



STATE OF HOMELESSNESS IN FARGO-MOORHEAD METRO



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

Report released June 20, 2019

ABOUT THE FM COALITION TO END HOMELESSNESS

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

Today, more than 70 partners from service areas related to housing, physical and behavioral health, addiction, 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 fulfil its mission and live up to its recently refreshed name and make homelessness rare, brief, and one-time for individuals and families in this community.



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FOREWARD

For the purpose of this report, we will refer to our geographic location as Fargo-Moorhead Metro (FM Metro). As of July 1, 2018, the US Census American Community Survey (ACS) estimates the population for the Fargo Metropolitan Statistical Area at [245,471 individuals](#).

This includes most of 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, or 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 Continuum of Care (CoC). A CoC is a regional planning body of stakeholders designed to promote a shared commitment to the goal of ending homelessness.

CoC planning includes:

- Gathering and analyzing information to understand homelessness in the region;
- Understanding and supporting compliance with HUD and other funders;

- Implementing strategic plans to end homelessness based on data;
- Operating a regional Coordinated Entry System;
- Measuring results of regional planning and performance; and
- Prioritizing limited resources.

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

North Dakota operates as one CoC for the entire state.

PLANNING AND ADVOCACY ORGANIZATIONS

The FM Coalition to End Homelessness (the Coalition) is a principle leader for ending homelessness in the FM Metro community 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 boarder collaboration between our two cities, two counties, and two states.

www.fmhomeless.org

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

www.mnhomelesscoalition.org

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

www.ndhomelesscoalition.org

The West Central Minnesota CoC is tasked with developing, implementing, aligning and monitoring regional planning related to 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



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MESSAGE FROM THE EXECUTIVE DIRECTOR

2019 marks the 30th year of the founding of the Fargo-Moorhead Coalition for Homeless Persons. Created by the four shelters in existence at that time in response to a local rise in homelessness, we have grown to upwards of 70 partners. Our mission has **expanded** and **evolved** from addressing service needs during a time of crisis to audacious goals of changing systems and aligning resources to **end homelessness** in our community.

Anniversaries are cause for celebration, and we honor the good and **dedicated** work that has happened over the decades and look forward to the future. The mission of the Coalition is to work in partnership to achieve permanent solutions to prevent and end homelessness. As a commitment to our bold work, we have now put our mission into our name, becoming the **FM Coalition to End Homelessness**.

What does ending homelessness look like? Reasons people find themselves without a home will always exist. But with enough affordable housing, increased employment and income, and coordinated service delivery systems, we can make homelessness rare, brief, and one-time for individuals and families in our community—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**.

Telling the story of homelessness is one of the most important things we do as we **advocate** and **educate** for change. We work to share with our community relevant information, statistics, and current issues. We offer training for our partners to equip them in their work. Our work is rooted in believing **housing is a human right**, and we **collaborate** to design responses to **injustice**. We advo-

cate to our leaders at the local, state, and federal levels concerning policy and funding that impacts our partners and our collective work. We seek to advance **affordable housing** and create opportunities for people to **thrive** so that everyone has a **safe place to call home**.

That's why this **State of Homelessness** report is so important—to name the issues, celebrate successes, and use data as a key for finding solutions. While we have always used data in our work, one of the growing areas of the Coalition is to become a strong **collaborative hub** for the diverse sources of data in our community. We intend to publish this report and others like it annually for the purpose of better advocacy and to fuel innovative solutions.

This report represents **countless hours** of research, analysis, writing, and meetings. **Thank you to all** who contributed, particularly the team who wrote and organized the report. Your diligent efforts are not only appreciated but **critical** to advancing our mission.

Our founding 30 years ago was rooted in **collaborating**. That past remains our **present** and our **FUTURE!** Together we **change** systems. Together we create **pathways** to house people! The key word is **together**.

Join us in our bold mission and goals.

In partnership,



Cody J. Schuler
Executive Director





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

- Who are our neighbors experiencing homelessness in our community?
- What are the needs of those experiencing homelessness in our community?
- What are we doing as a community to address homelessness?
- What is next for our community?

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

WHO ARE OUR NEIGHBORS EXPERIENCING HOMELESSNESS IN OUR COMMUNITY?

ESTIMATES OF INDIVIDUALS EXPERIENCING HOMELESSNESS

To estimate the number of homeless individuals in our community on any given night, we need to look at those currently sheltered in emergency shelter and transitional housing programs, as well as the estimates of those staying in a place that is not a regular or permanent place to stay, such as outdoors, in a car or vacant building, a place of business or those currently 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 programs are able to 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?”.

	Cass County, ND	Clay County, MN	Both
Shelter Bed	224	94	318
Transitional Housing	88	62	150
Rapid Re-Housing	11	24	35
Permanent Supportive Housing	382	361	743
Other Permanent Housing	10	0	10
Total	715	541	1,256

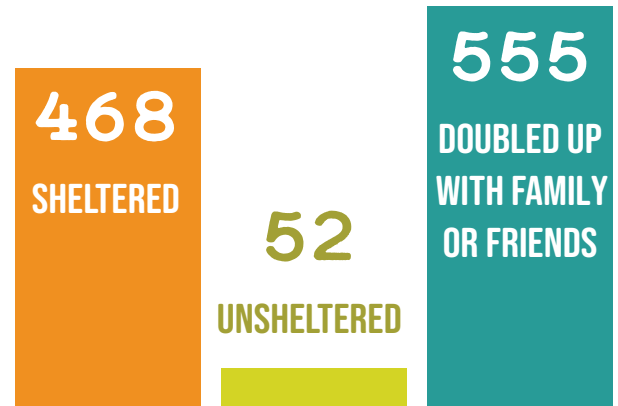
With this current inventory we see on any given night there are 312 individuals in Cass County, ND, and 156 individuals in Clay County, MN, who are experiencing homeless in a sheltered location (either in emergency shelter or in a transitional housing program).

We can estimate, through the Fargo-Moorhead Everyone Counts Survey (Everyone Counts Survey), there are a total of 52 individuals staying in a place that is not a regular or permanent place to stay, such as outdoors, in a car or vacant building, or in a place of business.

Estimating those currently doubled up is much more difficult, as those individuals are often the most unseen. Through the Everyone Counts Survey, 11 individuals were identified as currently doubled up with a friend or family member on a temporary basis because they have nowhere else to go. However, we believe that is a significant under representation of those who are doubled up.

As of May 2019, 581 students were identified as homeless in our metro school districts. At this same point there were 37 school aged children staying at the two emergency shelters that serve families. The remaining 544 students identified as homeless are most likely to be doubled up.

Pulling this all together, on any given night, there are 1,075 individuals estimated to be experiencing homelessness in the FM Metro.



DEMOGRAPHICS OF INDIVIDUALS AND HOUSEHOLDS EXPERIENCING HOMELESSNESS

According to data available in the Homeless Management Information System (HMIS), in 2018, 3,283 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 62% of those who received services being between the ages of 18 and 54. Additionally, of those served, 24% were children under the age of 18 and 14% were older adults ages 55 and above.

