

EXECUTIVE SUMMARY: KEY FINDINGS

The purpose of this study is to assess the extent of homelessness in the state of North Dakota and to identify the most common characteristics of homeless people, the primary reasons for homelessness, and the most important basic service needs of homeless people. This study also looks specifically at the characteristics and service needs of veterans and the chronically homeless, and provides information on characteristics of homeless people and service needs by region.

The comprehensive data collected with this survey provides information that will:

- Support North Dakota's Coalition for the Homeless People's (NDCHP) requests for funding for the homeless
- Help community partners (service providers, policy makers, etc.) to better understand homelessness and to work together to solve homeless issues
- Further NDCHP's mission to decrease and prevent homelessness and its vision to ensure that housing and other basic needs are within everyone's reach in an affordable and dignified manner
- Assist the North Dakota Interagency Council on Homelessness in its work to end chronic homelessness in North Dakota

The survey was distributed on January 14, 2005 to 172 North Dakota agencies that may have had contact with people who are homeless. The survey mailing list included agencies that provide housing for the homeless, social services agencies, community action agencies, human services centers, law enforcement agencies, health care providers, emergency food pantries, soup kitchens, housing authorities and faith-based organizations.

Agency staff members administered the survey to their homeless clients on January 26, 2005, providing direct assistance to individuals as needed. The results of the surveys are unduplicated counts for individual agencies. A federally accepted definition of who should be considered homeless was given to each surveyor. Information relating to demographics, education, employment, income, veteran status, common characteristics, and service utilization was collected. A 90 percent participation rate was achieved with the point-in-time survey.

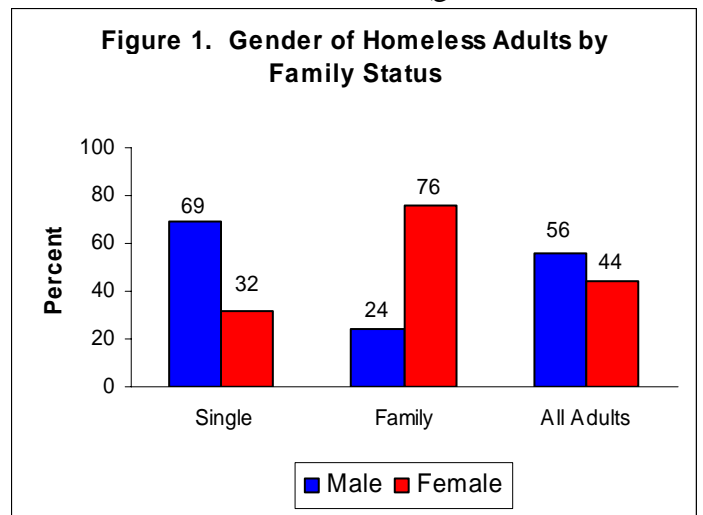
EXECUTIVE SUMMARY: HOMELESS POPULATION

The point-in-time survey identified a total of 655 homeless persons on January 26, 2005, including 500 adults and 155 children under age 18. Of the 480 persons surveyed, 392 were unaccompanied adults and the remaining 88 adults were accompanied by other family members, including spouses and children.

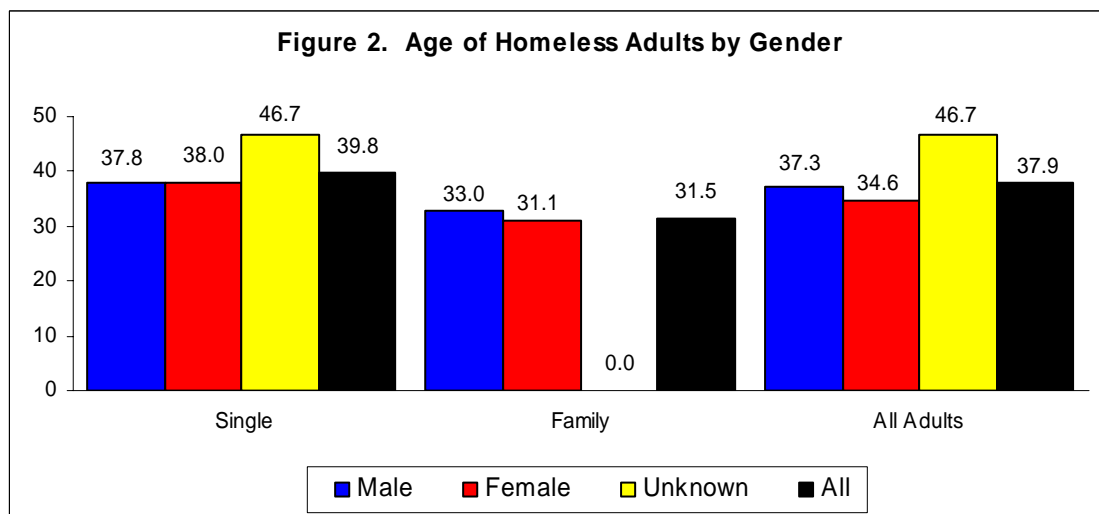
Of the 500 adults counted with the survey, 44% were female and 56% were male (gender was unknown for 98 adults) (Figure 1). Thirty-two percent of the unaccompanied adults were female and 69% were male (the gender of 97 adults was unknown). Of adults in family units, 76% were female and 24% were male.

