



HOUSING THE HOMELESS

North Dakota's 10-Year Plan to
End Long Term Homelessness

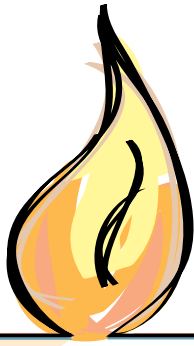
Prepared by the
North Dakota Interagency Council on Homelessness

for Governor John Hoeven
and the people of North Dakota

Table of Contents

Letter to the Governor	3
Executive Summary	4 - 7
Framing the Issue	8 - 23
Purpose of the Plan	8
About the Interagency Council on Homelessness	9
Rationale to End Long-Term Homelessness	11
Current System	13
Need for Housing & Services.....	14
Planning Process	16
Findings from Community Plans	17
The Approach	23
Statewide Needs Assessment	24 - 28
Point-in-Time Survey	24
Overall Findings	25
Findings Related to Long-Term Homelessness	26
North Dakota's Ten-Year Plan	29 - 42
Problem Defined	29
Causes Identified.....	30
Solutions in Progress.....	31
Goal & Role of the State	32
Statewide Strategies & Resources.....	34
Action Plans By Strategy	35
Implementation Recommendations	41
Conclusion	43
Appendix	44 - 49
Glossary of Terms – Appendix A	44
Contact Information - Appendix B.....	49





LETTER TO THE GOVERNOR

October 1, 2008

North Dakota Interagency Council on Homelessness
2105 Lee Avenue
Bismarck, ND 58504

Office of Governor John Hoeven
State of North Dakota
600 East Boulevard Avenue
Bismarck, North Dakota 58505-0001

Dear Governor Hoeven,

Greetings on behalf of the North Dakota Interagency Council on Homelessness (NDICH) and the many other organizations and individuals working together to address the needs of individuals and families suffering from homelessness.

We are pleased to present you and the people of our State with a comprehensive plan to address long-term homelessness in North Dakota over the course of the next ten years. The plan is the result of input and recommendations from hundreds of people who participated in community forums, research studies and planning sessions.

As you know, these efforts have received national recognition. Earlier this year, the United States Interagency Council on Homelessness recognized you and other leaders from North Dakota cities and tribal nations for developing local plans to address chronic homelessness in North Dakota.

Under your leadership, the planning process has brought together public officials, service providers, housing providers, businesses, law enforcement, and other stakeholders to collectively utilize their strengths to provide lasting solutions to the problems associated with homelessness.

By working together to help homeless individuals and families, we are creating a path to independence and security. Together, we are building an environment that provides opportunities to lift every able North Dakotan out of poverty and into independence and self sufficiency. Thank you for your vision and leadership in spearheading this noble and worthy effort.

Respectfully submitted,

Michael A. Anderson, Chair
North Dakota Interagency Council on Homelessness

Executive Summary



HOUSING THE HOMELESS

Executive Summary

On any given day, there are over 800 men, women, and children who are homeless in North Dakota, of which an estimated 20% are considered “long-term homeless”.*

People experiencing long-term homelessness have not had a permanent place to live for a year or more or have had four or more episodes of homelessness in the last three years. Their homelessness is often associated with extreme poverty, poor job skills, inadequate education, serious health conditions, mental illness and chemical dependency. They remain homeless for long periods of time, typically cycling in and out of the homeless system.

The plan which follows is designed to address the needs of people suffering from long-term homelessness in North Dakota. Such an ambitious effort will require unprecedented collaboration between public agencies and private organizations that serve the homeless. The plan will provide assistance and resources to help communities respond to homelessness at the local level.

The North Dakota Interagency Council on Homelessness (ICH) was established by Governor John Hoeven in 2004 to coordinate statewide efforts relating to this initiative. Working in cooperation with local communities and tribal nations, the North Dakota ICH developed the following plan as a collaborative solution to ending long-term homelessness in North Dakota.

Framing the Issue

Those who are homeless in North Dakota, or at risk of becoming homeless, have several options for housing and support services.

