A 10 YEAR PLAN
TO END LONG TERM HOMELESSNESS IN FARGO

AUGUST 2006

CITY OF
Fargo

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On August 28, 2006 the Fargo City Commission adopted as policy the following strategic plan to end long-term homelessness in Fargo.

Historically, Fargo has succeeded as a community because it has built on its strengths. We are a community that was built at a transportation crossroads and capitalized on a diversity of educational and economic resources.

If we are to succeed in accomplishing this goal of ending long-term homelessness, we must again commit to building on our strengths as a community, using the assets of a strong housing market and robust service network to bridge the gaps that exist.

Our local providers are experienced, our people are compassionate and the housing market is robust. This Fargo's Plan calls for us to connect people that need housing with units that already exist, orient our system of support around housing as a means to achieving personal success and well-being, and make a concerted effort to prevent homelessness from ever taking hold in someone's life.

It is our belief that this kind of systemic change will only be possible with collective and collaborative action between state agencies and local communities and between communities, non-profit and for-profit housing and service providers, all working together toward a common goal.

Homelessness is not "just a social service" issue – it is a community issue with serious individual and community costs. We hope Fargo's Plan will become part of a rich fabric of ideas put forward by policy makers and residents from across the metropolitan area and the states of North Dakota and Minnesota to make long-term homelessness a thing of the past.

Going Home implies that you have a place where you belong, where you feel safe and secure, and hopefully can find respite from the stresses of the day. For the health of our community and for the people living in it, we believe that everyone should be able to say that they are "Going Home."

Sincerest regards,

Dennis R. Walaker
Mayor

Bruce W. Furness
Former Mayor (1994 – 2006)

wwgh

Fargo-Moorhead
All-America City
2000

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Executive Summary

Homelessness affects approximately 400 people in Fargo Moorhead on any given night. The system that serves homeless people is designed to help facilitate a transition from a state of acute housing crisis to more independent, stable living. The continuum of emergency shelter, transitional housing, and permanent housing is generally very effective and works for the majority of the homeless population. However, there is a portion of the homeless population that is extremely difficult to house. This group, which locally represents about 30% of the local homeless population, is considered "long term homeless".

The City of **Fargo decided to take steps to end long term homelessness here because**:

- The **traditional system** that serves the homeless does **not** appear to be particularly **successful for this group**, as evidenced by their repeated and extended periods of homelessness.
- **Scarce system resources** are being **disproportionately used** by a relatively small portion of the population.
- Fargo is home to almost half of the long term homeless in the state of North Dakota and should, therefore, be integrally involved and **contributing to statewide efforts** to end homelessness.
- It is **unacceptable** for a progressive community **to turn away** from the social injustice of long term homelessness – disability and poverty should not sentence someone to a life of long term homelessness.

To end long term homelessness in Fargo, we will need to identify **housing and service supports for 224 households**. We will not develop another need-based model but instead, create a demand-based model that offers the housing options our target tenants want. Housing options/programs must be attractive to the long term homeless population – you cannot mandate participation and expect to succeed. This Plan outlines a 7-point strategy to eliminate the housing crises that create long term homelessness in our community.

1. ***Increase the availability of permanent supportive housing.***
   Housing that is both affordable and available to homeless people is in short supply. Connecting people to existing housing units by working together to mitigate perceived landlord risk will open many possibilities.

2. ***Improve consumers' ability to pay for housing.***
   The gap between these tenants' ability to pay for housing and the rents commanded in the market is never likely to close completely, which means that rent subsidies must be more available to this population for the long term. In addition, to maintain long term housing stability, it will be necessary to increase the personal income of formerly homeless individuals and families by pursuing employment placement, benefit management and financial planning/education.

3. ***Develop partnerships that will move people into housing first.***
   Chronically homeless individuals and families "regard housing as an immediate need" and the traditional continuum of care as a series of hurdles that they are unable or unwilling to overcome.[1] Moving people into housing first will immediately end their homelessness,

[1] "Housing First, Consumer Choice, and Harm Reduction for Homeless Individuals with a Dual Diagnosis", Sam Tsemberis, Leyla Gulcer and Maria Nakae. *American Journal of Public Health* April 2004, Vol 94 No. 4, 651.

demonstrate a commitment to and respect for consumer choice, and be more likely to lead to better physical and mental health because the assistance is being offered in a way that makes sense to consumers.

4. ***Make outreach to long term homeless more effective.***
   For the long term homeless more than for any other group, engaging with the "system" does not come easily. Respect and responsiveness are likely to generate trust and allow a chronically homeless person to accept the help that will help them end their homelessness.

5. ***Stop discharging people into homelessness.***
   People leaving institutional settings face many challenges at discharge; finding stable housing is one of the key components of success in almost every case.

6. ***Enhance the coordination and availability of prevention services.***
   Intervening in the lives of those most at-risk of long term homelessness before their housing crisis pushes them into homelessness is definitely the best, most effective, way to end future homelessness.

7. ***Collect data and share information about homelessness in the metro area.***
   Accurate and timely information is necessary for policymakers and the community to understand the issue of homelessness in our metro area and to measure our progress in ending it.

The City of Fargo's plan to end long term homelessness is intended to be part of a region wide solution – not "the" solution. Fargo is in the center of a metropolitan area that needs to address homelessness in a coordinated fashion and is just one community in a state that that must address both rural and urban homelessness issues. With deliberate and active collaboration, this Plan can become part of a fabric of ideas that will truly affect the lives of the long term homeless living in our communities.

There are 38 specific actions identified in this Plan as being necessary to ending long term homelessness in our community. The following six items should be some of the first ideas transformed into reality under this Planning effort.

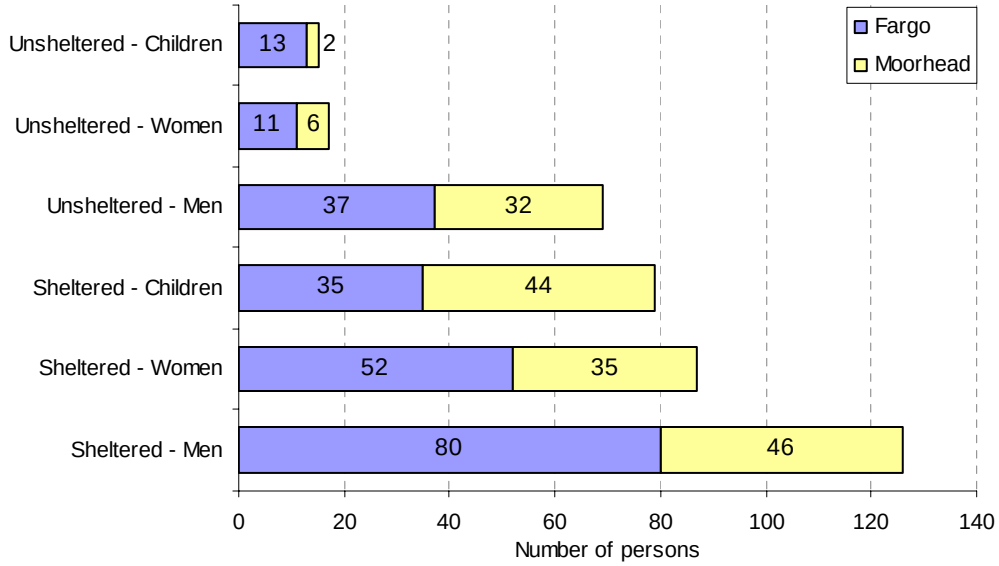
1. Pass a resolution to adopt the Plan as recommended by the Committee, to appoint a steering committee to monitor progress and to authorize city staff to continue to coordinate plan development/partner recruitment.
2. Implement the IDDT model at Southeast Human Service Center. By the time a team is ready to start working with clients, the community hopes to have the first new vouchers in place.
3. Develop a Tenant-based rental assistance program with local HOME funds along with some level of State funding support. Coordinate with Housing Authority and steering committee on program development.
4. Begin developing the baseline data needed to allow for accurate measurement of progress toward the stated goal.
5. Create a landlord/tenant mediation program to fill a gap in the community and lead the way in homelessness prevention efforts.
6. Support the ongoing efforts of other organizations and collaborations named in this Plan who are already working on projects that will help end long term homelessness (i.e., Project Homeless Connect, JICC, Project HART, YWCA PSH, Ray of Hope).

Homelessness in Fargo Moorhead

Even though this Plan is focused on steps that can be taken in the City of Fargo, homelessness is a metropolitan issue. The border between communities is irrelevant to people who need assistance. The following summary of homelessness includes both city-specific and metropolitan statistics.

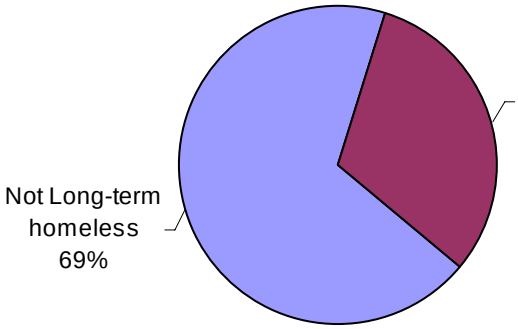
Approximately 400 homeless people live in the metro area on a given night. Fargo is home to 60% of the area's homeless

Location and basic demographics by City, Wilder Survey, Oct 2003



One-third of the city's homeless population can be considered "long term homeless"

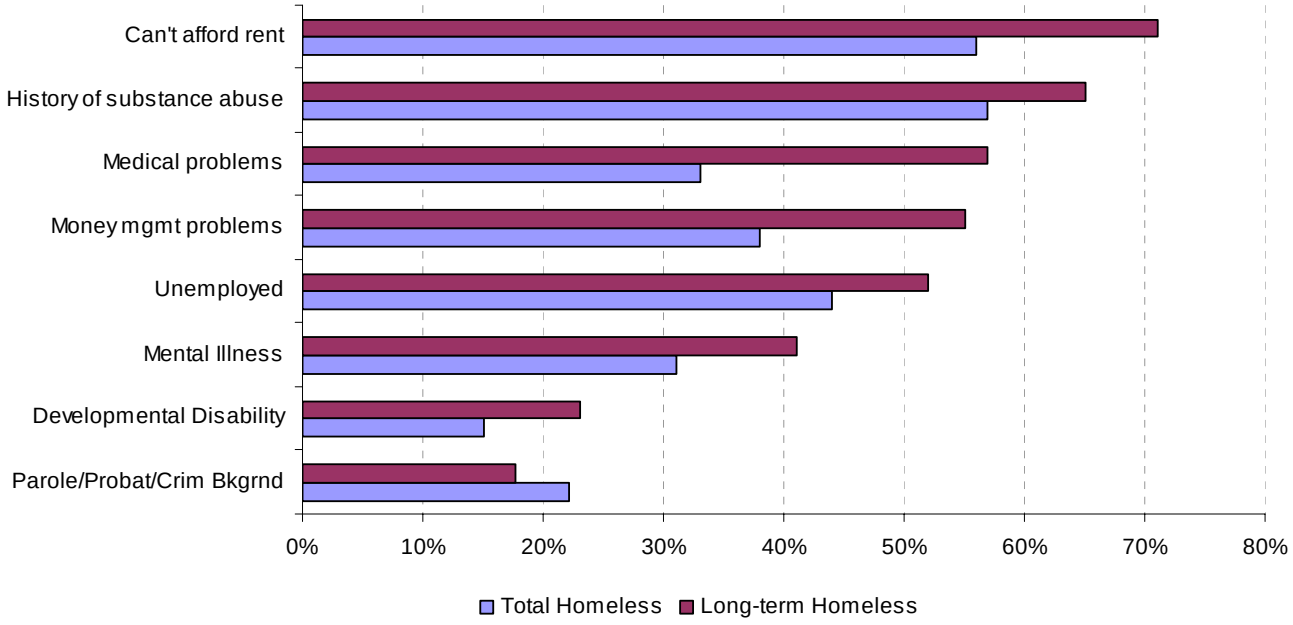
Homeless population by chronic status, Fargo, 2006 ND Point in Time survey



Fargo- Basic Demographics	*Long term homeless*	*Homeless pop (total)*
Total Count	79	253
Average age	48	42
Under age 18	9%	18%
At least H.S. Ed	88%	92%
Traveling w/ family	7%	14%
Veteran	32%	18%
Employed	28%	28%
Race - American Indian	25%	22%
Black	10%	8%
White	59%	63%

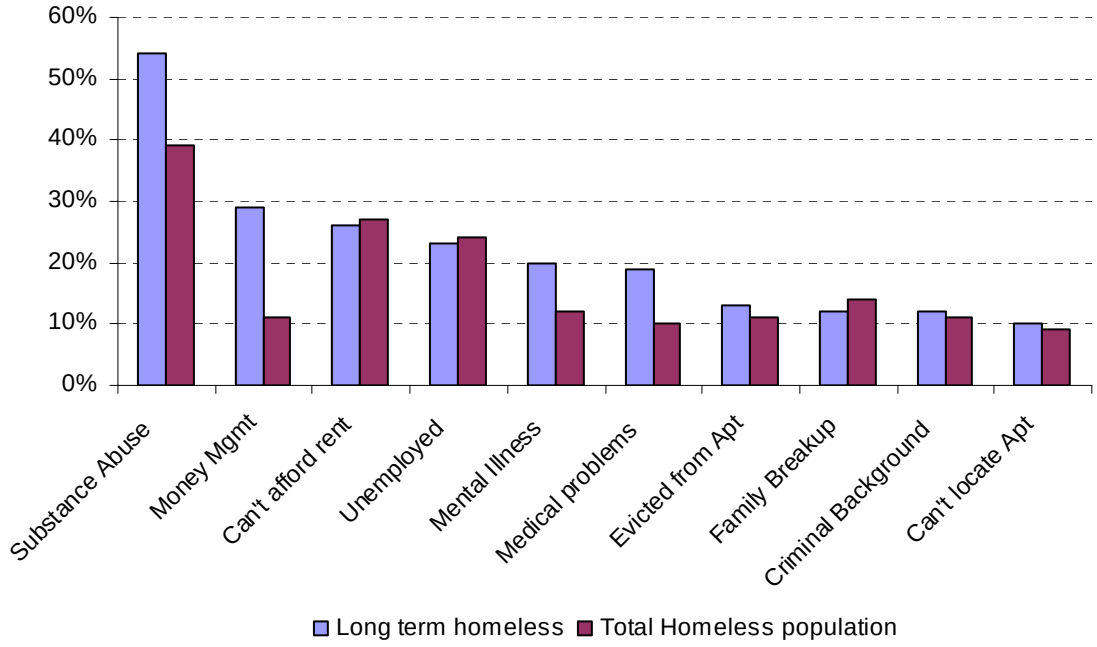
Housing challenges are generally more severe for the Long term homeless population

Characteristics of homeless population, Fargo, ND Point in Time Survey Jan 2006



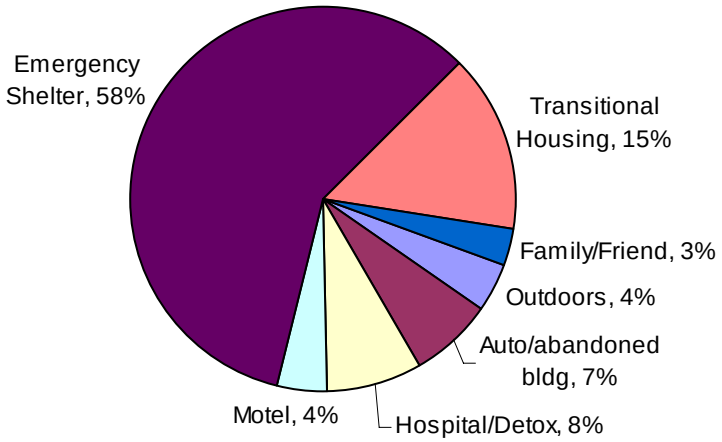
More than half of long term homeless households identify substance abuse as contributing to their homelessness