Seventy percent of the 403 adults for whom race is known were white; 25% were American Indian.

Twenty-nine percent of the homeless adults surveyed (n=339) had completed high school, 19% had completed their GED, and 7% were college graduates.



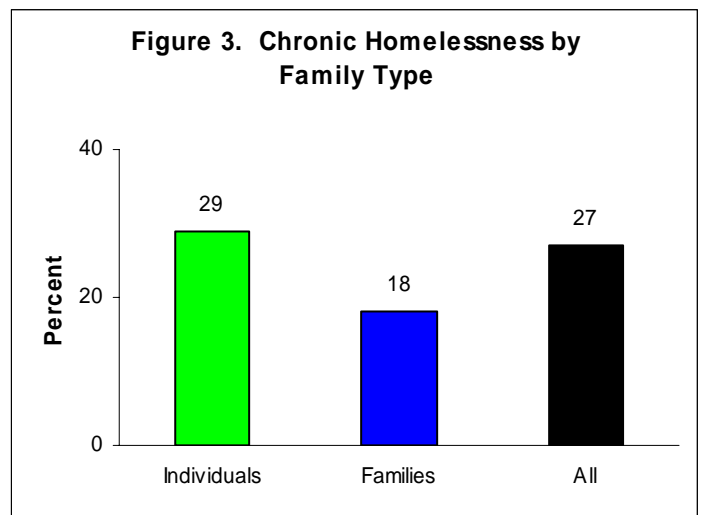
The average age of all adults was 37.9, 34.6 for females, 37.3 for males, and 46.7 for those for whom gender was unknown (Figure 2). The average age of unaccompanied adults was 39.8, 38.0 for females, 37.8 for males, and 46.7 for those for whom gender was not known. Adults in families were younger, with an average age of 31.5, 31.1 for females, and 33.0 for males.



Length of Homelessness

For people who reported being homeless for less than one month, the average number of days homeless was 9.6 days. The average number of months for those who have been homeless less than a year was 4.6 months and the average number of years for those who have been homeless for years was 4.0 years. Overall, respondents reported the average length of time for being homeless was 1.4 years.

Twenty-nine percent of the 392 unaccompanied adults (113 individuals) met the Department of Housing and Urban Development’s (HUD) definition of chronic homelessness. HUD considers someone to be “chronically homeless” if they are an unaccompanied individual with a disabling condition who has either been continuously homeless for a year or more or has had at least four episodes of homelessness in the past three years.



In addition to the 113 individuals that fit HUD’s definition of chronic homelessness, 18% of the 88 families included in the survey (16 families) met the definition of “chronic homeless” except for the fact that they were in a family as opposed to being an unaccompanied individual.

Figure 3 shows chronic homelessness by family type. Overall, twenty-seven percent of the 479 survey respondents are defined as chronically homeless.

Sources of Income

The five main sources of income for the individuals surveyed were jobs, family and friends, food stamps, Medicaid, and Social Security (Table 1). The primary source of income was jobs.