North Dakota’s current homeless system operates on four (4) inter-connected levels: homeless prevention, emergency shelter, transitional housing, and permanent supportive housing. Each level strives to support individuals and families experiencing housing crises. Services provided by public and private agencies are spread throughout each of these four levels. Sometimes agencies provide more than one kind of housing, meaning that resources are often shared between programs and different types of shelter.

In general, the system that serves homeless people in North Dakota is designed to help facilitate a transition from a temporary housing crisis to a more independent, stable living arrangement. The continuum of emergency shelter, transitional housing, and permanent housing is generally very effective and works for the majority of the homeless population.

* Point-in-Time Survey of Homeless People, Conducted by The North Dakota Coalition for Homeless People (NDCHP) on January 30, 2008.



However, the long-term homeless population is extremely difficult to house under this system. The housing and services delivered through North Dakota’s current system lack an adequate supply of affordable, permanent supportive housing to help the homeless population and particularly those individuals and families experiencing long-term homelessness.

Within the next 10 years, there exists a need for permanent housing and supportive services for an estimated 599 men, women and children who will experience long-term homelessness in North Dakota. This represents a need to provide permanent supportive housing for an estimated 461 households that will be affected by long-term homelessness in North Dakota during the next 10 years.

North Dakota Estimate of Need

Source: 2008 Point in Time Survey (Long Term Homeless)

Type of Household	LTH Baseline annual estimate		Additions to LTH population after baseline		10 Year Total		HH - % of Total
	People	HH	People	HH	People	HH	
Individual - Adult	220	220	152	151	372	371	80%
Individual - Youth (<age 21)	16	16	10	10	26	26	6%
Families - with child <18	114	36	80	25	194	61	13%
Families - no children	4	2	3	1	7	3	1%
Total	354	274	245	187	599	461	100%

* “HH” = Households “LTH” – Long term homeless

Based on the projected need, the State’s goal is to assist local communities in providing housing, rent subsidies and support services to ultimately end long-term homelessness in North Dakota. In other words, the number of long-term homeless individuals and families living in North Dakota communities will steadily decline to essentially zero by 2018. A benchmark of 50 units per year will enable North Dakota to reach its goal.

Providing permanent, supportive housing as a first step toward addressing long-term homelessness is a radical departure from the “continuum” model currently used throughout North Dakota. Under the “continuum” model, homeless individuals try to find space in a shelter. The next step is often transitional housing before eventual placement in permanent housing. The focus has been on stabilizing the individual with a variety of services before securing permanent housing placement.

This newly adopted model emphasizes immediate placement of the individual in permanent supportive housing and then provides the services, on site, necessary to stabilize the individual and keep them housed.



North Dakota's 10-Year Plan

Many North Dakotans don't realize that a homeless population even exists within our state. For the most part, homelessness in North Dakota is an invisible problem. Most residents would be shocked to learn that over 800 people are homeless in North Dakota on any given day, of which nearly one-third (30%) are under the age of eighteen (18).

Solving the problem of long-term homelessness in North Dakota will require an ongoing, collaborative effort. The 10-year plan to end long-term homelessness will require changing the way our State and local communities view and respond to homeless individuals and families.

The State of North Dakota is committed to supporting the implementation of plans to end long-term homelessness at the local level. Such support will focus on pursuing cost-effective strategies for providing housing and support services. To this end, the State of North Dakota will support the following five (5) strategies:

- Develop Permanent Supportive Housing
- Improve the Ability to Pay Rent
- Expand Supportive Services to Wrap-Around Housing
- Strengthen Prevention and Outreach Programs
- Collect and Disseminate Data Relating to Long-term Homelessness

Additionally, the North Dakota Interagency Council on Homelessness (ICH) has identified numerous resources that are available to support the implementation of local plans relating to homelessness. Various state agencies and private organizations will be involved in providing technical assistance and connecting local communities to the resources that are available to address homelessness.

