

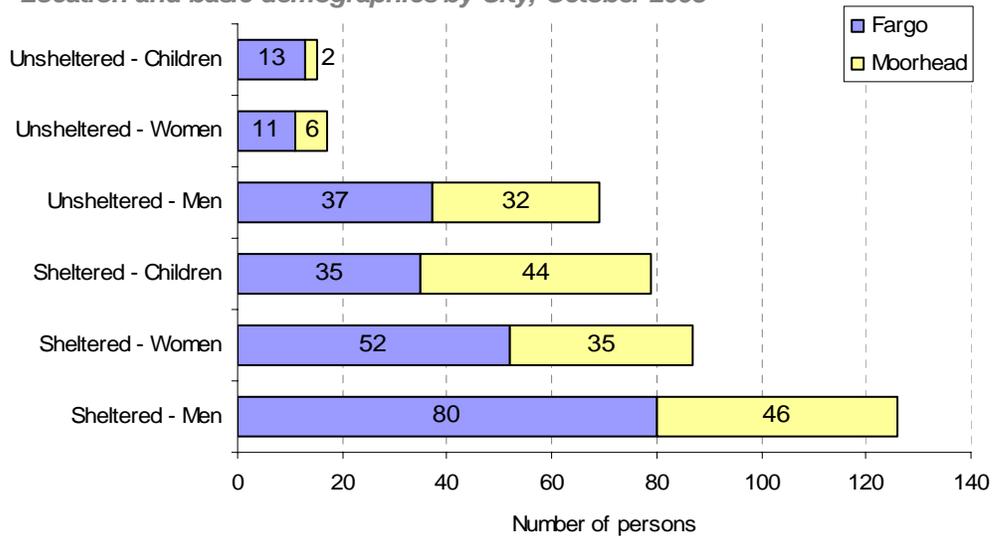
Homeless

Nature and Extent of Homelessness

The network of services for homeless individuals and families operates on a metropolitan basis. While a state line separates the communities of Fargo and Moorhead, the area's homeless population does not generally view the line as a barrier. They will travel to where necessary services are available. However, for the purpose of this report, homeless statistics and facilities are only discussed for the City of Fargo.

Fargo is home to 58 percent of homeless persons in Fargo Moorhead

Location and basic demographics by City, October 2003



- **Age.** Two-thirds of the homeless persons in Fargo are men, with an average age of 42.1. The average age of a homeless woman in Fargo is 33.6.²³
- **Marital Status.** Approximately half of those interviewed have never married.
- **Veterans.** Veterans make up 29 percent of homeless males in Fargo.
- **Residency.** 46 percent of homeless persons in Fargo have lived in North Dakota for at least two years. The fifty-four percent that are more “recent” residents are most likely to come to North Dakota from Minnesota (52 percent) or have lived in North Dakota before (44 percent).
- **Children.** 20 percent of the women in sheltered locations had at least one child with them.
- **Race/Ethnicity.** Fargo’s homeless population contains a disproportionate number of persons of color. 28 percent of Fargo’s homeless adults are persons of color – 21 percent of the total are American Indian.
- **Unsheltered.** Three out of four “unsheltered” homeless were men and almost half were American Indian.

²³ The statistics for the Homeless Needs Analysis are taken from: “Homeless adults and their children in Fargo, North Dakota and Moorhead, Minnesota: Regional survey of persons without permanent shelter”, Wilder Research Center (November 2004).