Response to "Reason for my Homlessness", ND Point in Time survey January 2006



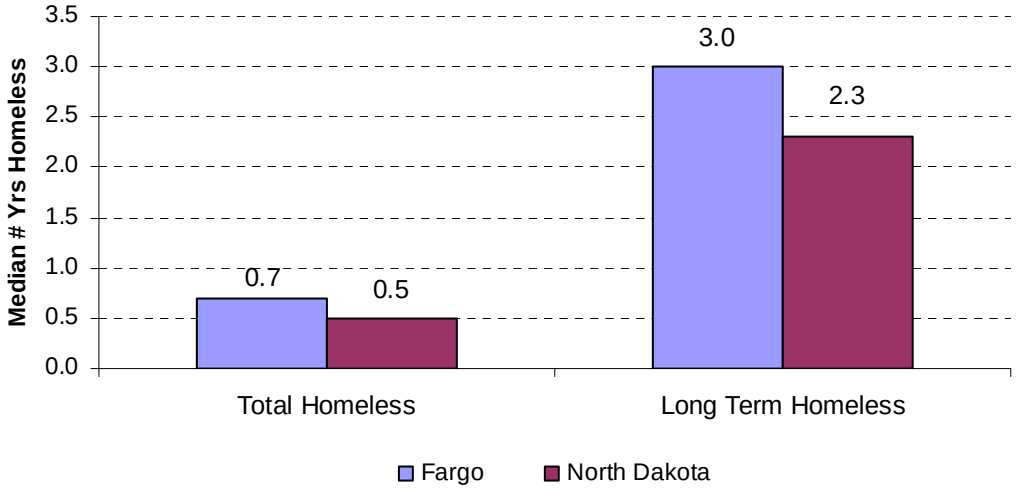
58% of Fargo's long term homeless reported staying in an emergency shelter the day the point in time survey was taken

Type of shelter, Fargo, ND Point in Time Survey January 2006



While the average homeless person in Fargo has been homeless for 255 days, for long term homeless, the duration is 3 years

Median length of time homeless, ND Point in Time, 2006



Why End Long Term Homelessness

The system that serves homeless people is designed to help facilitate a transition from a state of acute housing crisis to more independent, stable living. The continuum of emergency shelter, transitional housing, and permanent housing is generally very effective and works for the majority of the homeless population. However, there is a portion of the homeless population that is extremely difficult to house. This group, which locally represents about 30% of the local homeless population, is considered "long term homeless".

Studies from across the nation have shown that the long term homeless account for a disproportionate use of system resources. The often-cited cost-analysis conducted by Drs. Culhane and Kuhn on the New York City and Philadelphia homeless system showed that chronically homeless individuals (10% of their homeless population) used 50% of the total resources expended on homelessness.[2]

Using this evidence as a guide, the federal government in 2002, began asking communities across the country to make every effort to end chronic homelessness in their community. The City of **Fargo decided to take steps to end long term homelessness here because**:

- The **traditional system** that serves the homeless does **not** appear to be particularly **successful for this group**, as evidenced by their repeated and extended periods of homelessness.
- **Scarce system resources** are being **disproportionately used** by a relatively small portion of the population. To illustrate – 43% of emergency shelter space is occupied by long term homeless individuals; 75% of detox users and 19% of jail inmates are homeless. In addition, national research shows that most of the homeless have significant physical and mental health problems which are often exacerbated by their homelessness; this population tends to use emergency medical care to treat the myriad of health issues that they are experiencing.[3]
- Fargo is home to almost half of the long term homeless in the state of North Dakota and should, therefore, be integrally involved and **contributing to statewide efforts** to end homelessness.
- It is **unacceptable** for a progressive community **to turn away** from the social injustice of long term homelessness – disability and poverty should not sentence someone to a life of long term homelessness.

This Plan outlines a path to achieving a very specific goal. Preventing and ending long term homelessness is not identical with ending poverty or promoting economic self sufficiency. People who are chronically homeless are vulnerable in many ways and most are not likely to ever achieve true independence. Long term support is necessary but the outcome of effective intervention as opposed to maintenance of the status quo is better for both the community and for the individual.

[2] "Patterns and determinants of public shelter utilization among homeless adults in New York City and Philadelphia," Dennis Culhane and R. Kuhn. *Journal of Policy Analysis and Management*, 1998, 17(1):23-43.

[3] Blueprint for Change: Ending Chronic Homelessness for Persons with Serious Mental Illness and Co-occurring Substance Use Disorders, (SAMHSA 2003), p. 14. As an example, "the University of California San Diego Medical Center followed fifteen chronically homeless inebriates and found that, over eighteen months, those fifteen people were treated at the hospital's emergency room 417 times, and ran up bills that averaged a hundred thousand dollars each." (From: "Million-Dollar Murray", Malcolm Gladwell. *The New Yorker* (February 13, 2006).

Definition of "Long Term Homeless"

The following is the definition of "long term homeless" used by the City of Fargo.

- Homeless individual or family
- With a disabling condition
- Continuously homeless for at least 1 year or has experienced 4 or more episodes of homelessness in the last 3 years.

The federal efforts focus on ending "chronic" homelessness. The distinction between the federal and locally adopted definition is subtle but important. "Chronic" homelessness excludes families - it deals with individuals only. In Fargo, we do not believe it is right to exclude a person with a disabling condition and an extended period of homelessness from service just because they are not traveling alone. In addition, the locally adopted definition will not exclude someone from being considered "homeless" if they are living "doubled up" with friends/family at the time a survey is taken. This allowance is particularly important for families who, of necessity, are less likely to live on the street and more likely to "couch-surf" than someone who is traveling without children.

Both the federal and local definitions of long term homelessness indicate a "disabling condition" as a required element. A disabling condition is defined as:

- Physical, mental or other health conditions that limit the kind or amount of work you can do or that limit your daily activities
- Conditions that interfere with memory or daily decision making

When analyzing local survey data, a disabling condition is operationalized to include mental illness, substance abuse, developmental disability and chronic medical conditions.

Who is chronically homeless

A 2003 survey of the metro area homeless population identified four primary contributing factors to whether or not someone is chronically homeless.

1. Substance Abuse
2. Serious Mental Illness with inconsistent use of medications/treatment
3. Unemployable or unable to keep a job because of disability
4. Poor rental history or criminal background[4]

Following on the principle that says any successful effort to end long term homelessness must "close the front door" and "open the back door", we need to understand not only who is currently chronically homeless but, also who is most likely to become chronically homeless. While predicting housing crisis is not a science, Deborah Dennis of Policy Research Associates has identified six risk factors for chronic homelessness.

- Chronic health condition
- Mental illness
- Substance abuse disorders
- Limited or no social support network
- Very low or no income
- Discharge from jail, prison, hospital, shelter, detox, treatment, foster care[5]

The Plan adopted by the City of Fargo will focus on these factors to the greatest extent possible.

[4] "Homeless adults and their children in Fargo, ND and Moorhead, MN", Wilder Research Center, report published November 2004 based on survey conducted October 2003.
[5] "Preventing Chronic Homelessness – What works?" Deborah Dennis, Policy Research Associates, Inc., presentation at Policy Academy on Chronic Homelessness (Miami, FL, December 10, 2003).

The Goal of this Effort

To end long term homelessness in Fargo, we will need to identify **housing and service supports for 224 households**. This number is based on data gathered in the 2006 North Dakota Point in Time survey, which was conducted by local agencies on January 25, 2006.[6]

The actual point-in-time count was converted into an annual estimate using the methodology established by the Corporation for Supportive Housing in "Estimating the Need".[7]
The goal assumes that no more than 10 percent of the current population will be added to the community's long term homeless population each year. (i.e., addition of 10 new long term homeless individuals for each year of plan implementation). The following table summarizes the demographic and disability characteristics of the population that is the focus of this plan. The data is further broken down to identify specific tenant profiles to help in better identifying the amount and types of resources needed.

	Baseline annual estimate		Additions to LTH population after baseline		10 Year Total		
Type of Household	**People**	**HH**	**People**	**HH**	**People**	**HH**	**% of Total**
Individual - Adult	124	124	78	78	202	202	90%
Individual - Youth (<age 21)	4	4	3	1	7	5	2%
Families - with child <18	22	6	14	4	36	10	5%
Families - no children	8	4	5	3	13	7	3%
Total	158	138	100	86	258	224	100%
Type of Disability							
Serious Mental Illness		56		35		91	41%
Chemical Dependency		90		57		147	66%
Dual Diagnosis (SMI/CD)		38		24		62	28%
Chronic Medical Condition		78		49		127	57%
Developmental Disability		32		20		52	28%
More than one disability		78		49		127	57%
Other Characteristics							
Status as Veteran		44		27		71	32%
Criminal Background		28		17		45	20%
Poor Rental Hist (eviction)		26		16		42	19%
Bad credit		66		41		107	48%
Discharged from Med Fac.		22		14		36	16%

** "HH" = Households "LTH" – Long term homeless*
** Risk factors for "chronic homelessness" - Chronic health condition, mental illness, substance abuse disorders, Limited or no social network, Very low or no income, Discharge from institution*

[6] Region 5/Fargo point-in-time survey results are available at www.cityoffargo.com/housing.
[7] "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).

Specific Tenant Profiles[8]

	Baseline Count		Addition after Baseline		10 Yr Total		
	P	HH	P	HH	P	HH	%of total
Family with children - CD/SMI/Dual diagnosis, Background	22	6	14	4	36	10	4.4%
Dual Head of household - Med condition or CD	8	4	6	2	14	6	2.7%
Single Adult - Dual Diagnosis/SMI, Background	40	40	25	25	65	65	29.0%
Single Adult - Chemical Dependency, Background	30	30	19	19	49	49	21.9%
Single Adult - Medical issues	16	16	10	10	26	26	11.6%
Single Adult - Developmental Disability only	2	2	1	1	3	3	1.3%
Single Adult - Comb of medical and SMI or CD or Developmental Disability, Background	30	30	19	19	49	49	21.9%
Single Adult - Comb of medical and SMI or CD or Developmental Disability, No Background	10	10	6	6	16	16	7.1%
TOTAL	158	138	100	86	**258**	**224**	

Key to abbreviations:

CD = chemical dependency
SMI = serious mental illness
Dual Diagnosis = SMI&CD
Background = criminal, rental history, or bad credit

P = people
HH = Households

[8] Tenant profiles derived from Fargo Planning Department analysis of 2006 ND Point-In-Time Survey data. "North Dakota Point in Time Survey", conducted January 25, 2006, ND Coalition for Homeless Persons.

What is Success

Fargo will successfully end long term homelessness if the program that is developed is attractive to the long term homeless population. This isn't a situation where we can mandate change – people must choose to go down a different path than any that they have taken before.

The City will identify success by three measurements.

1. The **number of long-term homeless** individuals and families living in Fargo will decline and **essentially be zero**, by 2016.

2006 Baseline:	158 long term homeless in Fargo
2011 Goal:	95 long term homeless in Fargo
2016 Goal:	0 long term homeless in Fargo

2. By 2016 **unscheduled demand for crisis and institution-based services** by individuals who could be classified as "long term homeless" will **decline by 80 percent**. The "system" includes Emergency shelter, Hospital Emergency Rooms and psychiatric wards, County Jail and State Penitentiary, State Hospital, and Detox.

   Baseline statistics on the type of system level outcomes described above are not available as of the writing of this Plan. Efforts to establish a baseline will begin with Plan adoption and should be complete by 2007.

3. **Client-level outcomes.** In addition to statistics on system impacts, the City will also analyze data collected in the state HMIS system to measure an individual's usage of the system (client-level outcomes). The intention is to quantify improvements in housing stability and personal income for the long term homeless population who have moved in to permanent housing versus those who have not.

How we will achieve our goal

This plan is based on the idea of consumer *demand* – *not* client *need*. Responding to the preferences expressed by each individual, the goal will be to connect a homeless person to permanent housing at the point of first contact, or as soon as possible thereafter.

Housing and support services will be coordinated through between the housing provider and the service provider who is working with the tenant – the connection with the tenant will exist as long as is necessary.

The majority of housing required by this plan will be obtained by applying rent subsidies to private sector housing units. A small amount of additional community based housing will be needed as well. The following is a 7-point strategy to eliminate the housing crises that create long term homelessness in our community.

1. ***Increase the availability of permanent supportive housing.***
   Housing that is both affordable and available to homeless people is in short supply. Connecting people to existing housing units by working together to mitigate perceived landlord risk will open many possibilities.

2. ***Improve consumers' ability to pay for housing.***
   The gap between these tenants' ability to pay for housing and the rents commanded in the market is never likely to close completely, which means that rent subsidies must be more available to this population for the long term. In addition, to maintain long term housing stability, it will be necessary to increase the personal income of formerly homeless individuals and families by pursuing employment placement, benefit management and financial planning/education.

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   Chronically homeless individuals and families "regard housing as an immediate need" and the traditional continuum of care as a series of hurdles that they are unable or unwilling to overcome.[9] Moving people into housing first will immediately end their homelessness, demonstrate a commitment to and respect for consumer choice, and be more likely to lead to better physical and mental health because the assistance is being offered in a way that makes sense to consumers.

4. ***Make outreach to long term homeless more effective.***
   For the long term homeless more than for any other group, engaging with the "system" does not come easily. Respect and responsiveness are likely to generate trust and allow a chronically homeless person to accept the help that will help them end their homelessness.

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   People leaving institutional settings face many challenges at discharge; finding stable housing is one of the key components of success in almost every case.

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   Intervening in the lives of those most at-risk of long term homelessness before their housing crisis pushes them into homelessness is definitely the best, most effective, way to end future homelessness.

[9] "Housing First, Consumer Choice, and Harm Reduction for Homeless Individuals with a Dual Diagnosis", *American Journal of Public Health* April 2004, Vol 94 No. 4, 651.

7. ***Collect data and share information about homelessness in the metro area.***
   Accurate and timely information is necessary for policymakers and the community to understand the issue of homelessness in our metro area and to measure our progress in ending it.

Each of the following Proposed Actions is included in the Plan (see pp. 15-38) because it specifically addresses one of the key factors we identified in our effort to understand what long term homelessness is in Fargo.

What are we doing to Address Root Causes?