In order to successfully implement the State of North Dakota's ten-year plan to end long-term homelessness, an operational and financial infrastructure will need to be established. The infrastructure will include a process for approving the plan, leading the efforts, coordinating action steps, securing funding and measuring outcomes. Here are recommendations relative to the "next steps" needed to move the plan forward:

- Step #1. Secure input and approval of the ten-year plan.
- Step #2. Designate an entity to assume the lead role in implementing the ten-year plan.
- Step #3. Secure funding to support the ten-year plan.
- Step #4: Provide information and education to local communities about the 10-year plan and associated tools and resources.



Conclusion

There are dozens of cost/benefit studies that have been conducted around the nation to determine the ultimate “cost effectiveness” of a permanent supportive housing model.

Portland, OR. is one such community that has documented the cost effectiveness of their efforts. They found that prior to entering their permanent supportive housing program, 35 chronically homeless individuals each utilized over \$42,000 in public resources per year. After entering permanent supportive housing, those individuals each used less than \$26,000, and that included the cost of housing.¹

Another study of homeless people with serious mental illness in New York City found that, on average, each homeless person utilized over \$40,000 annually in publicly funded shelters, hospitals (including VA hospitals), emergency rooms, prisons, jails, and outpatient health care. When people were placed in permanent supportive housing, the public cost to these systems declined dramatically. The documented cost reductions—\$16,282 per unit of permanent supportive housing—were nearly enough to pay for the permanent supportive housing. If other costs, such as the costs of police and court resources and homeless services were included, the cost savings of permanent supportive housing would likely have been higher.²

In other words, these studies found that it cost less to provide permanent supportive housing than it did for people with serious mental illnesses to remain homeless. However, while the costs were the same, the outcomes were much different. Permanent supportive housing results in better mental and physical health, greater income from employment, fewer arrests, better progress toward recovery and self-sufficiency, and less homelessness.

Being without a home is an unnatural way to live, and being homeless often creates high levels of depression, anxiety and low self-esteem, especially among children and families. This problem is real. It is also beatable. North Dakotans have accepted the challenge of ending it.

1 - National Alliance to End Homelessness. March 2007. Fact Checker

2 - Culhane, Dennis; Metraux, Stephen, and Hadley, Trevor. (2002) “Public Service Reductions Associated with Placement of Homeless Persons with Severe Mental Illness in Supportive Housing.” Housing Policy Debate. Volume 13, Issue 1. Fannie Mae Foundation.



Framing the Issue



HOUSING THE HOMELESS

Purpose of the Plan

The purpose of this plan is to assist communities and tribal nations throughout North Dakota with the ambitious goal of ending long-term homelessness at the local level within the next ten (10) years. Approximately one out of every five people (20%) who are homeless fit the definition of “long-term homeless” as defined by the North Dakota Interagency Council on Homelessness (ICH).

Definition of Long-Term Homelessness:

“An individual or family that has been homeless (lacking a permanent place to live) for a year or more, or has had four or more episodes of homelessness in the last three years. In addition, the person or family member has a disabling condition which limits their activities of daily living. The North Dakota Interagency Council on Homelessness also recognizes individuals and families who are temporarily living doubled up and not in a position to contribute to the household as homeless.”

In determining the scope of the ten-year plan, the Interagency Council on Homelessness recognizes that the effort cannot feasibly address all homelessness in North Dakota. However, by creating a plan to address the most vulnerable of the homeless population (those who are experiencing long-term homelessness), the State will positively affect all North Dakotans impacted by the broader problems associated with being homeless.

By providing resources and assistance to communities throughout North Dakota, the State will enhance the availability of housing and supportive services for all people experiencing homelessness, regardless of whether it is on a short-term or long-term basis.



About The Interagency Council on Homelessness

The North Dakota Interagency Council on Homelessness (the Interagency Council) was appointed in November of 2004 by Executive order #2004-09 as a response to a national initiative to end long-term homelessness.

Governor Hoeven charged the Interagency Council with developing a comprehensive ten-year plan tailored to the needs of North Dakota. In developing North Dakota's plan, the Interagency Council brought together broad representation from groups of knowledgeable stakeholders.