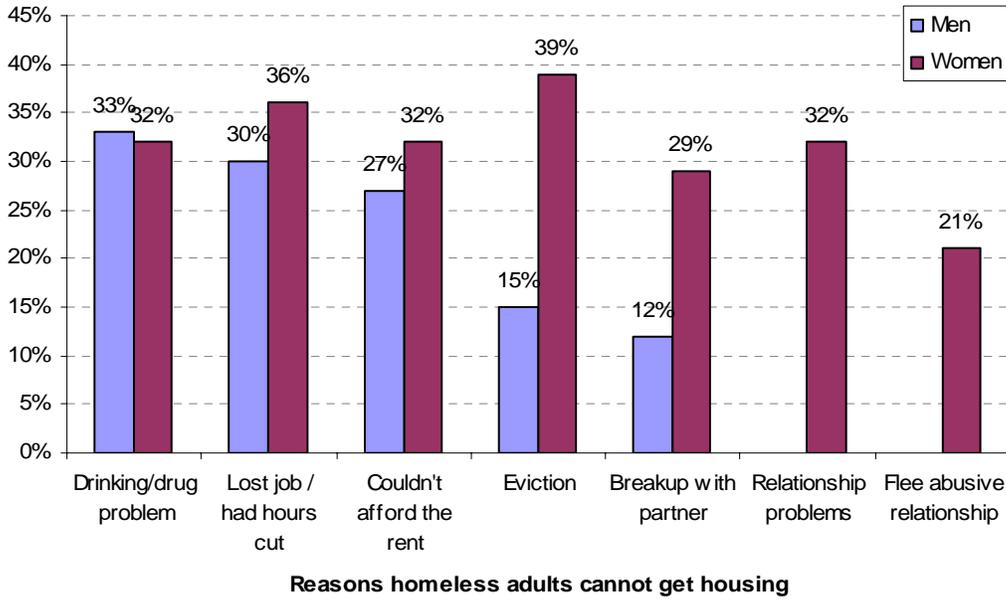
- **Duration of Homelessness.** 60 percent of the unsheltered homeless have been homeless for more than 6 months – forty-six percent of those living in sheltered locations have been homeless for that length of time.
- **Education.** Almost 80 percent of Fargo’s homeless population has a high school diploma or GED – 27 percent have attended at least some college.
- **Employment.** 41 percent of homeless persons in Fargo is employed – 18 percent in a full time status. For those who are not working, the most common barriers are transportation (42%), lack of housing (29%), personal reasons (27%), physical health problems (25%), and mental health problems (22%).
- **Affordability of Housing.** 54 percent of homeless persons surveyed said they could pay something for rent but no more than \$300 per month (including utilities). 25 percent of people surveyed could not afford to pay anything for rent. Only 6 percent could afford the typical rent for an apartment of the size they would need.
- **Health and well being.** 41 percent of homeless adults in Fargo were told by a doctor in the last two years that they have a serious mental illness.²⁴ 50 percent of homeless adults report that they consider themselves to be alcoholic or chemically dependent. 28 percent of the homeless population in Fargo has received in-patient drug/alcohol treatment in the last two years. 27 percent of homeless adults have been dually diagnosed by a doctor in the last two years as having both a mental illness and a chemical dependency problem.

	Emergency/ Transitional (n=131)	Non-sheltered (n=48)	Total (n=179)
Schizophrenia	0.8%	2.1%	1.2%
Paranoid or delusional disorder, other than schizophrenia	2.3%	6.3%	3.4%
Manic episodes or manic depression (also called bipolar disorder)	7.5%	10.9%	8.4%
Major depression	24.7%	23.4%	24.3%
Anti social personality, obsessive-compulsive personality, or any other severe emotional disorder	16.3%	12.5%	15.2%
Post traumatic stress disorder	9.0%	20.8%	12.2%
Any of the above	40.3%	41.7%	40.7%
Alcohol abuse disorder	40.7%	36.2%	39.5%
Drug abuse disorder	25.4%	4.2%	19.7%
Any chemical disorder	47.5%	37.5%	44.8%
Dual diagnosis (chemical dependency and mental illness)	27.2%	25.0%	26.6%

²⁴ Mental illness as referenced in this survey includes: schizophrenia, manic-depression or bipolar disorder, some other type of delusional disorder, major depression, anti-social personality disorder or post-traumatic stress disorder.