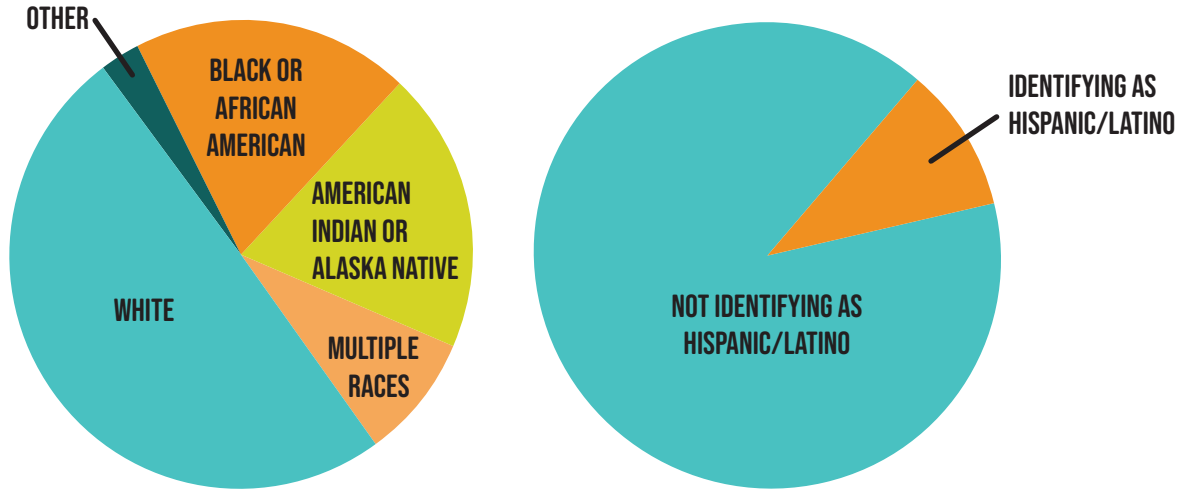
	Total	Percent of Total
Under 5	297	9%
Age 5-12	335	10%
Age 13-17	168	5%
Age 18-24	348	11%
Age 25-34	629	19%
Age 35-44	521	16%
Age 45-54	515	16%
Age 55-61	311	9%
Age 62 and above	156	5%
Client Doesn't Know/ Client Refused	0	0%
Data Not Collected	3	0%
Total Persons	3,283	

When looking at gender along with age, male adults make up the majority of the homeless population at 49%. Overall, 62% of the total homeless population identify as male, with 38% as female. Additionally, 8 individuals identify as Trans Female (Male to Female), 2 individuals identify as Trans Male (Female to Male), and 5 individuals identify as Gender Non-conforming.

	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	1,615	850	7	2	3	2	1
Percent of Total	49%	26%	0%	0%	0%	0%	0%
Children	412	383	1	0	2	1	1
Percent of Total	13%	12%	0%	0%	0%	0%	0%
Unknown Age	1	1	0	0	0	0	1
Total by Gender	2,028	1,234	8	2	5	3	3
Percent of Total	62%	38%	0%	0%	0%	0%	0%

Only half of individuals who received homeless services identified their race as White, showing a significant racial disparity which exists among the homeless population compared to the general population in the FM Metro. As of 2017, US Census American Community Survey (ACS) estimates show 89% of the total population identify as White alone. With 19% of the homeless population identifying as Black or African American and 19.5% identifying as American Indian, we can see significant racial disparities as these populations are over represented compared to the general population. The US Census estimates show only 4% of the general population identify as Black or African American alone and 1% as American Indian and Alaska Native alone ([Census Estimates](#)).

	Total	Percent of Total
White	1,638	50%
Black or African American	634	19%
Asian	14	0%
American Indian or Alaska Native	640	19.50%
Native Hawaiian or Other Pacific Islander	27	1%
Multiple races	280	8.50%
Client Doesn't Know/Client Refused	27	1%
Data Not Collected	23	1%
Total Persons	3,283	



Additionally, 10% 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% ([Census Estimates](#)).

	Total	Percent of Total
Non-Hispanic/Non-Latino	2,895	88%
Hispanic/Latino	327	10%
Client Doesn't Know/Client Refused	28	1%
Data Not Collected	33	1%
Total Persons	3,283	

The 3,283 individuals served throughout 2018, make up a total of 2,281 separate households. A vast majority (84.5%) of the households do not include children.

HOUSEHOLD TYPE	Total	Percent of Total
Singles: Adults without children	1,925	84.50%
Families: Adults with children	322	14%
Youth: Youth only, no adults, with or without their own children	33	1.50%
Unknown Household Type	1	0%
Total Households	2,281	

CHRONICALLY HOMELESS

Both data from the Everyone Counts Survey and HMIS show roughly 30% of all individuals who are experiencing homelessness are considered chronically homeless. Individuals who are considered chronically homeless are typically more vulnerable and have significantly higher barriers, meaning they require more supportive services and longer-term support to be successful in ending their continued homelessness 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, 29% (658) of individuals served in 2018 were considered chronically homeless. They make up 25% of all the households served. We must acknowledge that 30% of individuals served throughout 2018 did not have data collected on this classification, and thus results may differ if we had access to this information.

Similar to the overall homeless population, a majority of the chronically homeless individuals are working age adults. Of the individuals who are considered chronically homeless, 68% are between the ages of 18 and 54, with only 11% under 18. Aging adults are classified as chronically homeless at a higher rate compared to the general homeless population, with 21% of the chronically homeless population age 55 or older.

	Total	Percent of Total
Age 0-17	73	11%
Age 18-24	42	6%
Age 25-34	123	19%
Age 35-44	129	20%
Age 45-54	154	23%
Age 55-61	90	14%
Age 62 and above	47	7%
Client Doesn't Know/Client Refused	0	0%
Data Not Collected	0	0%
Total Persons	658	

Similar to the general homeless population, majority (66%) of the chronically homeless identify as male, followed by 34% identified as female and only one individual who is considered chronically homeless identified as Trans Female (Male to Female).

	Total	Percent of Total
Male	434	66%
Female	223	34%
Trans Female (Male to Female)	1	0%
Trans Male (Female to Male)	0	0%
Gender Nonconforming	0	0%
Client Doesn't Know/Client Refused	0	0%
Data Not Collected	0	0%
Total Persons	658	

HEALTH CONDITIONS & CO-OCCURRING CONDITIONS

Physical health, mental health, and substance abuse are significant concerns among the people experiencing homelessness in our community. Almost half (46%) of the people experiencing homelessness, who responded as a part of the Everyone Counts Survey, reported having one form of disability (either a serious mental, physical, or other condition that limits their daily activities or the amount of work they can do).

About half of respondents (49%) reported having at least one chronic health condition (i.e., asthma, tuberculosis, high blood pressure, other chronic heart or circulatory problems, diabetes, cancer, or severe chronic pain). The most frequent chronic health conditions mentioned in the survey responses were high blood pressure (32%) and severe chronic pain (24%). Additionally, one-third of respondents (34%) reported evidence of traumatic brain injury.