Table 1. Primary Sources of Income

Income Source	Percent
Jobs	51
Family and friends	19
Food stamps	18
Medicaid	10
Social Security	10

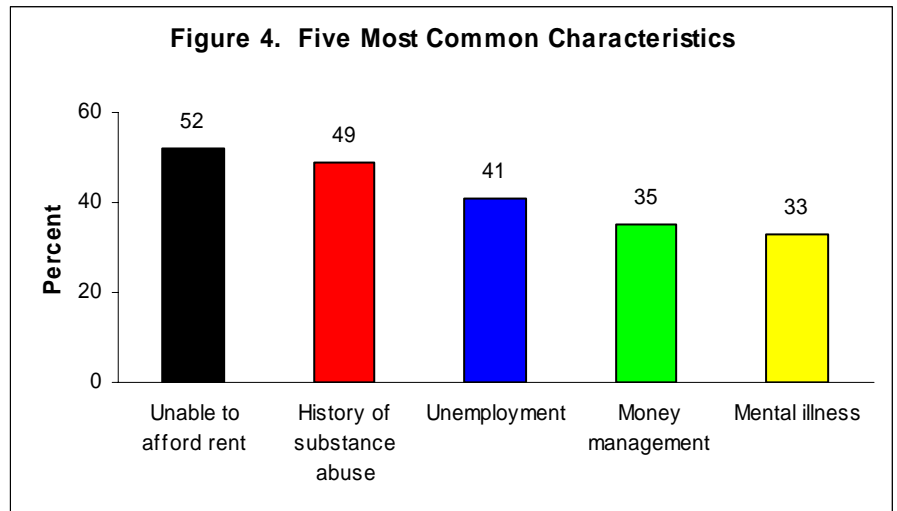
Veteran Status

Sixteen percent of those surveyed were veterans (75 individuals) – veterans comprise roughly 13% of the total population in North Dakota. Almost half of the homeless veterans surveyed are currently receiving veteran’s benefits.

Common Characteristics

Personal economics, substance abuse and mental illness are the most common areas of shared experience for the homeless people surveyed.

Figure 4 shows that more than half were unable to afford rent. Forty-one percent of the homeless surveyed were unemployed and 35% indicated having money management issues.

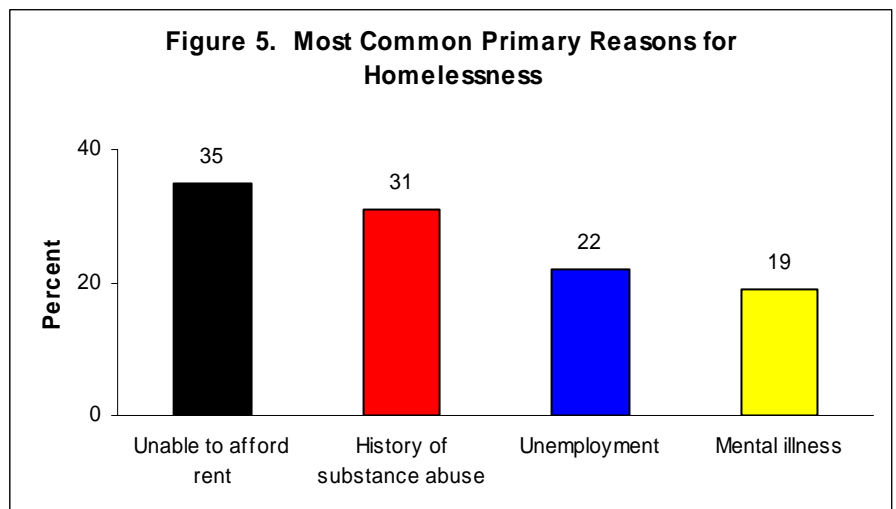


Forty-nine percent reported a history of substance abuse; comparatively, the 2002-2003 National Survey on Drug Use and Health estimates that 14% of North Dakota’s population (over age 12) reported either alcohol dependence or illicit drug dependence or abuse in the last year. Thirty-three percent of homeless respondents reported having a mental illness.

Primary Reasons for Homelessness

More than one-third of people surveyed indicated that the primary reason they were homeless was because they could not afford rent. Another 31% indicated the primary reason for their homelessness was a history of substance abuse.

Roughly 20% of respondents said that either unemployment or mental illness was the cause of homelessness (Figure 5).



Service Utilization

The most highly utilized services were those that provide for basic needs, including food, clothing, case management services, and emergency shelter (average utilization rate of 52%).

About one-third of homeless individuals surveyed used transportation services and slightly more than 40% accessed transitional housing.

Services that provided for health related needs (medication, mental health care, medical and dental care, and substance abuse services) were utilized by approximately 25% of the individuals surveyed.

Relatively fewer individuals receive stabilizing assistance (14%) or other mainstream resources (9%). The services utilized most often by survey respondents are presented in Table 2.