Relationship of Proposed Actions to the factors that contribute to Long Term Homelessness

Unable to pay for housing *(low wage job, unemployed/unemployable due to disability)*	**Unable to stay housed** *(substance abuse, mental illness with inconsistent use of meds)*
• Obtain funding for additional Shelter Plus Care (S+C) vouchers • Create HOME-funded Tenant-based rental assistance vouchers • Pursue access to Section 8 vouchers for tenants currently excluded • Implement targeted employment placement programs for anyone receiving housing assistance through the 10 year plan • Help tenants gain and maintain eligibility for mainstream supports (SSI, SSDI, TANF, Food Stamps, Medicaid, Medicare) • Increase availability of rep payee services and financial management services that focus on maintenance of housing stability • Support the creation of a Transitional Jobs program in the metro area • Establish "Fresh Start Fund" to provide start-up resources to 10-Year plan tenants • Support the creation of additional market rate rentals (efficiency units renting below $325)	• Convert existing emergency shelter and/or transitional beds to permanent housing • Establish a safe haven housing option in the community • Expand "group case management" approach currently used to address needs of unsheltered homeless population in downtown area • Enhance connection between SEHSC and VA to provide coordinated service for veterans • Establish a "peer mentor" system to supplement formal case management • Implement the post-booking diversion program that has been proposed by the Cass County Jail Intervention Coordinating Committee (JICC) • Support Dept of Corrections & Rehabilitation Re-entry initiatives
Unable to access housing *(criminal background, bad credit, poor rental history)*	**Uninterested in engaging with the service system as it is currently defined** *("following the rules")*

• Identify private landlords willing to rent to long term homeless individuals/families and develop partnerships to mitigate their risk
  o Coordinate 24-hour crisis assistance for housing providers
  o Develop publicly supported fund to indemnify landlords and service providers against excessive losses associated with tenants' compliance with lease terms
  o Allow service providers co-sign tenant leases when necessary
• Build more flexibility into PSH property management practices to enhance tenants' ability to access available housing
• Support efforts to bolster discharge planning in State institutions
• Connect health care providers with housing resources to minimize discharge to the streets
	• Support the creation of an Integrated Dual Disorder Treatment (IDDT) team within Southeast Human Service Center to improve outcomes for dually diagnosed homeless clients
	• Create a local Homelessness Ombudsman through the FM Homeless Coalition
	• Establish fund to support outreach workers' engagement with potential tenants
	• Initiate "Project Homeless Connect" in the FM area
	• Support a drop-in center as a safe point of outreach, service delivery and referral

Summary of Anticipated Outputs

HOUSING UNITS	COST
185 private sector units available to long term homeless tenants with landlord risk mitigation techniques in place, including Indemnification Fund	$150,000 (Indem. Fund)
12 new safe haven units	$1 million
30 new permanent supportive housing units located in emergency shelter buildings	$300,000
Total: 227 housing units **Goal:** 224 housing units with subsidies	**$1.45 million**

RENT SUBSIDIES	COST
54 new S+C vouchers reserved specifically for long term homeless (in addition to 46 existing S+C vouchers)	$100,000/year new funds *plus* renewal funds for existing 46 vouchers
30 new HOME-funded rent vouchers	$117,000 / year
12 new project-based Section 8 vouchers	Removal of vouchers from existing inventory
Total: 96 new rent subsidies **Goal:** 224 rent subsidies (90% for single adult units – 0-1 BR)	**$217,000 / year + renewal $**

The following factors will increase the number of subsidies available but the actual number is undeterminable at this point. Assume:

- Some long term homeless tenants will **access existing available subsidies** (S+C and Section 8)
- Some **additional subsidies** may be available (floating state S+C vouchers)
- Tenants will have an **increased ability to pay due** to gains in personal income

SERVICE TEAMS	COST
IDDT team based out of SEHSC (75 spots – anticipate approximately 50 will be homeless)	$120,000 per year (additional staff) + SEHSC infrastructure and existing staff resources
Post-booking Diversion program (25 spots)	$245,000 per year (housing included)
Peer mentorship/group case mgmt collaboration	$0
Total: • 50 dually diagnosed clients • 25 clients of criminal justice system with mental illness connected to wrap-around service team **Goal:** Wrap-around service for all tenants in housing (224 households)	**$365,000/year**

OTHER COSTS – SYSTEM ENHANCEMENTS	COST
Fresh Start Fund	$30,000 / year
Outreach Fund	$10,000 / year
Landlord/Tenant Mediation Program	$40,000 / year
Homelessness Prevention Toolkit	$1,000 / year
Intensive Prevention service for households at greatest risk	N/A
Employment Placement specialists	$150,000 / year
Additional Rep Payee Service	$24,000 / year (decrease to $5,000/yr in year 3)
Ongoing support of Drop-in Center	$250,000 / year
Homelessness Ombudsmen	$40,000 / year
Support of Data collection efforts	$10,000 / year
Total:	**$555,000 / year**

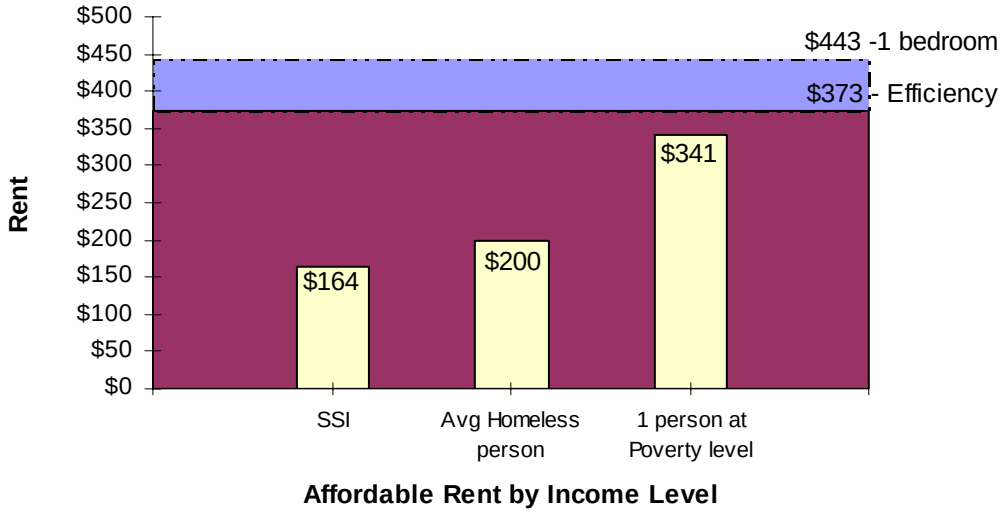
Strategy 1 - Increase availability of permanent supportive housing

What's the Issue?

In housing, it doesn't matter if a unit is available unless it is available to you and you can afford to pay for it. There are more than 22,000 apartments in Fargo's rental housing stock. Compared to other metropolitan areas, the city's rents are relatively affordable. However, the gap between a homeless individual's ability to pay and typical market rents puts most metro area housing units out of reach. A 2003 survey of the local homeless population found that the average rent a homeless person could afford to pay was $200 per month. $373 is the fair market rent for an efficiency in the FM area ($443 for a one-bedroom).[10] For someone living on SSI, affordable rent is $164/month and for a full-time worker who earns $6.56 per hour (i.e. poverty level) an affordable rent is $341.[11]

The gap between a homeless person's ability to pay & typical market rents puts most metro area housing units out of reach

Fair market rent & ability to pay, HUD 2006 FMR and 2003 Wilder survey



Affordable Rent by Income Level

There are approximately 1,100 deep subsidy housing units in the metro area and another 900 low income housing tax credit units.[12] The vacancy rate for these apartments is much lower than it is for the overall rental housing market because the demand for affordable units is so great.[13]

Why this solution?

Permanent housing, by definition, ends a person's homelessness. Every study that has been done on successful intervention has stated that housing is a necessary component of a person's ability to maintain stability. Most also note that it must be the first component of any sustainable strategy. Once a person or family has obtained decent, safe housing, they are better able to begin addressing some of the factors that ultimately contributed to their homelessness in the first place (mental health, physical health, substance abuse, personal economics).

[10] Fair market rents are set by HUD on an annual basis and are supposed to represent the 40th percentile in the housing market (i.e., 40% of units should be available below the published rents and 60% are above it).

[11] Housing is typically considered to be "Affordable" when a household pays no more than 30% of their gross annual income for housing costs.

[12] See Appendix 4 for detailed table of subsidized housing unit inventory. "Deep subsidy" units only require tenants to pay 30% of their income for rent; tax credit unit rents are capped and reserved for households who income qualify. (more about this on page 18)

[13] 12 percent of the area's population reports having an income that is below the poverty level *(2000 Census)*. People with this level of income almost always require a rent subsidy to access housing.

Our adopted solution focuses on using rent subsidies to connect the people who need housing with private sector housing resources, and then tying support services to the person, not to the housing. With increasing demand for North Dakota's low income housing tax credits (including significant public housing infrastructure needs and increasing demand for low income senior housing in the next several years), it is preferable to maximize the use of existing housing units instead of putting resources and energy into building new units.

Underlying this strategy is the supposition that it is more effective for most people to progress from one stage of recovery/treatment to another *within* a unit as opposed to progressing *between* units. Allowing consumers to transition in place minimizes the disruption that can occur from moving between levels of the traditional continuum and maximizes consumer choice in that the consumer dictates the level and types of service they want to use at a particular time.

The Technical Assistance Collaborative, Inc. has articulated a set of principles that almost all successful (i.e., retention rates at 85% or more after two or more years) permanent supportive housing programs embody. The permanent supportive housing model outlined in this plan is consistent with these principles.

1. The housing is affordable for people with SSI level incomes (residents usually pay 30% of their income or about $160 per month).
2. There is choice and control over living environment.
3. The housing must be permanent (tenant/landlord laws apply, but refusal to participate in services is not grounds for eviction).
4. The housing is "unbundled" from but linked to services.
5. The supports are flexible and individualized: not defined by a "program".
6. There is integration of services, personal control, accessibility, and autonomy.[14]

"The fundamental belief underlying Housing First and most other low demand housing strategies is that individuals should not be left homeless simply because they are unable or unwilling to maintain abstinence."[15] But the model also recognizes that housing is perhaps the most effective means available to engage people with treatment and other resources that they have not historically used.

[14] "Affordable and Accessible Housing: A National Perspective," presentation by Emily Cooper, Technical Assistance Collaborative Inc. to the Regional Housing Forum, November 13, 2002, printed in "Strategies for Reducing Chronic Street Homelessness," published by the U.S. Department of Housing and Urban Development Office of Policy and Research (January 2004), p. 24.

[15] "Strategies for Reducing Chronic Street Homelessness," Prepared by Walter R. McDonald & Associates and the Urban Institute for the Department of Housing and Urban Development Office of Policy and Research (January 2004), p. 28.

STRATEGY #1: INCREASE AVAILABILITY OF PERMANENT SUPPORTIVE HOUSING

Proposed Action	Current Status	What We Need to Do	Resources / Goal in Time
(1) Identify private **landlords willing to rent** to long term homeless individuals/families	Many long term homeless individuals have difficulty passing the background checks that have become standard practice for most rental properties.	Cultivate relationships with landlords who are interested in renting to long term homeless tenants. Build relationships by taking steps to mitigate their perceived risk, following through on promises of action, and establishing the reliability of the program.	185 units in 35 or more buildings distributed throughout community (15-20 units per year for 10 years)
(2) Coordinate **24-hour crisis assistance** for housing providers	One of the reasons landlords are reluctant to rent to tenants with poor rental histories is because they do not want to be stuck with a tenant that damages the property and diminishes the quality of life for other tenants in the building.	Giving landlords access to a 24-hour crisis line has been proven to alleviate one of the hurdles to availability of a unit. The line would be staffed by the service team that is connected to each tenant and coordinated with FirstLink's community hotline (calls would come in to First Link, then be forwarded to the appropriate service team after screening).	Identify connected service provider for all clients (IDDT and non-)
(3) Develop publicly supported **fund to indemnify** landlords and service providers against excessive losses associated with tenants' compliance with lease terms	See above.	Modeled after the City of Portland's *Fresh Start & Risk Mitigation Fund,* public sector agencies would establish a fund to which landlords who are providing units under the 10-Year Plan could apply to be reimbursed for excessive expenses incurred as a result of renting a permanent supportive housing unit.	Establish a $150,000 fund *Consider larger pool - partner with State*
(4) Mitigate landlord risk by having service providers **co-sign tenant leases** when needed	See above.	In some cases, a landlord may require an agency and a tenant to co-sign a lease. The agency would need to have the internal procedures in place to allow this to occur and would, by agreeing to co-sign, gain access to the public indemnification fund (in lieu of the landlord having the right to submit a claim).	Agency discussion of risks, protocols and policies re: this assumption of liability.

Proposed Action	Current Status	What We Need to Do	Resources / Goal in Time
(5) Build more flexibility into permanent supportive housing **property managemen**t **practices** to enhance tenants' ability to access available housing	Most local landlords have adopted property management practices that require a once-monthly rent payment, a minimum one-year lease, and the ability to pass a background check with no "red flags".	Work with landlords and the Safe Housing program coordinator to identify the areas where changes would most help these tenants access housing (ex. alternative payment options, shorter lease term, interpretation of background information) and where flexibility is feasible.	Coordination between landlords/apt association, housing placement specialists and Safe Housing program
(6) **Convert existing** emergency shelter and/or transitional **beds** to permanent housing	There are 154 emergency shelter beds in Fargo (another 49 in Moorhead). According to the most recent ND point in time survey, 43% of the shelter beds are occupied by long term homeless.	As the implementation of this Plan begins to show success, the demand for emergency shelter beds *should* decline.[16] This will reduce wait times for people needing service but may also, at some point, create vacant space within the emergency shelters. Converting some emergency shelter beds to SRO-type housing would add an important element to the local housing inventory, offering opportunities for increased socialization and "safe" environment *for people in recovery* whose success depends on living in a more controlled environment. In addition, the introduction of rent-paying tenants into the shelter organizations could help with long term sustainability of emergency shelter operations.	30 units in 10 yrs - conversions not likely to begin until year 6 or 7 $5-$10,000 per unit to fund the physical conversion of units from emergency shelter to permanent supportive housing. Shelter staff would continue to provide support services that are available to tenants of these housing units.

[16] Demand for emergency shelter beds is dependent on many things, including the availability of resources/services for people who are homeless in other communities and the state of the economy. Planning for a reduction in emergency shelter beds presumes a system that has adopted new ways to end and prevent homelessness in the community.

Proposed Action	Current Status	What We Need to Do	Resources / Goal in Time
(7) Establish a **safe haven** housing option in the community[17]	For some within the long term homeless population, the idea of signing a lease and living indoors for an extended period of time is too big a leap to make, even if they are desirous of change.	Create a small "safe haven" housing option in Fargo, which would have a low threshold for entry and no requirement of a lease. The SRO-type building would still be operated like an apartment building but the expectation of longevity is lower. This is an opportunity to engage those who are most hesitant to take the first step toward housing.	12 units Consider acquisition/ rehab first (new construction as second option) Estimated cost less than $1 million (consider HUD SHP funds)
(8) Support the **creation of additional market rate rentals** (efficiency units renting below $325)	Only 3.5% of the rental units in the City of Fargo are 0-bedroom (i.e., efficiency) units. The 2006 fair market rent for the efficiencies that do exist in the marketplace is $373. In 2006, vacancy rates in efficiency apartments was higher than it was for the overall market.	Encourage the private sector to create more 0-bedroom units that are extremely affordable, with the ideal being the incorporation of these more affordable units into other multi family buildings. Alternatively, acquire and convert existing multifamily apartment buildings to mixed income properties under non-profit management, incorporating 0 bedroom units into the property.	Collaborate with builders/ developers and advocate for projects that incorporate affordable housing during public approval processes. Target: 5% of housing stock as 0-bedroom or studio units (i.e., add 330 affordable units over 10 years)

[17] For more information on the concept of "Safe Haven" housing, refer to "Strategies for Reducing Chronic Street Homelessness", HUD Office of Policy Development and Research, January 2004 (p. 25).

Strategy 2 - Improve consumers' ability to pay for housing

What's the Issue?
Obtaining housing is contingent both on the ability to pay and the ability to access. Long term homeless households have some of the lowest incomes of any in the community. As is the case for any household with an income below the poverty level, finding and keeping safe, decent, affordable housing will require access to a "deep subsidy".