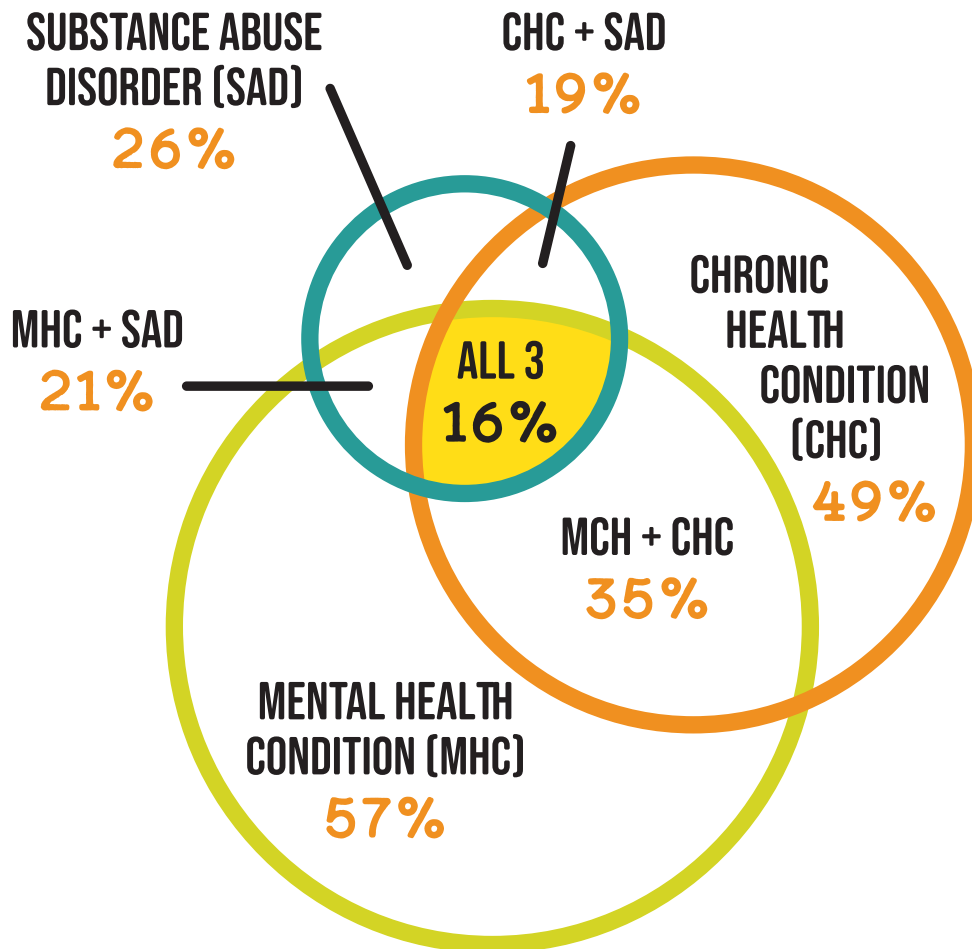
More than half of respondents (57%) reported having at least one diagnosis of a mental health condition (i.e., schizophrenia, bipolar disorder, major depression, obsessive-compulsive disorder, post-traumatic stress disorder (PTSD), or anxiety or panic disorder). The most frequent mental health conditions mentioned by survey respondents include anxiety disorders (45%), major depression (39%), and PTSD (31%).

MORE THAN HALF OF RESPONDENTS (57%) REPORTED HAVING AT LEAST ONE DIAGNOSIS OF A MENTAL HEALTH CONDITION.

One-fourth of respondents (26%) have been diagnosed with at least one substance abuse disorder. More specifically, 24% have been diagnosed with an alcohol abuse disorder and 12% with a drug abuse disorder. Furthermore, 37% of respondents consider themselves an alcoholic or chemically dependent, 43% have been treated in an outpatient alcohol or drug treatment pro-

gram, and 21% have been admitted to a detox center in the past 12 months.

Often individuals experiencing homelessness are also experiencing co-occurring conditions. When looking at those who reported being diagnosed with chronic health condition, serious mental illness, or substance abuse disorder, 43% of respondents have more than one of these conditions and 16% report all three.



This significantly increases when looking specifically at respondents who are considered chronically homeless. More than two thirds (69%) of the individuals who are chronically homeless reported at least two of these conditions (chronic health conditions, mental health conditions, or substance abuse disorders). Almost one-third (29%) reported having all three conditions.

PRIOR EXPERIENCES

According to data collected in HMIS, of the 3,283 individuals served, 2,517 individuals entered programming or began receiving services in 2018. Almost a fourth (23%) of these new entries had a history of domestic violence. We must acknowledge 28% of individuals who entered services throughout 2018 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, 38% identified fleeing domestic violence as the reason for their current homeless situation.

	Total	Percent of Total
Fleeing Domestic Violence	220	38%
Not Fleeing Domestic Violence	311	53%
Client Doesn't Know/Client Refused	4	1%
Data Not Collected	47	8%
Total Households	582	

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

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

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

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

PRIOR LIVING ARRANGEMENTS

In HMIS, shelter and supportive housing programs in the FM Metro collect information regarding prior living arrangements to program entry for individuals who entered services throughout 2018. Almost half (45%) of households stated they were staying at a shelter, transitional housing, or place not meant for human habitation. Another 9% of households are coming from institutional settings, including psychiatric hospital/facility, substance abuse facility, hospital, jail, prison, long term care facility, or halfway house. Lastly, 39% identified staying in their own apartment or home or with a friend/family member. 7% of respondents did not know/refused the question or the data was not collected.

EDUCATION AND EMPLOYMENT

As part of the Everyone Counts Survey, 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.


	Total	Percent of Total
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.

Roughly a third (30%) of respondents were currently employed. On average, these individuals reported working 24 hours per week. In the past 6 months, 23 individuals had been laid off, terminated, or had their job eliminated. Of these individuals none have been collecting unemployment benefits in this timeframe. Four individuals had stated they have never worked in their life. Additionally, over half (53%) of respondents who were unemployed were currently looking for work.

Overall many respondents identified they had some level of income or financial support. However, on average the monthly total was only \$530, which equates to \$6,360 annually. The [2018 Federal Poverty Guideline](#) for a single individual is set at \$12,140, almost double respondents' average annual income.

Additional data on changes to income of homeless clients is available in the Outcome Report section towards the end of this report.



ALMOST HALF (46%) OF THE PEOPLE EXPERIENCING HOMELESSNESS, WHO RESPONDED AS A PART OF THE EVERYONE COUNTS SURVEY, REPORTED HAVING ONE FORM OF DISABILITY (EITHER A SERIOUS MENTAL, PHYSICAL, OR OTHER CONDITION THAT LIMITS THEIR DAILY ACTIVITIES OR THE AMOUNT OF WORK THEY CAN DO).

BARRIERS TO SUSTAINABILITY

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

The top reasons why people are currently experiencing homelessness, from respondents as a part of the Everyone Counts Survey, 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 take into account the current barriers these individuals are facing to 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.

As detailed in the previous section, about a third (30%) of the Everyone Counts Survey respondents were currently employed. Those who were not employed identified physical and mental health, transportation, child care, and criminal background as the common barriers to employment. When asked about transportation, almost two-thirds (63%) of respondents stated their typical mode of transportation was to walk, wheelchair, or bike.

SUPPORTIVE SERVICES AND STATE AND FEDERAL ASSISTANCE

During the month the Everyone Counts Survey was conducted, a third (33%) of respondents expected income from steady or temporary employment; 17% from another Social Security program like Disability Insurance; 15% from Social Security; and 14% from both from both general assistance and asking for money on the street.

Over two-thirds (69%) of respondents receive public medical benefits like Medicaid or Medical Assistance, 57% receive Supplemental Nutrition Assistance Program (SNAP), and 23% receive Supplemental Security Income for either themselves or a child.