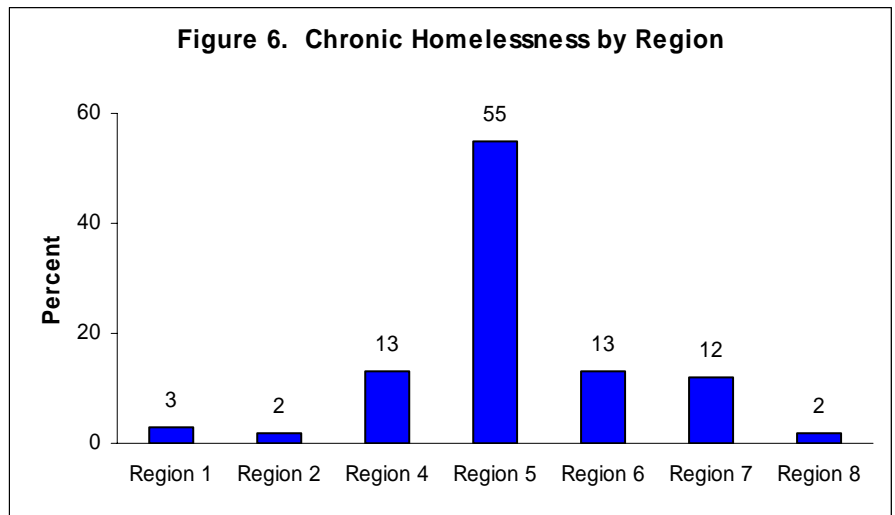
Table 2. Utilization of Services

Service	Percent
Food/hot meals	64%
Clothing	50%
Case management	50%
Emergency shelter	45%
Transitional housing	42%
Medication	36%
Transportation	35%
Substance abuse services	28%
Mental health care	27%

Services considered by survey respondents to be most “difficult to access” were permanent housing (14%), transportation assistance (12%), and medical and dental care (17%).

EXECUTIVE SUMMARY: CHRONIC HOMELESSNESS

Chronic homelessness affects 113 unaccompanied adults and 16 families. Region 5 (Cass, Ransom, Richland, Sargent, Steele and Traill Counties) has a much larger percentage of the chronically homeless than the other regions of the state (Figure 6). Fifty-five percent of the homeless in Region 5 are chronically homeless, compared to less than 18% for all other regions.



Veterans make up a larger share of the chronically homeless (21%) than they do the non-chronic homeless population (14%).

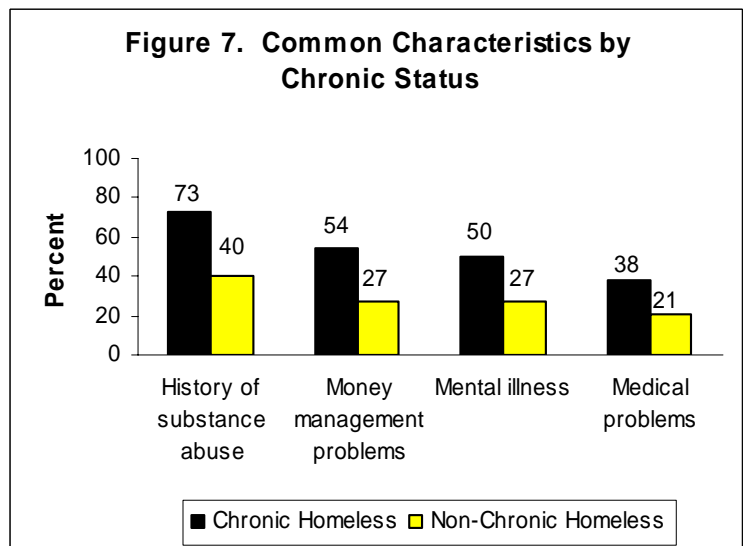
Sources of Income

The chronically homeless are more likely to receive income from SSI, Social Security and veteran's benefits than the general homeless population, but are less likely to receive food stamps than those not chronically homeless.

Common Characteristics

The most common characteristic of the chronically homeless in North Dakota is a history of substance abuse. Almost 75% of chronic homeless adults report substance abuse as an issue.

