



THE 2021 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

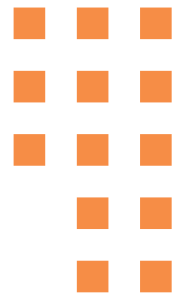


Report released June 22, 2021

ABOUT THE FM COALITION TO END HOMELESSNESS

For more than 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 for 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 the 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 current 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 2019, 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 246,154 individuals.

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.

PLANNING AND ADVOCACY ORGANIZATIONS

The FM Coalition to End Homelessness (the Coalition) 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 metro's four 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 for advocacy and public education in ending homelessness in the state. NDCHP's vision is for North Dakota 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.

ndcontinuumofcare.org

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MESSAGE FROM THE EXECUTIVE DIRECTOR

June 22, 2021

Over the past year, our Coalition partners and the people they serve have shown the kind of ingenuity, resiliency, and collaborative energy that has been demonstrated in our community time and time again in the face of adversity. While the COVID-19 global pandemic is not over, there is hope on the horizon. As we release this report for the third consecutive year many stories are being told by the data within. First is the continuation of forward movement to make homelessness a rare, brief, and one-time experience in the Fargo-Moorhead metro area and across our region. Another is the disruption and challenges of COVID. It will be years before we know the true impact of the virus. One day we will have a better understanding of the impact of eviction moratoriums, historic relief dollars, economic downturn, and our individual and collaborative work to respond to a health crisis unlike anything experienced in a century. Yet in the meantime, contributors have sought to provide notation and insights when possible, and analysis and reflection will continue.

We are just beginning to digest the things learned over the past year. Still, one thing is already apparent: the continued importance of working in Coalition. Together problems get solved. Together silos are eliminated. Together new systems are constructed. Together we can end homelessness.

One key area of collaboration is in advocacy and is growing as a priority for the Coalition. Advocacy is both informative and leads to action. The past year of challenges has illuminated unmet needs that require more funding, changes in policy, and shifts in some priorities. This report is a critical tool in telling our story to elected leaders and the voting public to prioritize our vision which is rooted in social justice and human rights. As you read this State of Homelessness report, allow the data and narrative to come off the page and serve as a call to action. Action to address inequality. Action to create affordable housing. Action to tear down systemic barriers. Action to end homelessness.

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 to 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	213	94	307
Transitional Housing	75	68	143
Rapid Re-Housing	91	71	162
Permanent Supportive Housing	154	462	616
Other Permanent Housing	16	0	16
Total	549	695	1,244

With this current inventory, we see on any given night there are 549 individuals in Cass County, ND, and 695 individuals in Clay County, MN, who are experiencing homeless in a sheltered location (either in emergency shelter or in a transitional housing program). The annual inventory data shows that on any given night in 2020, 403 beds were available for persons who were experiencing homelessness in Cass and Clay Counties.

We can estimate, through the Emergency Shelter Bed Prioritization list, which is managed by all Emergency Shelters in partnership, as of the beginning of 2021, there are a total of 95 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 95 individuals include 91 adults and 4 children under the age of 5.

The quantity of those currently doubled up continues to be a much more difficult number to gather, as those individuals are often the most unseen. As of 2021, 590 students were identified as homeless in our metro school districts. At this same point, there were 89 school-aged children were staying at the two emergency shelters that serve families, and 4 school-aged children were actively seeking shelter with their parents. The remaining 501 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 989 individuals estimated to be experiencing homelessness in the FM Metro.

Sheltered	393
Unsheltered	95
Doubled Up	501
Total	989

This is consistent with last year’s estimate of 1,022 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 HOUSEHOLDS EXPERIENCING HOMELESSNESS

According to data available in the Homeless Management Information System (HMIS), in 2020, 3,130 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 65% of those who received services being between the ages of 18 and 54. Additionally, of those served, roughly 18% were children under the age of 18 and 15% were older adults ages 55 and above.

Ages	Clay	Cass	Total	
Under 5	144	52	196	6%
5 to 12	186	72	258	8%
13 to 17	75	58	133	4%
18 to 24	105	246	351	11%
25 to 34	228	374	602	19%
35 to 44	280	330	610	19%
45 to 54	188	317	505	16%
55 to 61	100	211	311	10%
62+	41	120	161	5%
Don't know or refused	0	1	1	0%
Did not collect	0	2	2	0%
Total	1,347	1,783	3,130	

When looking at gender along with age, adult males make up the majority of the homeless population at 55%. Overall, 64.5% of the total homeless population identify as male, with 34.7% as female. Additionally, 11 individuals identify as trans female (male to female), 4 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	1,714	800	11	4	5	1	3
Percent of Total	55%	26%	0%	0%	0%	0%	0%
Children	301	284	0	1	1	0	0
Percent of Total	10%	9%	0%	0%	0%	0%	0%
Unknown Age	21	10	0	0	0	0	4
Total	2,015	1,084	11	5	6	1	3
Percent	64.5%	34.7%	0.4%	0.2%	0.2%	0.0%	0.1%

In total, this is a decrease of only 192 individuals compared to the number of individuals who received homeless services either in Cass County, ND, or Clay County, MN in 2019. Males served in 2020 increased by 3% and decreased for females by 3%. Although, there was an increase in the number of individuals identifying as transgender or gender non-conforming.

In 2020, just over half of individuals who received homeless services identified their race as White, showing a significant racial disparity that exists among the homeless population compared to the general population in the FM Metro. As of 2019, US Census American Community Survey (ACS) estimates show 90.5% of the total population identify as white alone. With 19% of the homeless population identifying as Black or African American and 19% identifying as American Indian, we can see significant racial disparities as these populations are overrepresented compared to the general population. The US Census estimates show only 5.7% of the general population identify as Black or African American alone and 2.2% as American Indian and Alaska Native alone ([Census Estimates](#)).

Race	Total	Percent of Total
White	1,611	51%
Black or African American	595	19%
Asian	17	0%
American Indian or Alaska Native	600	19%
Native Hawaiian or Other Pacific Islander	17	1%
Multiple races	249	8%
Client Doesn't Know/Client Refused	16	1%
Data Not Collected	28	1%
Total Persons	3,130	

This is a slight decrease in the rate of individuals of color who are experiencing homelessness. In 2019, 49% of individuals experiencing homelessness identified as white alone.

Additionally, 9% of individuals experiencing homelessness identify their ethnicity as Hispanic/Latino. Again, this is an over-representation compared to the general population, which is currently estimated at only 3.2% ([Census Estimates](#)).

Ethnicity	Total	Percent of Total
Non-Hispanic/Non-Latino	2,790	89%
Hispanic/Latino	295	9%
Client Doesn't Know/Client Refused	12	0%
Data Not Collected	33	1%
Total Persons	3,130	

The 3,130 individuals served throughout 2020, make up a total of 2,445 separate households. A vast majority (88%) of the households do not include children. Households served without children increased by 4% compared to 2019.

Household Type	Total	Percent of Total
Singles: Adults without children	1,943	88%
Families: Adults with children	313	10%
Youth: Youth only, no adults, with or without their own children	43	2%
Unknown Household Type	26	0%
Total Households	2,325	

Chronically Homeless

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

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

- Currently be experiencing homelessness
- Be 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
- 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, 25% (839) of individuals served in 2020 were considered chronically homeless. They make up 25% of all the households served. We must acknowledge that 9% of individuals served throughout 2020 did not have data collected on this classification, and thus results may differ if we had access to this information. This is an increase of chronic households served in 2019 by 3%.

