fargo-Moorhead Metro (FM Metro). In 2018, the most recent data available, the US Census Bureau's American Community Survey (ACS) estimates the population for the Fargo-Moorhead Metropolitan Statistical Area at 245,471 individuals (source.)

This includes the population in Cass County, North Dakota, and Clay County, Minnesota, who are primarily located in the cities of:

- Dilworth, MN
- Fargo, ND
- Moorhead, MN
- West Fargo, ND

Throughout this report we will use FM Metro as our general location, or specifically Cass County, ND, and Clay County, MN, if there is a difference based on the state boundaries.

Additionally, some of the data and processes included in this report are by established Continuums of Care (CoCs). A CoC is a regional planning body of stakeholders designed to promote a shared commitment to the goal of ending homelessness.

CoC planning includes:

- Gathering and analyzing information to understand homelessness in the region;
- Understanding and supporting compliance with HUD and other funders;
- Implementing strategic plans to end homelessness based on data;
- Operating a regional Coordinated Entry System;
- Measuring results of regional planning and performance; and
- Prioritizing limited resources.

The West Central Minnesota CoC includes the following counties: Becker, Clay, Douglas, Grant, Pope, Otter Tail, Stevens, Traverse, Wadena, and Wilkin, along with the White Earth Reservation. It is one of ten CoCs in the state of Minnesota.

North Dakota operates as one CoC for the entire state.

PLANNING AND ADVOCACY ORGANIZATIONS

The FM Coalition to End Homelessness (the Coaltion) is a principle leader for ending homelessness in the FM Metro and serves as the official North Dakota Region 5 Coalition, the six-county southeastern part of the state. The Coalition is in close partnership with the West Central Minnesota CoC and North Dakota CoC as a platform for cross border collaboration between our two cities, two counties, and two states.
www.fmhomeless.org

The Minnesota Coalition for the Homeless (MCH) is a public policy and advocacy organization working to ensure statewide housing stability and economic security. Working with partners across the housing continuum in direct service to state agencies, MCH generates policies, community support, and local resources for housing and services to end homelessness in Minnesota.
www.mnhomelesscoalition.org

The West Central Minnesota CoC is tasked with developing, implementing, aligning, and monitoring regional planning related to preventing and ending homelessness. Through broad collaboration and planning, the CoC utilizes data, training, information sharing, and planning meetings to move towards making homelessness in West Central MN rare, brief, and one-time.
www.homelesstohoused.com

The North Dakota Coalition for Homeless People (NDCHP) brings together partners across the state to lead the effort in ending homelessness in the state through coordination, education, and advocacy. NDCHP's vision is for ND to have safe, decent, and affordable housing that is available to all. www.ndhomelesscoalition.org

The North Dakota CoC is tasked with developing, implementing, aligning and monitoring regional planning related to ending homelessness. The CoC is composed of representatives of relevant public and private organizations that come together to plan for and provide a homeless response system that is dedicated to preventing and ending homelessness in the state of North Dakota. North Dakota Housing Finance Agency is the collaborative applicant for the North Dakota CoC.
www.ndhomelesscoalition.org/who-we-are-2

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MESSAGE FROM THE EXECUTIVE DIRECTOR

June 23, 2020

As this report is released to our community, we are living through a global pandemic and our nation is facing the most significant conversation about race since the Civil Rights movement. It would be an understatement to say that 2020 is shaping up to be a year few could have imagined. Over the past months, homeless services have had to make a major pivot in response to COVID-19. Providing emergency shelter, moving people into housing, and providing key stabilization services without spreading a dangerous virus has tested our homeless response system and our providers on a personal level. But, the partners of the Fargo-Moorhead Coalition to End Homelessness have demonstrated the creativity, perseverance, and resilience they have shown time and time again. Our partners keep moving forward getting the day to day work done while not losing the vision that homelessness can be ended in our community.

That vision is rooted in social justice and human rights. Our mission to end homelessness relies on vital collaboration as we work together to strategically respond to systems of oppression and injustice that hinder people from thriving so that everyone has a safe place to call home. People of color experience homelessness disproportionate to the population. This calls upon us as a coalition to step up to address racial injustice. Healthcare remains out of reach to many who find themselves in a housing crisis. Therefore we need to get health care providers to see housing as a prescription. Affordable housing is out of reach for many in our community. So, we must step up to address costs and income inequality. This is why this State of Homelessness report is so important: to identify issues, celebrate successes, and use data as a key for finding solutions. This report is more than numbers and charts, this document tells a story and provides a map we can use to chart a new course.

In partnership,

Cody J. Schuler
Executive Director

The purpose of this document is to provide our community with a comprehensive report of available data related to homelessness in the FM Metro. The writers have made the decision to lay out this report in four sections:

Who are our neighbors experiencing homelessness in our community?

What are the needs of those experiencing homelessness in our community?

What are we doing as a community to address homelessness?

What is next for our community?

In each section, you as the reader should have a better understanding of the answer for each question posed. Additional information can be found in the Appendixes related to the data sources and references used in the creation of this report, as well as definitions for some of the terms used throughout the report and additional resources available.

WHO ARE OUR NEIGHBORS EXPERIENCING HOMELESSNESS IN OUR COMMUNITY?

ESTIMATE OF THE NUMBER OF INDIVIDUALS EXPERIENCING HOMELESSNESS

To estimate the number of individuals experiencing homelessness in our community on any given night, we need to look at the estimates of those:

- sheltered in emergency shelter and transitional housing programs
- staying in a place that is not a regular or permanent place to stay, such as outdoors, in a car, vacant building, or a place of business, and
- doubled up with a friend or family member on a temporary basis because they have nowhere else to go.

Below is an overview of the housing inventory count, which provides a snapshot of the number of individuals homeless service programs can serve at any given time. For more on available programs and services, see the section entitled "What are we doing as a community to address homelessness?".

Project Type	Cass County	Clay County	Both
Emergency Shelter	210	74	284
Transitional Housing	36	73	109
Rapid Re-Housing	36	79	115
Permanent Supportive Housing	168	457	625
Other Permanent Housing	0	0	0
Total	450	683	1,133

With this current inventory we see on any given night there are 246 individuals in Cass County, ND, and 147 individuals in Clay County, MN, who are experiencing homeless in a sheltered location (either in emergency shelter or in a transitional housing program).

We can estimate, through the Emergency Shelter Bed Prioritization list which is managed by all Emergency Shelters in partnership, as of the beginning of April 2020, there are a total of 113 individuals staying in a place that is not a regular or permanent place to stay and actively looking for access to a shelter bed. This could include places such as outdoors, in a car or vacant building, or in a place of business. These 113 individuals include 98 adults, 6 school aged children (ages 5 to 18), and 9 children under the age of 5.

Those currently doubled up continues to be much more difficult number to gather, as those individuals are often the most unseen. As of April 2020, 555 students were identified as homeless in our metro school districts. At this same point, there were 33 school aged children were staying at the two emergency shelters that serve families and 6 school aged children were actively seeking shelter with their parents. The remaining 516 students identified as homeless are most likely to be doubled up. However, we believe that is a significant under-representation of those who are currently doubled up in our community.

Pulling this all together, on any given night, there are 1,022 individuals estimated to be experiencing homelessness in the FM Metro.

Sheltered	393
Unsheltered	113
Doubled Up	516
Total	1,022

This is consistent with last year's estimate of 1,075 individuals estimated to be experiencing homelessness in the FM Metro. While we must rely on an estimate for this number, the rest of this report includes more details and data collected on those in our community that received services to overcome their housing crisis and resolve their homelessness.

DEMOGRAPHICS OF INDIVIDUALS AND HOUSE-HOLDS EXPERIENCING HOMELESSNESS

According to data available in the Homeless Management Information System (HMIS), in 2019, 3,322 individuals received homeless services either in Cass County, ND, or Clay County, MN. We need to acknowledge there is a level of duplication in these numbers as Minnesota and North Dakota do operate in separate information systems; for example, if an individual received services in both Fargo and Moorhead, they would be counted twice in the data below.

A majority of individuals experiencing homelessness are working age adults, with 61% of those who received services being between the ages of 18 and 54. Additionally, of those served, 23% were children under the age of 18 and 15% were older adults ages 55 and older.

Ages	Clay	Cass	Total	
Under 5	179	96	275	8%
5 to 12	218	114	332	10%
13 to 17	74	87	161	5%
18 to 24	118	186	304	9%
25 to 34	287	389	676	20%
35 to 44	239	317	556	17%
45 to 54	203	283	486	15%
55 to 61	112	221	333	10%
62+	47	117	164	5%
Don't know or refused	1	3	4	0%
Did not collect	29	2	31	1%
Total	1,507	1,815	3,322	

When looking at gender along with age, adult males make up the majority of the homeless population at 49%. Overall, 61.5% of the total homeless population identify as male and 37.5% as female. Additionally, 13 individuals identify as trans female (male to female), 5 individuals identify as trans male (female to male), and 6 individuals identify as gender non-conforming.

Gender by Age	Male	Female	Trans Female (Male to Female)	Trans Male (Female to Male)	Gender Non-Conforming	Client Doesn't Know/Client Refused	Data Not Collected
Adults	1,639	854	13	4	5	0	4
Percent of Total	49%	26%	0%	0%	0%	0%	0%
Children	382	383	0	1	1	0	1
Percent of Total	11%	12%	0%	0%	0%	0%	0%
Unknown Age	21	10	0	0	0	0	4
Total	2,042	1,247	13	5	6	0	9
Percent	61.5%	37.5%	0.4%	0.2%	0.2%	0%	0.3%

In total, this is an increase of only 39 individuals compared to the number of individuals who received homeless services either in Cass County, ND, or Clay County, MN in 2018. There is no major difference in age distribution or gender. Although, there was an increase in the number of individuals identifying as transgender or gender non-conforming. In 2019, a total of 24 individuals (roughly 1% of all individuals served) identified as transgender or gender non-conforming compared to only 15 in 2018.

In 2019, just under half of individuals who received homeless services identified their race as White, showing a significant racial disparity which exists among the homeless population compared to the general population in the FM Metro. As of 2018, US Census Bureau's American Community Survey (ACS) estimates show 87.1% of the total population in the FM Metro identify as White alone. With 19% of the homeless population identifying as Black or African American and 20% identifying as American Indian, we see significant racial disparities as these populations are overrepresented compared to the general population. The US Census estimates show only 6.1% of the general population identify as Black or African American alone and 1.4% as American Indian and Alaska Native alone (Census Estimates).