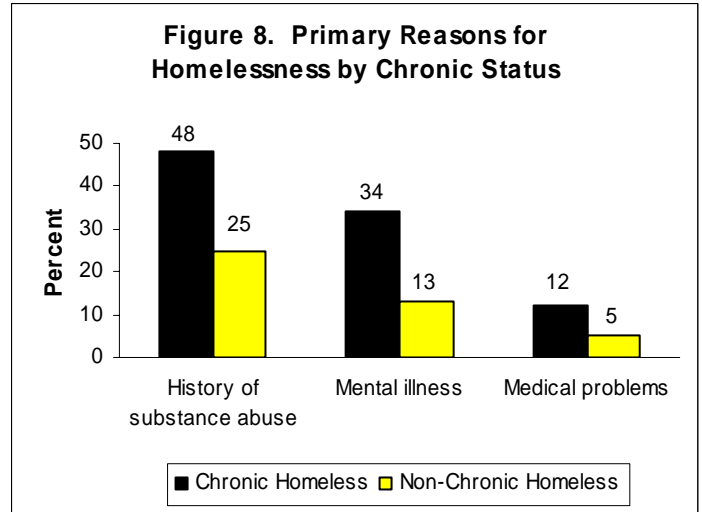
In general, in North Dakota the chronically homeless are more likely to have a history of substance abuse, to have money management problems, to experience mental illness, and to have medical problems than the homeless persons who are not chronically homeless (Figure 7).



Primary Reasons for Chronic Homelessness

Among the primary reasons for homelessness, significant differences were apparent between those who are chronically homeless and those who are not.

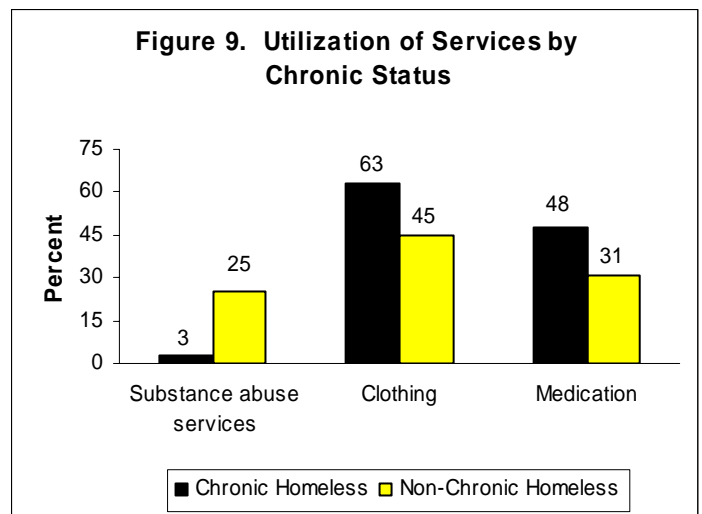
The three areas of largest difference between these groups are a history of substance abuse, mental illness and medical problems (Figure 8). In all cases, the chronically homeless are more likely to indicate that these are the primary reasons for their homelessness.



Utilization of Services

Significant differences were found in the utilization of eight types of services. The chronically homeless were more likely to have received clothing, medication, SSI, job training, substance abuse services, mental health care and medical and dental care. They were less likely to have received domestic violence services.

Figure 9 presents the percentage by “chronic” status for the three services that showed the largest variation in rate of utilization.