Like the overall homeless population, a majority of the chronically homeless individuals are working-age adults. Of the individuals who are considered chronically homeless, 71% are between the ages of 18 and 54, with only 11% 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 or older (compared to 15% of the general homeless population).

Age	Total	Percent of Total
Age 0-17	89	11%
Age 18-24	69	8%
Age 25-34	160	19%
Age 35-44	187	22%
Age 45-54	186	22%
Age 55-61	101	12%
Age 62 and above	47	6%
Client Doesn't Know/ Client Refused	0	0%
Data Not Collected	0	0%
Total Persons	839	

Like the general homeless population, a majority (69.8%) of the chronically homeless identify as male, followed by 29% identifying as female. Seven individuals who are considered chronically homeless identify as trans female (male to female) and three individuals identifying as gender non-conforming.

Gender	Total	Percent of Total
Male	586	69.8%
Female	243	29%
Trans Female (Male to Female)	7	0.8%
Trans Male (Female to Male)	0	0.0%
Gender Non-conforming	3	0.4%
Client Doesn't Know/ Client Refused	0	0.0%
Data Not Collected	0	0.0%
Total Persons	839	

Overall, the chronically homeless population increased by 119 people in 2020. The 839 individuals served throughout 2020 and considered chronically homeless make up a total of 739 separate households. A vast majority (94%) of the households do not include children.

Household Type	Total	Percent of Total
Singles: Adults without children	695	94%
Families: Adults with children	41	6%
Youth: Youth only, no adults, with or without their own children	3	0%
Unknown Household Type	0	0%
Total Households	739	

Youth

Youth homelessness is often harder to track. According to data available in HMIS, in 2020, 365 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. 41 more youth were served in 2020 compared to 2019.

Age	Total	Percent of Total
Age 12-17	40	11%
Age 18-24	325	89%
Client Doesn't Know/ Client Refused	0	0%
Data Not Collected	0	0%
Total Persons	365	

Unlike the general homeless population, youth are more diverse in their gender identity, with only 49% identifying as male. In addition to 46% identifying as female, 2% identifying as trans female (male to female), 1% as trans male (female to male), and 1% as gender non-conforming.

Gender	Total	Percent of Total
Male	179	49%
Female	169	46%
Trans Female (Male to Female)	7	2%
Trans Male (Female to Male)	5	1%
Gender Non- conforming	5	1%
Client Doesn't Know/ Client Refused	0	0%
Data Not Collected	0	0%
Total Persons	365	

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 365-youth served in 2020, 39 youth are parents themselves and between the ages of 18 and 24 years old. They have a combined total of 51 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).

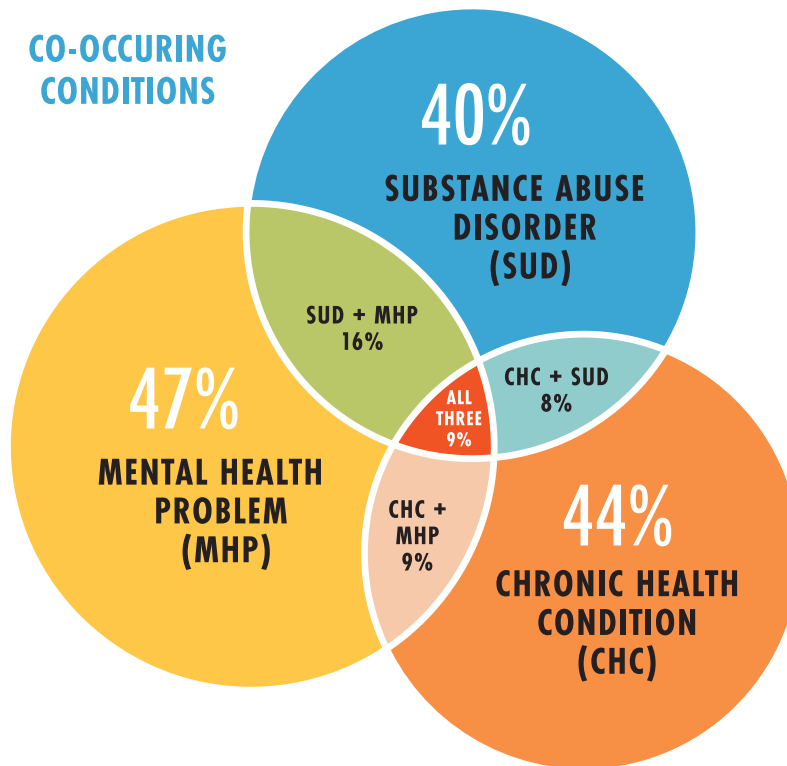
Health Conditions & Co-occurring Conditions

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, 36% of the individuals served in 2020 have a disability of long duration. This includes any ongoing disability, continued, or for an indefinite duration.

Of individuals diagnosed with a disability:

- 44% have been diagnosed with a chronic health condition, physical disability, or developmental disability.
- 47% have been diagnosed with a mental health problem.
- 40% 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, 42% of respondents have been diagnosed with more than one of these conditions, and 9% report all three.



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 2020, almost half (47%) of individuals stated they were homeless, meaning they were staying at a shelter, transitional housing, or place not meant for human habitation.

Another 10% 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% percent 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	1,219	47%
Institutional Settings	254	10%
Permanent Housing/Own/Rental	359	14%
Doubled Up (Staying with Friends or Family)	551	21%
Hotel or Motel without Voucher	95	4%
Client Doesn't Know/Refused	10	0%
Data Not Collected	91	4%
Total	2,579	100%

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, 30% 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	138	42%
Institutional Settings	2	1%
Permanent Housing/ Own/Rental	100	30%
Doubled Up (Staying with Friends or Family)	74	22%
Hotel or Motel without Voucher	15	5%
Client Doesn't Know/Refused	0	0%
Data Not Collected	1	0%
Total	330	100%

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, 42% compared to 21% with the general homeless population.

Prior Living Arrangements - Youth	Total	Percentage
Homeless	120	33%
Institutional Settings	23	6%
Permanent Housing/ Own/Rental	35	10%
Doubled Up (Staying with Friends or Family)	155	42%
Hotel or Motel without Voucher	7	2%
Client Doesn't Know/Refused	1	0%
Data Not Collected	24	7%
Total	365	100%

Prior Experiences

According to data collected in HMIS, of the 3,130 individuals served, 2,579 individuals entered programming or began receiving services in 2020. Almost a fourth (23%) of these new entries had a history of Domestic Violence. We must acknowledge 12% of individuals who entered services throughout 2020 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, 27% identified fleeing domestic violence as the reason for their current homeless situation.

Domestic Violence History	Total	Percent of Total
Fleeing Domestic Violence	160	27%
Not Fleeing Domestic Violence	368	62%
Client Doesn't Know/ Client Refused	3	1%
Data Not Collected	66	11%
Total Households	597	100%

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 have been reported as the immediate cause. Additionally, research shows for many chronically homeless individuals, one of their first times experiencing homelessness but may not be 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, 86% of the individuals who stay with YWCA of Cass Clay (YWCA) are seeking services due to violence. The YWCA experienced a 7% single-year increase in domestic violence calls, likely due to pandemic-related impacts that have put additional pressure on abusive relationships.