Early in the planning process, the Interagency Council reviewed and analyzed the need for housing and services within the homeless system and the resources already being applied to address those needs. It was determined that making better use of current resources would be a guiding principle in developing the state's plan; however, the development of new resources from both public and private sectors would also be encouraged and supported.

The Interagency Council is comprised of members representing state agencies, city government, nonprofit organizations, the Governor's office, and other key stakeholder groups. Council members serve an initial term of two years, and the chair of the Council is appointed by the Governor. The Council reports annually to the Governor on progress in preventing and alleviating the incidence of homelessness in North Dakota, as well as makes recommendations for executive and legislative action.

Members of North Dakota Interagency Council on Homelessness:

Chairman Mike Anderson, Executive Director, ND Housing Finance Agency
Leann Bertsch, Director, ND Department of Corrections and Rehabilitation
Mike Brown, Mayor, City of Grand Forks
Maren Daley, Director, Job Service North Dakota
Paul Govig, Director, NDDOC-Division of Community Services
Cheryl Kulas, Executive Director, North Dakota Indian Affairs Commission
Susan Martin, Executive Director, Ruth Meiers Hospitality House
Ellen Muntz, Ph.D., Physician, VA Medical Center
Carol Olson, Director, North Dakota Human Services Department
Wayne Sanstead, Superintendent, North Dakota Department of Public Instruction
David Sena, Northlands Rescue Mission
John Warford, Mayor, City of Bismarck
Dennis Walaker, Mayor, City of Fargo
Tami Wahl, Policy Advisor, Office of the Governor



The role of the Interagency Council on Homelessness is to coordinate state policy and working relationships among state agencies to identify and define issues of homelessness in North Dakota. The Council determines effective collaborative strategies and best practices for preventing and ending homelessness in North Dakota.

Other duties of the Interagency Council include reviewing and analyzing the need for, and the availability of, resources to address the needs of North Dakotans who are homeless; recommend changes necessary to alleviate or prevent the situation of homelessness; educate the other state agencies, legislators, and the public about the causes of homelessness; and solicit input from the faith community, the advocacy community, the business community and consumers regarding policy and program development to identify and define issues of homelessness.

The efforts have been led by members of the Interagency Council on Homelessness, as well as the following individuals and organizations:

Tran Doan, Program Administrator, Division of Community Services, North Dakota Department of Commerce

Candace Fuglesten, Regional Director, Southeast & South Central Human Service Center, North Dakota Department of Human Services

Duane Houdek, J.D. - Executive Secretary, North Dakota State Board of Medical Examiners

Chadwick Kramer, Research Analyst, North Dakota Indian Affairs Commission

Mary Magnusson, Former Executive Director, North Dakota Coalition for Homeless People

Dan Mahli, Senior Planner, City of Fargo

Nancy McKenzie, State Regional Human Service Director, North Dakota Department of Human Services

Denis Nunberg, Retired, Job Service North Dakota

Jeannie Messall, Executive Director, North Dakota Coalition for Homeless People

Sue Redman, Planning Department, City of Bismarck

Jessica Thomasson, Director, Housing Division, Lutheran Social Services of North Dakota

Stefanie Two Crow, Program Administrator Title I Homeless, North Dakota Department of Public Instruction



Rationale to End Long-Term Homelessness in North Dakota

North Dakota has set a goal of ending long-term homelessness by 2018. Communities across the state are responding to this challenge by targeting resources to help people experiencing long-term homelessness find and maintain stable housing.

There are numerous reasons to focus on ending long-term homelessness in North Dakota which include:

- The long-term homeless population consumes a disproportionate amount of resources. National studies show that the long-term homeless population is a relatively small proportion of the total homeless population, approximately 10%, but they consume 50% to 60% of the shelter services, and “crisis” services including emergency medical services, psychiatric treatment, detoxification facilities, shelters, and law enforcement. *
- Effective new practices exist to move people into housing and improve housing stability. Research shows more than 80% of homeless who enter supportive housing stay for at least a year.
- Addressing the needs of this group will free up resources for other homeless groups, including youth and families.
- This group is in great need of assistance and special services.
- It is a finite problem that can be solved.
- New federal investment is targeting the long-term homeless.