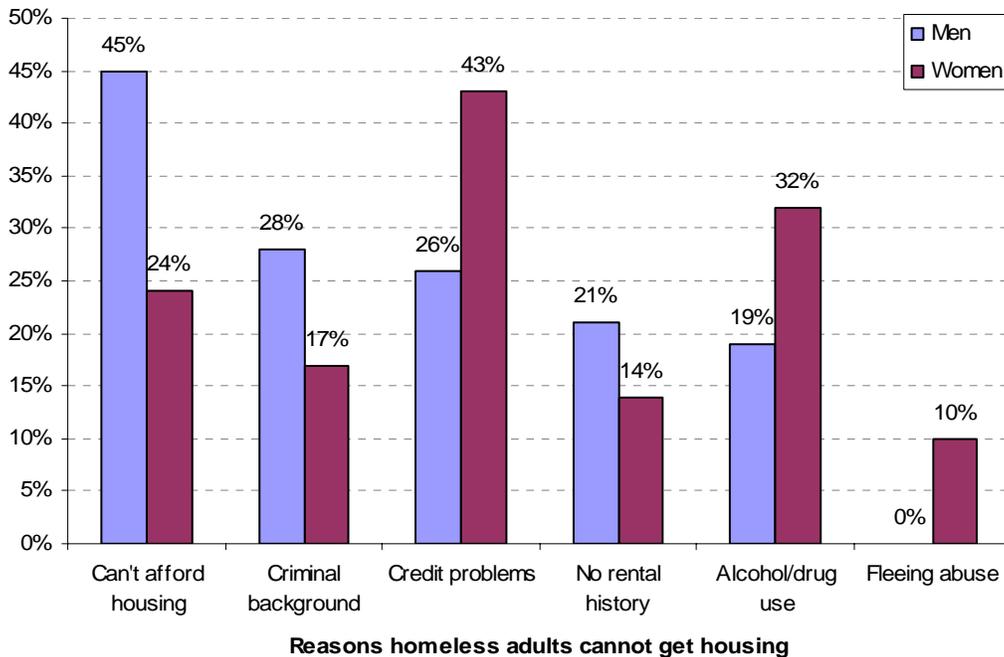
Economics and behavioral issues top the list of reasons homeless adults in Fargo left their last stable housing situation

Reason left last housing, Homeless adults, Fargo, October 2003



Credit problems are the number one reason homeless women in Fargo can't find housing; for men the primary reason is affordability

Reason cannot find housing, Homeless adults, Fargo, October 2003



Homeless Facilities and Services

Emergency shelter needs are generally being met with existing facilities. In times of high demand, local emergency shelters do what they can to make room for everyone that needs housing, even when they are at capacity. One of the challenges facing local shelters, however, is that the length of stay is increasing. A deficiency in one part of the system affects all of the other parts. People are staying longer in emergency shelter in part because there is a lack of transitional housing for shelter occupants to transition into or a lack of permanent housing that is affordable to the homeless family. Transitional housing has consistently been identified as a gap, as has housing that is affordable to poverty level households. Even if the community adopts the notion that everyone is “housing ready” and encourages a transition to permanent housing as soon as possible, additional units of supported transitional housing for both individuals and for families are still needed.

The key component for both transitional housing and for permanent supportive housing is the support. Housing that is tied to support services is the true gap in the city of Fargo. Fargo has a robust housing market so the availability of suitable units is less of an issue than is the availability of services to support existing housing units. However, units that are affordable to extremely low income households almost always require subsidy of some kind which justifies the priority placed on maintaining existing subsidized units and the creating additional units to serve households earning less than 30 percent of median income.

Finding affordable housing is the end need for many homeless individuals and families but it is only one of the components of success for others. Some of the families and individuals who move from homelessness into permanent housing will need to be supported with self sufficiency training, case management, transportation and child care assistance. Some adults with mental illness and/or disabilities or serious medical conditions will require supportive services for an indefinite period of time if they are to successfully maintain a stable housing situation.

The bottom line is that even if the people described above can find housing that is safe, sanitary and affordable, they are unlikely to be able to maintain a stable housing situation for the long term. Many will be unable to be successful without follow-up services and support. Using a formula to project unmet need in the area of permanent supportive housing, the City of Fargo needs to create an additional 100-165 units of permanent supportive housing to address the full extent of need.²⁵

In addition, there are many in our community who are “hard to house”. They are not formally “diagnosed” with a condition (SMI or DD) that gains them access to the case management system which increases their chance of falling through the cracks when it comes to finding a supported housing environment that will help them achieve long term success. Additionally, people with poor credit/rental histories, criminal backgrounds and behavioral issues (ex. chronic substance abuse) will have difficulty accessing housing even if affordability is not an issue, further extenuating the risk of prolonged homelessness.