Of those who had been assessed for housing programs utilizing the VI-SPDAT tool, 21% of participants responded that their current period of homelessness had been caused by an experience of emotional, physical, psychological, sexual, or other types of abuse, or by any other trauma they have experienced. This is a drop from 58% in 2019. In addition, approximately 10% of people experiencing homelessness,

who were assessed for housing services, identified that they had been attacked or beaten up since becoming homeless. Again, this number is dramatically lower compared to 34% in the previous year. There is no clear explanation as to this change, however it may be related to circumstances of the pandemic, including data collection. Future analysis is needed.

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(s) (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.

Please note that this data is not collected annually.



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



INCOME, EMPLOYMENT, AND EDUCATION

Income and employment data were collected for the 2,540 adults served throughout 2020. Income and sources were collected at the start of their services along with when they exited services (Leavers) or at an annual checkpoint if they remained in services (Stayers).

In 2020, only 45% of individuals who started services had a known source of income (one or more). Of those who left services in 2020, only 46% had one or more sources of income.

Number of Adults with Income	Start		Stayers		Leavers	
Total Adults	2540		776		1764	
1 or More Source of Income	1162	45%	81	10%	809	46%

Below is a breakdown of cash income sources.

Cash Income Sources	Start	Stayers	Leavers
Earned Income	356	16	290
Unemployment Insurance	17	1	15
Supplemental Security Income (SSI)	250	42	182
Social Security Disability Insurance (SSDI)	182	27	139

Breakdown of cash income sources, continued:

Cash Income Sources	Start	Stayers	Leavers
VA Service - Connected Disability Compensation	76	1	66
VA Non-Service Connected Disability Pension	20	1	18
Private Disability Insurance	1	0	1
Worker's Compensation	2	0	2
Temporary Assistance for Needy Families (TANF)	74	8	34
General Assistance (GA)	194	16	75
Retirement Income from Social Security	23	2	19
Pension or retirement income from a former job	7	2	3
Child Support	43	7	29
Alimony and other spousal support	2	0	2
Other Source	41	6	25

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	1,167	46%	41	5%	752	43%
\$1 - 150	157	6%	2	0%	62	4%
\$151 - \$250	60	2%	7	1%	29	2%
\$251 - \$500	86	3%	7	1%	56	3%
\$501 - \$1000	354	14%	34	4%	244	14%
\$1001 - \$1500	152	6%	14	2%	112	6%
\$1501 - \$2000	95	4%	4	1%	73	4%
\$2001 +	142	6%	12	2%	150	9%
Client Doesn't Know/Refused	6	0%	0	0%	7	0%
Data not collected	321	13%	3	0%	279	16%
Adult stayers not yet required to have an annual assessment			450	58%		
Adult stayers without required annual assessment			202	26%		
Total Adults	2,540		776		1,764	

In 2020, the federal poverty guidelines were set as a single adult making \$12,760 annually or about \$1,063 per month. Noting most individuals experiencing homelessness are not in family units, you can see that 71% are below that \$1,000 per month threshold. Additionally, if we factor in family units, a family of four making \$26,200 per year or less is within the 2020 poverty guidelines – this is roughly \$2,182 per month (aspe.hhs.gov).

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	1,454	57%	25	3%	1,09	62%
1 + Source(s)	792	31%	92	12%	428	24%
Client Doesn't Know/ Client Refused	10	0%	1	0%	9	1%
Data Not Collected/ Not stayed long enough for Annual Assessment	284	11%	658	85%	237	13%
Total	2,540		776		1,764	

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)	771	87	417
Supplemental Nutrition Program for Women, Infants, and Children (WIC)	50	8	28
TANF Child Care Services	8	1	7
TANF Transportation Services	2	0	1
Other TANF-Funded Services	4	0	3
Other Source	108	52	45

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.

STABILITY VS. 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.

The income for families is not rising at the same pace as home values, making it more difficult for families to purchase and own a home. The 2021 MN Housing Partnership County Profile for Clay County shows that more than 31% of all Clay County renters are severely cost-burdened, paying more than 50% of

their income for housing. In our region, a minimum wage worker must work 52 hours a week to afford a 1-bedroom apartment.

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	11,971	91%	2,076	86%	9,895	92%
\$20,000 to \$34,999	7,087	59%	1,777	47%	5,310	64%
\$35,000 to \$49,999	3,569	30%	1,363	29%	2,206	30%
\$50,000 to \$74,999	2,296	13%	1,774	18%	522	6%
\$75,000 or more	976	2%	786	2%	190	2%
Total Housing Cost Burdened Households	25,899	26%	7,776	14%	18,123	41%

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/2021/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 2020, 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, initializations, 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 2020:

- Moorhead Public Housing reported 87% of new admissions were exiting homelessness.
- Fargo HRA had 85% new admissions listed as previously being homeless throughout their pro-

grams.

- Clay County HRA served 299 households in their homeless programs and reported 87% 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 Vouchers 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

Clay County, MN:

Results indicated the top contributor to respondents' housing crisis was not being able to afford their rent (57%). Poor credit was the second-highest contributor to their current housing crisis (41%). Mental health symptoms, criminal history barriers, and substance use 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 four responses were utility assistance (76%), mental health services (72%), help with housing search (72%), and ongoing case management or other support services (71%). Respondents were able to check all that applied. Participants responded that case management supports and rent assistance would be most helpful in order to maintain housing.

Seven of the 58 (12%) respondents stated that they faced discrimination related to race or sexual orientation which affected their ability to find or maintain housing.

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.

- Providers overwhelmingly knew where to go if they had a client facing a housing crisis (93%).
- Providers felt that staff knowledge and friendliness is what is working best about accessing and assessment for services.

Additionally, a survey was administered via phone for past clients served by Clay County homeless/homeless prevention programs in 2020. 94% of responding individuals indicated the assistance they

received helped to stabilize their housing crisis. Rental assistance, utilities, and deposit assistance were stated as being the most helpful to resolving the housing crisis.

Throughout the surveys, multiple themes emerged showing a significant need for affordable housing opportunities 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.

Cass County, ND:

In 2020, the Community Action Partnership of North Dakota partnered with North Dakota State University and the local Community Action Agencies to complete a comprehensive community needs assessment of low-income people in North Dakota. This needs assessment was unique as it was conducted both before and during the COVID-19 pandemic.

Housing is the most frequently mentioned need category by the survey respondents, and under this category, rent deposits, rent payments, renter/tenant rights and responsibilities education, and/or more monthly rental assistance programs are the top priority for people in the Cass County. Affordable housing development and affordable homes for purchase were frequently mentioned.

The second priority for Cass County residents is employment-related support, which includes finding a job and higher-paying jobs with benefits.

The third priority is dental insurance or affordable dental care and income and asset-building support. These include help with financial issues such as divorce problems, child support, issues with utilities, and budget and credit counseling.

Other needs identified as high priority included job training, paying for education, utility assistance, youth activities in the community, food, and vehicle repair assistance.

Qualitative data was collected through focus groups and phone surveys throughout the survey time period. Each person surveyed was asked six questions relating to poverty and its impact. Most of those surveyed identified lack of education, program restrictions, and lack of programs to address the cliff effect as the main causes and conditions of poverty in our community. When identifying what keeps families in poverty, lack of access to supports and resources to provide education and skills training for overcoming generational poverty was highlighted. Most didn't have an answer for what our community would look like if there was not poverty, but consensus that the community would be greatly improved without poverty.

Ideas for supporting people to achieve outcomes to eliminate poverty included education, expansion of program eligibility, employment access and supports, and skills training.



WHAT ARE WE DOING AS A COMMUNITY TO ADDRESS HOMELESSNESS?