North Dakota is responding to the challenge to end long-term homelessness through the work of the Interagency Council’s ten-year plan. The plan will support the development of permanent supportive housing models in North Dakota communities that will meet the needs of both individuals and families. The plan will also bolster the state’s system for delivering supportive services.

Success in ending long-term homelessness in North Dakota will greatly rely on the implementation of strategies developed by local government. The strategies will need to be implemented by a combination of efforts from the private and public sectors, including the city government, the local Housing Authority, local emergency shelters, the local Human Service Center, local law enforcement and other stakeholders.



The state's role in the success of ending long-term homelessness will be to support the implementation of local plans, and foster innovative, cost effective, tested practices that are being implemented in communities across the nation.

The state's support has been and will continue to be evidenced by, but not limited to, the following:

1. Providing technical assistance to support plans to address homelessness at the local level.
2. Supporting legislation that provides a funding pool for creating permanent supportive housing.
3. Providing resources through various agencies including, but not limited to, the North Dakota Housing Finance Agency, Department of Commerce, Department of Corrections and Rehabilitation, Department of Human Services, the North Dakota Continuum of Care, the Veterans Administration, Job Service North Dakota, and other state agencies and non-profit organizations.

Ending long-term homelessness in North Dakota is achievable by pursuing specific strategies that will both reduce the number of people who become homeless and increase the number of real alternatives for placing people currently experiencing long-term homelessness into supported housing.

Most importantly, ending long-term homelessness will improve the quality of life for thousands of North Dakotas who are deeply impacted by this problem.

Sadly, homeless people are often shunned, ignored or even ridiculed by society. The conventional wisdom suggests that someone who is in such a situation probably deserves to be homeless due to his/her poor choices in life. However, people become homeless for many reasons and find it difficult, if not impossible, to escape the grip of this crisis without assistance from a caring community.

North Dakota will not turn its back to this problem. Instead, it will serve as a model for other states to emulate as a caring, compassionate community.

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



The Current System

Those who are homeless in North Dakota, or at risk of becoming homeless, have several options for housing and support services.

North Dakota's current homeless system operates on four (4) inter-connected levels: homeless prevention, emergency shelter, transitional housing, and permanent supportive housing. Each level strives to support individuals and families experiencing housing crises. Services provided by public and private agencies are spread throughout each of these four levels. Sometimes agencies provide more than one kind of housing, meaning that resources are often shared between programs and different types of shelter.

- 1) Homeless prevention serves to intervene in temporary crisis situations to prevent individuals from experiencing homelessness. Services include short-term rental assistance, assistance with security deposits and utilities, food pantry services, education, and counseling.
- 2) Emergency shelter is meant to serve as short-term shelter, typically 60 to 90 days, for people experiencing immediate homelessness. If someone experiences homelessness and has to stay in emergency shelter, their situation may be temporary or short-term, and it is possible they will be able to exit emergency shelter into their own housing. On the other hand, if someone does not have anywhere to go, the goal is to move that person or family into transitional housing or directly to permanent supportive housing.
- 3) Transitional housing is generally accompanied by supportive services and may be a step toward permanent supportive housing. As the name implies, transitional housing allows homeless individuals an opportunity to transition, typically for a period of up to two years, to a more stable state of living.
- 4) Permanent housing, which typically involves a lease agreement, is the ultimate goal in our homeless services system. Service providers recognize that while a home is the first need of a homeless individual or family, supportive services are equally important. In order to be successful in retaining their permanent home, people experiencing homelessness must be provided with supportive services that fit their individual circumstances.