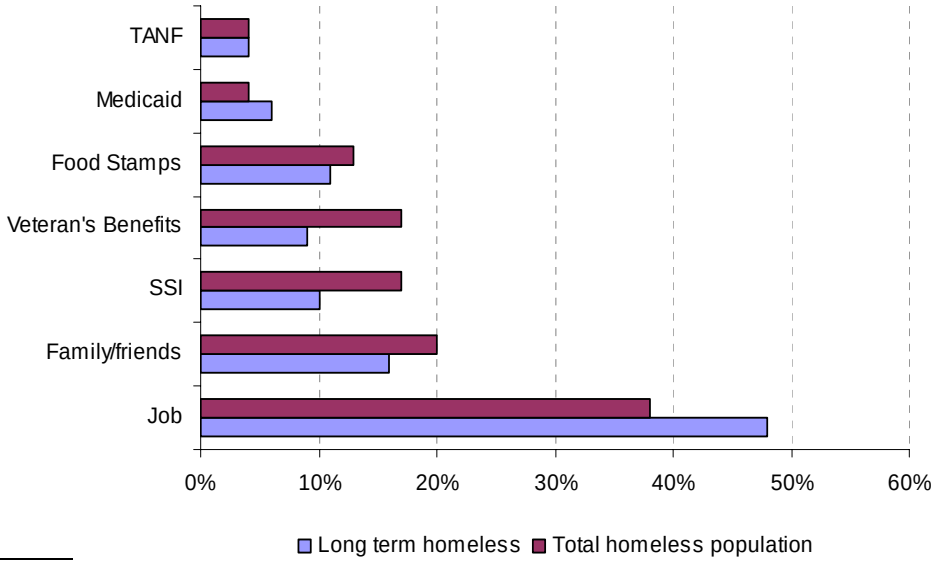
A "deep subsidy" is a rent subsidy that is tied to a person's income; typically a person receiving this type of subsidy will pay no more than 30% of their income for rent, regardless of how much they earn. These subsidies almost always come from the Department of Housing and Urban Development and are in high demand.[18]

Why this solution?
A study commissioned by HUD and HHS found that the presence of a rent subsidy was the best predictor of a household's success in maintaining housing stability.[19] This plan places a high priority on identifying sources for ongoing rent subsidies and on making those subsidies available to consumers at the point of first contact.

However, even if subsidies were available for everyone, a household needs personal income to create a stable life. While income earned from work was the most commonly reported source of income (see following chart), only 28 percent of the long term homeless population reported being employed in the 2006 Point in Time survey. The high rate of unemployment occurs for many reasons, including the presence of a disability that makes it difficult for a person to obtain or keep a job and the instability of not having a permanent address. This Plan also places priority on targeted employment programs and the importance of connecting people with entitlement benefit programs (i.e., use mainstream resources first).[20]

Employment is the most common source of income for Fargo's long term homeless population

Source of income, ND Point in time survey January 2006



[18] Examples of this type of subsidy include Section 8, Shelter Plus Care, Public Housing, Section 8 Single Room Occupancy (SRO) and HOME-funded Tenant Based Rental Assistance programs.
[19] "Preventing Chronic Homelessness: What Works", presentation by Deborah Denis, Policy Academy December 2003, from Shinn, M., Weitzman, B. C., Stojanovic, D., Knickman, J. R., Jimenez, L., Duchon, L., James, S., & Krantz, D. H. (1998). Predictors of homelessness among families in New York City: From shelter request to housing stability. *American Journal of Public Health*, 88, 1651-1657.
[20] A strategy for how to use "mainstream resources" to serve the homeless is outlined in *Blueprint for Change: Ending Chronic homelessness for Persons with Serious Mental Illnesses and/or Co-Occurring Substance Use Disorders* (Substance Abuse and Mental Health Services Administration, 2003 (Chapter 8)).

STRATEGY #2: IMPROVE CONSUMERS' ABILITY TO PAY FOR HOUSING

Proposed Action	Current Status	What We Need to Do	Resources/ Goal in Time
(1) Obtain funding for additional **Shelter Plus Care (S+C) vouchers**	There are currently 46 S+C vouchers available to Fargo tenants (22 SRO, 24 scattered site) via funding that comes to the Fargo Housing Authority from HUD. These vouchers are available to homeless people who are working with a local service provider and are compliant with a care plan. In addition, Fargo residents have access to 8-15 state S+C vouchers, as they become available (through SE ND Community Action).	S+C is one of the best sources of rent subsidy available to this population. There is extreme flexibility in establishing service plan criteria. The Housing Authority and SENDCAA should continue to apply for (FHRA) and access (SENDCAA) new vouchers through the Continuum of Care process, incorporating a harm reduction strategy and reserving the vouchers for long term homeless tenants.	Goal of having 100 S+C vouchers available in the community by 2016 Adding 5 5-year vouchers per year would require $100,000 new S+C funds annually
(2) Create **HOME-funded** Tenant-based **rental assistance** vouchers	In Fargo the only sources of rent subsidy currently available to homeless individuals are Section 8 and S+C. Local HOME funds are typically used for downpayment assistance, owner occupied rehab and limited creation of new affordable housing units. State HOME funds are not typically used in Fargo – they are targeted to areas of the state that do not receive their own allocation of funds.	Establish a tenant-based rental assistance program funded with HOME dollars, administered by the Fargo Housing Authority. Reserve vouchers for long term homeless tenants who agree to stay connected with a service provider. Priority in first three years would go to clients with a dual diagnosis and relationship with Southeast Human Service Center's IDDT team.	27-33 permanent rent vouchers (depending on pmt standard required) $117,000 to support 9 units. Vouchers authorized for 3 year term. By year 4 the same funding level will support 27-33 units City – $72,000 HOME/yr = 6 units State – $45,000/yr = 3 units
(3) Pursue **access to Section 8** vouchers for tenants currently excluded	The Fargo Housing Authority adheres to HUD's crime free housing policy, thus excluding people from Section 8 eligibility because of criminal backgrounds. Drug-related and sexual offenses are tied to a lifetime ban; other felonies and lesser offenses are tied to a five-year ban.	Change local policies to shorten the length of the ban associated with offenses that do not trigger the lifetime ban. Some policies are established at the federal level and not subject to change – our focus would be on areas where there is local discretion.	Coordination with FHRA Board and Staff Anticipate that up to 20 tenants will gain access a subsidy over 10 yrs

Proposed Action	Current Status	What We Need to Do	Resources/ Goal in Time
(4) Implement targeted **employment** placement programs for anyone receiving housing assistance through the 10 year plan	Emergency shelters, public housing, social services – everyone emphasizes employment as a key to long term success. Some agencies encourage clients to work day labor jobs to earn money but the ideal situation for long term success is to find steady, reliable employment. Historically there has been good cooperation between local service providers and ND Job Service in developing creative employment placement programs for homeless people.	Re-establish partnerships with Job Service to offer field-based services for homeless people. Job Service staffers have the expertise needed to connect people with employment but budget cuts have made it less common for employment specialists to interact with clients from satellite offices. In addition to traditional employment placement, encourage organizations to take a broader view of employment by offering vocational type social activities to clients, both as an opportunity to socialize and as a way to help people connect with things they might like to do, thus re-engaging them with society.	$150,000 to support 3 new employment specialists who are available to work in satellite offices based in agencies throughout the community and partner with others in the community to offer vocational activities to clients *Best source for employment support is the staff at ND Job Service*
(5) Help tenants gain and maintain **eligibility for mainstream supports** (SSI, SSDI, TANF, Food Stamps, Medicaid, Medicare)	People who are connected with case managers are very likely to be receiving entitlement benefits. However, for people not connected to a "system", there can be mainstream benefits they are eligible to receive but don't, whether because of complexity, lack of address, or lack of motivation. Not everyone is able to count on income from employment – income from benefits is also important to personal success, particularly for this population.	Support ND CoC efforts to streamline benefit enrollment processes and jointly bring requests for program changes forward. Train outreach and prevention workers in how to guide people to mainstream supports. (Service teams already incorporate this into their work – the key is to help people access benefits, and as a result, generate income, as soon as possible.) Ex. HUD's "First Step" program materials The interruption of benefits is something that can push someone into housing crisis. The conscious maintenance of benefits is as important as initial access.	Partner with CoC

Proposed Action	Current Status	What We Need to Do	Resources/ Goal in Time
(6) Increase **availability of rep payee services** with a focus on maintenance of housing stability	More than half of the city's long term homeless report that money management problems contributed to their housing crisis. There are private, non-profit guardianship/payee services that operate in the metro area. There is not, however, a public representative payee service in the county. People who use private payee services are required to pay for the services received.	Provide funds to subsidize the cost of using private rep payee services. Focus on payeeships that offer a low-level of financial management (i.e., payment of rent and utilities with the balance going to the consumer for individual management – not case management). Provide support to rep payee providers to also offer credit repair assistance to clients, free of charge.	Approx $1,200/client/yr to subsidize cost of operating rep payee program in years 1-2. Once volume increases to sustainable level (i.e. 150-200 clients), the anticipated subsidy decreases to $5,000/year to cover costs for clients who can't contribute the Social Sec pmt rate of $33/month.

Proposed Action	Current Status	What We Need to Do	Resources/ Goal in Time
(7) Support the creation of a **Transitional Jobs program** in Fargo Moorhead	Many of the long term homeless will require targeted assistance to succeed in the job market. There are three general levels of employment assistance available: 1. Placement (help finding a job) 2. Placement + On-the-job-Support (help keeping a job) 3. Placement + On-the-job-Support + Subsidized wages (a "transitional job" to help someone gain access to a "first job") Transitional jobs programs targeted for people with criminal records exist in many cities across the country. While there is discussion about starting a program here, to date a formal TJ program does not exist. Transitional Jobs are time limited, subsidized jobs that combine real work, skill development and support services to help participants overcome substantial barriers to employment.	Support the creation of a TJ program in the metro area with eligibility that includes long term homeless individuals.	*Undetermined at this time*

Strategy 3 – Develop Partnerships that will Move People into Housing First

What is the issue?
The traditional continuum of emergency shelter, transitional housing and permanent supportive housing does not work for everyone. For some, the threshold for entry into homeless housing programs is too high (ex., sobriety, compliance with curfews). If they are unable to meet the threshold requirements, their access to the system is effectively barred.

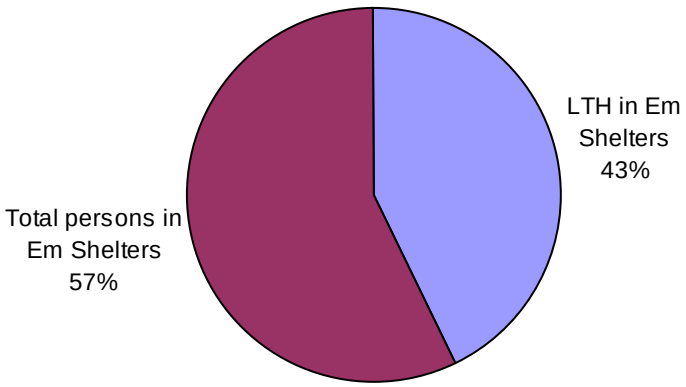
Without housing, services and supports cannot be effective.[21] Likewise, without services, housing is not likely to be sustainable. For many years, homeless system providers have made significant efforts to serve homeless populations in the Fargo Moorhead area and their coordination is evident. Yet, an institutional divide still exists between housing and service funding, and that divide puzzles the development of permanent supportive housing.

Why this solution?
This Plan suggests that we first address a person's desire for permanent housing, with the understanding that a person whose life is stabilized is then better able to make decisions that will positively impact their future success and happiness. The necessary follow up to providing housing is to also make sure service supports are available to people who have moved from being homeless to being housed.

While subtle, this shift in perspective is important - existing programs and services that are currently intended to support homeless populations will also be used to support and maintain permanent housing for formerly homeless people.[22]

Practical research shows that moving people into housing first is the most effective way to solve the homelessness crisis. Nationally, of

The long term homeless account for 43% of the people staying in emergency shelters in Fargo
Response to question "Where did you sleep last night?", ND Point in Time survey January 25, 2006



[21] "Ending Long-Term Homelessness in Minnesota: Report and Business Plan of the Working Group on Long-Term Homelessness" (prepared for the Minnesota Legislature, March 2004, p. 19) from: "Blueprint for Change: Ending Chronic Homelessness for Persons with Serious Mental Illness and/or Co-occurring Substance Use Disorders", U.S. Department of Health and Human Services, 2003
[22] Home Again, A 10-year plan to end homelessness in Portland and Multnomah County, Citizens Commission on Homelessness, December 2004.

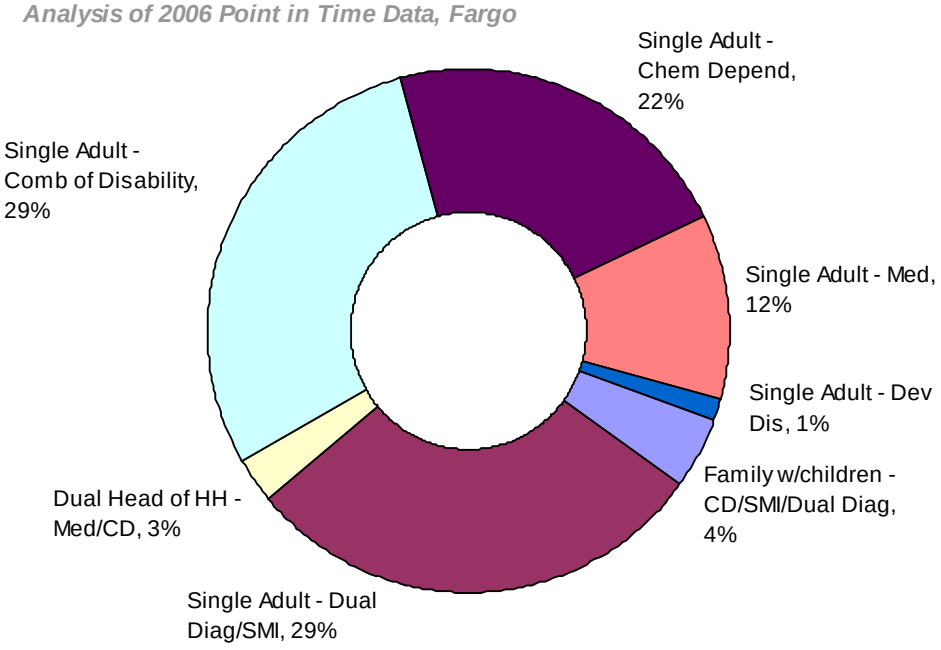
those households served through the housing first approach, 80 to 90 percent remained in housing a year later.[23] Not only do households stay housed longer, but moving directly into housing with supports is also more cost effective. One study showed that housing first programs cost between $1,200 to $7,800 per family per year, depending on the level of direct financial assistance and case management services.[24]

In Fargo, the proposed actions begin weaving together a net of supportive services that will wrap around tenants. The net includes the:

- IDDT team for homeless people with dual diagnoses
- Substance abuse support network for people who are in recovery and connected to the traditional social service system
- Group case management collaboration and the Drop In Center for people not connected with IDDT or the substance abuse network
- Emergency shelter and transitional housing providers for the people who live in shelter-based permanent supportive housing units.

93% of the long term homeless are single adults with disabilities - most of which involve chemical dependency or mental illness

Analysis of 2006 Point in Time Data, Fargo



SMI = Serious mental illness
CD = Chemical Dependency
Med = Chronic medical condition
Dev Dis = Developmental Disability
Dual Diag = Dual diagnosis of chemical dependency and serious mental illness

[23] Housing retention rates at 12-months from JOIN, Pathways to Housing, a housing first program in New York City for individuals who have psychiatric disabilities and substance use disorders. From National Alliance to End Homelessness, Inc. *Training Curriculum on Housing First for Families*, March 2004.
[24] "Summary of Housing First Research", LaFrance Associates, LLC for National Alliance to End Homelessness, March 2004.