Race	Total	Percent of Total
White	1,620	49%
Black or African American	627	19%
Asian	9	0%
American Indian or Alaska Native	669	20%
Native Hawaiian or Other Pacific Islander	25	1%
Multiple races	277	8%
Client Doesn't Know/ Client Refused	26	1%
Data Not Collected	69	2%
Total Persons	3,322	

This is a slight increase in the rate of individuals of color who are experiencing homelessness. In 2018, 50% of individuals experiencing homelessness identified as White alone.

Additionally, 10% of individuals experiencing homelessness identify their ethnicity as Hispanic/Latino. Again, this is an overrepresentation compared to the general population, which is currently estimated at only 3.2% (Census Estimates).

Ethnicity	Total	Percent of Total
Non-Hispanic/Non-Latino	2,918	88%
Hispanic/Latino	324	10%
Client Doesn't Know/Client Refused	10	0%
Data Not Collected	70	2%
Total Persons	3,322	

The 3,322 individuals served throughout 2019 make up a total of 2,325 separate households. A vast majority (84%) of the households do not include children.

Household Type	Total	Percent of Total
Singles: Adults without children	1,943	84%
Families: Adults with children	313	13%
Youth: Youth only, no adults, with or without their own children	43	2%
Unknown Household Type	26	1%
Total Households	2,325	

This is a very consistent breakdown of households, from 2018, although there was an increase of 44 households served from last year.

Chronically Homeless

Individuals who are considered chronically homeless are typically more vulnerable and have significantly higher barriers, meaning they require more supportive services and longer-term support to be successful in ending their continued homelessness episode or episodes.

To be classified as chronically homeless, individuals must meet all the following:

- Currently experiencing homelessness,

- Been homeless for at least one year during the current episode OR homeless for less than one year in the current episode, but homeless at least four times in the previous three years, and
- Disabled (those who have a physical, mental, or other health condition that limits the kind of work they can do OR those who have a physical, mental, or other health condition that makes it hard for them to bathe, eat, get dressed, get in and out of bed or chair, or get around by themselves).

In HMIS, 22% (720) of individuals served in 2019 were considered chronically homeless. They make up 25% of all the households served. We must acknowledge that 10% of individuals served throughout 2019 did not have data collected on this classification, and thus results may differ if we had access to this information. Although, this does show improvement in data collection from last year, as in 2018, 30% of individuals served did not have data collected on this classification.

Like the overall homeless population, a majority of the chronically homeless individuals are working age adults. Of the individuals who are considered chronically homeless, 68% are between the ages of 18 and 54, with only 14% under 18. Aging adults are classified as chronically homeless at a higher rate compared to the general homeless population, with 18% of the chronically homeless population age 55 and older (compared to 15% of the general homeless population).

Age	Total	Percent of Total
Age 0-17	102	14%
Age 18-24	42	6%
Age 25-34	146	20%
Age 35-44	141	20%
Age 45-54	161	22%
Age 55-61	91	13%
Age 62 and above	37	5%
Client Doesn't Know/ Client Refused	0	0%
Data Not Collected	0	0%
Total Persons	720	

Like the general homeless population, a majority (65.8%) of the chronically homeless identify as male, followed by 33.5% identifying as female. Three individuals who are considered chronically homeless identify as trans female (male to female) and one individual identifies as gender non-conforming.

Gender	Total	Percent of Total
Male	474	65.80%
Female	241	33.50%
Trans Female (Male to Female)	3	0.40%
Trans Male (Female to Male)	0	0.00%
Gender Non-conforming	1	0.10%
Client Doesn't Know/ Client Refused	0	0.00%
Data Not Collected	1	0.10%
Total Persons	720	

Overall, compared to last year's data, the chronically homeless population is slightly younger with a 3% increase in those under the age of 18 and a 3% decrease in those over the age of 55. This may be due to better data regarding this sub-population.

In 2019, the 720 individuals considered chronically homeless made up a total of 591 separate households. A vast majority (93%) of the households do not include children.

Household Type	Total	Percent of Total
Singles: Adults without children	547	93%
Families: Adults with children	44	7%
Youth: Youth only, no adults, with or without their own children	0	0%
Unknown Household Type	0	0%
Total Households	591	

Youth

Youth homelessness is often harder to track. According to data available in HMIS, in 2019, 324 youth received homeless services either in Cass County, ND, or Clay County, MN. These are young adults 24 years old or younger, living without parents or guardians and may be parenting themselves.

Age	Total	Percent of Total
Age 12-17	60	19%
Age 18-24	264	81%
Client Doesn't Know/ Client Refused	0	0%
Data Not Collected	0	0%
Total Persons	324	

Unlike the general homeless population, youth are more diverse in their gender identity, with only 46% identifying as male. In addition to 48% identifying as female, 2% identifying as trans female (male to female), 2% as trans male (female to male), and 2% as gender non-conforming.

Gender	Total	Percent of Total
Male	150	46%
Female	157	48%
Trans Female (Male to Female)	6	2%
Trans Male (Female to Male)	5	2%
Gender Non-conforming	6	2%
Client Doesn't Know/ Client Refused	0	0%
Data Not Collected	0	0%
Total Persons	324	

LGBTQ+ youth experience homelessness at a high rate than their peers. As part of the 2021 State of Homelessness Report, we hope to include more data on this and the unique experiences of youth homelessness in our community.

Of the 324 youth served in 2019, 31 youth are parents themselves and between the ages of 18 and 24 years old. They have a combined total of 49 children in their care.

Youth are assessed for housing services utilizing a specialized tool geared towards those under 24 years of age. Within this assessment, 56% of youth answered that their lack of housing was because of an unhealthy relationship, either at home or elsewhere (emotional, physical, psychological, or sexual).

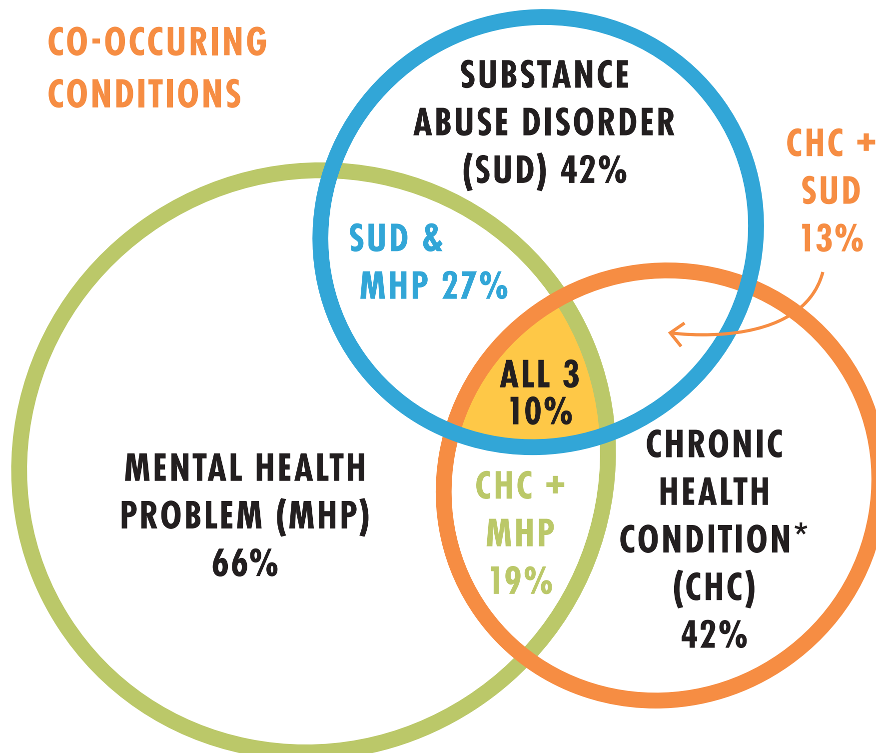
Health Conditions & Co-occurring Conditions

Physical health, mental health, and substance abuse are significant concerns and barriers among the people experiencing homelessness in our community. According to data available in HMIS, 44% of the individuals served in 2019 have a disability of long duration. This includes any disability that is ongoing, continued, or for an indefinite duration.

Of individuals diagnosed with a disability:

- 42% have been diagnosed with a chronic health condition, physical disability, or developmental disability.
- Two thirds (66%) have been diagnosed with a mental health problem.
- 42% have a substance abuse disorder (to either drugs, alcohol, or both).

Often individuals experiencing homelessness also experience co-occurring conditions. When looking at those who reported being diagnosed with a chronic health condition, serious mental health problem, and/or substance abuse disorder, 41% of respondents have been diagnosed with more than one of these conditions and 10% report all three.



These results differ from the numbers published last year because last year's data was based on self-responses as part of the Everyone Counts survey administered in October 2018 by homeless

service providers. Due to the different data sources from this year to last, we are unable to compare the annual results.

Overall, most individuals with a chronic health condition, substance abuse disorder, mental health problems, or a combination of these conditions in our community are housed. Individuals experiencing homelessness are not experiencing their housing crisis because of these conditions alone – rather it is due to a unique combination of experiences, traumas, lack of support networks, and access to services or supports. This section is included to highlight the fact that many individuals in our homelessness response system need access to additional services, in addition to housing support. Moving from homeless to housed looks different for each individual and each household; and often includes many other aspects of our community social services network.

Prior Living Arrangements

In HMIS, shelter and supportive housing programs in the FM Metro collect information regarding prior living arrangements for individuals who entered services. In 2019, almost half (46%) of individuals stated they were homeless, meaning they were staying at a shelter, transitional housing, or place not meant for human habitation.

Another 11% of individuals came from an institutional setting, including psychiatric hospital/facility, substance abuse facility, hospital, jail, prison, long-term care facility, or halfway house. 14% identified they were living in their own apartment or home with or without subsidies or support, and 21% were staying with a friend or family member.

Prior Living Arrangements - All Clients	Total	Percentage
Homeless	1,196	46%
Institutional Settings	288	11%
Permanent Housing/Own/Rental	365	14%
Doubled Up (Staying with Friends or Family)	532	21%
Hotel or Motel without Voucher	77	3%
Client Doesn't Know/Refused	19	1%
Data Not Collected	114	4%
Total	2,591	

As a community, we are very concerned with the percentage of individuals and families entering homelessness from permanent housing. This intensifies when we look at families with children and youth experiencing homelessness.

With families entering services, 31% are coming from permanent housing, previously living in their own apartment or home with or without subsidies or support. This is a significant increase compared to the overall population.