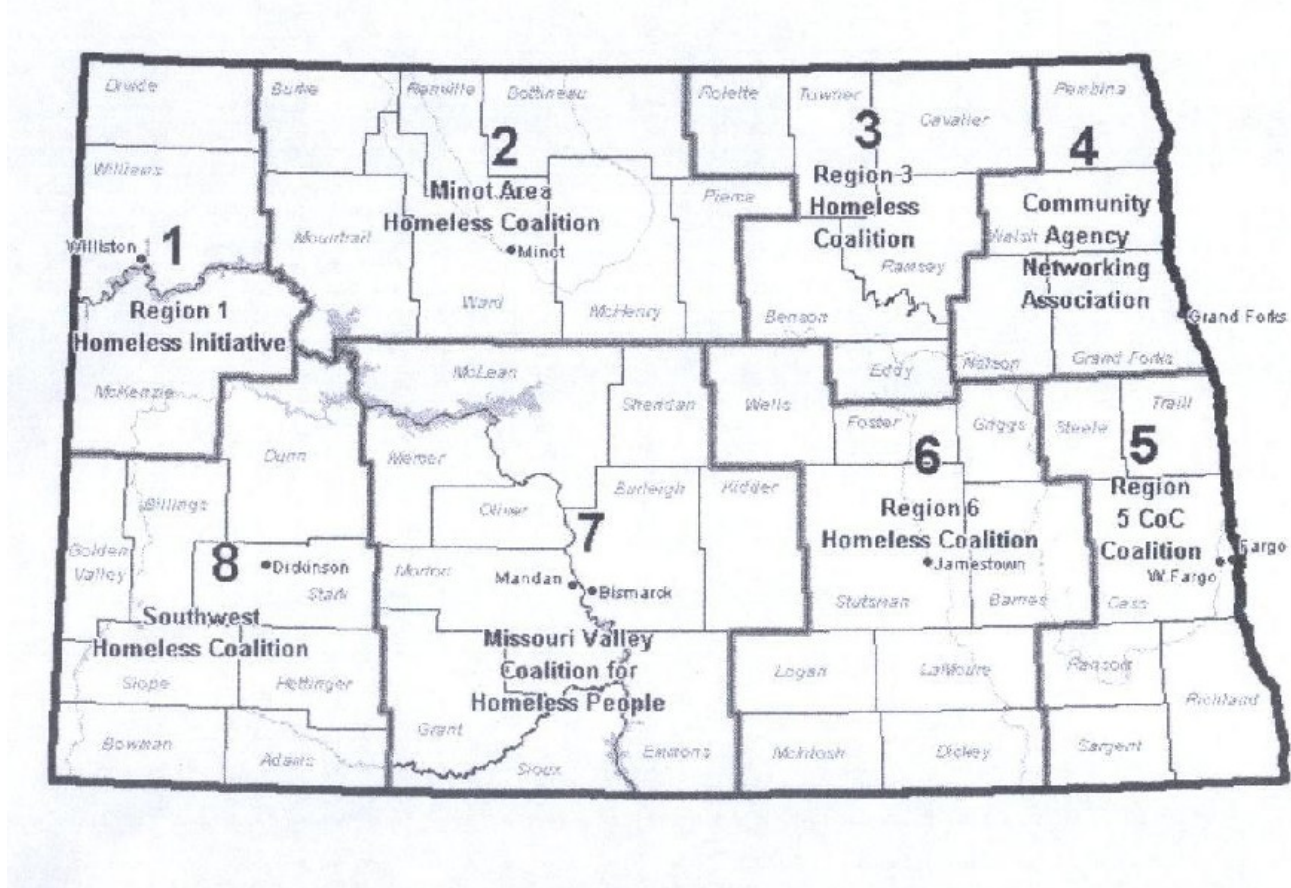


Difficulty in Accessing Services

When asked if they had difficulty accessing particular services in the last month, the chronically homeless reported having had more difficulty obtaining transportation assistance, mental health care, substance abuse services, house planning, life skills training, case management services, SSI and permanent housing than the general homeless population. The major difference was in access to transportation assistance, with 21% of the chronic homeless reporting difficulty in accessing this service compared to 8% of those not chronically homeless.

EXECUTIVE SUMMARY: DIFFERENCES BY REGION

North Dakota is divided into eight planning regions. Survey results are compared by region in this section of the document. The following map shows the regions used for analysis purposes.

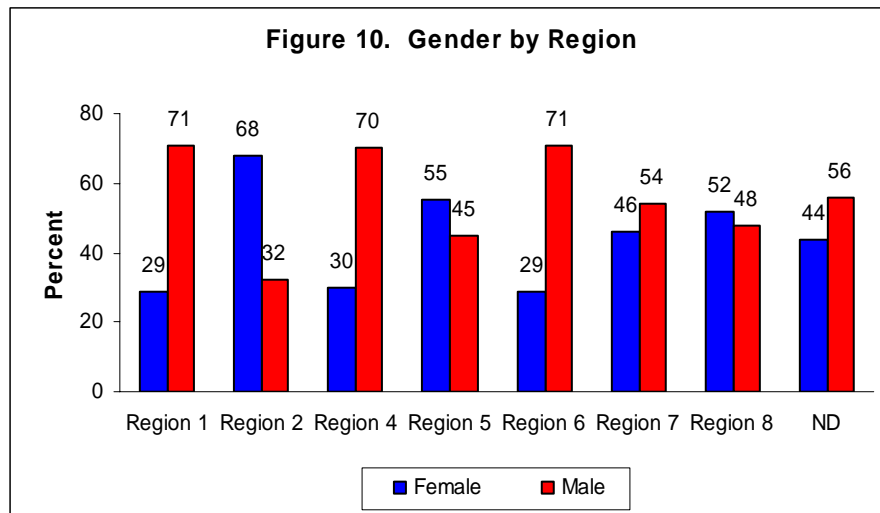


The 655 homeless individuals counted statewide in the Point-in-Time survey were distributed across the eight regions as follows:

	Adults (age 18+)	Children (<18 years old)	Total Individuals
Region 1	20	2	22
Region 2	29	22	51
Region 3	0	0	0
Region 4	123	33	156
Region 5	202	47	249
Region 6	23	2	25
Region 7	82	42	124
Region 8	21	7	28
Total - ND	500	155	655

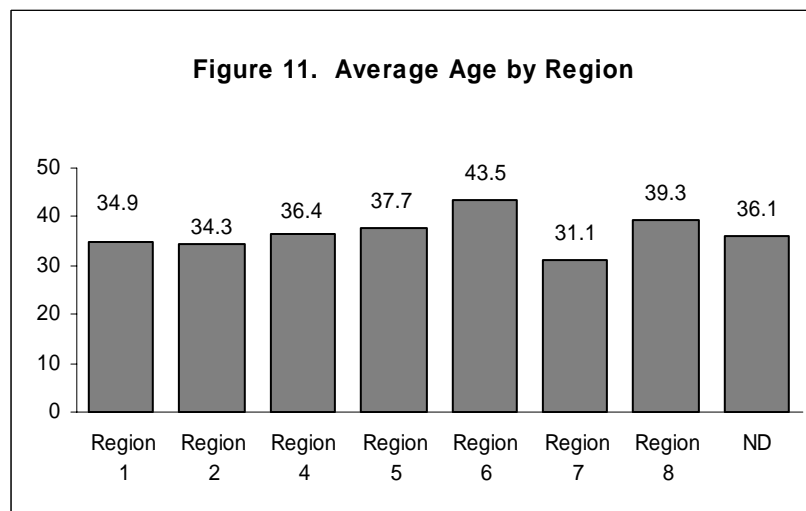
Gender

The number of females in the homeless adult population is highest in Region 2 and Region 5, and lowest in Region 1, Region 6, and Region 8 (Figure 10).



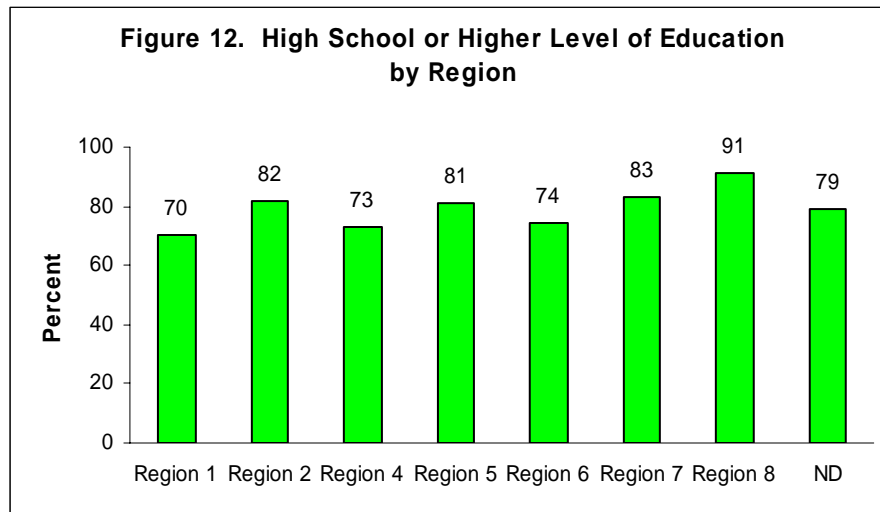
Age

Overall, homeless individuals in Region 7 tend to be younger than the average and those in Region 6 tend to be older than the average (Figure 11).



Educational Level

Region 8 had larger percentages of homeless individuals with college degrees (25%) than did other regions of the state. Overall, Region 8 had the largest percentage of adults with high school/GED educations or higher, and Region 1 had the smallest percentage of adults with this level of education (Figure 12).



Sources of Income

There was significant variation in source of income to homeless individuals across regions. Table 3 presents the sources of income where significant differences were found and also the regions that varied significantly from the state average. All percentages in Region 5 were close to the state averages. Region 6 varied significantly in the percentage of the homeless receiving income from all sources except veteran's benefits.