CARES: OUR HOMELESS RESPONSE SYSTEM

HUD defines coordinated entry as a coordinated 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. To end homelessness, we need to reduce the number of individuals entering our system, rapidly rehouse individuals who do become homeless, and support stability to help those at-risk remain stably housed.

The Coordinated Access, Referral, Entry, & Stabilization (CARES) System is the name of 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. CARES coordinates prevention, diversion, emergency shelter, supportive housing, and stabilization services in the North Dakota and West Central MN Continuum of Care regions.

CARES strives to manage our limited system resources in a streamlined, transparent, planful, data-driven, equitable, and consumer-centered 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 and identification of each individuals' strengths. If homelessness cannot be prevented, persons are prioritized for emergency shelter and supportive housing programs based on vulnerability, client choice, eligibility, and program openings (ASSESSMENT/ASSIGNMENT). The most vulnerable households are assisted with navigation services. Support services are available for those

offered supportive housing to assist with identifying and achieving goals to help them obtain and retain stable housing (STABILIZATION).

CARES also coordinates data collection and reporting to provide current demographic, need, and trend data on homelessness. This data is valuable for system planning and analysis, including equity analysis, distribution of resources to agencies and households seeking services, measuring the effectiveness of services and programs, and identification of trends and 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, ND Project Name & Type	Federal Funding	State Funding	Local Funding	Totals
City of Fargo Cooper House (PSH)	\$57,700			\$57,700
City of Fargo Gladys Rae (ES)	\$40,000	\$50,000		\$90,000
Fargo Housing (PSH)	\$372,962			\$372,962
Fraser, Ltd (PSH)	\$140,833	\$45,075		\$185,908
New Life Center (ES)	\$27,000	\$49,000		\$76,000
Presentation Partners In Housing (RRH)	\$18,000	\$21,000		\$39,000
Southeastern ND Community Action (RRH & PSH)	\$36,683	\$50,000		\$86,683
YWCA (All)	\$526,184	\$50,000		\$576,184
Total	\$1,219,362	\$265,075	\$0	\$1,484,437

Cass County, ND	
Project Type	Total Beds
Emergency Shelter	213
Transitional Housing	75
Rapid Re-Housing	91
Permanent Supportive Housing	154
Safe Haven	16
Total	549

Clay County, Project Type	Federal Funding (ESG, CoC, etc.)	State Funding	Local Funding	Totals	2019 Total Beds
Emergency Shelter	\$304,215	\$378,934	\$1,317,380	\$2,000,529	91
Transitional Housing	0	\$200,00	\$20,000	\$220,000	68
Rapid Re-Housing	0	\$621,899	\$52,900	\$674,799	119
Permanent Supportive Housing	\$804,579	\$3,250,831	\$433,733	\$4,489,143	496
Street Outreach	0	\$474,993	0	\$474,993	N/A
Homeless Supportive Services (including Prevention)	0	\$106,545	\$31,954	\$138,499	N/A
Total	\$1,108,794	\$5,033,202	\$1,855,967	\$7,997,963	774

Definitions for each type of program type:

Emergency Shelter:

- Offers temporary shelter (lodging) for homeless households. Any facility in which the primary purpose of which is to provide a temporary shelter for the homeless in general or for specific populations of the homeless and which does not require occupants to sign leases or occupancy agreements.

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.
- HUD definition: A project that is designed to provide housing and appropriate supportive services to homeless persons to facilitate movement to independent living.

Rapid Re-Housing (RRH):

- Provides short-term to medium-term assistance (up to 24 months).
- Lease between households and landlord.
- Households able to select their unit.
- Providers can restrict the maximum length of financial assistance but not the length of time in the unit.
- Support services must be offered during entire participation in RRH.
- HUD definition: A form of permanent housing that is short-term (up to 3 months) and/or medium-term (for 3 to 24 months) tenant-based rental assistance, as necessary to help a homeless individual or family, with or without disabilities, move as quickly as possible into permanent housing.

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.
- HUD definition: Community-based housing without a designated length of stay in which formerly homeless individuals and families live as independently as possible.

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 do not make supportive services available as part of the project.



PREVENTION/DIVERSION

The CARES Homeless Prevention Project (HPP) includes CAPLP, Presentation Partners in Housing, SENDCAA, The Salvation Army, and the YWCA. The goal of the HPP is to ensure low-barrier access for homeless prevention services in line with coordinated entry to prevent and end homelessness.

Over the past year, the HPP pivoted in strategic ways to respond to the unique needs of the pandemic. This included transitioning to a completely remote or virtual application process. Rather than applying in person, households called the community action agency in their home county to apply. In July 2020 SENDCAA contracted with FirstLink to be the first point of contact for Cass County households. This allowed households to be connected to new housing resources that came online as a pandemic response. Increased resources from Federal and State programs were launched to address the growing numbers of households who were no longer able to pay rent/mortgages and utility bills as a direct result of the pandemic. Additionally, eviction moratoriums led to more households remaining housed but with growing arrears to catch up with eventually. The HPP partner agencies filled the role of connecting households to these various new resources.

The HPP will continue to focus on upstream homeless prevention efforts that target vulnerable households, most at risk of becoming homeless without intervention. While maximizing new Federal and State COVID-19 related resources, HPP partner agencies have increased staffing to further enhance the coordinated entry workflow. These ramped-up resources are directly related to the unique housing crises the pandemic has brought on.

While the past year presented some unique challenges, the HPP adjusted to meet the needs of a wider network of households in crisis. In 2020, the HPP provided \$784,782 to assist 956 households or approximately 2,486 individuals remain in housing or be rapidly re-housed with emergency or short-term housing assistance:

Payment Type	Total Payment Amount
Rent / Mortgage Assistance	\$541,691
Utility Bill Assistance	\$ 131,174
Security Deposit Assistance	\$ 111,917

SHELTER ENTRY

In 2020, 1,683 individuals, 10 adult couples without children, and 260 families inquired about seeking shelter at one of the FM Metro’s emergency shelters.

Household Type	Number
Single Male	1,216
Single Female	457
Single Other	10
Single Female with Children	204
Single Male with Children	24
Married/Couple with Children	32
Married/Couple without Children	10
Total Households	1,953

The 260 families include a combined total of 507 children. 159 households did not detail the age of their children and/or how many were in household.

Total Children	Number
Age 0-5	245
Age 6-12	180
Age 13-17	77
Age 18+	5
Unknown	159
Total Households	507

In total, this was a decrease of 598 households (both singles and family units) compared to 2019.

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 1,953 unique households seeking services, 57% only sought shelter once throughout 2020. The remaining households sought shelter multiple times throughout the year.

Number of Times Households Sought Shelter	Number of Households	Percentage
Sought Shelter	1,112	76.0%
Sought Shelter 1 Time	387	16.4%
Sought Shelter 2 Times	189	5.3%
Sought Shelter 3 Times	114	1.8%
Sought Shelter 4 Times	67	0.4%
Sought Shelter 5 Times	33	0.1%
Sought Shelter 6 Times	19	0.0%
Total Households Who Sought Shelter in 2020	1,953	

There were 4,769 calls made from individuals or households seeking information about sheltering or 39% were able to receive services and a shelter bed. Only 20 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 2020, there were 41 individuals. The remaining households have dropped off the Shelter Bed List either because shelter staff was 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 2020:

- 45% self-reported having a disabling condition
- 39% women reported fleeing domestic violence situations

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 the 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 2020.