Specifically, for the month the survey was conducted, respondents were asked about the services and benefits they utilized. Over two-thirds (68%) utilized a free hot meals program, 51% utilized SNAP, and 49% free or almost free clothing shelves. All services included in this survey were:

- Free hot meals 68%
- Food Stamps or SNAP 51%
- Free or almost free clothing shelves, like Goodwill 49%
- Medical or dental services 42%
- Food shelves 37%
- Transportation assistance, including free bus tokens or a bus card 35%
- Drop-in centers or opportunity centers where several services are all located in one place 30%
- Emergency room 26%
- Outreach services (street worker providing you with help or checking to see if you are OK) 21%
- Mental health services 21%
- Help getting financial or other public benefits 21%
- Help to find a job 13%
- Help getting an ID 12%
- Free voicemail services or free cellphone services 9%
- WIC (Women, Infant & Children Food Program) 6%

Following the question on usage, respondents were asked which services helped the most. Of the top three utilized (free hot meals, SNAP, and free or almost free clothing shelves), Free Hot Meals is seen as the most beneficial with 41% of respondents saying it helped the most, followed by SNAP with 36%.

PUBLIC HOUSING ASSISTANCE

Local Housing Authorities remain an important partner in preventing and ending homelessness. The Housing Authorities in Cass County, ND, and Clay County, MN, include Clay County HRA, Moorhead Public Housing Agency, Cass County Housing Authority, and City of Fargo HRA.

These agencies serve low-income households of various sizes, many of whom are at high-risk of homelessness or transitioned out of homeless. Most agencies have homelessness preferences in their public housing and/or Housing Choice Voucher policy. The City of Fargo HRA and Clay County HRA both manage federally funded rental assistance programs, including Section 8, for people exiting homelessness. Cass County Housing Authority has partnered with the YWCA Cass Clay in Grace Gardens on 30 project based vouchers.

Federal housing programs are not fully funded and operate at reduced proration levels. Full funding is needed to operate programs for public housing and voucher families who rely on their local housing authority to administer these important programs. Adequate funding is also needed to address capital needs backlogs and preserve existing affordable housing stock.

As part of the Everyone Counts Survey, 117 individuals responded they were currently on a waiting list for Section 8, with an average of 11 months on the list. Section 8 is the Rental Assistance program funded and regulated by the United States Department of Housing and Urban Develop-

ment (HUD).

State and local support can play an important role in bolstering agency capacity to serve the community. Clay County HRA and Moorhead Public Housing Agency operate state funded rental assistance and supportive housing programs targeting homeless populations. Clay County HRA operates Homeless to Housed, Homework Starts at Home and a Housing Supports program. Moorhead Public Housing Agency operates the Bridges rental assistance program for people with serious mental illness who are waiting for a Housing Choice Voucher. Moorhead Public Housing Agency was also recently awarded funding to renovate elevators through the state funded Publicly Owned Housing Program.

NEEDS ASSESSMENT

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

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

CLAY COUNTY, MN

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

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

The provider survey was sent out via Survey Monkey to the Housing Advisory Committee made up of homeless service providers, FM Coalition to End Homelessness, and various community partners. For prevention and homeless assistance, providers felt housing search assistance, landlord/tenant relationships, and financial assistance were most important. For families, providers felt the biggest barriers to housing stability were domestic violence, affordable child care, and lack of affordable housing. For singles, providers felt criminal history, substance use, and lack of affordable housing were the biggest contributors to housing instability. Lastly, providers felt youth most often face barriers with little or no rental history, lack of affordable housing options, and employment.

Additionally, a survey was administered via phone for past clients served by Family Homeless Prevention and Assistance Program (FHPAP) at CAPLP in September of 2018. 100% of responses indicated the FHPAP assistance and case management 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 (96%). A third (33%) of people indicated case management was also beneficial (respondents could check all that applied).

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

In an effort to gain a deeper understanding of the needs of people who have or are currently experiencing a housing crisis, CAPLP staff conducted two focus groups in January of 2019. The first was with 8 individuals at Churches United for the Homeless, a shelter for families in Moorhead, MN. Respondents were of varying races and ages consistent with shelter population and households served in FHPAP. The top three areas identified as concerns were finding housing, employment, and transportation. Many stated they had barriers on their background that were keeping them from finding housing and employment. They shared additional case managers to support people with these barriers would be helpful. An additional focus group was held with clients who are currently housed on CAPLP programs in Clay County, MN. The commonly identified needs by this group included affordable housing options, living-wage jobs, and transportation options to get to important appointments such as apartment viewings or jobs. Services respondents felt were working well included Supplemental Nutrition Assistance Program (SNAP), Minnesota Family Investment Program (MFIP), housing search assistance, landlord mediation with their case manager, and general case management services.

THE TOP THREE AREAS IDENTIFIED AS CONCERNS WERE FINDING HOUSING, EMPLOYMENT, AND TRANSPORTATION

CASS COUNTY, ND

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

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

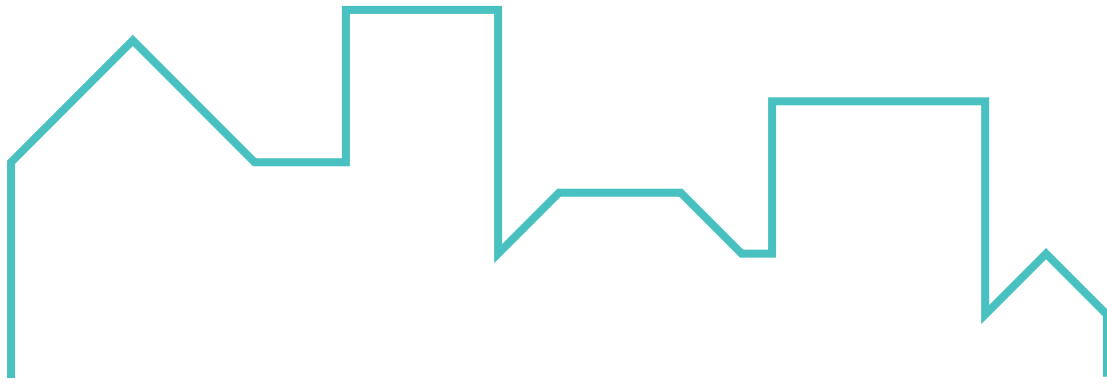
able housing, and sufficient income.

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

42% REPORTED THE PRIMARY CAUSE TO THEIR CURRENT HOUSING CRISIS WAS THAT THEY COULD NOT AFFORD RENT.

Thirty-nine providers responded to a survey about resources needed to prevent homelessness. Providers reported short-term financial assistance, case management, landlord/tenant relationships, housing search assistance, and transportation assistance were the most important in ending and preventing homelessness. For families, providers felt the biggest barriers to housing stability were lack of affordable housing options, affordable child care,

and poor credit. For singles, providers felt mental health, lack of affordable housing options, and criminal history were the biggest contributors to housing instability. Lastly, providers felt youth most often face barriers with poor or limited rental history, life skills/financial fitness, and lack of affordable housing options.



WHAT ARE WE DOING AS A COMMUNITY TO ADDRESS HOMELESSNESS?

CARES: OUR HOMELESS RESPONSE SYSTEM

The Coordinated Access, Referral, Entry, & Stabilization (CARES) System is the name of our regional homeless response system operated collaboratively between the ND CoC, West Central MN CoC, FM Coalition to End Homelessness, and White Earth Nation.