Prior Living Arrangements - Families	Total	Percentage
Homeless	162	39%
Institutional Settings	7	2%
Permanent Housing/ Own/Rental	130	31%
Doubled Up (Staying with Friends or Family)	93	22%
Hotel or Motel without Voucher	18	4%
Client Doesn't Know/Refused	1	0%
Data Not Collected	3	1%
Total	414	

With youth experiencing homelessness, we see a significant increase in the percentage of individuals previously doubled up or staying with friends or family prior to entering homelessness, 37% compared to 21% with the general homeless population.

Prior Living Arrangements - Youth	Total	Percentage
Homeless	96	30%
Institutional Settings	22	7%
Permanent Housing/ Own/Rental	37	11%
Doubled Up (Staying with Friends or Family)	121	37%
Hotel or Motel without Voucher	9	3%
Client Doesn't Know/Refused	8	2%
Data Not Collected	31	10%
Total	324	

Prior Experiences

According to data collected in HMIS, of the 3,322 individuals served, 2,591 individuals entered programming or began receiving services in 2019. Almost a fourth (24%) of these new entries had a history of Domestic Violence. We must acknowledge 21% of individuals who entered services throughout 2019 did not have data collected on their domestic violence history, and thus results may differ if we had access to this information.

Of those with a history of Domestic Violence, 34% identified fleeing domestic violence as the reason for their current homeless situation.

Domestic Violence History	Total	Percent of Total
Fleeing Domestic Violence	207	34%
Not Fleeing Domestic Violence	361	59.30%
Client Doesn't Know/ Client Refused	3	0.50%
Data Not Collected	38	6.20%
Total Households	609	

This data does not capture the full impact and history of violence for many individuals experiencing homelessness. Violence may often be the primary reason why someone is experiencing homelessness but may not reported as the immediate cause. Additionally, research shows for many chronically homeless individuals, one of their first times experiencing homelessness was as a victim of violence. However, this is not captured in this data as it only reflects their current episode of homelessness.

According to agency specific data, 80% of the individuals who stay with YWCA of Cass Clay (YWCA), are seeking services due to violence. This is in line with national research which has shown being a victim of violence is the number one reason that woman become homeless (Source). To get a more accurate number the YWCA has changed how they ask clients about their history of violence. Previously, those seeking shelter were asked, "why are you checking into the shelter". However, many who had initially fled an unsafe situation may have temporarily sought shelter with a family, friend or elsewhere, leading them to select that they were homeless. In recognizing the low response in initial reporting of fleeing violence as women entered the shelter, YWCA staff were coached on how to ask probing questions on what lead to the woman's homelessness.

Of those who had been assessed for housing programs utilizing the VI-SPDAT tool, a staggering 58% of participants responded that their current period of homelessness had been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma they have experienced. In addition, approximately 34% of people experiencing homelessness, who were assessed for housing services, identified that they had been attacked or beaten up since becoming homeless.

As part of the Everyone Counts Survey conducted in October 2018, 243 respondents were asked about adverse childhood experiences and traumatic events in their lives. Among the adverse childhood experiences inquired about in the survey, those experienced the most were:

- Living with a substance user (54%)
- Witnessing abuse of other family member (44%)
- Being physically abused as a child (36%)
- Living with a parent or guardian who struggled with mental health issues (32%)

Additionally, as children, about one-fourth of respondents (28%) lived in a foster home and 18% lived in a group home. About 30% were held for more than a week in a juvenile detention center or other juvenile facility or camp.

WHAT ARE THE NEEDS OF THOSE EXPERIENCING HOMELESSNESS IN OUR COMMUNITY?

INCOME, EMPLOYMENT, AND EDUCATION

Income and employment data were collected for the 2,519 adults served throughout 2019. Income and sources were collected at the start of their services along with when they exited services (Leavers) or at an annual check point if they remained in services (Stayers).

In 2019, only 48% of individuals who started services had a known source of income (one or more). Of those who left services in 2019, only 43% had one or more sources of income.

Number of Adults with Income	Start		Stayers		Leavers	
Total Adults	2,519		830		1,689	
1 or More Source of Income	1,217	48%	77	9%	719	43%

Below is a breakdown of cash income sources.

Cash Income Sources	Start	Stayers	Leavers
Earned Income	423	18	290
Unemployment Insurance	8	0	5
Supplemental Security Income (SSI)	267	32	168
Social Security Disability Insurance (SSDI)	166	16	104

Breakdown of cash income sources, continued:

Cash Income Sources	Start	Stayers	Leavers
VA Service - Connected Disability Compensation	69	1	28
VA Non-Service Connected Disability Pension	25	2	13
Private Disability Insurance	3	0	2
Worker's Compensation	61	9	22
Temporary Assistance for Needy Families (TANF)	68	10	25
General Assistance (GA)	196	9	46
Retirement Income from Social Security	19	0	10
Pension or retirement income from a former job	8	2	6
Child Support	46	6	22
Alimony and other spousal support	1	0	0
Other Source	38	14	21

Below is the breakdown of cash income ranges for all adults on a monthly basis.

Breakdown of Monthly Income Range	Start		Stayers		Leavers	
No Income	1,070	42%	34	4%	739	44%
$1 - 150	158	6%	5	1%	39	2%
$151 - $250	73	3%	5	1%	43	3%
$251 - $500	88	3%	9	1%	49	3%
$501 - $1000	361	14%	30	4%	220	13%
$1001 - $1500	148	6%	10	1%	90	5%
$1501 - $2000	122	5%	7	1%	69	4%
$2001 +	136	5%	8	1%	105	6%
Client Doesn't Know/Refused	3	0%	0	0%	4	0%
Data not collected	360	14%	0	0%	331	20%
Adult stayers not yet required to have an annual assessment			427	51%		
Adult stayers without required annual assessment			295	36%		
Total Adults	2,519		830		1,689	

In 2019, the federal poverty guidelines were set as a single adult making $12,490 annually or about $1,040 per month. Noting most individuals experiencing homelessness are not in family units, you can see that 68% are below that $1,000 per month threshold. Additionally, if we factor in family units, a family of four making $25,750 per year or less is within the 2019 poverty guidelines – this is roughly $2,145 per month (Source).

In addition to employment and cash income, data is collected on non-cash benefits individuals are receiving. A majority of individuals when starting and leaving services had no sources of non-cash benefits.

Non-Cash Benefit Sources	Start		Stayers		Leavers	
No Sources	1,343	53%	18	2%	928	55%
1 + Source(s)	846	34%	86	10%	463	27%
Client Doesn't Know/ Client Refused	3	0%	0	0%	2	0%
Data Not Collected/ Not stayed long enough for Annual Assessment	327	13%	726	87%	296	18%
Total	2,519		830		1,689	

Of those who receive non-cash benefits, most are enrolled in Supplemental Nutrition Assistance Program or SNAP (previously known as Food Stamps).

Type of Non-Cash Benefit Source	Start	Stayers	Leavers
Supplemental Nutrition Assistance Program (SNAP)	812	81	447
Supplemental Nutrition Program for Women, Infants, and Children (WIC)	68	7	37
TANF Child Care Services	9	1	5
TANF Transportation Services	0	0	0
Other TANF-Funded Services	4	0	2
Other Source	145	51	57

For more details on the benefits programs included in this section along with benefit eligibility, please visit:

- Cass County, ND Human Services Website: https://www.casscountynd.gov/our-county/human-services/economic-assistance-division
- Clay County, MN Social Services Website: https://claycountymn.gov/207/Financial-Assistance-Services

As part of the Everyone Counts Survey conducted in October 2018, respondents currently experiencing homelessness were asked about their education and employment. Almost two-thirds (63%) of respondents had at least a high school diploma or some level of college education.

Educational Attainment	Total	Percentage
8th grade or less	10	4%
Some high school but did not finish 12th grade	78	32%
12th grade (high school graduate)	69	28%
Some college but no degree	49	20%
Completed any college degree (2-year Associate or higher)	36	15%
Refused	1	0%
Don't know	0	0%
Total Individuals Surveyed	243	

Additionally, while in grade school, 31% of individuals surveyed had an Individualized Education Plan or required some level of Special Education.

While 48% of adults entering services this past year had some level of income and 34% were enrolled in non-cash benefits, they still experienced a housing crisis that resulted in them becoming homeless. In later sections of this report, there are more details on additional barriers to housing that many individuals experience, along with how our system works to help move these individuals from homelessness to housing regardless of income or employment.

BARRIERS TO SUSTAINABILITY

Individuals experiencing homelessness in our community face many barriers to sustainability or the ability to lead a stable life, specifically when it comes to gaining and maintaining livable-wage employment and safe, stable housing. Poor credit and rental history, access to employment and livable-wages, transportation, and affordable housing are the common themes individuals self-identified as the reasons why they are experiencing homelessness.

According to 5-year estimates by the Census Bureau, as of 2018, in the FM Metro 43% of occupied housing units are rented. Rent prices and low income are causing many renters to be cost burdened. This is when housing costs require more than 30% of a household's income each month. 42% of renters

in our community are considered cost burdened. This is significantly higher than those who own their home at 14%. (Census Estimates)

The rate of cost burdened households changes drastically based on the household's income. Below is a breakdown of those who are housing cost burdened by income level.

Percentage of households who are housing cost burdened by income level	Overall		Owners		Renters	
Less than $20,000	11,991	90%	2,064	81%	9,927	92%
$20,000 to $34,999	7,308	59%	1,782	45%	5,526	66%
$35,000 to $49,999	3,284	27%	1,483	29%	1,801	26%
$50,000 to $74,999	2,113	12%	1,756	17%	357	5%
$75,000 or more	861	2%	689	2%	172	2%
Total Housing Cost Burdened Households	25,557	26%	7,774	14%	17,783	42%

For more information on our region's access to affordable housing, check out:

- The National Low Income Housing Coalition's "Out of Reach" report: https://reports.nlihc.org/oor
- Minnesota Housing Partnership "State of the State's Housing" report for Clay County: https://www.mhponline.org/images/stories/images/research/coprofs/2019/Clay.pdf

The top reasons why people are experiencing homelessness, from respondents of the Everyone Counts Survey conducted in October 2018, included:

- Eviction or did not have leases renewed,
- Not able to afford rent or house payments, and
- Loss of job or work hours cut.

These situations compound when we consider the barriers these individuals face in being able to rent an apartment or getting housing. The top barriers to accessing housing were identified as:

- Credit problems,
- No affordable housing,
- Criminal backgrounds,
- Bad rental history or past evictions, and
- No local rental history or references.