Table 3. Regions Different from the State Average in Sources of Income

Source of Income	Higher than Average	Lower than Average
Jobs	Region 6	Region 1 Region 8
Family or friends	Region 7 Region 8	Region 1 Region 6
Food stamps	Region 2 Region 4	Region 6
Social Security	Region 6	Region 2
TANF	Region 7	Region 1 Region 6
SSI	Region 6	Region 1 Region 7
Veteran's benefits		Region 8
Medicaid	Region 6	
SSDI	Region 6	

Common Characteristics

Table 4 presents the characteristics where significant differences were found between regions as well as regional profiles that varied significantly from the state average. Note that Region 4 was close to state averages in all characteristics and Region 6 varied significantly from state averages in all characteristics listed.

**Table 4. Regions Different from the State Average
Characteristics of the Homeless**

Characteristic	Higher than Average	Lower than Average
Mental illness	Region 6	
History of substance abuse	Region 1	Region 2
Victim of domestic violence	Region 7	Region 6
Unemployment	Region 1	Region 6
Employment	Region 5	Region 1 Region 6 Region 7 Region 8
Underemployment	Region 6	
Parolee or probationer	Region 7	Region 2 Region 6
Family breakup	Region 2	Region 6
Unable to afford rent	Region 1	Region 6 Region 8
Can't locate an apartment	Region 1	Region 6
Relocated		Region 6
Money management problems	Region 6	Region 2
Discharged from psychiatric hosp.	Region 6	

Primary Reasons for Homelessness

Table 5 identifies the regions whose profile varied significantly from other regions and/or from the state average with regards to the primary reasons the local homeless population was homeless.

Region 4 and Region 5 are close to the state averages in all areas. Regions 2 and 6 appeared to be the most unique in that they exhibited the largest number of differences.

Region 6 respondents answered the question “what is the primary reason you are homeless” with a response of “mental illness” at a rate that far exceeded the rate in other regions. Eighty-three percent of the homeless in Region 6 identified mental illness as the primary reason for their homelessness as opposed to an average of 19% in other regions of the state. While this variation is large, it is fairly predictable; the State Hospital is located in Region 6.

**Table 5. Regions Different from the State Average
Primary Reasons for Homelessness**

Primary Reason	Higher than Average	Lower than Average
Mental illness	Region 6	Region 2
History of substance abuse	Region 1	Region 2
Victim of domestic violence	Region 2 Region 8	
Unemployment	Region 1	Region 6
Underemployment	Region 7	
Parolee or probationer	Region 7	
Family breakup	Region 7	Region 6
Unable to afford rent		Region 6 Region 8
Can't locate an apartment	Region 1	
Relocated	Region 7	
Money management problems	Region 1	
Bad credit history	Region 7	

Utilization of Services

Table 6 lists the most common services used by homeless people in North Dakota, identifying specifically the regions in which the percentage of persons using the service was significantly higher or lower than the state average for that service.

Individuals in Region 4 and Region 5 were close to state averages in all service categories. There was relatively higher variation in Regions 1 and 6 and relatively less variation in Regions 2, 7, and 8.

Region 6 again exhibited the greatest variation from the statewide average. Ninety-two percent of the homeless in Region 6 receive mental health care compared to 27% overall; 96% receive medication compared to 36% overall; and 100% receive transportation assistance compared to a state average of 35%.

**Table 6. Regions Different from the State Average
Utilization of Services**

Service Area	Higher than Average	Lower than Average
Basic Needs:		
Emergency shelter		Region 1 Region 6
Food/hot meals		Region 1
Clothing		Region 1 Region 8
Case management services	Region 1 Region 6 Region 8	
Health Care Needs:		
Mental health care		Region 6
Medication	Region 1	Region 6
Domestic violence services	Region 2 Region 8	
Substance abuse services	Region 7	Region 6
Stabilizing Needs:		
Transitional housing	Region 6	Region 1
Transportation assistance	Region 2 Region 6	Region 1

Difficulty in Accessing Services

There were smaller, but still statistically significant, differences among regions regarding the difficulty of accessing some needed services. The homeless in Region 1 experienced more difficulty in accessing transportation assistance and those in Region 7 experienced more difficulty accessing case management services, medical and dental care, medication, substance abuse services, house planning, and relocation assistance. Regions 2, 4, 5, 6, and 8 were close to state averages in all service areas.