“Coordinated entry is an important process through which people experiencing or at risk of experiencing homelessness can access the crisis response system in a streamlined way, have their strengths and needs quickly assessed, and quickly connect to appropriate, tailored housing and mainstream services within the community or designated region . . . When possible, the assessment provides the ability for households to gain access to the best options to address their needs, incorporating participants’ choice, rather than being evaluated for a single program within the system. The most intensive interventions are prioritized for those with the highest needs.” - [Opening Doors](#), the United States Interagency Council on Homelessness’s (USICH) plan to end homelessness, 2015

The CARES System starts when a person seeks crisis services, first attempting to prevent homelessness when possible through connection with mainstream and prevention resources. If homelessness cannot be prevented, persons are prioritized for emergency shelter and supportive housing programs based on vulnerability, client choice, and program openings and eligibility. The most vulnerable households are assisted with navigation services. Those offered supportive housing are assisted with identifying and working on goals to obtaining and retaining stable housing.

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 these types of homeless services.

Cass County, ND, Project Type	Federal Funding (ESG, CoC, etc.)	State Funding	Local Funding	Totals	2018 Total Beds/Slots
Shelter Bed	\$199,712	\$0	\$276,000	\$475,712	224
Transitional Housing	\$300,000	\$0	\$40,000	\$340,000	88
Rapid Re-Housing	\$56,120	\$20,393	\$266,875	\$343,388	11
Permanent Supportive Housing	\$543,237	\$0	\$18,750	\$561,987	392
Street Outreach	\$40,000	\$0	\$25,000	\$65,000	NA
Homeless Supportive Ser- vices (including Prevention)	\$12,200	\$17,307	\$0	\$29,507	NA
Total	\$1,151,269	\$37,700	\$626,625	\$1,815,594	715

Clay County, MN Project Type	Federal Funding (ESG, CoC, etc.)	State Funding	Local Funding	Totals	2018 Total Beds/Slots
Shelter Bed	\$105,000	\$205,000	\$130,491	\$440,491	94
Transitional Housing	\$0	\$372,000	\$0	\$372,000	62
Rapid Re-Housing	\$0	\$723,787	\$0	\$723,787	24
Permanent Supportive Housing	\$759,785	\$535,836	\$72,500	\$1,368,121	361
Street Outreach	\$0	\$253,805	\$0	\$253,805	NA
Homeless Supportive Services	\$0	\$287,616	\$0	\$287,616	NA
Total	\$864,785	\$2,378,044	\$202,991	\$3,445,820	541

Definitions for each type of program type:

SHELTER

- Offers temporary shelter (lodging) for homeless households.

TRANSITIONAL HOUSING (TH):

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

RAPID REHOUSING (RRH):

- Provides short-term to medium-term assistance (up to 24 months).
- Lease between households and landlord.

- Household's able to select their unit.
- Providers can restrict max length of financial assistance but not length of time in unit.
- Support Services must be offered during entire participation in RRH.

PERMANENT SUPPORTIVE HOUSING (PSH):

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

OTHER PERMANENT HOUSING (PH)

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

Over a year ago, homeless prevention partners began working closely to develop a community homelessness prevention strategy to help faith-based and non-profit agencies direct efforts in a coordinated way. This key collaboration is called the Homeless Prevention Project and was developed between SENDCAA, CAPLP, The Salvation Army, and Presentation Partners in Housing. The goal of the collaboration is to create a client-centered streamlined process which ensures equal access for prevention services as a part of coordinated entry to prevent and end homelessness.

Households submit a pre-application and are prioritized based on vulnerability. Cases are then distributed to all partner agencies based on vulnerability and program eligibility criteria. This system is greatly reducing barriers for households in crisis. The project has eliminated the duplication of homeless prevention services in the FM Metro.

Throughout 2018, 3,997 homeless prevention assistance applications were screened in the FM Metro.

	Cass County, ND	Clay County, MN	Totals	
Applications screened	2,646	1,351	3,997	
Received assistance	485	430	915	23%
Denials	2,161	921	3,082	77%

Below are the reasons applications were denied. Overwhelmingly, the reason most were declined (76%) was due to resources not being available.

Reasons Applications were Denied	Cass County, ND	Clay County, MN	Totals	
Resources were not available	1,722	621	2,343	76%
Did not have an emergency, had already been helped, or did not reply when contacted	134	98	232	8%
No call/No show	100	45	145	5%
Did not meet program eligibility criteria	47	57	104	3%
Did not follow through after an appointment	11	0	11	0%
Already evicted	4	0	4	0%
Self-resolved issue	25	27	52	2%
Declined assistance	1	0	1	0%
Applicants applied more than once	117	73	190	6%
Total Denials	2,161	921	3,082	

SHELTER ENTRY

In 2018, 1,752 individuals and 405 families inquired about seeking shelter at one of the FM Metro's emergency shelters. This is tracked through the Shelter Entry List, which is a list shared by all the shelters in the FM Metro designed to get the most vulnerable people experiencing homelessness a shelter bed when space becomes 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 were 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. This is no longer the case, and those who can are encouraged to use other resources to prevent them entering into the shelter system all together.

Of those seeking shelter, 681 individuals and 185 families were able to receive services and a shelter bed. As of the last two weeks in 2018, there were 90 individuals and 9 families still seeking a shelter bed. The other 981 individuals and 211 families had dropped off the Shelter Bed List either because shelter staff were unable to contact them or they were no longer in need of a shelter bed.

	Single Men	Single Women	Families	Total
Sheltered	520	161	185	866
Seeking shelter from 12/17/18 to 12/31/18	69	21	9	99
Did not enter shelter	631	350	211	1,192
Total Households	1,220	532	405	2,157

COORDINATED ASSESSMENT

Households who present as homeless are assessed for appropriate homeless interventions to assist with their current crises. The tool used to assist with assessing those who are homeless is the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT). A VI-SPDAT is a survey administered to individuals who meet United States Department of Housing and Urban Development's (HUD) definition of homeless. Under the HUD definition a person is homeless if they are living in a place not meant for habitation, in an emergency shelter, in transitional housing, or exiting an institution where they currently reside. Individuals can also complete a VI-SPDAT if they are not homeless but are fleeing domestic violence. The VI-SPDAT is used to determine risk and assist with the prioritization of services for individuals who are experiencing homelessness. There is also specific VI-SDPAT 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 those who have been assessed in Cass County, ND, and Clay County, MN, as of the end of 2018.

	Cass County, ND	Clay County, MN	Totals
Singles: Adults without Children	390	315	705
Youth Singles: Age 18-24 without Children	40	25	65
Families: Adults with Children	46	100	146
Youth Families: Youth with Children	9	17	26
Totals	485	457	942

This data was collected in HMIS, and both North Dakota and Minnesota have a coordinated assessment report which collect these assessment referrals. Due to protection regulation, domestic violence providers are unable to use HMIS, thus this data does not reflect any assessment done at the YWCA Cass Clay for 2018 as they are the FM Metro's domestic violence provider.

There are slightly more singles in Cass County, ND, than in Clay County, MN. This may be due to the two largest shelters for single men being located in Fargo. Conversely, there are more families 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 families are more likely to be these situations, it is possible this is why there are more families in Clay County, MN. North Dakota does not have programs for doubled up households; therefore these individuals are not assessed in North Dakota.