When respondents were asked about supports they felt they needed to access housing, they identified:

- Available affordable housing,
- Deposit assistance,
- Ongoing case management/support services,

- Reliable and affordable transportation,
- Increased income or employment, and
- Ongoing rental subsidies.

When asked about what would help them to maintain stable housing, survey respondents identified employment, affordable housing, and transportation as the top three.

PUBLIC HOUSING ASSISTANCE

Public Housing Agencies (PHA's) are the largest mainstream providers of affordable housing for local communities. In Cass and Clay Counties, three PHA's have made it part of their mission to prioritize families experiencing homelessness and people with disabilities for housing resources. Fargo Housing & Redevelopment Authority (FHRA), Moorhead Public Housing (MPHA), and Clay County HRA (CCHRA) are all active participants in the Coordinated Access, Referral, Entry, and Stabilization (CARES) System and work towards the goals of ending family, youth, veteran, and chronic homelessness in our region. More details about the CARES System can be found in the next section, "What are we doing as a community to address homelessness?".

In 2019, the United States Department of Housing and Urban Development (HUD) allowed PHA's to apply for additional Mainstream Housing Choice Vouchers, commonly called Section 8 vouchers. These vouchers are meant to target adults with disabilities who are experiencing homelessness, initialization, or housing insecurities. Due to their work in showing the great need for additional affordable housing resources in our community, FHRA and CCHRA were able to apply for and were awarded new vouchers for Cass and Clay counties. This was the largest new allotment of vouchers given to CCHRA since its inception. The amount awarded FHRA and CCHRA together was larger than those awarded to other larger metropolitan areas across the nation.

In 2019:

- Moorhead Public Housing reported 83% of new admissions were exiting homelessness.
- Fargo HRA had 480 new admissions listed as previously being homeless throughout their programs.
- Clay County HRA served 360 households in their homeless programs and reported 93% of new admissions to Housing Choice Vouchers had experienced homelessness.

Even with the new vouchers, waiting lists for these programs remain long. The waiting lists for tenant-based Housing Choice Voucher at FHRA and CCHRA are both closed, as the waiting list grew too extreme for new applications. Those on the list can expect to wait two or more years before receiving

vouchers. Other site-based programs such as Public Housing or units for people who are elderly and/or disabled have various waiting lists, with larger units for families having the longest.

NEEDS ASSESSMENT

CAPLP (Lakes & Prairies Community Action Partnership, Inc.) completed a needs assessment for Clay County, MN, in 2018. SENDCAA (Southeastern North Dakota Community Action Agency) completed the same needs assessment in March 2019 for Cass County, ND. There were three parts to this needs assessment:

- A survey for people currently seeking housing services
- A survey for homeless related service providers
- A survey for people previously served by a homeless prevention and assistance program at CAPLP and SENDCAA

Clay County, MN:

Results indicated the top contributor to respondents' housing crisis was not being able to afford their rent. A mental health symptom or chemical use was the second highest contributor to their current housing crisis (50%). Roommate/neighbor issues, and poor credit/poor criminal history were also noted as causes to a current housing crisis.

When asked what would help the most to solve the current housing crisis, the top three responses were case management or other support services (44%), ongoing rent assistance (41%) and credit repair/budgeting (41%). Deposit assistance (35%) and transportation (38%) were also of note (respondents were able to check all that applied).

The provider survey was sent out via an online surveying tool to the Housing Advisory Committee made up of homeless service providers, the FM Coalition to End Homelessness, and various community partners.

- For prevention and homeless assistance, providers felt housing search assistance, landlord/tenant relationships, and financial assistance were most important.
- For families, providers felt the biggest barriers to housing stability were domestic violence, affordable child care, and lack of affordable housing.
- For singles, providers felt criminal history, substance use, and lack of affordable housing were the biggest contributors to housing instability.

- For youth, providers felt youth most often face barriers with little or no rental history, lack of affordable housing options, and employment.

Additionally, a survey was administered via phone for past clients served by Family Homeless Prevention and Assistance Program (FHPAP) at CAPLP in September of 2018. 100% of responding individuals indicated the FHPAP assistance and case management they received from CAPLP helped to stabilize their housing crisis. Rental assistance, utilities, and deposit assistance were stated as being the most helpful to resolving the housing crisis (96%). A third (33%) of people indicated case management was also beneficial (respondents could check all that applied).

Throughout the surveys, multiple themes emerged showing a significant need for affordable housing in our community. Also of note, there is a commonly identified need for supportive services to help find housing, mediate with landlords, and navigate employment and mental health/substance use services.

To gain a deeper understanding of the needs of people who have or are currently experiencing a housing crisis, CAPLP staff conducted two focus groups in January of 2019. The first was with 8 individuals at Micah's Mission, a shelter for families in Moorhead. Respondents were of varying races and ages consistent with shelter population and households served in FHPAP. The top three areas identified as concerns were finding housing, employment, and transportation. Many stated they had barriers on their background that were keeping them from finding housing and employment. They shared that additional case managers to support people with these barriers would be helpful.

An additional focus group was held with clients who are currently housed on CAPLP programs in Clay County, MN. The commonly identified needs by this group included affordable housing options, living-wage jobs, and transportation options to get to important appointments such as apartment viewings or jobs. Respondents felt the services that worked well included Supplemental Nutrition Assistance Program (SNAP), Minnesota Family Investment Program (MFIP), housing search assistance, landlord mediation with their case manager, and general case management services.

Cass County, ND:

Individuals seeking housing services were asked to identify what contributed to their current housing crisis. Of those surveyed, 42% reported the primary cause to their current housing crisis was that they could not afford rent. Other responses included physical health issues (21%), roommate or neighbor issues (18%), and violence or concerns for safety (13%). Less prevalent responses included chemical or substance usage, mental health symptoms, criminal history, and loss of a job or difficulty finding work.

The top three responses for what would help individuals find and keep stable housing included help with past due rent (48%), on-going rental assistance (38%), and deposit assistance (33%). The top non-financial related support is credit repair and budgeting (23%). Other responses which were noted in the respondents' comments were obtaining and maintaining employment, affordable housing, and sufficient income.

All clients who received rent or deposit assistance in March or April of 2019 were called and asked to complete a survey. Out of the 6 clients, 100% reported the assistance they received helped them stabilize their housing and all clients reported they were satisfied with the services they received.

Thirty-nine providers responded to a survey about resources needed to prevent homelessness.

- Providers reported short-term financial assistance, case management, landlord/tenant relationships, housing search assistance, and transportation assistance were the most important in ending and preventing homelessness.
- For families, providers felt the biggest barriers to housing stability were lack of affordable housing options, affordable child care, and poor credit.
- For singles, providers felt mental health, lack of affordable housing options, and criminal history were the biggest contributors to housing instability.
- For youth, providers felt youth most often face barriers with poor or limited rental history, life skills/financial fitness, and lack of affordable housing options.

WHAT ARE WE DOING AS A COMMUNITY TO ADDRESS HOMELESSNESS?

CARES: OUR HOMELESS RESPONSE SYSTEM

The Coordinated Access, Referral, Entry, & Stabilization (CARES) System is our region's approach to the Department of Housing and Urban Development (HUD) mandate that each Continuum of Care (CoC) operate a Coordinated Entry System. HUD defines coordinated entry as a process developed to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed for, referred, and connected to housing and assistance based on their strengths and needs. CARES follows this mandate but also includes prevention, diversion, and stabilization services. Research shows that to end homelessness, we need to reduce the number of individuals entering our system, and that while housing ends homelessness, some people also need ongoing supports to continue to remain housed.

CARES includes partner agencies interested in assuring a more coordinated, effective, streamlined, and consumer friendly system. Our system operates in partnership between the ND CoC, West Central MN CoC, FM Coalition to End Homelessness, and White Earth Nation.

As a system, CARES strives to manage scarce system resources in a streamlined, transparent, planful, data-driven, and consumer center manner. The CARES System starts when a person seeks crisis services (ACCESS), first attempting to prevent homelessness when possible through connection with mainstream and prevention resources. If homelessness cannot be prevented, persons are prioritized for emergency shelter and supportive housing programs based on vulnerability, client choice, and program openings and eligibility (ASSESSMENT/ASSIGNMENT). The most vulnerable households are assisted with nav-

igation services. Those offered supportive housing are assisted with identifying and working on goals to obtaining and retaining stable housing (STABILIZATION).

A centralized and coordinated system allows us to have current data on the specific needs and characteristics of those experiencing homelessness or at imminent risk of homelessness. This data is valuable for system planning and analysis; including distribution of resources (to agencies and households seeking services), measuring effectiveness of services and programs, equity analysis, and identification of trends and current housing needs by type and population. Recently, both CoCs committed to transitioning how data is entered into Homeless Management Information System (HMIS) to improve data accuracy and usability.

PROGRAMS AVAILABLE

This section includes an inventory of shelter, transitional housing, rapid re-housing, permanent supportive housing, street outreach, and other homeless support services available for individuals experiencing homelessness in the FM Metro along with an estimated breakdown of funding sources for each type of homeless services.

These estimates are based on program self-reporting which was available at the time of publication. This may not be a comprehensive breakdown of all funding sources.

Cass County, Project Type	Federal Funding (ESG, CoC, etc.)	State Funding	Local Funding	Totals	2019 Total Beds
Shelter	$129,833	$185,500	$301,000	$616,333	210
Transitional Housing	$96,396	$0	$40,000	$136,396	36
Rapid Re-Housing	$18,000	$22,000	$286,813	$326,813	36
Permanent Supportive Housing	$677,376	$0	$18,750	$696,126	168
Street Outreach	$0	$0	$25,000	$25,000	NA
Homeless Supportive Services (including Prevention)	$0	$0	$25,000	$25,000	NA
Total	$921,605	$207,500	$696,563	$1,825,668	450

Clay County, Project Type	Federal Funding (ESG, CoC, etc.)	State Funding	Local Funding	Totals	2019 Total Beds
Shelter	$364,578	$82,284	$288,653	$735,515	74
Transitional Housing	$0	$268,700	$0	$268,700	73
Rapid Re-Housing	$0	$574,776	$44,042	$618,818	79
Permanent Supportive Housing	$841,157	$2,103,741	$0	$2,944,898	457
Street Outreach	$0	$568,306	$0	$568,306	NA
Homeless Supportive Services (including Prevention)	$0	$197,702	$72,500	$270,202	NA
Total	$1,205,735	$3,795,509	$405,195	$5,406,439	683

Definitions for each type of program type:

Shelter:

- Offers temporary shelter (lodging) for homeless households.