²⁵ *“Estimating the Need: Projecting from Point-in-Time to Annual Estimates of the Number of Homeless People in a Community and Using this Information to Plan for Permanent Supportive Housing,”* Martha R. Burt and Carol Wilkins for Corporation for Supportive Housing. CSH Evidence Series (March 2005).

Several non-profit service providers operate housing facilities/programs for the community's homeless population

Homeless Housing Beds by type of occupancy, 2004

Type of Occupancy/Project	Emergency Shelter Men	Emergency Shelter Women & Children	Trans Housing families	Trans Housing non family	Perm Supp Housing families	Perm Housing non-families
SRO (S+C)						22
S+C (FHRA)					62	13
Sister's Path (LIHTC, SHP)					33	
Dakotah Pioneer (LIHTC)				31		
New Life Center	89		1	20		
YWCA		65	35	2		
Youthworks				6		
Perry Center			10	13		
Total	89 (beds)	65 (beds)	46 (beds)	72 (beds)	95 (beds)	35 (beds)

**A 48 bed homeless veterans project is currently under development by Centre, Inc. and the VA.*

Chronic Homeless

There are three general types of homelessness: Chronic, Episodic and Transitional.

- **Chronic** homeless - protracted homeless experience, spells in the system are frequent and long
- **Episodic** homeless - use system with intermittent frequency but for short periods
- **Temporary** homeless - experience only one short spell of homelessness

Chronic homelessness is defined as an **unaccompanied** homeless individual with a **disabling condition** who has either been continuously **homeless for a year** or has had at least **4 episodes of homelessness** in the past 3 years. The chronically homeless are estimated to be approximately 10 percent of the total homeless population but they use more than 50 percent of the total resources used by homeless persons.

In Fargo, the January 2005 Point in Time Survey counted 66 persons as chronically homeless. These individuals had been homeless for an average of 1.4 years. In addition, there were five families that met both the time and disability tests of chronicity but are excluded from the official HUD count of chronic homelessness because they are a family unit, not an unaccompanied individual.

The primary contributing factors to chronic homelessness as revealed in the Point in Time survey were:

- Substance abuse
- Serious mental illness (diagnosed or undiagnosed) with inconsistent use of meds/treatment
- Unemployable or unable to keep job because of disability
- Poor rental histories and criminal backgrounds

To end homelessness requires different solutions for different homeless subpopulations

	Shelter days consumed	Needed Solution
Chronically homeless	Stay for a "long time" 2.27 stays for 637 days	<ul style="list-style-type: none"> • Permanent supportive housing
Episodically homeless	4-5 stays (a lot of time but not in 1 block) 4.85 stays for 263 days	<ul style="list-style-type: none"> • "Low demand" or harm reduction models • Residential treatment/transitional housing
Transitionally homeless	1-2 stays (2-60 days) 1.36 stays for 58 days	<ul style="list-style-type: none"> • Prevention • Help for a quick return to housing

Stats are based on cluster distribution of single homeless adults in New York, Corporation for Supportive Housing

When addressing chronic homelessness specifically, we must answer not only the question of how to effectively interrupt the cycle of homelessness and remove people from the homeless assistance system, but also how we can provide assistance for people that are resistant to using the "system" in the first place. Adopting a "housing first" approach to dealing with the chronically homeless is an essential first step to implementing an effective strategy for ending chronic homelessness. Once an individual's housing has been stabilized, they can be connected with the services that already exist to meet the other needs that led to the housing crisis in the first place. The following strategies for addressing chronic homelessness were included as part of the statewide Continuum of Care plan in 2004.

1. To end homelessness, everyone needs to have a permanent home
 - a. Commit to better understanding the needs of the chronically homeless population and the existing set of resources by developing an inventory of existing housing resources/projects in the state, classifying each unit along a continuum of client need
 - b. Increase availability of affordable, service-enhanced housing, paying attention to the need for a range of housing options (from low-demand housing to highly structured living arrangements)
 - c. Improve coordination of discharge planning from institutions, correctional facilities, and the foster care system
 - d. Maintain client stability by committing to continue to provide support to people who have transitioned from homelessness to a stable housing situation. The cycle cannot be stopped if ending chronic homelessness means ending support of individuals who were formerly homeless.