Below is the breakdown of the Priority List as of the end of 2018 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. Households who were assessed as needing TH/RRH (Transitional Housing or Rapid Rehousing programs) would best be assisted with a program that offers more temporary assistance including

rental assistance and case management for around 3–6 months, up to maximum of 2 years. The housing assessment also determines if a household would be more appropriate for mainstream services to assist with their housing crisis rather than a housing intervention program. These households would be referred to SNAP, MFIP, Section 8 or other programs not designated for individuals experiencing homeless exclusively.

Cass County, ND Breakdown	Adult Head of Household	Youth Head of Household	Total
PSH Single	200	24	224
PSH Family	28	6	34
TH/RRH Single	222	16	238
TH/RRH Family	17	3	20

Clay County, MN Breakdown	Adult Head of Household	Youth Head of Household	Total
PSH Single	172	10	182
PSH Family	70	11	81
TH/RRH Single	139	15	154
TH/RRH Family	30	6	36

COORDINATED ENTRY

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

The Systems Specialist started receiving referral requests in March of 2018. There were 60 program requests to the end of 2018.

OUTCOME REPORTS

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

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

1. Length of time homeless
2. Number of persons returning to homelessness once housed
3. Number of total homeless
4. Change in income
5. Number of new persons entering homelessness
6. Number of persons retaining permanent housing or exiting to permanent housing

NORTH DAKOTA COC PERFORMANCE MEASURES

Measures	2015 Baseline Performance	2016 Performance	2017 Performance	2018 Performance
1. Length of time homeless	205 days ES	350 days ES	405 days ES	436 days ES
	192 days ES + TH	360 days ES + TH	339 days ES + TH	399 days ES + TH
2. Number of persons returning to homelessness once housed	11% in PH in 2 years	23% in PH in 2 years	5% in PH in 2 years	4% in PH in 2 years
	18% Total in 2 years	18% Total in 2 years	5% Total in 2 years	5% Total in 2 years
3. Number of total homeless	3650 HMIS	3477 HMIS	3057 HMIS	3274 HMIS
	1305 PIT	923 PIT	1089 PIT	542 PIT
4. Change in income	18% Stayers	20% Stayers	23% Stayers	40% Stayers
	25% Leavers	25% Leavers	37% Leavers	26% Leavers
5. Number of new persons entering homelessness	2790	2184	2059	2021
6. Number of persons retaining permanent housing or exiting to permanent housing	32% All	32% All	29% All	36% All
	87% PH	88% PH	89% PH	92% PH

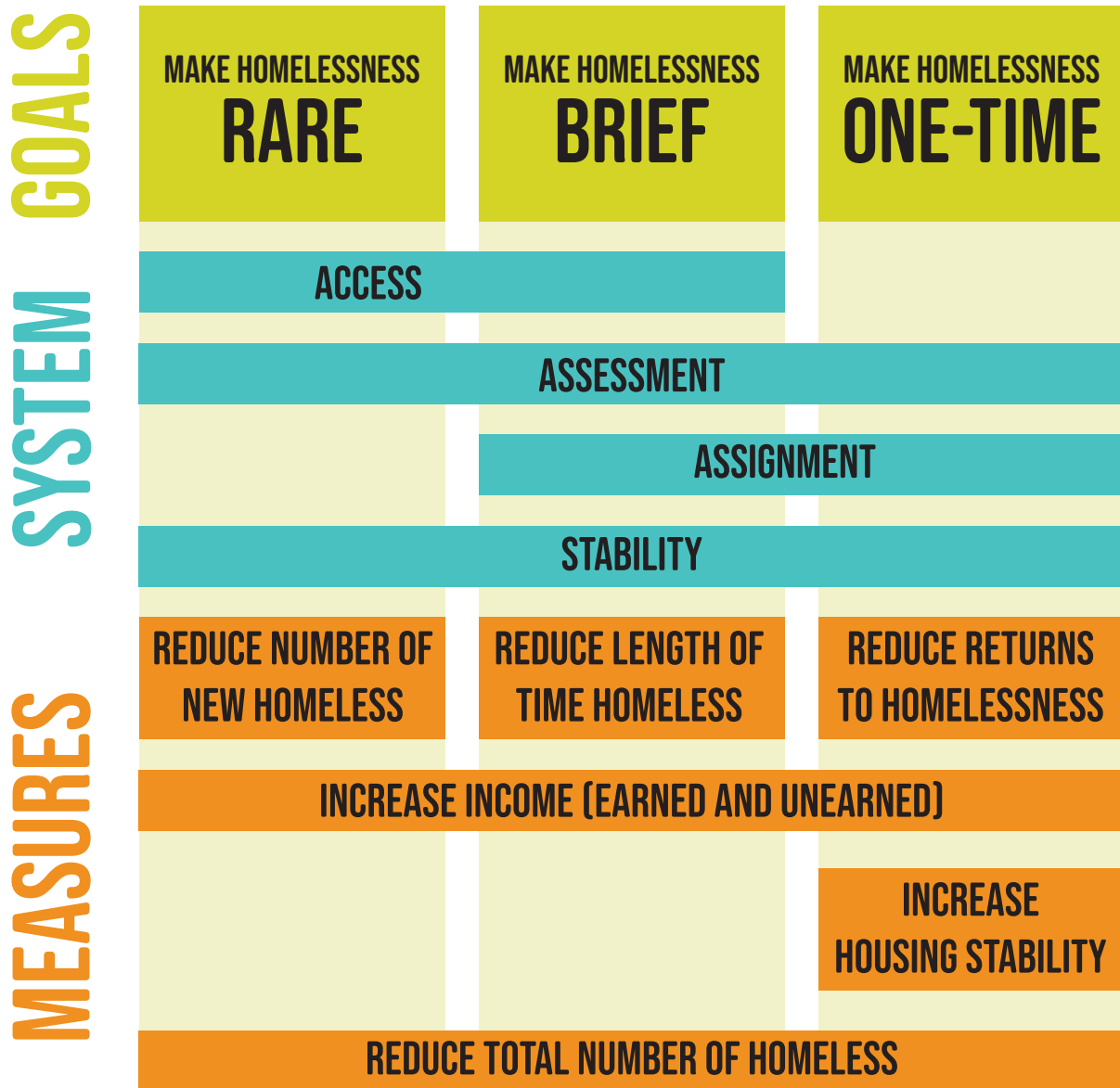


WEST CENTRAL MINNESOTA COC PERFORMANCE MEASURES

Measures	2015 Baseline Performance	2016 Performance	2017 Performance	2018 Performance
1. Length of time homeless	36 days ES	36 days ES	34 days ES	44 days ES
	72 days ES + TH	78 days ES + TH	83 days ES + TH	112 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
	6% Total in 2 years	6% Total in 2 years	8% Total in 2 years	8% Total in 2 years
3. Number of total homeless	1220 HMIS	1215 HMIS	1047 HMIS	938 HMIS
	242 PIT	211 PIT	215 PIT	246 PIT
4. Change in income	35% Stayers	41% Stayers	40% Stayers	45% Stayers
	50% Leavers	42% Leavers	47% Leavers	50% Leavers
5. Number of new persons entering homelessness	881	1081	927	824
6. Number of persons retaining permanent housing or exiting to permanent housing	54% All	53% All	43% All	40% All
	91% PH	91% PH	94% PH	92% PH

*Stayers are individuals who remain in programming into the following year and leavers are individuals who have exited programming during the specific year.

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.