Household Type	Cass County, ND	Clay County, MN	Totals
Singles: Adults without Children	205	158	363
Youth Singles: Age 18-24 without Children	50	12	62
Families: Adults with Children	8	42	50
Youth Families: Youth with Children	10	5	15
Totals	273	217	490

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 2020 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 a maximum of 2 years.
- The housing assessment also determines if a household would be more appropriate for main-stream 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 homelessness exclusively.

Cass County, ND Breakdown	Adult Head of Household	Youth Head of Household	Total
PSH Single	27	10	37
PSH Family	2	0	2
TH/RRH Single	31	3	34
TH/RRH Family	2	0	2
Total	62	13	75

Clay County, MN Breakdown	Adult Head of Household	Youth Head of Household	Total
PSH Single	106	13	119
PSH Family	29	3	32
TH/RRH Single	75	6	81
TH/RRH Family	30	6	36
Total	240	28	268

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 for the West Central MN CoC, who is employed by the FM Coalition to End Homelessness, and the ND CoC Coordinator is responsible for making these referrals and maintaining the Priority List for the FM Metro. The Systems Specialist and CoC Coordinator 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 more rapidly. The North Dakota CoC conducted a similar process in July 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 the CoC 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.

EQUITY OF OUR SYSTEM

As mentioned in the demographic overview of those receiving services throughout 2020, homelessness disproportionately impacts people of color and those who identify as Hispanic. Parts of our system cause individuals and families of color barriers to receiving services to help best resolve their housing crisis and current episode of homelessness. Equity in our system is something we focus on as a community.

The West Central CoC conducted an Equity Review in 2020. 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 the sheltering system.
- 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 April 2021. 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. To achieve this ambitious goal, each part of our system and each partner needs to focus on reducing the total number of individuals in our system.

Over the past 10 years, our system has effectively worked to add hundreds of new supportive housing units and enhanced our system entry to more quickly and fairly assess and house those who become homeless. Additionally, we have focused on identifying supports and connections to stabilize households once rehoused. However, no matter how effective we become at helping people exit homelessness and become stably housed, we cannot end homelessness completely without stopping new families and individuals from becoming homeless in the first place.

Unfortunately, data over the past four years have shown an increase in the number of persons becoming homeless. Therefore, CARES is implementing enhanced Access to reduce new entries into our homeless response system by using a new triage tool and added Access Navigator staff to more effectively divert more persons from unnecessarily becoming homeless. This step is proven to help reduce both those needing shelter and long-term supportive housing by providing linkage to mainstream, community, and natural resources and by prioritizing one-time and short-term prevention assistance to those who would become homeless if not for the assistance.

This helps more efficiently use our limited homelessness resources (by targeting less costly services and highest needs households and not serving those who could have otherwise resolved their crisis) and reduces the likelihood of increased trauma often associated with becoming homeless.

The chart below reflects data collected on our system inflow (entries into homeless programs) and outflow (exits from homeless programs). As you can see, in 2020 the rate of system inflow began continued to increase, but at a much slower rate. The system outflow also continued to increase, but at a more significant rate, causing our system to finally have a decrease (-38) in the overall system flow. This chart shows that the decreased inflow (new entries) and increased outflow (new exits) helped our system decrease the total number of those who are homeless. The decrease of pressure on the system could potentially be due to the eviction moratoriums and additional COVID-19 emergency resources.

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
2020	2,607	2,569	+38

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 projects, system performances, and exit destinations 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 2020 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 leads to the average shown below.

Exit Destination - All Clients	Total	Percentage
Permanent Destinations	663	32%
Temporary Destinations	405	20%
Institutional Settings	59	3%
Other Destinations	41	2%
Client Doesn't Know/Refused	150	7%
Data Not Collected	740	36%
Total Individuals	2,058	

Families are noted for having significantly higher rates of a positive exit from a homeless program. This is likely due to an ongoing effort in our community to end family homelessness.

Exit Destination - Families	Total	Percentage
Permanent Destinations	312	75%
Temporary Destinations	49	12%
Institutional Settings	8	2%
Other Destinations	1	0%
Client Doesn't Know/Refused	10	2%
Data Not Collected	35	8%
Total Individuals	415	

Exit Destination - Youth	Total	Percentage
Permanent Destinations	70	28%
Temporary Destinations	89	35%
Institutional Settings	8	3%
Other Destinations	1	0%
Client Doesn't Know/Refused	9	4%
Data Not Collected	75	30%
Total Individuals	252	

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 CoCs are required to annually report on and establish targets and goals related to the following six measures:

1. **Length of Time Homeless (LOT):** Reduce the LOT of persons who are homeless.
2. **Returns to Homelessness:** Reduce the number of persons returning to homelessness after exiting any homeless program. Measured by all programs and for those who were permanently housed.
3. **Number of Homeless:** Reduce the total number of persons who are homeless, measured by the unduplicated number in all programs and the number counted during the annual point-in-time count.
4. **Change in Income:** Increase the earned and total (earned and benefits) income of those in homeless supportive housing. This measure calculates data by leavers (those who have exited a program) and stayers (those still in the program at the annual reporting period).
5. **New Entries:** Decrease the number of persons entering homelessness programs who are new to the system.
6. **Permanent Housing Exits and Retention:** Increase the number of persons exiting any homeless program (outreach, emergency shelter, transitional housing) to permanent housing and the number of persons retaining or exiting permanent housing after entering permanent housing

The System Performance Report only uses data entered into HMIS and reports data for the entire CoC. Currently, data cannot be accurately broken down by county or specific communities.