2. Coordination of support services is essential to success
 - a. Concentrate efforts on achieving maximum utilization of existing mainstream resources to meet the needs of the chronically homeless
 - b. Support state and federal decisions that will bolster funding and staffing for the services that must accompany permanent housing for the chronically homeless - the existing system of resources is robust but over-burdened.
 - c. Work to ensure that services are available to chronically homeless individuals who may not have a diagnosed disability but whose decreased levels of functioning greatly inhibit their ability to secure and maintain housing

3. People who are resistant to using the system must be engaged in a meaningful way
 - a. Target outreach to difficult to serve groups (ex. Native Americans), using appropriate points of contact
 - b. Encourage each region to adopt coordinated outreach/assessment models to strengthen inter-agency collaboration in the design and provision of individualized services targeted toward chronically homeless (ex. Crisis Intervention team, Coordinated Case Management teams)

The state of North Dakota recently established an Interagency Council on Homelessness whose goal is to develop and implement a 10 year plan to end chronic homelessness in the state. The state has also participated in the ICH Policy Academy process, which is a federal initiative to enhance coordination amongst mainstream resources for the purpose of ending chronic homelessness. This was to be achieved by:

- Effectively using information to drive solutions
- Giving all stakeholders an opportunity to help end chronic homelessness
- Ensuring the availability of appropriate housing for the chronically homeless
- Coordinating services to efficiently use resources

The work of the state's Policy Academy team and several subcommittees of the state's Continuum of Care Committee overlap. Both of these working groups will likely feed recommendations to the State Interagency Council as appropriate. The City is committed to participating in this statewide collaboration effort to address chronic homelessness.

Precariously housed non-homeless

People who work with the homeless and with low income people always remind users of homeless data that the number of people in the homeless system at any given point in time is only half of the issue that needs to be addressed. The "hidden homeless" are commonly described as the people who are "doubled up" with friends or relatives but have no permanent home of their own. This group will typically represent approximately same number of people that are staying in emergency shelter at any given point in time.²⁶

The "precariously housed" or people "at risk" of becoming homeless represent the "front door" to homelessness that must be closed if communities are to make progress on reducing or even eliminating homelessness as a social problem. Research has shown that approximately 10 percent of people living in poverty will cycle through the homeless system in a given year.²⁷

For the precariously housed individuals in our community, eviction may be imminent, or marginal personal economics may mean that an inability to afford housing will trigger a homeless episode. Outreach to poverty level families via case workers, self sufficiency programs or other means could help ensure that intervention happens early enough to actually prevent homelessness from occurring. Actual intervention assistance like emergency rent or utility assistance or even assistance with security deposits is another means of homelessness prevention that is proven effective but is difficult to fund.

Summary of Need

A "Homeless Population and Subpopulations Chart" is included in Appendix C in the form currently prescribed by HUD. The table includes annual goals for emergency shelter, transitional housing and permanent supportive housing which will be updated each year via the Annual Action Plan and Annual Performance Report. The following issues emerge from examining the information presented in the Homeless Needs analysis.

- Develop additional permanent supportive housing to effectively transition people out of homelessness
- Find housing options for hard to house populations (bad credit, criminal background, behavioral issues, et al)

²⁶ "Homeless Adults and their Children", Wilder Research Foundation November 2004 (p. 8-9)

²⁷ "Estimating the Need", Corporation for Supportive Housing (p. 15).

- Ensure culturally appropriate housing and support service solutions to maximize successful reduction in homelessness, particularly for the American Indian population which makes up a disproportionate share of the community's homeless.
- Provide support to extremely low income households (<30 percent area median income) because they are the most precariously housed non-homeless
- Support efforts of the CoC and State agencies to bolster discharge planning practices to prevent newly discharged individuals from becoming homeless.
- Increase public awareness of homelessness and the needs of this population