CASE STUDY

PRESENTATION PARTNERS IN HOUSING: HOUSING NAVIGATION COST SAVING FROM REDUCED USE OF COSTLY COMMUNITY SERVICES PRE- AND POST-HOUSING

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

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

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

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

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

In 2018, 36 active Housing Navigation Program participants were able to attain housing, with 88% stably housed for at least 6 months. Again, there were 20 participants who had been enrolled in

the program for at least 12 months and had sufficient data to compare their pre- and post-housing usage of costly community services. These participants reduced the usage of these costly services for an estimated cost savings to the community of **\$317,808**.

Over the past two years of this program, there has been a combined cost savings estimated at **\$579,513** for our local community! The FM Coalition to End Homelessness has set a goal to find an efficient and accurate way to measure this type of cost savings estimate on a broader scale to include more service providers and individuals experiencing homelessness.



WHAT IS NEXT FOR OUR COMMUNITY?

This is the first report of its kind produced by the FM Coalition to End Homelessness (the Coalition) for the FM Metro. The goal of this document is not only to provide information on the state of homelessness in our multi-city area but also to set the stage for ongoing reporting into the future. Coalition partners know that making homelessness rare, brief, and one-time for our community is achievable. A key part of making it happen is data. Through quality data collection, analysis, and reporting:

- Successful programs and methods can be measured.
- Resources can be directed and used more effectively.
- Gaps and barriers in services can be identified and addressed.
- The public can better engage and understand homelessness.
- Progress can be monitored.

The Coalition intends to build on this report and produce similar reports annually, based on the ongoing and improving data collection in our community. Data fuels innovative solutions and equips leaders to better planning and implementation.

After Fargo's Ten Year Plan came to a formal conclusion in 2016, the Coalition began seeking next steps, resulting in a commitment to forming and leading community-wide and regional strategies. This includes but is not limited to:

- A stronger emphasis on and support for CARES, our cross-border homeless response system
- Creating a strategy task force for local planning
- Expanding the Coalition's training and education program
- Renewed and broader Coalition partner and community engagement in planning and implementation

Together with the support of our community, we can align 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: SOURCES

MAIN DATA SOURCES

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.

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

Shelter Entry List, a 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, 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-SPDAT) to await a housing program opening.

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

ADDITIONAL SOURCES OF REFERENCE

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APPENDIX 2: TERMS & ABBREVIATIONS

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 – those who answered Yes to the survey question:

- Are you currently staying in a shelter or transitional housing program or about to be evicted from your housing and have nowhere else to go?

UNSHeltered – those who answered Yes to the survey question:

- Are you currently staying in a place that is not a regular or permanent place to stay, such as outdoors, in a car or vacant building, a place of business, or a place that you received a voucher for?

DOUBLED UP – those who answered Yes to the survey question:

- Are you currently doubled up with a friend or family member on a temporary basis because you have nowhere else to go?

CHRONICALLY HOMELESS were considered those who satisfied the following conditions:

- Homeless sheltered or unsheltered; and
- 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 CARES (CoCs) are designed to promote communitywide commitment to the goal of ending homelessness; provide funding for efforts by non-profit providers and state and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effect utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness.

PEOPLE WITH CHRONIC HEALTH CONDITIONS (CHC) were considered those who had any of the following illnesses in the last 12 months: asthma; tuberculosis or other chronic lung or respiratory problem; high blood pressure; other chronic heart or circulatory problems such as anemia or heart disease; diabetes; cancer; or severe chronic pain.

PEOPLE WITH MENTAL HEALTH CONDITIONS (MH) were considered those who reported being told by a doctor or nurse during the past two years as having one of the following conditions: schizophrenia or other paranoid or delusional disorder; bipolar disorder, manic episodes, or manic depression; major depression or clinical depression; obsessive-compulsive personality or any other severe social or personality disorder; post-traumatic stress disorder (PTSD); or anxiety disorder or panic disorder.

PEOPLE WITH SUBSTANCE ABUSE DISORDER (SA) were considered those who reported being told by a doctor or nurse during the past two years as having one of the following conditions: alcohol abuse disorder or drug abuse disorder.

EVIDENCE OF TRAUMATIC BRAIN INJURY (TBI) includes any respondent who reported being hit on the head so hard they were knocked unconscious or saw stars and who subsequently began to have problems with headaches, concentration or memory, understanding, excessive worry, sleeping, or getting along with people.

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 REHOUSING (RRH):

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

PERMANENT SUPPORTIVE HOUSING (PSH):

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

OTHER PERMANENT HOUSING (PH)

- Long-term housing not otherwise considered PSH or RRH.
- PH Housing with Services provides long-term housing and supportive services for homeless persons, but do 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: CASS COUNTY, ND, VI-SPDAT REPORT

A copy of all Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) assessments that had been completed in 2018 in Cass County, ND, were obtained for this report. Below is a comprehensive analysis of the data available from these completed assessments, broken down by type: VI-SPDAT (for single adults), VI-FSPDAT (for families), and TAY VI-SPDAT (transitional aged youth).

423 VI-SPDATs were completed with single adults, 37 VI-FSPDATs were completed for families, and 66 TAY VI-SPDATs were completed for transitional aged youth. Seven adults age 25 and 26 completed a TAY VI-SPDAT despite not meeting the age criteria and 23 transitional aged youth completed the VI-SPDAT despite meeting the age qualification for a TAY VI-SPDAT. The data from the seven adults and 23 transitional aged youth was still used in the calculation of the type of vulnerability index they completed due to the difference in a large portion of questions.

VI-SPDAT responses for each question 1 through 27 were totaled to calculate into a final score which is used to assess for the most appropriate category of services between Mainstream Resources, Transitional/Rapid Rehousing, and Permanent Supportive Housing.

SINGLE ADULTS

The largest number of single adults, 37%, would require Permanent Supportive Housing resources to obtain and maintain housing. Transitional/Rapid Rehousing resources make up the second largest portion of this population totaling 34%. Mainstream resources make up the smallest resource category for single adults experiencing homelessness, totaling 29%. There is only an 8% difference between the largest resource category and the smallest resource category. With only a difference of 36 individuals, there is no resource category that is significantly larger than the others. Future development into all three resource categories for single adults is necessary with no category taking more priority over the others.

The average age of single adults experiencing homelessness in Cass County is 44 years old. The largest portion of this population is 50-59 years old which make up 27% of the population. Single individuals aged 30-39 years old make up 24% of the population while 22% of the population consists of single adults 40-49 years old. Single adults 29 or younger make up 18% of the population and adults 60 or older total 10% of the population.

White single adults make up 56% of all single adults who are experiencing homelessness in Cass County, making this the largest racial group of single adults. The second largest racial group that makes up 24% of the population identify as American Indian or Alaska Native. Black or African American total 18% while both Native Hawaiian or Other Pacific Islander and Asian total 1% each. Data was not collected for one response. Only 5% of single adults experiencing homelessness identify their ethnicity as Hispanic or Latino.

11% of all single adults experiencing homelessness in Cass County have had to leave an apart-

ment, shelter program, or other place they were staying because of their physical health, and out of the 48 people who responded yes, 50% reported having a chronic health issue with their liver, kidney, stomach, lungs, or heart. Out of the same 48 people, 8% reported if there was space available in a program specifically for people that live with HIV or AIDS they would be interested. 40% of the 48 people who reported having to leave an apartment, shelter program, or other place they were staying because of their physical health also reported that they have a physical disability that would limit the type of housing they could access and would make it difficult to live independently. While the percentage of single adults who have had to leave shelter or housing due to physical health is lower than other portions of the population, this population is vulnerable due to their physical health.