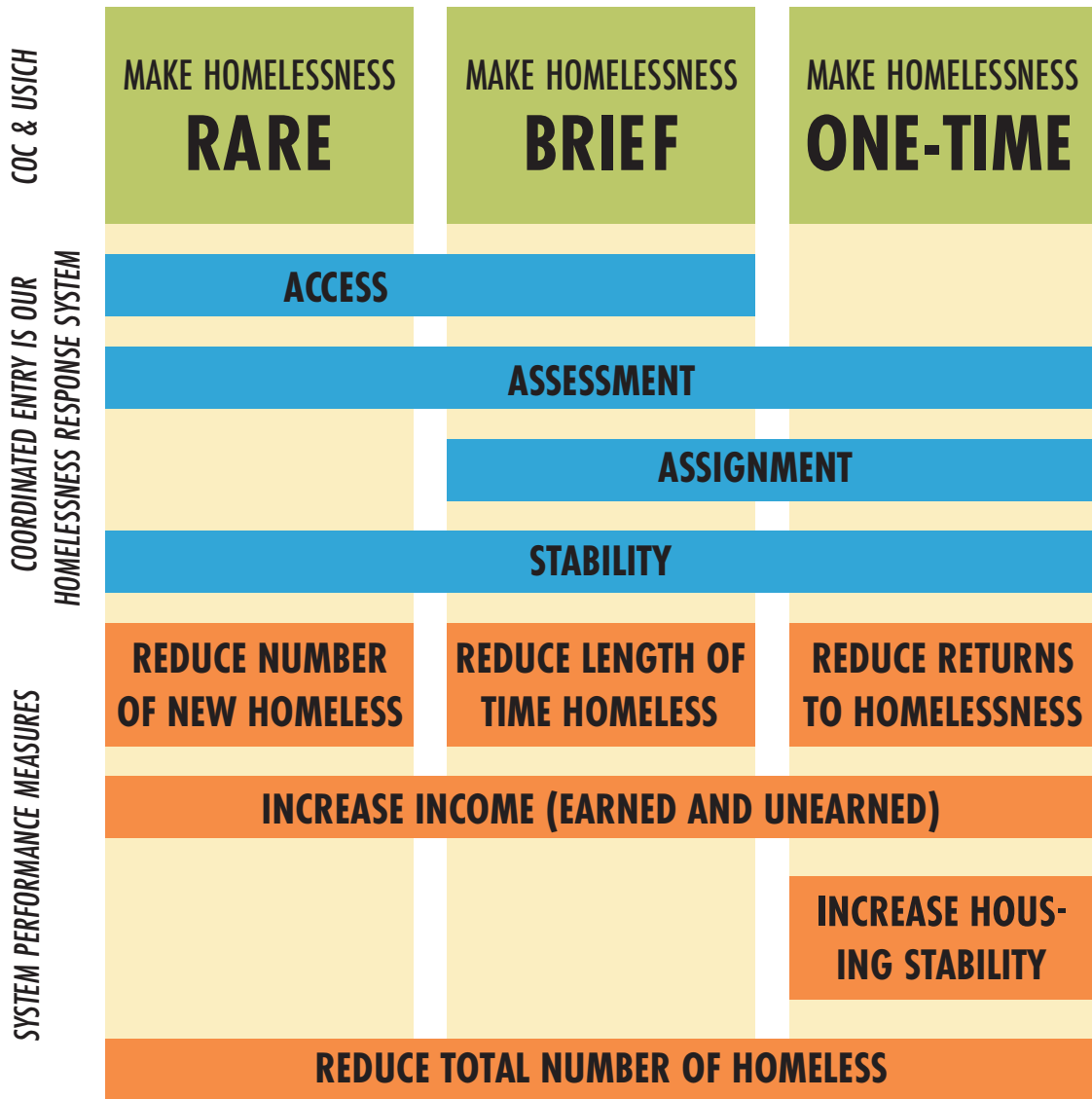
North Dakota CoC

Measures	2015 Baseline Performance	2016 Performance	2017 Performance	2018 Performance	2019 Performance	2020 Performance
1. Length of time homeless	205 days ES	350 days ES	405 days ES	71 days ES	55 days ES	48 days ES
	192 days ES + TH	360 days ES + TH	339 days ES + TH	81 days ES + TH	71 days ES + TH	69 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	33% 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	25% Total in 2 years
3. Number of total homeless	3,650 HMIS	3,477 HMIS	3,057 HMIS	2,547 HMIS	3,500 HMIS	2,029 HMIS
	1,305 PIT	923 PIT	1,089 PIT	542 PIT	557 PIT	541 PIT
4. Change in income	18% Stayers	20% Stayers	23% Stayers	31% Stayers	42% Stayers	50% Stayers
	25% Leavers	25% Leavers	37% Leavers	26% Leavers	38% Leavers	30% Leavers
5. Number of new persons entering homelessness	2,790	2,184	2,059	2,066	1,566	1,481
6. Number of persons retaining permanent housing or exiting to perm. housing	32% All	32% All	29% All	34% All	39% All	39% All
	87% PH	88% PH	99% PH	94% PH	90% PH	93% PH

West Central Minnesota CoC

Measures	2015 Baseline Performance	2016 Performance	2017 Performance	2018 Performance	2019 Performance	2020 Performance
1. Length of time homeless	36 days ES	36 days ES	34 days ES	44 days ES	37 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	138 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% in PH in 2 years
	6% Total in 2 years	6% Total in 2 years	8% in PH in 2 years	8% Total in 2 years	8% Total in 2 years	10% Total in 2 years
3. Number of total homeless	1,220 HMIS	1,215 HMIS	1,047 HMIS	938 HMIS	978 HMIS	1,027 HMIS
	242 PIT	211 PIT	215 PIT	246 PIT	216 PIT	223 PIT
4. Change in income	35% Stayers	41% Stayers	40% Stayers	45% Stayers	40% Stayers	38% Stayers
	50% Leavers	42% Leavers	47% Leavers	50% Leavers	64% Leavers	35% Leavers
5. Number of new persons entering homelessness	881	1,081	927	824	985	845
6. Number of persons retaining permanent housing or exiting to perm. housing	54% All	53% All	43% All	40% All	38% All	29% All
	91% PH	91% PH	94% PH	92% PH	95% PH	95% PH

MEASURES **SYSTEM GOALS**



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 Program Sees Massive Cost Savings through Housing Chronically Homeless People and Keeping Them Housed with Collaborative, Community-based Supports

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 (PPH) was selected as the agency to launch this pilot and hired three Housing Navigators. As of March 2021, the Housing Navigation Program (HNP) has a total of 6.0 FTEs including 4.2 Housing Stability Specialists (formerly known as Housing Navigators), 1.0 Landlord Engagement Specialist, and .8 program oversight/supervision.

Households served by HNP have complex, frequently co-occurring issues. 100% of all households served qualify as Minnesota Long Term Homeless. 84% qualify as HUD Chronic. All heads of household had at least one disabling condition.

Year	# Participants supported to attain & maintain housing	% Stably Housed at least 6 months
2017	23	80%
2018	36	88%
2019	47	100%
2020	51	93%

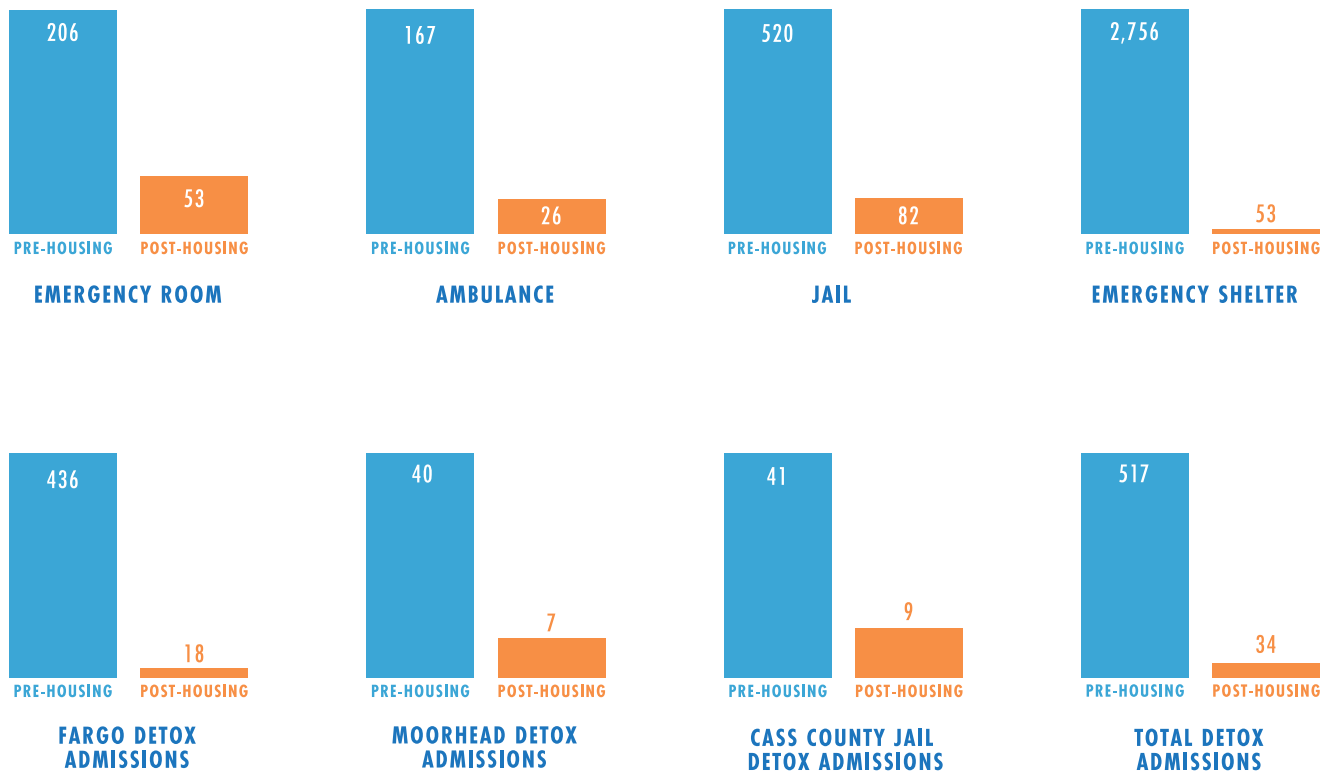
To analyze if housing people truly saves the community money, HNP completes an in-depth study each year of participants' emergency service (ES) usage pre and post housing. Data is calculated by ob-