Transitional Housing (TH):

- Participants must enter into a lease agreement (sublease or occupancy agreement) for at least one month. Leases must automatically renew upon expiration, except with prior notice by either party, up to a max of 24 months.
- Participants receiving rental assistance may be required to live in a specific structure.
- Support services must be available during entire participation in TH.

Rapid Re-Housing (RRH):

- Provides short-term to medium-term assistance (up to 24 months).
- Lease between households and landlord.
- Household's able to select their unit.
- Providers can restrict max length of financial assistance but not length of time in unit.
- Support services must be offered during entire participation in RRH.

Permanent Supportive Housing (PSH):

- Long-term housing.
- Homeless households with a member who has a disability.
- Support services provided that are designed to meet the needs of participants.

Other Permanent Housing (PH):

- Long-term housing not otherwise considered PSH or RRH.
- PH Housing with Services provides long-term housing and supportive services for homeless per-

sons but does not limit eligibility to persons with a disability.

- PH Housing Only projects provide long-term housing for homeless persons but does not make supportive services available as part of the project.

PREVENTION/DIVERSION

For the past three years, the Homeless Prevention Project (HPP) has continued to provide client-centered homeless prevention services. The HPP includes CAPLP, SENDCAA, Presentation Partners in Housing, and The Salvation Army. The goal of the HPP is to ensure low-barrier access for prevention services in line with coordinated entry to prevent and end homelessness.

Households experiencing a housing related crisis apply at one access point. The HPP reviews all applications and prioritizes available resources based on vulnerability of the household. Resources are matched to households to provide the minimum assistance necessary for the shortest time possible in order to stabilize a household. The HPP maximizes community resources in order to assist as many households as possible. In addition to housing focused case management, the HPP can provide rent, utility, and security deposit assistance for households experiencing homelessness or likely to become homeless.

In 2019, the HPP provided $556,751 in financial assistance to prevent 544 households from eviction:

Payment Type	Payments
Rent/Mortgage Payments	443
Security Deposit Payments	324
Utility Bill Payments	177

Looking towards the future, the HPP intends to expand services to include diversion. Diversion is a service that guides households to safe and appropriate alternative housing options without utilizing emergency shelters. This ensures shelter beds are available for those who truly have no other option.

HMIS data shows the number of individuals who entered a shelter and/or housing support program from an institution setting, permanent housing, or a doubled-up situation. This is a target population for diversion and in 2019 this includes 1,185 individuals.

Prior Living Arrangements	Total Individuals
Institutional Setting	288
Permanent Housing/Own/Rental	365
Doubled Up (Staying w/ Friends or Family)	532
Total	1,185

The HPP is working closely with shelters, housing providers, supportive services, and funders to ensure an end to homelessness where it already occurs, prevention of homelessness where it is on the verge, and prioritization of services to the most vulnerable households. See the later section "Process Highlight – Moving towards a Homeless Prevention and Diversion Orientation" for more details.

SHELTER ENTRY

In 2019, 2,057 individuals, 9 adult couples without children, and 485 families inquired about seeking shelter at one of the FM Metro's emergency shelters.

Household Type	Numbers
Single Men	1,346
Single Female	710
Single Other	1
Single Female with Children	403
Single Male with Children	21
Married/Couple with children	61
Married/Couple with no children	9
Total Households	2,551

The 485 families include a combined total of 975 children. Of those children, 44% are ages 0-5. Below is the breakdown of age for the children included in these families.

Total Children	Number	Percentage
Age 0-5	430	44.10%
Age 6-12	369	37.80%
Age 13-17	94	9.60%
Age 18+	37	3.80%
Unknown	45	4.60%
Total Children	975	

In total, this was an increase of 394 households (both singles and family units) compared to 2018.

This data is tracked through the Shelter Entry List, which is a list shared by all the emergency shelters in the FM Metro and was designed to get the most vulnerable people experiencing homelessness a shelter bed when spaces become available. Prior to this coordinated process, those in the community who were searching for a shelter bed would have to check each shelter daily to see if there was any availability. This prevented some of the most vulnerable in our community from getting a shelter bed, while those with more resources were able to access shelter.

Of the 2,551 unique households seeking services, 76% only sought shelter once throughout 2019. The remaining households sought shelter multiple times throughout the year resulting in a total of 3,343 duplicated households who sought shelter throughout 2019.

Number of Times Households Sought Shelter	Number of Households	Percentage
Sought Shelter 1 Time	2,541	76.00%
Sought Shelter 2 Time	547	16.40%
Sought Shelter 3 Times	177	5.30%
Sought Shelter 4 Times	59	1.80%
Sought Shelter 5 Times	14	0.40%
Sought Shelter 6 Times	4	0.10%
Sought Shelter 7 Times	1	0.00%
Total Duplicated Households Who Sought Shelter in 2019	3,343	

Of those seeking shelter, 953 households or 28.5% were able to receive services and a shelter bed. Only 27 households were diverted, or able to find an alternative place to stay rather than entering an emergency shelter. As of the last two weeks in 2019, there were 86 individuals and 21 families still seeking a shelter bed. The remaining households have dropped off the Shelter Bed List either because shelter staff were unable to contact them, or they were no longer in need of a shelter bed.

As part of the coordinated entry process, households seeking shelter are screened for vulnerabilities and needs. Of those households who sought shelter in 2019:

- 41% self-reported criteria that classifies the household as chronically homeless
- 35% self-reported having a disabling condition
- 21% self-reported a history of domestic violence
- Of those with a history of domestic violence, 24% experienced violence within the last 30 days

COORDINATED ASSESSMENT

Households who present as homeless are assessed for appropriate homeless interventions to assist with their current crises. The tool used to assist with assessing those who are homeless is the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT). A VI-SPDAT is a survey administered to individuals who meet United States Department of Housing and Urban Development's (HUD) definition of homeless. Under the HUD definition, a person is homeless if they are living in a place not meant for habitation, in an emergency shelter, in transitional housing, or exiting an institution where they currently reside and were homeless before entering. Individuals can also complete a VI-SPDAT if they do not meet these definitions but are fleeing domestic violence, are a veteran, or youth. The VI-SPDAT is used to determine risk and assist with the prioritization of services for individuals who are experiencing homelessness. There are also specific VI-SPDAT tools utilized for families with children and single youth.

Once an assessment is complete and it is identified which housing program is appropriate, individuals and families are placed on the HMIS Priority List to await a housing program opening. The following chart is the breakdown of the Cass County, ND, and Clay County, MN, list as of the end of 2019.

Household Type	Cass County, ND	Clay County, MN	Totals
Singles: Adults without Children	200	437	637
Youth Singles: Age 18-24 without Children	31	41	72
Families: Adults with Children	60	118	178
Youth Families: Youth with Children	7	19	26
Totals	298	615	913

This data was collected in HMIS, and both North Dakota and Minnesota have a coordinated assessment report which collects these assessment referrals. Due to protection regulation, Domestic Violence providers are unable to use HMIS. YWCA of Cass-Clay (YWCA) is the FM Metro's Domestic Violence emergency shelter provider. The data provided by YWCA from a separate report was integrated with these numbers.

From this list we can see there are more families identified and assessed in Clay County, MN. This may be due to Minnesota having additional homeless programs which consider individuals who are doubled up as homeless. Since Minnesota assesses those who are doubled up and because families are more likely to be in these situations, this may explain why there are more families in Clay County, MN. North Dakota does not have any programs for doubled up households; therefore, these individuals are not assessed in North Dakota.

Below is the breakdown of the Priority List at the end of 2019 where housing intervention was recommended for those who were assessed.

- Those who are recommended for PSH (Permanent Supportive Housing programs) would best be assisted with non-time limited, permanent support or a housing first program.
- Households who were assessed as needing TH/RRH (Transitional Housing or Rapid Rehousing programs) would best be assisted with a program that offers more temporary assistance including rental assistance and case management for around 3-6 months, up to maximum of 2 years.
- The housing assessment also determines if a household would be more appropriate for mainstream services to assist with their housing crisis rather than a housing intervention program. These households would be referred to SNAP, MFIP, Section 8, or other programs not designated for individuals experiencing homeless exclusively.

Cass County, ND Breakdown	Adult Head of Household	Youth Head of Household	Total
PSH Single	159	21	180
PSH Family	48	6	54
TH/RRH Single	41	9	50
TH/RRH Family	16	0	16
Total	264	36	300

Clay County, MN Breakdown	Adult Head of Household	Youth Head of Household	Total
PSH Single	234	18	252
PSH Family	81	12	93
TH/RRH Single	180	17	197
TH/RRH Family	31	7	38
Total	526	54	580

COORDINATED ENTRY

When a housing provider has an opening in a program, they will request a referral of a family or individual on the Priority List. The Systems Specialist, who is employed by the FM Coalition to End Homelessness, is responsible for making these referrals and maintaining the Priority List for the FM Metro. The Systems Specialist accepts requests and pulls referrals from the Priority List, guided by the program's eligibility as well as the Prioritization Policies from CARES. The referrals are taken from the list and given to the housing provider. The housing provider then contacts the household and offers them entry into the housing program.

The West Central CoC recently conducted a major data clean-up effort that resulted in a significant decrease in the number of persons on our Priority List. Having accurate data is essential to CoC planning and helps ensure clients are served in a more rapid manner. The North Dakota CoC will conduct a similar process in June 2020.

The West Central MN CoC was recently awarded funding from HUD that will allow for the expansion of Coordinated Entry data management and training. This role will help assure the CoC is able to ensure data remains accurate and current, as well as provide a more accurate understanding of the demand for homeless services at a more detailed level. This position is targeted to start July 1, 2020.

Referrals provided for Cass County Housing Providers:

Household Type	Referrals Reports Processed	Number of Openings
Single	12	50
Single Youth	8	12
Family	16	46
Family Youth	4	5
Total	40	113

Referrals provided for Clay County Housing Providers:

Household Type	Referrals Reports Processed	Number of Openings
Single	18	37
Single Youth	0	0
Family	15	46
Family Youth	1	1
Total	34	84

EQUITY OF OUR SYSTEM

As mentioned in the demographic overview of those receiving services throughout 2019, homelessness disproportionately impacts people of color and those who identify as Hispanic. Equity in our system is something we are beginning to focus on as a community, really looking into the parts of our system that may be causing individuals and families of color barriers to receiving services to help best resolve their housing crisis and current episode of homelessness.