STRATEGY #3: DEVELOP PARTNERSHIPS THAT WILL MOVE PEOPLE INTO HOUSING FIRST

Proposed Action	Current Status	What We Need to Do	Resource / Goal in Time
(1) Support the **creation of an Integrated Dual Disorder Treatment (IDDT) team** within Southeast Human Service Center to improve outcomes for dually diagnosed homeless clients	The PATH coordinator at Southeast Human Service Center works with chronic homeless in the community on a daily basis, providing outreach, housing placement, habilitation, mental health service and case management. Annually, the PATH coordinator in our region serves about 160 homeless people. In 2006, the Service Center received approval from the ND Department of Human Services to pilot the IDDT – a team approach to working with homeless people who have a dual diagnosis of serious mental illness and chemical dependency.[25]	SEHSC has already taken the initiative to find a new way of working with the clients who are the highest users of the Center's most expensive service lines (emergency room, State hospital, crisis beds). They have received a commitment from the Dept of Human Services for 3 years of funding. This effort is absolutely essential to our goal of ending long term homelessness. If the outcomes of the pilot project are what we expect them to be, the City of Fargo, through the 10 Year Plan, will request that DHS and the state legislature commit to funding this effort beyond the pilot project.	Pilot phase will create team that can serve up to 75 dually diagnosed clients (expect approx 50 to be homeless). $120,000 for new staff (2007 budget requests conversion of temp positions to perm) plus SEHSC infrastructure and existing staff Consider future expansion of IDDT model to make non-dually-diagnosed clients eligible

[25] Many people are familiar with the "ACT" – Assertive Community Treatment – model of service provision, established in 1973 and recently highlighted by SAMHSA as a best practice for permanent supportive housing. IDDT, which is the model to be adopted by the Southeast Human Service Center, is another evidence-based practice that resembles ACT. SAMSHA has identified the core components of each model at www.mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/community/. See Appendix 5 for a more complete description of the IDDT Team model that will be used by Southeast Human Service Center and for an overview of the primary differences between ACT and IDDT.

Proposed Action	Current Status	What We Need to Do	Resource / Goal in Time
(2) Enhance **connections between SEHSC and the VA** to provide coordinated service for veterans	Both the state Human Service Agencies and the Veteran's Administration strive to ensure that they are not providing duplicative services. Coordination between large systems can be difficult, especially for consumers, but sometimes the avoidance of duplication can actually create unintended gaps in service instead. Since veterans have access to VA services, they are currently expected to use VA resources before receiving service from the ND Department of Human Services.	Enhance communication between the DHS and VA systems to ensure that there is no duplication of service and that there is also no gap in service.	Staff-level coordination on individual cases
(3) Expand "**group case management**" approach currently used to address needs of unsheltered homeless population in downtown area	Several agencies that interact regularly with the chronic unsheltered homeless people who live downtown use an informal group case management meeting to try and find the best and most effective intervention for the people they are serving.	Continue to use group case management approach to coordinate services/interventions for long term homeless. Ideally a person will be connected with a formal service team (ex. IDDT) but, since resources are not likely to allow everyone to be connected with such a team right away, this collaborative problem solving approach can function as a good interim solution.	Continued collaboration between agencies
(4) Establish a **"peer mentor" system** to supplement formal case management	Peer mentoring is not currently part of traditional provision of service but has been shown to be an effective way of connecting with people, helping both the mentor and the mentee.	Engage formerly homeless individuals in outreach and support efforts by connecting them with individuals currently receiving services. Allow a drop-in center based mentor system to function as the "wrap around" services for people who are not connected with another kind of service team.	Coordinate with IDDT team and Drop-In Center

Proposed Action	Current Status	What We Need to Do	Resource / Goal in Time
(5) Establish **"Fresh Start Fund"** to provide start-up resources to 10-Year plan tenants	Providers who work with housing placement try to piece together donated items and dollars to help a tenant get set up in an apartment. There is no designated source that people can go to for help; this complexity can be another barrier to permanent housing.	Establish the Fargo Fresh Start Fund. Providers and housing placement workers can access the fund on behalf of tenants for furniture, basic household goods, utility/security deposits, and related hookups. The fund could also be used to pay for temporary housing while a permanent apartment is being located.	$30,000/year (up to $1,300 cash per household plus donated items as available) Seek organization that can accept and store in-kind donations of household items
(6) Create a **local Homelessness Ombudsman** through the FM Homeless Coalition	The FM Homeless Coalition has been building partnerships around homelessness in the metro area for more than 17 years. The organization is poised to take a greater leadership role in the community and has been exploring ways to do just that over the last year.	Support the FM Homeless Coalition in hiring an executive director that would also function as a local "homelessness ombudsman". The person would help develop buy-in to the idea that permanent supportive housing is at the top of the list of resources we try to connect people to, serve as a local housing placement resource available to anyone interested in finding out how they can help someone access permanent supportive housing, work on prevention coordination, etc.	Cost $30-$40,000 per year *Job share with Coalition Exec Director to create full time position*

Strategy 4 - Make outreach to chronic homeless more effective

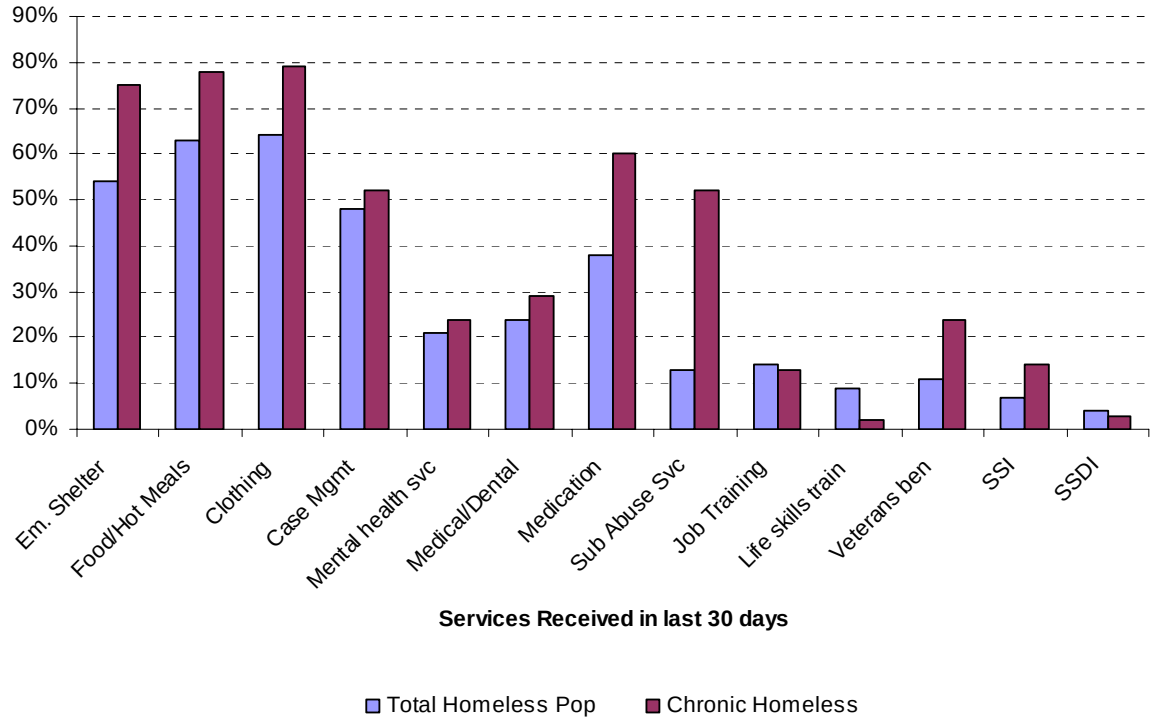
What's the Issue?

Outreach is the linking of homeless individuals to housing and services. "Many outreach programs are able to help street homeless people in a variety of ways even when they are not able to offer them a home. In addition to providing a regular contact and a reliable friend on the street, they are able to ease the difficulties of street living."[26]

The idea behind traditional outreach to street homeless has always been "to engage the individual and figure out their survival needs. Are they going to be okay? Are they able to cope? Are they able to fend for themselves? Do they have physical health problems that are pressing? Do we need to take them to the hospital right away or can we just refer them to the next step in the system? … We want to treat their clinical conditions. As clinicians, the focus has always been to treat the clinical conditions first and in that way, get the person ready for housing."[27]

Even though the chronic homeless access services at higher rates than the entire homeless population, they are less likely to achieve any sort of sustained housing stability.

Svc utilization for total/chronic homeless pop, Fargo, ND Point in Time Jan 2006



[26] "Strategies for Reducing Chronic Street Homelessness", HUD OPR, p. 23.

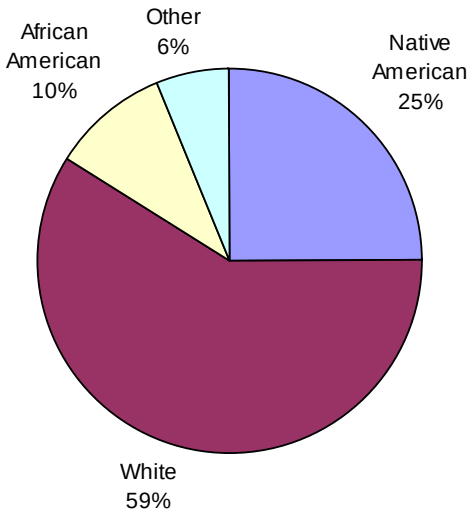
[27] "Outreach and the Housing First Model: Offering Housing during the First Contact by Outreach Workers," An Edited Transcript of the PATH National Presentation, March 9, 2004. Presenters: Sam Tsemberis, Sheryl Silver, Ann Denton. Available at: http://www.pathprogram.samhsa.gov/pdf/HousingFirstTranscript4-15-04.pdf, p. 5.

Why this solution?
Engaging people who are living on the streets is key to the effort to end homelessness. The ideal type of outreach is seamless in that workers can connect people with housing at first contact (which necessitates that the community has some form of low-demand housing and/or the availability of rent subsidy). Mandating treatment for a mental illness or sobriety can drive people away from service engagement. However, when someone feels safe and secure, he or she is more likely to participate in treatment and even try to find and keep a job.[28] Local data shows that even though the long term homeless are accessing services in the community, they are not finding "housing" success. (see chart on previous page).

Realistically, the community will not have housing and/or housing subsidies available to everyone who needs them at every point in time. Even if housing is not readily available for outreach workers to offer clients, outreach that is culturally appropriate and responsive to consumer choice will build relationships that are likely to eventually lead to housing and improved individual conditions.

Culturally sensitive outreach is important - more than 40% of Fargo's long term homeless are from minority racial groups

ND Point in Time Survey January 2006



[28] National Alliance to End Homelessness, Toolkit for Ending Homelessness, June 2003. http://www.endhomelessness.org/pub/toolkit/

STRATEGY #4: MAKE OUTREACH TO CHRONIC HOMELESS MORE EFFECTIVE

Proposed Action	Current Status	What We Need to Do	Resources/ Goal in Time
(1) Establish **fund to support outreach** workers' engagement with potential tenants	Outreach workers are unable to offer consumers much more than time in a standard office environment because of funding and time constraints. However, experience and evidence show that building a positive, trusting relationship is an essential first step in engaging people who are resistant to engaging with the system as they've known it.	Alternative settings can be more conducive to relationship building. Establish an "outreach" fund that can be accessed by people actively engaged in reaching out to the area's long term homeless population. Funds could be used to pay for things that will help build relationships between outreach workers and consumers (ex. coffee, meal, recreational activities).	$10,000 per year
(2) Initiate "**Project Homeless Connect**" in the FM area	The Fargo Moorhead metro area is blessed with a strong network of homeless service providers who receive ongoing community support for the work they do. But time and again consumers have complained about the complexity of receiving services – knowing where to go to get what, when.	Organize an annual "Project Homeless Connect" in the FM area to (1) connect individuals facing homelessness to benefits, medical care, substance abuse and mental health counseling, and a variety of social and other services in one centralized, convenient place and, (2) strengthen the connections between service providers, government and private sector organizations.	*Cost undetermined at this time.*
(3) Support a consumer-run **drop-in center** as a safe point of outreach, service delivery and referral	The metro area did not have a homeless drop-in center until the Ray of Hope opened its doors in February 2006. Their mission is to provide a safe place for chronically homeless individuals to take care of basic personal needs. They've adopted a peer mentor model by staffing the facility largely with formerly homeless individuals and have strong connections with the local faith community.	Secure funding to keep a drop-in center open year-round with an emphasis on a continued and expanded partnership with the faith community. Make sure drop-in center's staff and board are involved in community-wide outreach planning and are aware of the housing/ service resources that may be available to long term homeless individuals and families.	$250,000/year (2 staff people 24/7 + evening meal service)

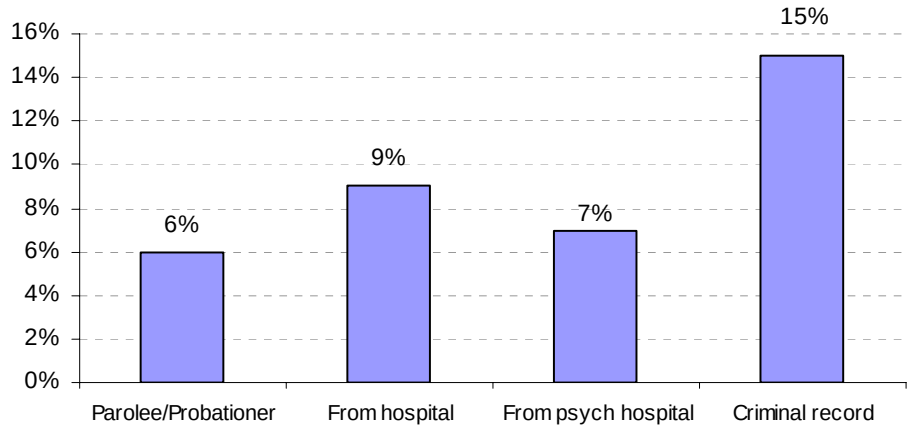
Strategy 5 - Stop discharging people into homelessness.

What's the Issue?
On any given day there are hundreds of people in Fargo living in non-permanent institutional settings (ex. jail, hospital, shelters). Transitioning from an institution to the community can be difficult on many levels. Providers do the best they can to make people ready for community living and to line them up with community supports when possible. However, housing placement is not always included as part of this readiness transition either because it is not part of the "program" or because the provider is unable to match the individual with housing that meets their needs.

Why this solution?
It is often said that to end long term homelessness, we need to close the front door and open the back door. Addressing discharge planning will help us "close the front door" to homelessness, which is essentially taking actions that will prevent a person from ever becoming homeless as opposed to waiting for the housing crisis to occur before intervening. This effort will address the housing and service needs of individuals entering and exiting the criminal justice system, work to incorporate housing into the discharge planning being done by health care facilities, and address the housing and service needs of youth aging out of foster care.