While 47% of single individuals reported having some form of income, a large portion of this population faces financial and legal challenges in obtaining housing. With 48% of single individuals experiencing homelessness reporting they have legal issues that make it difficult to rent a place to live and 54% reporting there may be someone they may owe money to, help with debt resolution and legal assistance may help decrease this barrier to obtaining housing. More research needs to be conducted to explore the type of legal assistance needed as well as the type of assistance for money currently owed to past landlords or government agencies.

Addiction and mental health issues remain a prevalent barrier to obtaining or maintaining housing among single adults experiencing homelessness. Out of drug or alcohol use, mental health issues, past head injuries, and some form of learning or developmental disability or impairment, drug or alcohol use was the most prevalent reason that single adults were asked to leave a place they were staying. Mental health issues were the second largest reason for single adults being asked to leave the place they were staying. Drug or alcohol use co-occurred 63% of the time with mental health issues as a reason for having to leave a place the person was staying. Mental health issues also co-occurred as a reason someone had to leave a place they were staying, with a past head injury 60% of the time. It is important to further develop services for individuals who have a history of drug or alcohol abuse or mental health issues, due to the barriers these present to obtaining and maintaining stable housing. Out of all individuals who reported the use of drugs or alcohol as a reason from having to leave a place they were staying, 60% reported that drinking or drugs will also be a barrier for them to stay housed or afford housing. 21% of the population reported mental health or brain issues as being a major barrier in finding housing due to the support they need and challenges with living independently as a result of the mental health or brain issues.

Being homeless in Cass County is unsafe, and single adults experiencing homelessness face many unsafe situations as a result of being homeless. 42% of single adults reported having been beaten up or attacked since they have become homeless, and 26% have reported being forced or tricked into doing something that they did not want to do. Individuals experiencing homelessness may do things that are considered to be risky, like exchange sex for money, run drugs for someone, have unprotected sex with someone they don't know, share a needle or any other form of high risk behavior. 36% of single adults reported engaging in some type of risky behavior. Single

adults experiencing homelessness also face many health risks as a result of homelessness. 50% of single adults avoid getting help when they are feeling sick or unwell, and 36% reported not taking medications that a doctor said they should be taking.

Services for single adults who are homeless due to some form of abuse or trauma continue to be a need in Cass County. With 48% of the single adult population experiencing homelessness reporting abuse or trauma being the cause of their current period of homelessness, further development into services for this portion of the population is necessary.

FAMILIES

The largest portion of the population of families experiencing homelessness in Cass County would require Transitional/Rapid Rehousing services in order to obtain and maintain stable housing. 54% of families met the Transitional/Rapid Rehousing criteria for assistance, 32% of families require Permanent Supportive Housing to obtain and maintain stable housing, and 14% families would most likely be successful through mainstream resources.

For families experiencing homelessness in Cass County the average age of the head of household is 31 years old. The largest portion, 49%, of families experiencing homelessness have a head of household between the ages of 18 to 29, 30% are between the ages of 30 to 39, and 21% are 40 to 49 years old.

43% of families experiencing homelessness reported their races as American Indian or Alaska Native, making up largest portion of this population in Cass County. The second largest racial group reported their race as White, totaling 38%. 19% of families reported their race as Black or African American. No families reported their race as Native Hawaiian or Other Pacific Islander or Asian. 5% of families reported their ethnicity as Hispanic/Latino.

97% of all families experiencing homelessness have children in their household. Out of the 36 families with children in their household, 75% are single parent households. 83% of families with children, have children in their household aged 6 years old or younger, 14% of families have children older than 6 years old but younger than 11 years old, and 3% of families experiencing homelessness only have children older than the age of 11 years old in their household.

Abuse and trauma were the most prevalent reasons families reported for their current period of homelessness. With 65% of families reporting their current period of homelessness being caused by some form of abuse or trauma and 30% of families reporting that a child in the household has experienced abuse or trauma in the last 180 days, programs for families experiencing homelessness would benefit from the further development of resources for families who have experienced abuse or trauma.

Mental health and drug or alcohol use were also significant barriers to families maintaining housing. With 41% of families reporting mental health as a reason for losing housing or having to leave a place they were staying and 35% of families reporting alcohol or drug use being a reason for losing housing or having to leave a place they were staying, further development into mental

health and addiction supportive services for families who are rehoused would benefit this population and may increase the likelihood that the family could maintain stable housing once housed.

Families experiencing homelessness in Cass County face many risks and unsafe situations due to homelessness. 43% of families reported having had a family member attacked or beaten up since they've become homeless and 43% reported having someone in their family forced or tricked into doing something they did not want to do. 30% of families reported that when someone in their family is feeling sick or unwell they avoid seeking medical help. 38% of families have had children live with family or friends in the last 180 days due to their homelessness. 30% of families reported a child in the family experiencing abuse or trauma in the last 180 days.

TRANSITIONAL AGED YOUTH

The largest portion of transitional aged youth experiencing homelessness would most likely need Transitional/Rapid Rehousing services in order to obtain and maintain housing successfully. 52% of this population met the criteria for Transitional/Rapid Rehousing, 41% met the criteria for Permanent Supportive Housing, making up the second largest service category, and only 7% of transitional aged youth would need mainstream resources to obtain and maintain housing. More Permanent Supportive Housing and Transitional/Rapid Rehousing services should be prioritized for transitional aged youth experiencing homelessness due to the large portion of this population that would need these types of services to obtain and maintain stable housing.

The average age of transitional aged youth experiencing homelessness in Cass County is 21 years old. 44% of youth reported their race as White which makes up the largest portion of this population. The second largest racial group is American Indian or Alaska Native totaling 36%. 18% of youth reported their race as Black or African American. One youth refused to answer the question and no youth reported their race as Native Hawaiian or Other Pacific Islander or Asian. 15% of youth reported their ethnicity as Hispanic or Latino.

One of the most prevalent contributing factors to transitional aged youth's current period of homelessness was due to family and friends. Out of the 42, 64% of transitional aged youth reported family and friends were a cause to their current period of homelessness. 76% reported an abusive or unhealthy relationship and 48% reported abuse between family members as a contributing factor. Continuing to develop services for transitional aged youth who have experienced an abusive or unhealthy relationship or who have experienced abuse between family members is critical.

Drug or alcohol use and mental health also contribute to homelessness among transitional aged youth. 35% of youth have reported having to leave or having been kicked out of a place they were staying due to drug use. Mental health issues also contributed to difficulty maintaining housing or shelter for 39% of youth. Out of the youth who lost housing or shelter due to drug use, 43% had mental health issues contribute to loss of housing as well. Individuals who lost housing due to mental health issues also had either a past head injury or a learning disability, developmental disability, or other impairment as a co-occurring reason for loss of housing. Drug and alcohol use and mental health issues present as a significant barrier for transitional aged youth to obtain or

maintain housing.

Transitional aged youth face unsafe situations due to being homeless. 36% of youth reported they have been attacked or beaten up since they have become homeless and 30% reported they have been tricked or forced to do things that they did not want to do. 30% also reported participating in risky behaviors like exchanging sex for money, food, drugs, or a place to stay or having unprotected sex with someone they didn't know, sharing needles, or any other form of high risk behavior. 59% of transitional aged youth reported not seeking medical help when feeling sick or unwell.

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