The West Central CoC conducted an Equity Review in August of 2019. For more details on how this study was conducted or key findings, visit:
https://www.homelesstohoused.com/homeless-information-data

Overall, this study found for individuals experiencing homelessness in West Central MN (including Clay County, MN):

- Persons of color had a disproportionately lower number of entries into transitional and permanent housing.
- Race played little role in who got into shelter.
- Overall, the likelihood of a positive or negative leave from a homeless program does not appear to be related to the following variables: race, ethnicity, or gender.
- Persons who have experienced domestic violence are statistically likely to experience a more positive leave.
- Persons over age 50 are statistically more likely to experience a negative leave.
- Native Americans/Alaskans have a slightly higher likelihood of returning to homelessness.

Additionally, the North Dakota CoC conducted an Equity Review as well in early 2020. At the time this report was published, this review was not publicly available. In next year's report we hope to have better equity data specific to the FM Metro, as we see this as an important measure of the success of our system.

PRESSURE ON OUR SYSTEM

This report includes an overview of each part of the CARES System and our community's response to ending homelessness. In order to achieve this ambitious goal, each part of our system and each partner needs to focus on reducing the number of individuals entering our system and effectively serving those in our system to prevent them from returning unnecessarily.

To judge our progress on this, we need to look at our system's flow. In 2019, there were 2,591 individuals who entered into services or entered our system. This is our system's inflow. During the same time, there were 2,166 leavers or individuals who exited from services or our system. This is our system's outflow.

Over the past three years, with access to better data for our community, we have seen the trend of more entries than exits.

Year	Inflow (Entries)	Outflow (Exits)	System Flow
2017	2,249	2,056	+ 193
2018	2,517	2,118	+ 399
2019	2,591	2,166	+ 425

This means while more individuals and families are exiting homelessness, an even greater number are entering homelessness.

EXIT DESTINATION

One vital data point the CoCs and FM Coalition to End Homelessness utilize to monitor project and system performance is exit destination of clients leaving services. The goal is to increase the percentage of individuals who leave homeless programs (street outreach, emergency shelter, transitional housing, rapid re-housing, or permanent housing) and exit to positive destinations versus temporary destinations, institutional settings, or other destinations.

While the CoCs track outcomes by program type (see the next section for more details and more system metrics), listed below are the 2019 cumulative outcomes for all program types operating in Cass and Clay counties, as well as the definitions of each destination category.

This first graph shows all exit destinations for all client populations. We would like to note that outcomes for individuals exiting permanent housing are typically much higher than those exiting shelter or outreach, which lead to the average shown below.

Exit Destination - All Clients	Total	Percentage
Permanent Destinations	716	33%
Temporary Destinations	290	13%
Institutional Settings	72	3%
Other Destinations	63	3%
Client Doesn't Know/Refused	347	16%
Data Not Collected	678	31%
Total Individuals	2,166	

Below are the exit destinations for families who exited from services in 2019. There is a significant increase in the percentage of households who exit to a permanent destination. We attribute this to the larger number of singles in outreach and emergency shelter. In shelter, singles are often more likely to leave without notifying staff of their plans after exit or declining to complete an exit interview, account-

ing for the high percentage of Data Not Collected and Client Doesn't Know/Refused seen in the chart above.

Exit Destination - Families	Total	Percentage
Permanent Destinations	441	72%
Temporary Destinations	83	14%
Institutional Settings	16	3%
Other Destinations	7	1%
Client Doesn't Know/Refused	0	0%
Data Not Collected	64	10%
Total Individuals	611	

With youth exiting services, there is an increase in the percentage of youth exiting into a temporary destination. This is mainly as youth exit services to stay or live with family or friends on a temporary basis. This is not uncommon for youth in general, as this is a very transitional period in most people's lives.

Exit Destination - Youth	Total	Percentage
Permanent Destinations	70	30%
Temporary Destinations	74	32%
Institutional Settings	16	7%
Other Destinations	6	3%
Client Doesn't Know/Refused	24	10%
Data Not Collected	43	18%
Total Individuals	233	

Exit destination definitions:

- **Permanent Destinations** include houses or apartments that are owned or rented by clients with or without any form of subsidy, rental by clients in a public housing unit, permanent supportive housing programs for formerly homeless persons, or living with family or friends on a permanent basis.
- **Temporary Destinations** include emergency shelter, transitional housing programs for homeless persons, hotel or motel, place not meant for habitation (a vehicle, abandoned building, bus/train/subway station/airport, or anywhere outside), or living with family or friends on a temporary basis.
- **Institutional Settings** include foster care homes or group home, psychiatric hospital or other psychiatric facility, substance abuse treatment facility or detox center, hospital or other residential non-psychiatric medical facility, jail, prison, juvenile detention facility, or long-term care facility or nursing home.

- **Other Destinations** include residential project or halfway house with no homeless criteria, deceased, or other.

OUTCOME REPORTS

HUD, with the updated McKinney-Vento Homeless Assistance Act (the Act), views the local homeless response as a coordinated system as opposed to homeless programs and funding sources that operate independently in a community. To facilitate this perspective, the Act now requires communities to measure their performance as a system, in addition to analyzing performance by specific projects or project types.

The intent is for CoCs to regularly measure their progress in meeting the needs of people experiencing homelessness in their community and to report this progress to HUD. Since 2015, CoCs submit their Performance Measures to HUD annually. These include:

1. Length of Time Homeless
2. Number of persons returning to homelessness once housed
3. Number of Total Homeless
4. Change in income (earned and total income)
5. Number of New persons entering homelessness
6. Number of persons retaining permanent housing or exiting to permanent housing

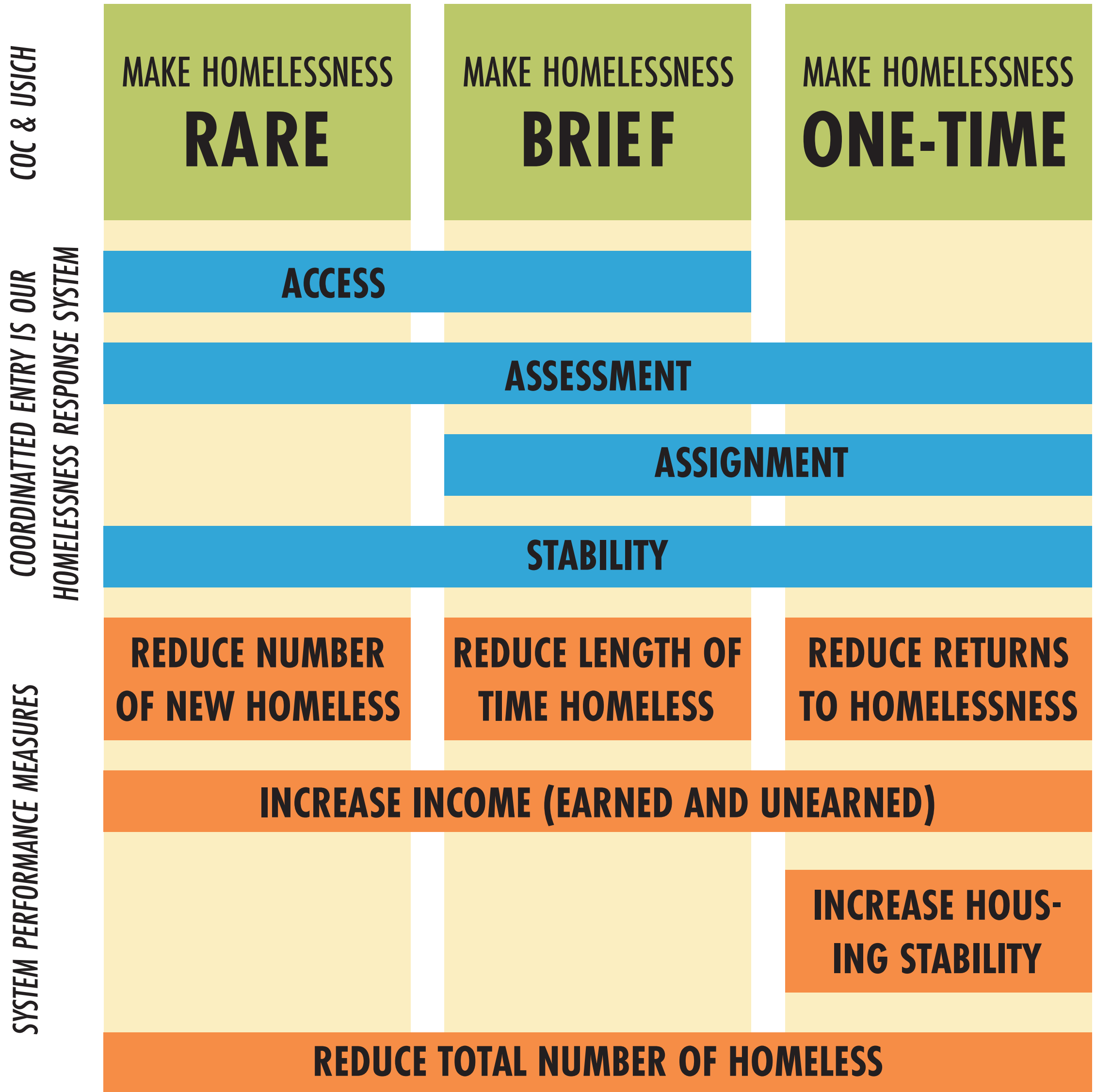
This data is only available for the entire CoC compared to the rest of the report which is specific for the FM Metro. At this point, we are unable to pull these metrics for local communities.