One in five long term homeless report having been discharged from an institutional setting

Charateristics of long term homeless population, Fargo, ND Point in Time survey, January 2006



STRATEGY #5: STOP DISCHARGING PEOPLE INTO HOMELESSNESS

Proposed Action	Current Status	What We Need to Do	Resources / Goal in Time
(1) **Connect health care providers with housing resources** to minimize discharge to the streets	MeritCare Hospital functions as de facto housing for many long term homeless individuals who are denied access to the emergency shelter system because of behaviors that don't conform to facility expectations. Hospital staff members are put in the position of having to discharge people from the hospital to the street because they can't connect people to resources that don't currently exist.	Provide local health care workers with more immediate discharge alternatives. Develop list of options and enhance coordination between hospital social works, drop-in center staff, and First Link.	Distribute updated information on housing resources
(2) Implement the **post-booking diversion program** that has been proposed by the Cass County Jail Intervention Coordinating Committee (JICC)	The coordination between County Jail staff and Southeast Human Service Center is very strong. When entering the jail system, inmates who should have an assessment by a mental health professional are flagged by staff. The limitation comes in SEHSC's ability to actually conduct the assessments. They have one staff person who covers five jails which severely limits their ability to see all inmates in a timely manner. Without assessment, an inmate cannot receive treatment for their mental illness, and without treatment, their chances for success after release are greatly diminished.	The JICC has developed a model that would help improve the quality of life for people with mental illness by directing them to treatment and support rather than incarceration. Under this model, people would be screened at booking and, if identified as having, or possibly having a severe mental illness, would be referred for an expanded assessment. If the individual is a candidate for an alternative sentence and wants to participate in the program, a Treatment Plan will be offered in lieu of incarceration. The Court would order adherence to the Treatment Plan as condition of a deferred imposition of sentence. Upon successful completion of the program, charges will be dismissed and plans made to keep the client engaged with a service provider. The Treatment plan includes both housing and support services for a specified period of time.	Clinical Mental Health Coordinator for County Jail, DOJ grant + state support – (cost is approx $818/month per person – program could support 25 people at a time)

Proposed Action	Current Status	What We Need to Do	Resources / Goal in Time
(3) Support efforts to **bolster discharge planning in State institutions**	The State Penitentiary and the State Hospital are two important sources of discharge in our community. Fargo is a destination for approximately 25% of the people discharged from the State Penitentiary on an annual basis.	The Departments of Corrections and Human Services are engaged in statewide planning efforts that involve enhanced discharge planning to prevent homelessness. Local efforts should be designed to support those system changes in any way possible and to encourage state policymakers to adequately fund needed program changes.	Coordinate with ND CoC
(4) Support DOCR **Re-entry** initiatives	The Dept of Corrections and Rehabilitation (DOCR) in North Dakota elected to participate in the Dept of Justice's "Transition from Prison to Community Initiative" (TPCI). TPCI states are committed to enhancing system integration to improve inmates' transitions to community life. ND's pilot "re-entry" program (funded with a Dept of Justice grant) has been operating in Fargo for 3 years. It is an ambitious and comprehensive project that has, to date, affected 175 individuals.	Funding for the pilot study ended in 2006. The 2007 DOCR budget request includes funds to continue the Re-entry program in Cass County. Since Fargo is the destination for approximately one-fourth of inmates leaving the state penitentiary and since transition from prison to community is one of the most critical times for housing stability, the Fargo 10-Year Plan should support any DOCR TPCI efforts that would help further the goal of ending long term homelessness.	Support for DOCR *Transition from Prison to Communities* related initiatives, including Re-entry programs

Strategy 6 – Enhance the coordination and availability of prevention services

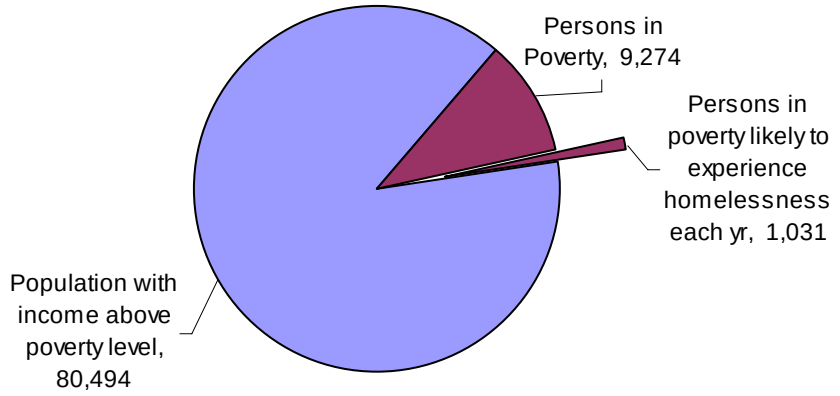
What's the Issue?
People at risk of becoming homeless represent the "front door" to homelessness. Approximately 10% of households with income at or below poverty level cycle through the homeless system in a given year.[29] While there is no scientific way to predict which of the precariously housed will eventually become homeless, there are probably leading indicators of crisis:

- Eviction or foreclosure
- Food poverty
- Use of energy assistance or other prevention services
- Regular engagement with fringe financial service companies
- Loss of employment and/or future earning power

Why this solution?
Chronic homelessness can be prevented by identifying risk factors that would push someone who is precariously housed into housing crisis and then using evidence-based practices to prevent homelessness from occurring.[30]

Although it is beyond the scope of this plan to outline strategies for poverty reduction on a community-wide scale, prevention is by its very nature, poverty reduction on an individual level. The proposed actions for homelessness prevention take the system that is in place to the next level, adding another level of intensity to the services that are available to those most at-risk.

Approximately 10% of people living in poverty will experience homelessness in any given year
2000 Census Poverty statistics, Fargo



[29] "Estimating the Need", CSH March 2005.
[30] "Preventing Chronic Homelessness – What works?" Deborah Dennis, Policy Research Associates presented at Accessing Mainstream Resources to End Chronic Homelessness Policy Academy, Miami, FL in December 2003.

STRATEGY #6: ENHANCE THE AVAILABILITY AND COORDINATION OF PREVENTION SERVICES

Proposed Action	Current Status	What We Need to Do	Resources/ Goal in Time
(1) Publish **guide to rent assistance** for at-risk	Professionals who work in the field every day are very astute at knowing where the local resources are. But to those who are only involved intermittently, it can be difficult to stay current on the availability of local resources.	Coordinate with FM Homeless Coalition "Where to Go for Help" project; consider targeted piece for people at-risk. Information would be both for people at-risk of homelessness and for the people who provide homelessness prevention services. Consider web based publishing to ensure that materials stay up to date.	$1,000
(2) Develop **community homelessness prevention strategy** to help faith and non-profit communities direct efforts in coordinated way	More than a dozen faith-based and non-profit organizations in Fargo currently work in the area of homelessness prevention. Collaboration is extensive but resources are scarce. Everyone involved wants to do whatever they can to make a real difference in people's lives.	Develop a local "Homelessness Prevention Toolkit" which explains what someone who is at risk of homelessness needs to do to avert housing crisis. It would be specific in outlining local resources and would help all of the people who offer prevention assistance in this community (ex. churches, non-profits) to give consumers the same basic message and to figure out what role they themselves may want to play.	$1,000 start-up (to develop and publish) $1,000/year after that (printing and updates)
(3) Arrange l**andlord/tenant mediation** services to help resolve disputes	There are currently no avenues in place to help landlords and tenants work through conflicts. Several years ago, the local Community Action Agency lost its HUD funding for the Tenant Hotline, which was a critical resource for people who were trying to work through issues related to landlord/tenant rights in North Dakota.	Establish a landlord/tenant and tenant/tenant mediation program as an alternative to formal legal action and to avert housing crises. The mediation process greatly benefits those in an ongoing landlord/tenant relationship – both parties are called on to participate in fashioning a mutually agreeable solution. Explore feasibility of a collaboration between an existing prevention provider (to organize program) and the District Court/local Bar Assoc (provide professional mediation services).	$40,000 + in-kind professional services for mediation *Possible Partners: District Court, Legal Aid, local Bar Association*

Proposed Action	Current Status	What We Need to Do	Resources/ Goal in Time
(4) Increase the intensity of "**emergency assistance" for families most at-risk** of long term homelessness	Local organizations spend about $200,000 each year to assist precariously housed people with emergency rent assistance. There is already substantial coordination that occurs between agencies for each case that accesses emergency assistance. For some households, the emergency assistance and referrals are enough to help them get back on their feet. For others, a more significant intervention is needed if housing crisis is to be averted.	Continue to make emergency rent assistance available but create a separate track within the system for families that are most at-risk of extended periods of homelessness and housing crisis. The prevention provider would stay with these families for a longer period of time, helping them connect with the types of resources they need to make systemic change (ex., employment training/placement, intensive money management/planning).	Track the development of Presentation Partners in Housing *Home Visit* program for costs and effectiveness
(5) Initiate **communication between prevention providers and landlords** around the topic of partnering for successful eviction prevention	Helping families avoid housing crises is difficult in any situation. One of the complicating factors for many people is that they don't seek help with eviction prevention until they are several months behind in rent and/or other payments.	Develop relationship with landlord association to talk about what they can do to help tenants avoid eviction. (ex. letting people get several months behind in rent makes it harder to solve the problem).	Collaboration between Safe Housing Program, FM Apartment Association and the Community Assistance Provider Network

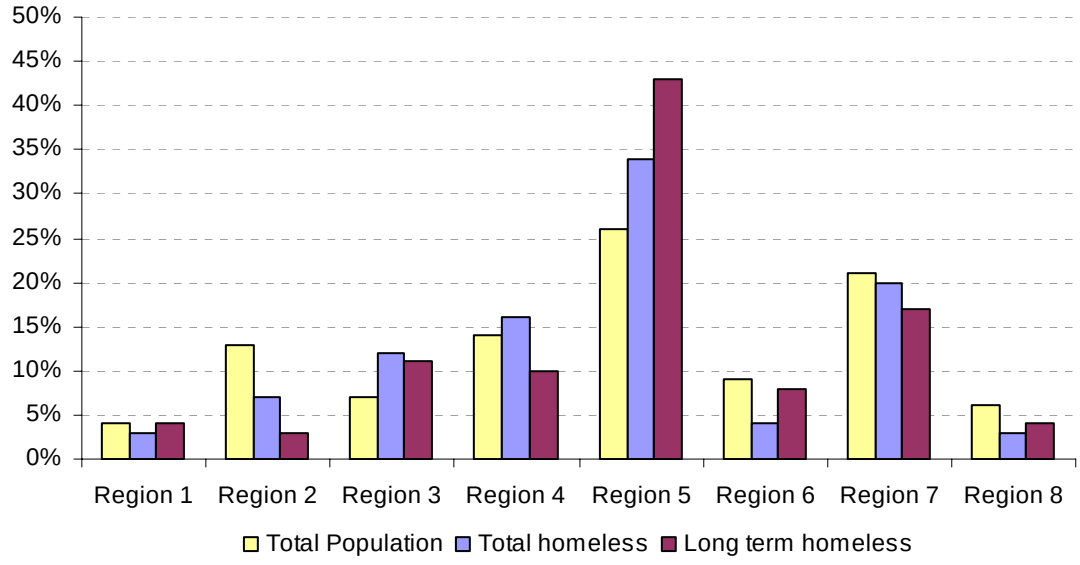
Strategy 7 - Collect data and share information about homelessness in the metro area

What's the Issue?
To solve a problem we must first understand it. The sources of local data on homelessness have improved greatly in the last 4-5 years. The statewide Point in Time survey conducted in conjunction with the Continuum of Care process is developing into a very useful source of data. It is, however, limited in that it does not address the full metropolitan picture (i.e., it is North Dakota only). Every three years the FM Homeless Coalition conducts a survey with the help of the Wilder Research Center. The "Wilder" survey does include the whole metropolitan area but the data is not as timely as the Point-in-Time. In addition, in 2005 agencies receiving Continuum of Care and ESGP funds began using a statewide Homeless Management Information System (HMIS), which has great potential as a technology-based solution to data gathering.

Why this solution?
While there is some consistency in the annual profile of the local homeless population, we need to understand what homelessness is in our community if we are going to succeed in ending it. By continuing to support the collection of local data on homelessness and enhancing the level of analysis conducted on the data collected, we will be able to help make this plan more effective and can also help the community understand the nature of the issue and the importance of addressing it.

Local data collection efforts are key - almost half of the state's Long term homeless population lives in Fargo

Population distribution by region, 2006 ND Point in Time survey, January 2006



STRATEGY #7: COLLECT DATA AND SHARE INFORMATION ABOUT HOMELESSNESS IN THE METRO AREA

Proposed Action	Current Status	What we Need to Do	Specific Goal in Time
(1) Utilize the ND **HMIS system** for detailed data collection	The ND Dept of Commerce and Coalition for Homeless People partnered to bring the Homeless Management Information System (HMIS) to ND housing and service providers.	Use HMIS to monitor progress and work with ND Coalition for Homeless People to develop report capabilities that will meet Plan evaluation needs.	90% of providers actively input client data by 2008. Develop new reports by 2007.
(2) **Support surveys** that provide community-specific data on homelessness	In the last five years, local data on homelessness has improved. The FM Homeless Coalition coordinates the Wilder Survey and the ND Homeless Coalition coordinates the annual statewide point in time survey.	Support local data collection efforts financially (local support of ND Continuum of Care coordinator and Wilder survey process) and with in-kind assistance (survey data analysis for point in time).	$5,000 CDBG per year (ND Continuum of Care) $5,000 CDBG once every 3 years (Wilder Survey) 1-2 weeks staff time per year for data analysis.
(3) **Humanize the issue** of homelessness and **establish a mindset** that believes in ending homelessness	Many donors and volunteers are more interested in supporting projects for people who are homeless than for people who are housed. This is probably true for a variety of reasons, not the least of which is the blatant nature of crisis facing someone who is homeless.	Help people understand how housing stability can be achieved, what they can do to help, and why it is as important an activity as helping people who are currently homeless.	Coordinated message on homelessness as an issue and ending it as a goal
(4) **Document community costs** of allowing long term homelessness to exist as it currently does, without permanent supportive housing interventions	Dozens of studies around the country have documented the costs associated with a social policy that perpetuates the status quo with regards to long term homelessness. However, to be most effective, data should be locally specific. Initial work has been completed on this topic but further refinement is needed.	Find resources needed to refine the preliminary work done by Centre Inc and MSUM to provide a benefit cost analysis on the economic sense of permanent supportive housing.	*Undetermined at this time*
(5) **Integrate** the city's **definition of LTH** into data collection practices of area providers	Agencies collect data on items that are relevant to their organization. Sometimes sharing data is complicated by differing definitions.	Ask local providers to include data elements that would allow for analysis of statistics by status as LTH.	Technical assistance on required data elements

Who can help make this "more than just a Plan"

A community that is serious about implementing a plan must also be willing to accept the responsibility for that implementation. Change of this magnitude only happens if everyone works together toward a common goal. The following table lists the proposed actions from the previous section of the report and identifies the parties who have accepted responsibility for coordinating implementation of a particular item.