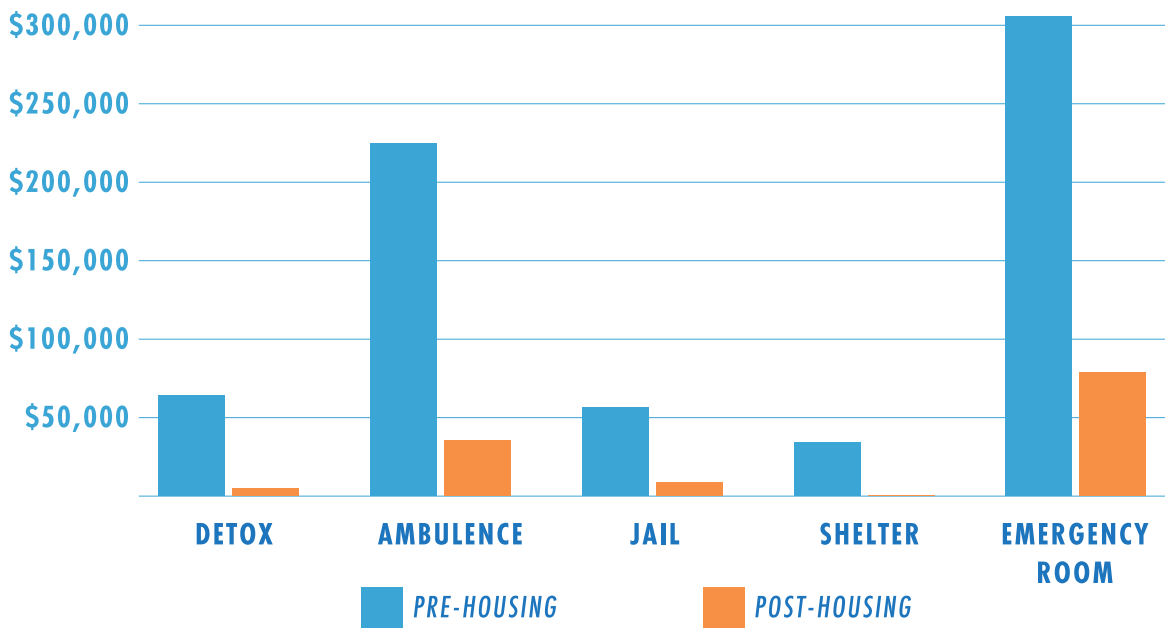
taining written consent from each participant to request records related to emergency room admissions, ambulance transportations, withdrawal management admissions, nights in shelter, and nights in jail.

Agencies who partner to provide this information include:

- Fargo Cass Public Health: Gladys Ray Shelter & Withdrawal Management Unit
- Clay County Receiving Center: Detox Unit
- Churches United for the Homeless
- New Life Center
- YWCA
- Fraser Transitional Living Program
- FM Ambulance
- Cass County Jail and Jail Detox Unit
- Clay County Jail
- Sanford Health: Emergency Department
- Essentia Health: Emergency Department

The following graphs compare pre- and post-housing data collected on 26 head of household Housing Navigation Program participants served in 2020.





Pre-housing data includes an average yearly number calculated by obtaining all data from 4 years prior to housing move-in. In some cases of records being unavailable 4 years prior, the average of 2- or 3-years prior was taken. If limited records were available, the actual ES records of 1 year prior to housing move-in date was used. Less than 5 percent of data was collected via participant self-report as some participants preferred to not release their medical information.

Post-housing data includes the average yearly number of ES utilized following the initial date of housing. This data is collected through the same pre-housing data collection procedures outline above. The participant’s total months housed is divided by total emergency services utilized while housed to find a monthly rate of ES utilization, which is converted into a yearly rate. 7 of 26 participants studied in 2020 experienced 1 or more episodes of homelessness after their initial housing date. Number of days homeless was subtracted from participant’s initial housing date through 12/31/2020. Any ES utilized during an interim homeless episode were not included in the pre- or post-housing totals.

Cost Savings Data from previous years:

Total Estimated Cost Savings of 1 Year in Housing vs 1 Year on the Street

Year	HNP Participants	Cost Savings
2017	20	\$261,705
2018	20	\$317,808
2019	24	\$437,932
2020	26	\$558,767

COVID-19 Impact on Our System

March of 2020, at the beginning of the COVID-19 pandemic, was a pivotal time for the sheltering systems and the Coalition in the Fargo Moorhead Metro. Public health crises historically have a disproportionate impact on low socioeconomic populations, including those experiencing homelessness. Given that shelters are shared living spaces and individuals that experience homelessness, statistically, are more likely to have chronic health conditions – like many communities, the Fargo and Moorhead shelters were about concerned how to organize safe environments while continuing to shelter those that they serve.

Together, the shelters and other Coalition partners quickly collaborated by focusing on unmet needs and preparedness measures for the sheltering system and those that they serve. The shelters, coalition, and many partners met weekly, virtually, for over a year. Often, they would gather insight from county health, city and state officials, and community response agencies.

Federal, state, and local funding gave participating agencies access to hotels, expanded and temporary sheltering, personal protective equipment, and technology to respond to ongoing and changing needs to address the public health emergency facing the homeless response system. This funding has also supported service providers and agencies with education and training surrounding COVID-19 to better protect those they serve. Creative city, county, and state partnerships which often defied geopolitical borders created vital quarantine and isolation beds in undisclosed area hotels that were underutilized and eventually led to increased options within existing shelter as well as dedicated spaces in an unused city building.

During the spring of 2021, the Coalition hosted a stakeholder meeting to share trends, challenges, and key moments throughout 2020. Reflecting on the last past year's changes within the sheltering system during the pandemic, many of the shelters demonstrated that they pivoted quickly to make their facilities safe in order to prevent the contraction and/or spread of COVID-19. Some examples of these safety measures are installing hands-free door openers, touchless soap dispensers, plexiglass partitions, among other safety precautions. Many shelters reoriented space usage, organized "bubbles" for guests to more safely live and socialize in, and implemented staggered staff shift cycles all to reduce potential outbreaks. When spaced allowed, shelters created internal isolation and quarantine quarters with diligent sanitation and weekly testing and health intake protocols in place.

With the pandemic, partner agencies noted that many challenges surfaced as well. While data may have not been collected concerning many of these challenges, it is hoped ongoing and future analysis will improve understanding of COVID impact in future State of the Homelessness Reports. The following are highlights of stakeholder reflections.