North Dakota CoC

Measures	2015 Baseline Performance	2016 Performance	2017 Performance	2018 Performance	2019 Performance
1. Length of time homeless	205 days ES	**350 days ES**	**405 days ES**	71 days ES	55 days ES
	192 days ES + TH	**360 days ES + TH**	339 days ES + TH	81 days ES + TH	71 days ES + TH
2. Number of persons returning to homelessness once housed	11% in PH in 2 years	**23% in PH in 2 years**	18% in PH in 2 years	14% in PH in 2 years	12% in PH in 2 years
	18% Total in 2 years	18% Total in 2 years	18% in PH in 2 years	**25% Total in 2 years**	20% Total in 2 years
3. Number of total homeless	3,650 HMIS	3,477 HMIS	3,057 HMIS	2,547 HMIS	**3,500 HMIS**
	1,305 PIT	923 PIT	**1,089 PIT**	542 PIT	**557 PIT**
4. Change in income	18% Stayers	20% Stayers	23% Stayers	31% Stayers	42% Stayers
	25% Leavers	25% Leavers	37% Leavers	**26% Leavers**	38% Leavers
5. Number of new persons entering homelessness	2,790	2,184	2,059	**2,066**	1,566
6. Number of persons retaining permanent housing or exiting to perm. housing	32% All	32% All	**29% All**	34% All	39% All
	87% PH	88% PH	99% PH	**94% PH**	**90% PH**

West Central Minnesota CoC

Measures	2015 Baseline Performance	2016 Performance	2017 Performance	2018 Performance	2019 Performance
1. Length of time homeless	36 days ES	36 days ES	34 days ES	**44 days ES**	37 days ES
	72 days ES + TH	**78 days ES + TH**	**83 days ES + TH**	**112 days ES + TH**	**120 days ES + TH**
2. Number of persons returning to homelessness once housed	8% in PH in 2 years	6% in PH in 2 years	6% in PH in 2 years	5% in PH in 2 years	5% in PH in 2 years
	6% Total in 2 years	6% Total in 2 years	**8% Total in 2 years**	8% Total in 2 years	8% Total in 2 years
3. Number of total homeless	1,220 HMIS	1,215 HMIS	1,047 HMIS	938 HMIS	**978 HMIS**
	242 PIT	211 PIT	**215 PIT**	**246 PIT**	216 PIT
4. Change in income	35% Stayers	41% Stayers	**40% Stayers**	45% Stayers	**40% Stayers**
	50% Leavers	**42% Leavers**	47% Leavers	50% Leavers	64% Leavers
5. Number of new persons entering homelessness	881	**1,081**	927	824	**985**
6. Number of persons retaining permanent housing or exiting to perm. housing	54% All	**53% All**	**43% All**	**40% All**	**38% All**
	91% PH	91% PH	94% PH	**92% PH**	95% PH



Ultimately, to achieve our community's goals of making homelessness rare, brief, and one-time, we need to monitor our homeless response system through these system performance measures.

Data Highlight: Housing Navigation cost savings from reduced use of costly community services pre- and post-housing

In 2015, United Way of Cass-Clay, in conjunction with members of the FM Coalition to End Homelessness, convened a Design Team of dedicated professionals with a wealth of experience and knowledge spanning nearly 200 years from multiple areas of homeless services. Over the course of three half-day meetings using a consensus model of decision making, the Design Team assessed and developed a Project Summary according to needs based on demographic and geographic populations. Valuing a high level of collaboration and transparency, the Design Team distributed meeting notes and solicited feedback via survey from collaborative stakeholders throughout the process.

This process resulted in a pilot where three new client-centered Housing Navigators would set to work on creating holistic links between existing resources and case management, thus closing gaps and removing barriers in order to achieve housing stability. The goal of this project is to create a new culture of service delivery and enhance collaboration and partnerships among homeless service providers, rooted in the Housing First Philosophy, a proven method of ending all types of homelessness, which offers individuals and families experiencing homelessness immediate access to permanent affordable or supportive housing with a low threshold for entry.

In 2016, Presentation Partners in Housing was selected as the agency to launch this pilot and hired three Housing Navigators. Since the program's inception, Presentation Partners in Housing has hired an additional two Housing Navigators.

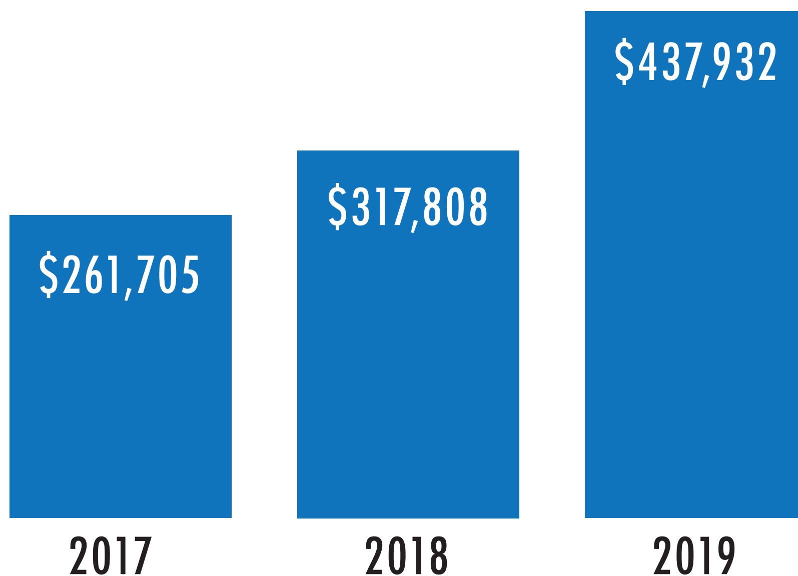
In 2017, after the first complete year of services, 23 active Housing Navigation Program participants were able to attain housing, with 80% stably housed for at least 6 months. Additionally, 20 participants had been enrolled in the program for at least 12 months and had sufficient data to compare their pre- and post-housing usage of costly community services, such as detox admissions, ambulance transports, jail time, emergency room visits, and emergency shelter stays. These 20 participants reduced the usage of these costly services for an estimated cost savings to the community of **$261,705**.

Each of the 20 participants, whose personal data was collected as part of this program, voluntarily agreed to disclose their usage of these community services both while participating in the program and prior to being housed. To calculate the estimated cost savings, actual usage of each community service by each individual participant was collected and compared to the average annual usage of these same services by the same individual participant while homeless in our community.

In 2018, 36 active Housing Navigation Program participants were able to attain housing, with 88% stably housed for at least 6 months. Again, there were 20 participants who had been enrolled in the program for at least 12 months and had sufficient data to compare their pre- and post-housing usage of costly community services. These participants reduced the usage of these costly services for an estimated cost savings to the community of **$317,808**.

In 2019, 47 active Housing Navigation Program participants were able to attain housing, with 100% stably housed for at least 6 months. There were 24 participants who had been enrolled in the program for at least 12 months and had sufficient data to compare their pre- and post-housing usage of costly community services. These participants reduced the usage of these costly services for an estimated cost savings to the community of **$437,932**.

Over the past three years of this program, there has been a combined cost savings estimated at **$1,017,445** for our local community!



THE COST SAVINGS OF HOUSING

Process Highlight:
Moving towards a Homeless Prevention and Diversion Orientation

Historically, community responses to homelessness have focused primarily on addressing the needs of those who have already lost their housing – and our community has been no different. This model has led to communities 'managing' homelessness and, as a result, 'institutionalized' the homeless response system. An effective homeless response will always include providing emergency services and moving people into housing with appropriate supports as rapidly as possible. However, there is a crucial third component to an effective response: homeless prevention and shelter diversion. This third piece has often been under-emphasized and under-resourced in many communities including ours.

Following the lead of exciting new research and evidence-based approaches from communities across the nation, the FM Metro is shifting to a comprehensive, community-based preventative approach to ending homelessness. In designing the local prevention and diversion approach, the FM Metro proactively sought training and guidance from nationally recognized industry experts like OrgCode and the National Alliance to End Homelessness. Additionally, compassionate local providers and incredibly resilient and honest persons with lived experience have continually provided influence and direction on the design of a more robust prevention and diversion system.

No single agency or program can prevent and/or end homelessness. Success of a robust prevention and diversion system requires multi-agency commitment with key collaborations across the local CoCs including social services, public schools, the VA, youth providers, domestic violence providers, mental health and recovery programs, emergency shelters, and many more.

Beginning January 1, 2021, "211" through FirstLink will serve as the primary first point of contact for all households experiencing a housing crisis. Those currently experiencing homelessness and those most at-risk of homelessness will be referred to the Homeless Prevention and Diversion Program at Presentation Partners in Housing (PPiH). Following this referral, a highly trained Homeless Prevention and Diversion Specialist from PPiH will conduct a screening and assessment and work with each household to determine what resources and supports are needed to rapidly resolve their unique housing crisis. The goal is to immediately connect the household to resources as well as develop a housing stability plan that meets their individualized needs. Light touch case management and advocacy are provided along with supports from CAPLP, PPiH, SENDCAA, The Salvation Army, and other important mainstream resources to end homelessness where it occurs and prevent homelessness when it is on the verge. The end outcome is that all households remain housed or have a path to stable housing!

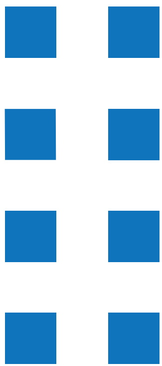
Erin Wixsten from OrgCode spent three days in the FM Metro in February 2020 training local providers and community stakeholders on the framework of successful prevention and diversion programs, in

partnership with FM Coalition to End Homelessness and United Way of Cass-Clay. Erin shared research and examples of communities that have been able to prevent shelter entry for up to 80% of households experiencing a housing crisis, CoCs that were able to close an emergency shelter for good, and high rates of evictions that were prevented as a result of a robust response to homelessness. Erin further stated there is "literally no way" these interventions do not work, and many communities that now embrace these approaches experience guilt that they did not implement prevention and diversion strategies sooner.

The FM Metro is ready to shift to a prevention and diversion orientation and approach to ending homelessness. Support from local city officials, CoCs, FM Coalition to End Homelessness, United Way of Cass-Clay, other local funders, service providers, and consumers have aligned in order to launch this project. We look forward to sharing data and outcomes from the launch of the Homeless Prevention and Diversion Program as part of next year's State of Homelessness Report.

WHAT DOES ENDING HOMELESSNESS LOOK LIKE?

Reasons people find themselves without a home will always exist. But with enough affordable housing in our community, increased employment and income, equity in services and programs, and coordinated service delivery systems, we can make homelessness rare, brief, and one-time for individuals and families in our community—virtually ending long-term homelessness. How do we do that? Our Coalition of service providers, funders, and community members advances our mission through advocacy, education, and collaboration. Our Coalition stands strong that this vision can become a reality.



WHAT IS NEXT FOR OUR COMMUNITY?

Looking to the remainder of 2020 and beyond, the FM Coalition has declared a priority for ending homelessness for youth and families with children. This data based priority was made primarily because it addresses the needs of some of the most vulnerable members of our community while doing the important upstream work needed to prevent future generations of chronic homelessness. We believe it will also work to address other concerns, such as the persistent fact that people of color experience homelessness disproportionate to the rest of the population. Demographic data of individuals experiencing homelessness suggest that early interventions in the lives of children of color will reduce future homelessness in adulthood.