Task	Resources/ Goal in Time	Leadership	Funding
STRATEGY 1: Increase the availability of permanent housing			
(1) Identify private **landlords willing to rent** to long term homeless individuals/families	185 units in 35 or more buildings distributed throughout community (15-20 units per year for 10 years)	FHRA	N/A
(2) Coordinate **24-hour crisis assistance** for housing providers	Identify connected service provider for all clients (IDDT and non-)		N/A
(3) Develop publicly supported **fund to indemnify** landlords and service providers against excessive losses associated with tenants' compliance with lease terms	Establish a $150,000 fund *Consider larger pool - partner with state*	City of Fargo	City, State
(4) Mitigate landlord risk by having service provider **co-sign tenant leases** when needed	Agency discussion of risks, protocols and policies re: this assumption of liability.		N/A
(5) Change **property management practices** to enhance tenants' ability to access available housing	Coordination between landlords/apt association, housing placement specialists and Safe Housing program		N/A
(6) **Convert existing** emergency shelter and/or transitional **beds** to permanent housing	30 units in 10 years - conversions not likely to begin until year 6 or 7 ($5K-$10K/unit)	Local Emergency Shelters (YWCA of FM and New Life Center)	HUD Private
(7) Establish a **safe haven** housing option in the community	12 units Consider acquisition/ rehab first new construction (second) Estimated cost less than $1 million (consider HUD SHP funds)		HUD SHP
(8) Support the **creation of additional market rate rentals** (efficiency units renting below $325)	Collaboration with builders/ developers and advocacy during public process. Target 5% of housing stock as 0-bedroom or studio units (i.e., add 330 units over 10 years)		HOME LIHTC Private

Task	Resources/ Goal in Time	Leadership	Funding
Strategy 2: Improve consumers' ability to pay for housing			
(1) Obtain funding for additional **Shelter Plus Care (S+C) vouchers**	Goal of having 100 S+C vouchers available in the community by 2016 Adding 5 5-year vouchers per year would require $100,000 new S+C funds annually	FHRA	HUD COC
(2) Create **HOME-funded** Tenant-based **rental assistance** vouchers	27-33 permanent rent vouchers (depending on pmt standard required) $117,000 to support 9 units. Vouchers authorized for 3 year term. By year 4, funding will support 27-33 units City – $72,000 HOME funds/yr = 6 units State – $45,000/yr = 3 units	City	Fargo HOME. State support
(3) Pursue **access to Section 8** vouchers for tenants currently excluded	Coordination with FHRA Board and Staff Anticipate that up to 20 tenants will gain access to a subsidy over 10 yrs	FHRA	N/A
(4) Implement targeted **employment** placement programs for anyone receiving housing assistance through the 10 year plan	3 employment specialists who are available to work in satellite offices based in agencies throughout the community and partner with others in the community to offer vocational activities to clients Cost of $150,000/year *Best source for employment support is the staff at ND Job Service*		State
(5) Help tenants gain and maintain **eligibility for mainstream supports** (SSI, SSDI, TANF, Food Stamps, Medicaid, Medicare)	Partner with ND CoC	ND Coalition for Homeless Persons – CoC Committee	N/A
(6) Increase availability of **rep payee services** and focus on maintenance of housing stability	Approx $1,200 / client to subsidize cost of operating rep payee program in years 1-2 *Once volume increases to sustainable level, anticipated subsidy decreases to $5,000/year*		Private City County State
(7) Support creation of **Transitional Jobs program** in metro area	Undetermined at this time		

Task	Resources/ Goal in Time	Leadership	Funding
Strategy 3: Develop partnerships that will move people into housing first			
(1) Support the **creation of an Integrated Dual Disorder Treatment (IDDT) team** within Southeast Human Service Center to improve outcomes for dually diagnosed homeless clients	Pilot phase will create team that can serve up to 25 dually diagnosed clients. $120,000 for new staff (2007 budget requests conversion of temp positions to perm) + SEHSC infrastructure and existing staff. *Consider future expansion of IDDT team concept to make non-dually-diagnosed clients eligible for service*	Southeast Human Service Center	State
(2) Enhance **connections between SEHSC and VA** to provide coordinated service for veterans	Staff level coordination on individual cases	Southeast Human Service Center and VA Homeless Staff	N/A
(3) Expand "**group case management**" approach currently used to address needs of unsheltered homeless population in downtown area	Continued collaboration between agencies	Fargo Police	N/A
(4) Establish a **"peer mentor" system** to supplement formal case management	Coordinate with IDDT team and Drop in Center	Drop-in Center	N/A
(5) Establish **"Fresh Start Fund"** to provide start-up resources to 10-Year plan tenants	$30,000/year (up to $1,300 cash per household plus donated items as available)	FHRA Self Sufficiency program	Private
(6) Create a **local Homelessness Ombudsman** through the FM Homeless Coalition	$30,000-$40,000/year *Job share with Coalition exec director to create full time position*	FM Homeless Coalition	Metro area jurisdictions & FM Homeless Coalition
Strategy 4: Make outreach to long term homeless more effective			
(1) Establish **fund to support outreach** workers' engagement with potential tenants	$10,000 per year		Private $
(2) Initiate "**Project Homeless Connect**" in the FM area	Undetermined at this time	FM Coalition Homeless Coalition	Private Faith
(3) Support a **drop-in center** as a safe point of outreach, service delivery and referral	$250,000/year (2 staff 24/7 + evening meal service)		Faith Public Private

Task	Resources/ Goal in Time	Leadership	Funding
Strategy 5: Stop discharging people into Homelessness			
(1) **Connect health care providers with housing resources** to minimize discharge to the streets	Distribute updated information on housing resources	FM Homeless Coalition	N/A
(2) Implement the **post-booking diversion program** that has been proposed by the Cass County Jail Intervention Coordinating Committee (JICC)	Clinical Mental Health Coordinator for County Jail, DOJ grant + state support – (cost is approx $818/month per person – program could support 25 people at a time)	ND Mental Health Association	US Dept of Justice grant State support
(3) Support efforts to **bolster discharge planning in State institutions**	See CoC plan	ND CoC	N/A
(4) Support DOCR **Re-entry** initiatives		ND Dept of Corrections & Rehabilitation	State
Strategy 6: Enhance the coordination and availability of prevention services			
(1) Publish **guide to rent assistance** for at-risk	$1,000	FM Homeless Coalition	Private
(2) Develop **community homelessness prevention strategy** to help faith and non-profit communities direct efforts in coordinated way	$1,000 start-up (to develop and publish) $1,000/year after that (printing and updates)	FM Homeless Coalition	Faith
(3) Arrange l**andlord/tenant mediation** services (community court)	$40,000 + in-kind professional services for mediation *Possible Partners: District Court, Legal Aid, local Bar Association*	Southeast North Dakota Community Action	City State (Dist Ct, Dept of Labor)
(4) Increase the intensity of "**emergency assistance" for families most at-risk** of long term homelessness	Watch development of Presentation Partners in Housing *Home Visit* program for costs and effectiveness	Presentation Partners in Housing (pilot project)	Faith
(5) Initiate **communication between prevention providers and landlords** around the topic of partnering for successful eviction prevention	Collaboration between Safe Housing Program, FM Apartment Association and the Community Assistance Provider Network	Community Assistance Provider Network	N/A

Task	Resources/ Goal in Time	Leadership	Funding
Strategy 7: Collect data and share information about homelessness in the metro area			
(1) Utilize the state **HMIS system** for detailed data collection	90% of providers actively input client data by 2008. Develop new reports by 2007.	ND Division of Community Services	N/A
(2) **Support surveys** that provide community-level data on homelessness	$5,000 CDBG per year (ND Continuum of Care) $5,000 CDBG once every 3 years (Wilder Survey) 1-2 weeks staff time per year for data analysis.	City of Fargo	Fargo CDBG
(3**) Humanize the** issue of homelessness and **establish a mindset** that believes in ending homelessness	Coordinated message re: ending homelessness	FM Homeless Coalition	Private
(4) **Document community costs** of allowing long term homelessness to exist as it currently does, without permanent supportive housing interventions	Undetermined at this time	City of Fargo	Private
(5) **Integrate** the city's **definition of LTH** into data collection practices of area providers	Technical assistance on required data elements	City of Fargo	N/A

Current Progress

Fortunately for us, “Success doesn’t wait for a Plan”. Agencies and housing developers in the Fargo Moorhead area are actively pursuing projects that have direct relevance to the population identified in the 10-Year Plan.

- The YWCA of Fargo Moorhead has submitted a Continuum of Care application for an additional 4 units of permanent supportive housing.
- Centre Inc. is trying to complete Project HART, which is a 48-bed transitional housing project for homeless veterans using the Dept of Veterans Affairs per diem program, HUD Continuum of Care, and other local funds.
- The Jail Intervention Coordinating Committee has submitted grant applications to support a post-booking diversion project described earlier in this report.
- Southeast Human Service Center has been researching evidence-based best practices and has secured funding to pilot a new service model for individuals with dual diagnoses of substance abuse and mental illness (described further in Appendix 5).
- The North Dakota Continuum of Care, coordinated by the ND Coalition for Homeless Persons, continues to engage organizations from across the state in an effort to develop a coordinated strategy for addressing homelessness. The Fargo 10-Year Plan is intended to complement and further those efforts in any way possible.
- The FM Homeless Coalition has been working toward the establishment of a “Project Homeless Connect” event in the Fargo Moorhead area. Their target event day is in December 2006.

In addition, Governor John Hoeven, in 2005, created the North Dakota Interagency Council on Homelessness. The City of Fargo holds a seat on that Commission and is committed to the process which will certainly enhance collaboration across the state around the issue of ending long term homelessness.

Conclusion

"Insanity: doing the same thing over and over again and expecting different results."

-Albert Einstein

With this very specific group of people that faces a multitude of housing and personal challenges, the current homeless service system does not work. The community must either adopt a new approach to serving this group of individuals or simply accept long term homelessness as a reality for some of the most vulnerable among us.

Ending homelessness in 10 years will require tremendous effort, cooperation and commitment of resources. To achieve our goal, we will need to improve relationships and partnerships among governmental agencies, service providers, shelters, faith communities and other non-profit organizations by leveraging available funding for permanent supportive housing and taking steps to address each household's systemic needs as they are ready to address them.

A Region wide Effort

The City of Fargo's plan to end long term homelessness is intended to be part of a region wide solution – not "the" solution. Fargo is in the center of a metropolitan area that needs to address homelessness in a coordinated fashion and is just one community in a state that must address both rural and urban homelessness. With deliberate and active collaboration, this Plan can become part of a fabric of ideas that will truly affect the lives of the long term homeless living in our communities.

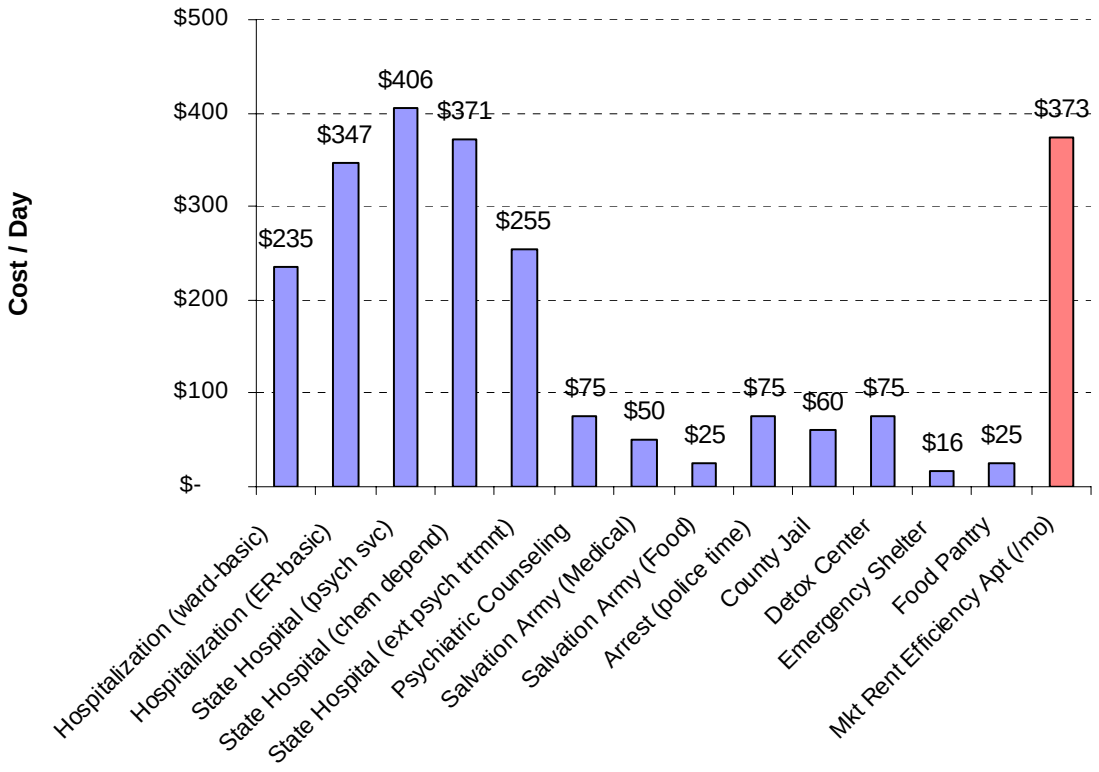
The Dollars and Sense of Change

It is up to policy makers and community advocates from across the region to bring these ideas forward. Some parts of this plan will be easier to implement than others. With concerted effort and a re-direction of some existing resources, paying for housing is probably a surmountable issue. Connecting support services to people in housing is, however, a much larger challenge. So why act? Looking beyond altruistic motives, the financial incentive for action is compelling.

There are dozens of cost/benefit studies that have been conducted around the nation to determine the ultimate "cost effectiveness" of permanent supportive housing. At best, the savings are substantial and at worst, the cost of housing someone is about equal to the cost of allowing their homelessness to continue. The chart on the following page shows an estimated local per diem cost for the services most often used by long term homeless as *de facto* housing. While each individual's use of these services is different, it is not difficult to see that the cost of not housing someone can very easily be greater than the cost of providing permanent supportive housing.

Crisis and Institution-based services tend to be expensive and the costs are distributed across many agencies

Estimated cost of providing services, Fargo-Moorhead/ND, 2006



The New Yorker published a story in February 2006 about "Million-Dollar Murray". It tells the story of Murray Barr, a chronically homeless man from Reno, Nevada. A couple of the police officers working the downtown beat started tracking the number of times a few of their "best customers" went through one of the downtown hospitals. They soon realized that "…if you totted up all his hospital bills for the ten years that he had been on the streets – as well as substance-abuse treatment costs, doctors' fees, and other expenses – Murray Barr probably ran up a medical bill as large as anyone in the state of Nevada. 'It cost us one million dollars not to do something about Murray.'."[31]

Moving Forward

The details of the Plan will certainly need to change between now and 2016 but the community commitment to ending homelessness and the collaboration between partners must not change.

By demonstrating success and moving people into housing first, we also hope to recruit new partners in the effort, including businesses and community residents. These new partnerships may bring the additional resources necessary to completely end chronic homelessness, respond

[31] "Million Dollar Murray: Why problems like homelessness may be easier to solve than to manage." Malcolm Gladwell. *The New Yorker* (February 13, 2006)

to homelessness when it happens, and even prevent homelessness from happening in the first place.

There are 38 specific actions identified in this Plan as being necessary to ending long term homelessness in our community. The following seven items should be some of the first ideas transformed into reality under this Planning effort.

1. **Adopt the Plan at the City Commission**, authorize city staff to continue to coordinate plan development/partner recruitment and establish a steering committee to guide plan implementation.
2. Implement the **IDDT model at Southeast Human Service Center**. By the time a team is ready to start working with clients, the community hopes to have the first new housing vouchers in place.
3. Develop a **Tenant-based rental assistance program** with local HOME funds along with some level of State funding support. Coordinate with Fargo Housing Authority and steering committee on program development.
4. Put in place measures that will **strengthen potential partnerships with area landlords** (establish an Indemnification Fund, crisis line, etc).
5. Begin **developing the baseline data** needed to allow for accurate measurement of progress toward the stated goal.
6. Create a **landlord/tenant mediation program** to fill a gap in the community and lead the way in homelessness prevention efforts.
7. **Support the ongoing efforts of other organizations and collaborations** named in this Plan who are already working on projects that will help end long term homelessness (i.e., Project Homeless Connect, ND Continuum of Care, JICC, Project HART, YWCA PSH, Ray of Hope).