- Interaction with clients was difficult for service providers in order to serve those that were in need. As many people may know, remote working created many barriers to create more personable interactions to lead to more creative solution-based practices. Home visits, appointments, and apartment showings were close to impossible to schedule, prior to what we know now about COVID-19. Staff capacity was also a challenge because many of the providers worked from home, especially during the winter months with overflow in many of the shelters due to cold temperatures. Many of the providers and agencies that reported this as a challenge also noted that with time, technology was utilized to communicate to reduce in-person meetings.
- When possible, shelters were able to create quarantine and isolation rooms for those who were may have been in contact with someone who had COVID-19. This was a safety measure that was vital to keeping individuals and families safe. Even though this was a priority, it did limit space for others. Congregational facilities and rooms were either repurposed or no longer in use to try to stop the spread of the coronavirus. Congregational spaces include facilities like a cafeteria. Social distancing in shelter rooms was also put in place. For example, a shared room that traditionally held four individuals converted into two-person sleeping quarters, in order to protect people from contracting the virus. This resulted in fewer beds available in a shelter.
- Access to employment, childcare, and technology for long-distance learning was also a very prominent challenge throughout the pandemic.
- Many of the shelters also recognized that many survivors of domestic violence had a very difficult time fleeing abusers because their partners were working from home. Others reported that due to isolation and quarantine within their homes, mental health and addiction were much more prevalent in households of domestic violence.
- Mental health and addiction were nothing that is specifically attributed to those without a home during the pandemic. A result of the isolation, fear, and loss of access to resources created an increase in mental health needs and addiction. One stakeholder shared that there was a record-breaking 153% increase in one month of use of Narcan. Many reported that while there were COVID-19 cases and deaths that were reported, there was also an increase in suicide, overdose, and COVID-related deaths.
- A comprehensive total of COVID positive cases and deaths related to COVID cannot be fully confirmed at the time of publishing, less than 10 persons in the homeless population died related to the pandemic. Stakeholders suggest that without proactive measures and community collaboration, numbers of death would likely have been higher

Many stakeholders noted that the eviction moratorium significantly decreased homelessness as well as additional homeless prevention resources Stakeholders agree this demonstrates that that ending homelessness is obtainable when services and systems are properly resourced. In fact, six counties in Minnesota claimed that they had no chronic homeless families.

Stakeholders agreed that the coordinating meetings assisted in preparedness, collaboration, and solution-based practices that strengthened the cross-border COVID sheltering response.

Hunger During the Pandemic

Great Plains Food Bank spans a 54-county service area, including the state of North Dakota and Clay County, MN. During 2020, we saw the need for food assistance rise dramatically as the COVID-19 pandemic exacerbated food insecurity and economic instability for our neighbors. It is projected that over the next year, food insecurity in our area will reach 6.9% and 8.8% in Cass and Clay counties respectively.

To meet this need, we continue to seek innovative and collaborative opportunities through community and coalition building alongside our partners. Locally, our Cass-Clay community has a strong network of supportive services, and together with our over 60 partner agencies, we've helped ensure that our neighbors have the food they need. In Cass-Clay, we distributed over 5,800,000 pounds of food, equaling to nearly 5 million meals. We were able to reach nearly 40,000 of our neighbors in need, 36% of whom were children and 12% of whom were seniors. More than 540,000 hot meals were served in safe, socially distant ways, and 85,273 food boxes were provided through programs like Farmers to Families and Mobile Food Pantry distributions.

CASS CLAY STATS

Pounds distributed: 5,887,195 (4,905,996 meals)

Individuals served: 39,498

- 36% Children (0–18)
- 12% Seniors (60+)

Partner Agencies: 63

Meals served at congregate sites: 542,669

Food boxes distributed: 85,273

Cass Clay partner agencies are Listed here by county:

https://www.greatplainsfoodbank.org/get_help/pantries_and_soup_kitchens.html

SNAP STATS: NORTH DAKOTA

- 49,000 North Dakotans receive SNAP
- 6% of the state population, or 1 in 16 residents
- 69% of participants are families with children
- 31% are in families with elderly or disabled members
- 42% are in working families
- \$126: Average monthly SNAP dollars for each household member
- \$1.28 = Average SNAP dollars per person per meal

Projected Food Insecurity Rates:

Note: Feeding America (the national organization of food banks to which GPFB belongs) conducted a study of unemployment, poverty, economic stability, and other data to project food insecurity rates for 2020 and 2021. Typically, the USDA finalizes food insecurity data about 2 years after the current year. We are waiting for 2019 data to be available. Because it's been important for food banks and pantries to be able to project the need in their communities in direct relationship to the immediate and ongoing impacts of COVID-19, this projected data has been useful. This is all very tentative data and cannot be used to concretely determine food insecurity but is the best estimate we have.

<https://www.feedingamericaaction.org/the-impact-of-coronavirus-on-food-insecurity/>

Projected Increase from 2019–2020

	Overall	Child
Cass County	34%	41%
Clay County	14%	17%

2020

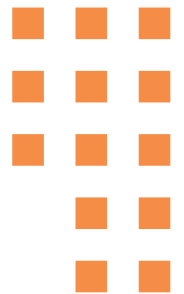
	Overall	Child
Cass County	7.9%	11.9%
Clay County	9.7%	13.9%

2021

	Overall	Child
Cass County	6.9%	9.9%
Clay County	8.8%	12.2%

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?



While responding to the COVID-19 pandemic remains a priority, the FM Coalition continues to move forward in strategy and implementation of organizational and community wide goals. The pandemic has delayed or altered many aspects of this work over the past year but has not changed our mission or hindered our drive. 2021-2022 planning and implementation includes:

- Increased policy and resource advocacy including a focus on awareness of homeless data and issues for local elected leaders as part of a comprehensive policy and funding strategy to advance our mission.
- Implement a campaign to increase public awareness about homelessness and efforts being taken to end homelessness.
- Improve analysis of funding streams, spending, and cost savings to the community concerning the homeless response system.
- Expand already robust education and training programs to better equip Coalition partners as a strategic move to elevate the effectiveness of ending homelessness efforts.
- Evaluate and improve upon the ongoing implementation of comprehensive diversion and prevention systems and strategies.
- Continue 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 city, 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 surveys, 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 Community Action Needs Assessment "November 9th–November 20th, 2020. A total of 58 surveys were collected in Clay County." The North Dakota community needs assessment is available at <https://www.capnd.org/programsandinitiatives/statewide-needs-assessment.html>. The Cass County report is available by request

Shelter Entry List is 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 is 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 is 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, 2019: ACS 1-Year Estimates Data Profiles. Retrieved from

<https://data.census.gov/cedsci/table?q=310M500US22020&d=ACS%201-Year%20Estimates%20Data%20Profiles&tid=ACSDP1Y2019.DP05&hidePreview=true>

United States Census Bureau, Financial Characteristics, 2019: ACS 5-Year Estimates Subject Tables. Retrieved from

<https://data.census.gov/cedsci/table?q=Financial%20Characteristics&tid=ACSST1Y2019.S2503>

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/2020-poverty-guidelines>

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/orr>

Minnesota Housing Partnership "State of the State's Housing" report for Clay County: <https://www.mhponline.org/publications/1168-state-of-the-state-s-housing-2022>

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/> and <https://www.hmismn.org/minnesota-dashboards>

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 is 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 do 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 rationale 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.

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FM COALITION
TO END HOMELESSNESS



United Way of Cass-Clay