This does not mean we are not working to address all types of homelessness, but making such priorities is how we make the incremental progress to reach audacious goals and accomplish systemic change. 2020–2021 planning and implementation include:

- Leveraging funding support of United Way Cass-Clay, which shares an emphasis on ending homelessness for youth and families with children.
- Create a campaign to increase public awareness about homelessness and efforts being taken to end homelessness.
- Increase awareness of homeless data and issues for local elected leaders as part of a comprehensive policy and funding strategy to advance our work.
- Developing and implementing comprehensive diversion and prevention systems and strategies.
- Developing specific strategies concerning youth and child homelessness.
- Renewed focus on developing strategies to address larger societal and systemic issues such as race, income inequality, and food insecurity.
- Strengthening partnerships with County and State partners in North Dakota and Minnesota.

Our Coalition remains committed to aligning resources and programs to create opportunities for people to thrive so that everyone in Fargo-Dilworth-Moorhead-West Fargo has a safe place to call home.

APPENDIX 1:
DATA SOURCES, REFERENCES, AND RESOURCES

Main data sources as they appear:

Homeless Management Information System (HMIS) is the database that many state and federal funders require to be utilized by all homeless service providing agencies and programs.

Fargo-Moorhead Homeless Everyone Counts Survey (Everyone Counts Survey) is based on data provided by the FM Coalition to End Homelessness collected through face-to-face interviews and recorded into an online medium. A total of 243 individuals were surveyed on October 25, 2018, in the FM Metro.

United States Census Bureau Data is the leading source of quality data about the nation's people and economy.

Community Action Needs Assessments were completed by CAPLP and SENDCAA, respectively, in the form of focus groups and interviews. In Clay County, MN, the survey for people currently seeking housing services was administered to anyone that presented to CAPLP offices between the predetermined dates of October 22, 2018, to November 2, 2018. A total of 34 surveys were collected. In Cass County, ND, the survey was conducted for three weeks for anyone who presented at SENDCAA from March 5, 2019, to March 26, 2019. 40 clients applying for deposit or rent assistance completed the needs assessment survey over a three-week time span in March of 2019.

Shelter Entry List the list shared by all the shelters in the FM Metro designed to get the most vulnerable people experiencing homelessness a shelter bed when shelter bed spaces become available.

Coordinated Entry Priority List the active list of households who present as homeless who have been assessed for appropriate homeless interventions utilizing the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SDPAT) to await a housing program opening.

West Central Minnesota CoC Equity Review a summary of three separate equity reviews compiled by the West Central Minnesota CoC.

References as they appear:

United States Census Bureau, ACS Demographics and Housing Estimates, 2018: ACS 1-Year Estimates Data Profiles. Retrieved from https://data.census.gov/cedsci/table?g=310M400US22020&tid=ACSDP1Y2018.DP05&hidePreview=false&vintage=2018&layer=VT_2018_310_M4_PY_D1&cid=DP05_0001E

United States Census Bureau, Financial Characteristics, 2018: ACS 5-Year Estimates Subject Tables. Retrieved from https://data.census.gov/cedsci/table?g=310M400US22020&tid=ACSST5Y2018.S2503&t=Housing&vintage=2018&hidePreview=false&layer=VT_2018_310_M4_PY_D1&cid=DP04_0001E

Safe Housing Partnership, Understanding the Intersections. Retrieved from https://safehousingpartnerships.org/intersection

Office of the Assistant Secretary for Planning and Evaluation, 2019 Poverty Guidelines. Retrieved from https://aspe.hhs.gov/2019-poverty-guidelines

Resources as they appear:

Cass County, ND Human Services Website: https://www.casscountynd.gov/our-county/human-services/economic-assistance-division

Clay County, MN Social Services Website: https://claycountymn.gov/207/Financial-Assistance-Services

The National Low Income Housing Coalition's "Out of Reach" report https://reports.nlihc.org/oor

Minnesota Housing Partnership "State of the State's Housing" report for Clay County: https://www.mhponline.org/images/stories/images/research/coprofs/2019/Clay.pdf

West Central Minnesota CoC Equity Review: https://www.homelesstohoused.com/homeless-information-data

McKinney-Vento Homeless Assistance Act: https://www.hudexchange.info/resource/1715/mckinney-vento-homeless-assistance-act-amended-by-hearth-act-of-2009/

APPENDIX 2: KEY TERMS AND DEFINITIONS

For the purpose of this report, **homeless** refers to people who lack a fixed, regular, and adequate night-time residence, including those whose residence is a shelter or transitional housing program, those living in unstable and non-permanent situations, and those forced to stay on a temporary basis with a family member because they have no other place to stay, specifically:

- **Sheltered** includes individuals who are sheltered in emergency shelter and transitional housing programs.
- **Unsheltered** includes individuals who are staying in a place that is not a regular or permanent place to stay, such as outdoors, in a car, vacant building, or a place of business.
- **Doubled up** includes individuals who are staying or living with a friend or family member on a temporary basis because they have nowhere else to go.

Chronically homeless includes individuals who meet all of the following:

- Currently experiencing homelessness,
- Been homeless for at least one year during the current episode OR homeless for less than one year in the current episode, but homeless at least four times in the previous three years, and
- Disabled (those who have a physical, mental, or other health condition that limits the kind of work they can do OR those who have a physical, mental, or other health condition that makes it hard for them to bathe, eat, get dressed, get in and out of bed or chair, or get around by themselves).

Continuum of Care is a regional planning body of stakeholders designed to promote a shared commitment to the goal of ending homelessness.

For the purpose of this report, **exits out of homelessness** are defined by the individuals' destination once they leave services:

- **Permanent Destinations** include houses or apartments that are owned or rented by clients with or without any form of subsidy, rental by clients in a public housing unit, permanent supportive housing programs for formerly homeless persons, or living with family or friends on a permanent basis.
- **Temporary Destinations** include emergency shelter, transitional housing programs for homeless persons, hotel or motel, place not meant for habitation (a vehicle, abandoned building, bus/train/subway station/airport, or anywhere outside), or living with family or friends on a temporary basis.

- **Institutional Settings** include foster care homes or group home, psychiatric hospital or other psychiatric facility, substance abuse treatment facility or detox center, hospital or other residential non-psychiatric medical facility, jail, prison, juvenile detention facility, or long-term care facility or nursing home.
- **Other Destinations** include residential project or halfway house with no homeless criteria, deceased, or other.

Individuals with a disability of long duration are those who have any disability that is ongoing, continued, or for an indefinite duration.

Individuals with a chronic health condition are those who have been diagnosed with a chronic health condition, physical disability, or developmental disability.

Individuals with a mental health problem are those who have been diagnosed with a mental health condition or disorder.

Individuals with a substance abuse disorder are those who have an addiction to alcohol, drugs, or both types of substances.

Youth Homelessness includes young adults 24 years old or younger, living without parents or guardians and may be parenting themselves, who lack a fixed, regular, and adequate night-time residence, including those whose residence is a shelter or transitional housing program, those living in unstable and non-permanent situations, and those forced to stay on a temporary basis with a family member because they have no other place to stay.

Project Type Definitions

Shelter:

- Offers temporary shelter (lodging) for homeless households.

Transitional Housing (TH):

- Participants must enter into a lease agreement (sublease or occupancy agreement) for at least one month. Leases must automatically renew upon expiration, except with prior notice by either party, up to a max of 24 months.
- Participants receiving rental assistance may be required to live in a specific structure
- Support services must be available during entire participation in TH.

Rapid Re-Housing (RRH):

- Provides short-term to medium-term assistance (up to 24 months).
- Lease between household and landlord.
- Household's able to select their unit.
- Providers can restrict max length of financial assistance but not length of time in unit.
- Support services must be offered during entire participation in RRH.

Permanent Supportive Housing (PSH):

- Long-term housing.
- Homeless household with a member who has a disability.
- Support services provided that are designed to meet the needs of participants.

Other Permanent Housing (PH)

- Long-term housing not otherwise considered PSH or RRH.
- PH Housing with Services provides long-term housing and supportive services for homeless persons but does not limit eligibility to persons with a disability.
- PH Housing Only projects provide long-term housing for homeless persons but does not make supportive services available as part of the project.

APPENDIX 3: FM COALITION TO END HOMELESSNESS APPROVED STATEMENT ON ENDING HOMELESSNESS FOR YOUTH AND FAMILIES

To: Members & Partners of the FM Coalition to End Homelessness
From: Cody J. Schuler, Executive Director
Date: August 8, 2019
Re: Approved Statement on Ending Homelessness for Youth and Families

A key component of pursuing strategies to end homelessness in the Fargo-Moorhead Metro area is to identify particular populations where resources can be aligned and timelines established towards a goal of "functional zero" where systemically homelessness is rare, brief, and one-time. At the May 28, 2019 meeting of the general membership of the Coalition, a discussion was held about consideration of a focus population following the successes of previous emphasis on ending Veteran homelessness.

On July 18, 2019 the Board of Directors of the FM Coalition to End Homelessness approved a proposal to create a statement to be distributed to the members of the Coalition to End Homelessness designating a priority on ending homelessness for youth and families with children without distraction from efforts to end homelessness for other populations. The statement and key rational was reviewed (with no action) at the July 23, 2019 meeting of the general membership of the Coalition. **The statement was approved by vote of the membership of the FM Coalition via electronic ballot that closed August 7, 2019.**

Any timelines, strategies, and goals will be identified in the future as the Coalition approves strategies.

Ending Homelessness for Youth and Families with Children Statement

The Fargo-Moorhead Coalition to End Homelessness designates a priority for developing strategies for ending youth homelessness and homelessness among families with children in the Fargo-Moorhead Metro area. This priority includes aligning existing community resources and advocating for new resources. By emphasizing homelessness impacting youth and children, the FM Coalition aims to address root causes, break cycles of poverty, and end future instances of homelessness. While prioritizing youth and families with children, the FM Coalition pledges continued vigilance in seeking strategies and aligning resources for all populations experiencing homelessness, including chronic, veteran, and those fleeing domestic violence.

This designation stands until the FM Coalition states otherwise.

Key rationale for this designation:

- Addressing youth and child homelessness strategically addresses future chronic homelessness.
- Adult homelessness is often rooted in youth/child homelessness and childhood trauma.
- Ending homeless for youth/children is achievable in the near future for our community.
- Placing a priority on this population locally is in line with priorities set by Minnesota's Action
- Plan and the US Interagency Council on Homelessness (USICH).
- Improved services for these populations benefits all populations.
- Public awareness concerning these populations raises awareness about the wider issue of homelessness.
- Prioritizing these populations will not reduce urgency or efforts towards ending homelessness for other populations.

THANK YOU TO:

The State of Homelessness Task Force for expertly preparing this report

United Way of Cass-Clay for partnering in this report and making homelessness part of their bold community goals

Institute for Community Alliances for assisting with data reporting

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