The Mission

Going Home implies that you have a place where you belong, where you feel safe and secure, and hopefully can find respite from the stresses of the day. For the health of our community and for the people living in it, we believe that everyone should be able to say that they are “going home.”

The cost of doing nothing is almost as great as the cost of solving this problem. In our community, we choose to solve the problem.

Appendix 1: Guiding Principles

1. Long Term Homelessness does not have to exist in our community.

- Vulnerable individuals can be helped.
- Community must place a priority on people with serious mental illness because of unique and persistent need.

2. We must develop a "solution" that is attractive to the target audience.

The "housing crisis" for the long term homeless population living in the metro area exists because they are:

- Unable to pay for housing (low wage job, unemployed/unemployable because of disability)
- Unable to stay housed (substance abuse, mental illness with inconsistent use of meds)
- Unable to access housing (criminal background, bad credit, poor rental history)
- Uninterested in engaging with the service system as it is currently defined ("following the rules")

TO CHANGE THAT we must not develop another need-based model but instead, create a demand-based model that offers the housing options our target tenants want. Housing options/programs must be attractive to the long term homeless population – you cannot mandate participation and expect to succeed.

3. New money is powerful but scarce and hard to find. Most change comes from old money used in new ways.

A study funded by the Charles and Helen Schwab Foundation noted:

> *"…previous research shows that any successful effort to end homelessness must include a combination of services, income supports and housing.*
>
> *"The same research tells us that the most important but under-utilized source of income, housing and services to people who are homeless or at-risk for homelessness are government-funded programs designed to meet the needs of low income people ("mainstream systems")."*[32]

We cannot rely on new programs and new dollars to solve the problem at hand. The federal budget picture almost dictates this approach. Instead, if we expect to succeed everyone involved must be committed to evaluating their own system to find creative new ways of shifting thinking that will allow existing resources to be used in new ways.

[32] *Holes in the Safety Net: Mainstream Systems and Homelessness,* Charles and Helen Schwab Foundation, February 2003, page i.

Appendix 2: Planning Process

- ✓ Develop a plan to end long term homelessness in 10 years.
- ✓ Plan development to be guided by a working group made up of a cross-section of community stakeholders and interested parties.
- ✓ Specific strategies in the plan will focus on what can be accomplished within the City of Fargo but will reflect coordination with other statewide homelessness efforts, including Governor's Interagency Council on Homelessness and the North Dakota Continuum of Care.
- ✓ Planning process consists of four large group meetings concentrated over a short period of time to allow maximum time for implementation.

Meeting #1: Framing the Issue, January 10

- Understanding homelessness
- Understanding the market
- Understanding the landscape
- Begin to set direction

Meeting #2: Brainstorming solutions, February 22

- Refine list of identified system strengths & weaknesses
- Brainstorm ideas to fill local gaps and review peer solutions that address gaps identified in FM
- 1st attempt at prioritization - strategies we should pursue
- Discuss performance measures- definition of "success"

Meeting #3: Developing a Comprehensive Strategy, May 2

- Refine strategies
- Explore feasibility – what will it take to make this plan a reality?

Topical Workshop – About Housing First, May 8-9

Meeting #4: Reviewing the Direction Set, July 12

- Carryover discussion from Mtg #3
- Review draft plan
- Plan the Release

The steering committee that guided the development of the plan included stakeholders from across the metropolitan area.

FARGO 10 YEAR PLAN TO END LONG TERM HOMELESSNESS
WORKING COMMITTEE

Organization	Person	Housing provider	Svc provider	Advocacy org	Private sector	Public sector	Funder
Bremer Bank	Howard Barlow						x
Cass County Jail	Lori Lawson					x	
Cass County Social Services	Kathy Hogan					x	x
Catholic Charities	Joan Edwards			x			x
Centre, Inc.	Keith Gilleshammer	x	x				
Chamber of Commerce of FM	Kelli Poehls				x		
Churches United	Gary Groberg	x	x				
City of Fargo Community Development Committee	Dan Fremling, John Paulsen, Steve Stoner					x	x
City of Fargo, City Commission	Linda Coates					x	
City of Moorhead, City Council	Diane Wray Williams					x	
Clay County Housing Authority	Barbara Sipson	x				x	
Dorothy Day House	Sue Halvorson	x	x				
Downtown Community Partnership	David Anderson				x		
Fargo Cass Public Health	Ruth Bachmeier					x	
Fargo Housing Authority	Lynn Fundingsland	x					
Fargo Human Relations	Joy Rice						
Fargo Police Dept	Scott Stenerson					x	
Fargo Public Schools	Connie Nelson		x			x	
FM Apartment Association	Toni Abrahamson				x		
FM Area Foundation	Karla Aaland						x
FM Homeless Coalition	Jane Wiedewitsch, Michael Carbone			x			
Good Medicine Indian Health	James Thomas		x				
Great Plains Food Bank	Marcia Paulson		x				
Healthcare for Homeless Veterans	Bob Stewart, Carol Kulesza		x				
Homeless Health Clinic	Jane Lundeen		x				
Hope Lutheran Church	Pastor Kevan Smith				x		
Mental Health Association	Susan Helgeland			x			
Meritcare	Cyndy Skorick						
Mert Armstrong Center	Karen Braaten		x				
Moorhead Human Rights Comm	Brian Arett					x	
Nativity Catholic Church	Margaret Bitz				x		
New Life Center	Dan Danielson	x	x				
North Dakota Continuum of Care	Mary Magnusson						x
People Escaping Poverty Project	Duke Schempp			x			
Presentation Partners in Housing	Sharon Kleeman		x				
Rape and Abuse Crisis Center	Angela Bachman		x				
Salvation Army	Hilary Nugent		x				
SENDCAA	Gail Bollinger, Denise Mullen	x	x				
Sharehouse	Julie McCroskey	x	x				
Southeast Human Service Center	Candace Fuglesten		x			X	
United Way of Cass Clay	Scott Crane		x		x		x
West Central MN CoC	Carla Solem						x
YWCA of FM	Judy Green	x	x				

Appendix 3: North Dakota Planning Regions

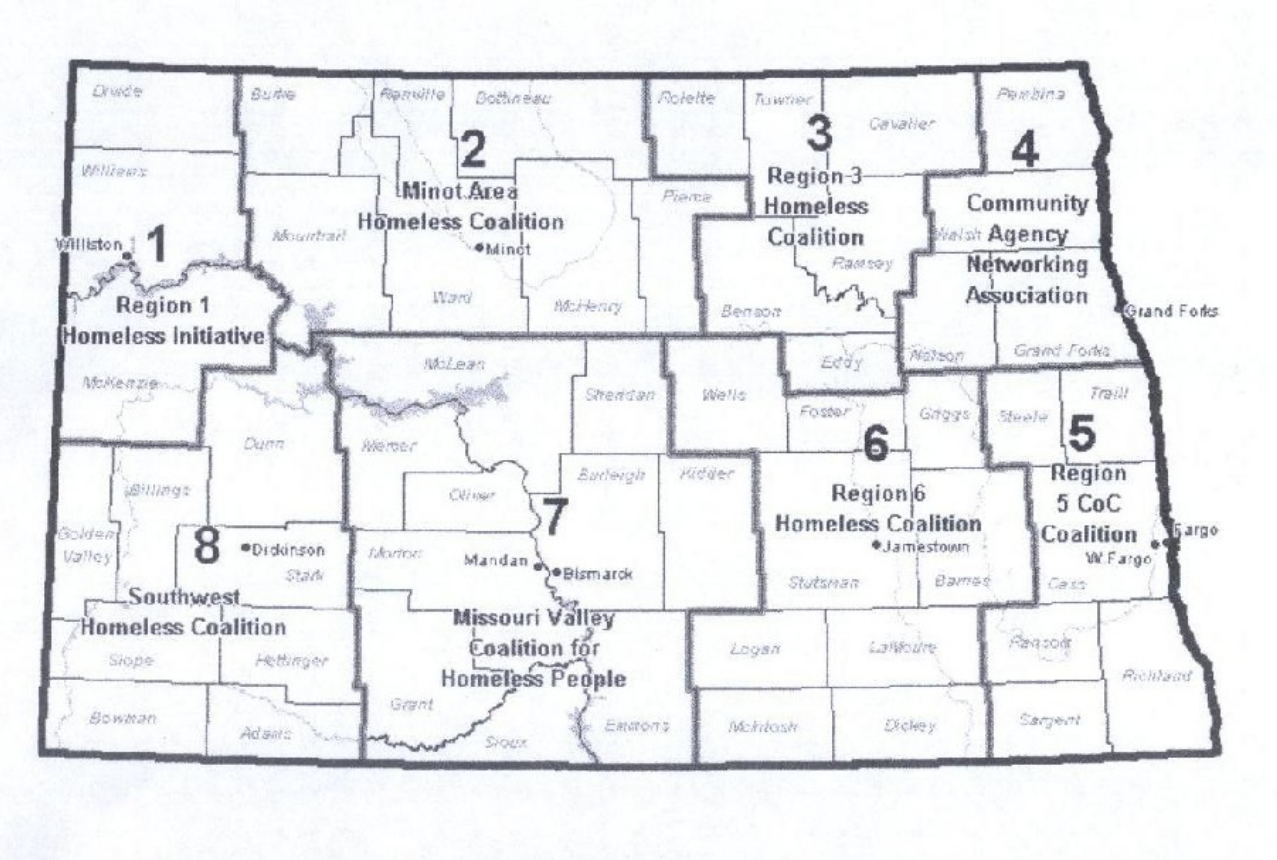
North Dakota Homelessness by Region
2006 Point in Time Survey

Region	Adults	Children <18	Total persons	Chronic*	Long Term Homeless**	% of ND pop***	% of home-less pop	% of LTH pop
1	19	5	24	2	7	4%	3%	4%
2	30	20	50	0	6	13%	7%	4%
3	54	38	92	7	20	7%	12%	11%
4	90	25	115	16	19	14%	16%	10%
5	208	45	253	63	79	26%	34%	43%
6	30	0	30	15	15	9%	4%	8%
7	96	54	150	12	31	21%	20%	17%
8	19	6	25	7	8	6%	4%	4%
Total	546	193	739	122	185			

* *Chronic status* is determined using the HUD definition, which is an individual with a disabling condition who has been homeless for at least one year or, four or more times in the last three years.

** *Long term homeless (LTH)* is the definition adopted by the ND Interagency Council on Homelessness, which is an individual or a family with a disabling condition who has been homeless continuously for at least one year or more than four times in the last three years. The ICH definition does not exclude people who are currently living "doubled up" with friends/family.

*** Based on July 1, 2005 Census Bureau estimate of county populations



Appendix 4: Inventory of Subsidized Rental Housing

Homeless Housing Beds by Type of Occupancy 2005

Type of Occupancy/ Project	*Emerg Shelter - Men*	*Emerg Shelter – Women & Children*	*Trans Hous Family*	*Trans Hous Non-family*	*Perm Supp Hous Fam*	*Perm Hous Non-fam*
SRO (S+C)						22
S+C (FHRA)					62	13
Sister's Path (LIHTC, SHP)					33	
Dakotah Pioneer (LIHTC)				31		
Vets Manor (SHP)						11
New Life Center	89		1	20		
YWCA		65	35	2		
Perry Center			10	13		
Total	89 (beds)	65 (beds)	46 (beds)	66 (beds)	95 (beds)	46 (beds)

*The FHRA was awarded 11 additional S+C units in the 2005 CoC grant, expected online in 2006.
*A 48 bed homeless veterans project is currently under development by Centre, Inc. and the VA.
Source: 2005 Consolidated Plan, City of Fargo, Fargo Dept of Planning and Development, p.62

Assisted Rental Housing 2003

Type of Occupancy/Project	0BR	1BR	2BR	3 BR	4BR	Total	% Vacant
General Occupancy							
Low Inc Housing Tax Credit	0	136	430	221	10	797	6.3%
Public Housing	0	0	104	72	23	196	<1%
Sec 8 Mod Rehab	2	60	18	12	0	92	4.2%
HUD 236/Section 8	7	0	136	40	0	183	4.2%
Subtotal – General Occupancy	9	196	688	345	33	1,268	
Senior & Disabled							
Low Inc Housing Tax Credit	0	9	85	0	0	94	<1%
Public Housing	0	370	21	2	0	393	<1%
HUD 231/Section 8	0	90	0	0	0	90	2%
HUD 202/Section 8	75	0	0	0	0	75	2%
Sec 221(d)(4)/Section 8	0	39	2	0	0	41	2%
Subtotal – Senior & Disabled	75	508	108	2	0	693	
Section 8 – Existing						1,104	n/a
Total	84	704	796	347	33	3,065	

*Most of the projects in this table, except Low Income Housing Tax Credit, are considered "deep subsidy" units, meaning that rent is based on 30% of tenant income.
Source: "Housing Study Update - City of Fargo", Community Partners Research (April 2004)

Appendix 5: What is the IDDT Model?

Integrated Dual Disorder Treatment (IDDT)

The Integrated Dual Disorder Treatment (IDDT) model is unique because it integrates substance abuse services with mental health services. IDDT utilizes biopsychosocial treatments (which combine psychopharmacological, psychological, educational, and social interventions) to address the needs of consumers and their caregivers. It also promotes family involvement, stable housing, and employment. The six core components of the IDDT model are:

- Integration of services
- Blending of services
- Stage-wise treatment
- Integrated assessment
- Motivational treatment
- Substance abuse counseling

Research has shown that IDDT's unique integrated approach reduces relapse, duplication of services and costs, and improves continuity of care. IDDT promotes ongoing recovery from mental and substance use disorders through four stages of interaction with consumers and caregivers:

- Stage 1: Engagement
- Stage 2: Persuasion
- Stage 3: Active Treatment
- Stage 4: Relapse Prevention

Consumers experience incremental successes through stages of personal change. Family programs encourage communication and partnerships among consumers, family members and service providers. And Teams help consumers find safe and affordable housing.

For more information on Integrated Dual Disorder Treatment, visit: www.ohiosamiccoe.case.edu

Assertive Community Treatment (ACT)

Assertive Community Treatment is another service provision model that is often used to serve people who have been chronically homeless. ACT is best suited for people with severe and persistent mental illness who have significant difficulty doing the everyday things needed to live independently in the community and/or who demonstrate a continuously high service need.

"Assertive community treatment is an intensive approach to the treatment of people with serious mental illnesses that relies on provision of comprehensive array of services in the community. … Fueled by deinstitutionalization and the vital need for community-based services, a multidisciplinary team serving psychiatric inpatients adapted its role to patients in the community. For this reason, assertive community treatment often is likened to a 'hospital without walls.'"[33]

[33]"Mental Health: A Report to the Surgeon General" (1999), p. 286. Presented in "Evidence Based and Promising Practices for Individuals who are Homeless and Have Mental Illness," Fred C. Osher, MD (October 27, 2005, "Preparing People for Change: Knowledge and Choice, SAMHSA conference).

The basic elements of ACT are:

- Multidisciplinary staffing (psychiatry, psychology, nursing, social work, rehabilitation, substance abuse treatment, employment)
- Primary responsibility (team provides treatment – not referrals)
- In vivo services (provide help where needed – not in office or hospital setting)
- Small caseloads (10-15 clients per staff member)
- Team approach (no individual caseloads – share responsibility for consumers)
- Flexible services (develop individual plan for each consumer to reach his/her goals)
- 24/7/365 service provision (stay in contact as many times a day/week as necessary)
- Time unlimited (no pre-set limit on amount of time a person can receive service)

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