The Need for Permanent Housing & Supportive Services

In general, the system that serves homeless people in North Dakota is designed to help facilitate a transition from a temporary housing crisis to a more independent, stable living arrangement. The continuum of emergency shelter, transitional housing, and permanent housing is generally very effective and works for the majority of the homeless population. However, the long-term homeless population is extremely difficult to house under this system.

The housing and services delivered through North Dakota's current system lack an adequate supply of affordable, permanent supportive housing to help the homeless population and particularly those individuals and families experiencing long-term homelessness.

According to a point-in-time survey conducted in January 2008 by the North Dakota Coalition for Homeless People (NDCHP), there is a need for housing and services to support an estimated 354 men, women and children who are currently experiencing long-term homelessness in North Dakota. This number is projected to grow by nearly 70% over the next ten years, and will result in a need for permanent housing and supportive services for an estimated 599 individuals. (Note: This number represents an estimated 461 households).

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 over 50% of the total resources expended on homelessness.* Using this evidence as a guide, the federal government in 2002 began asking communities across the country to make every effort to end long-term homelessness. As a result, numerous communities across the state have taken steps to end long-term homelessness based on these facts:

- The traditional system that serves the homeless is not 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. **
- 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.



In addition to the need for more permanent housing units throughout North Dakota, there exists a need to provide a full array of supportive services to address the unique characteristics of this population. For example, approximately half of the households impacted by long-term homelessness in North Dakota have at least one member of the family suffering from a chemical dependency, a serious mental illness or a chronic medical condition. Additionally, nearly 10% of this population also has a member of the household who has a developmental disability. ***

Such disabilities, be they physical, psychological or behavioral, require a full array of supportive services. Housing alone doesn't fill the need. Therefore, the solution lies in providing a combination of more permanent housing units coupled with supportive services such as:

- Free healthcare and medication (psychiatric and physical)
- Shelters and clothing
- Food-prepared meals and bagged meals to go
- Assistance with applying and follow-through with housing, food stamps, SSI/SSDI, and other community resources
- Outreach by community agencies for engagement
- Assistance in applying for birth certificates and IDs
- Addiction services based on stage of change
- Bus/transportation money
- Rides to appointments
- Reminders and assistance in follow-through
- Vocational rehabilitation
- Landlords willing to overlook criminal/credit background
- Youth transitional services
- Inmate release programs/coordination to ensure on-going services
- Ongoing case management services once housing is obtained to assist with daily living skills
- Crisis services-crisis beds and crisis psychiatric services
- Domestic violence housing vouchers and therapy services

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

** *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).

*** Point-in-Time Survey of Homeless People, Conducted by The North Dakota Coalition for Homeless People (NDCHP) on January 30, 2008.



The Planning Process

In 2001, President Bush declared a national goal to end chronic homelessness. His administration established a plan to coordinate the nation's response. The plan included a provision of \$35 million in permanent housing and supportive services to end chronic homelessness as a collaborative effort by the Departments of Housing and Urban Development (HUD), Health and Human Services (HHS) and Veterans Affairs (VA). *

Numerous states throughout the nation have since joined the effort. North Dakota is one of a handful of states to receive national recognition for its efforts. In April 2008, Philip Mangano, Executive Director of the United States Inter-agency Council on Homelessness, presented Governor John Hoeven with the "Home for Every American Governor's Award."

The award was presented in recognition of the collaborative efforts by state, local and tribal entities to end long-term homelessness in North Dakota. These efforts were started in 2004 with the establishment of the North Dakota Interagency Council on Homelessness.

The goal of ending long-term homelessness has brought together public officials, service providers, housing providers, businesses, law enforcement, and other stakeholders throughout North Dakota. Community leaders from across the state have gathered to develop plans addressing homelessness at the local level. The cities of Fargo, Bismarck/Mandan, Dickinson, Jamestown, Minot, Williston, Grand Forks and Devil's Lake established steering committees, held community forums, conducted planning sessions and developed plans to address long-term homelessness in their communities. Additionally, the Turtle Mountain Band of Chippewa Indians and the Hidatsa & Arikara Nation conducted similar efforts to confront homelessness on their respective reservations.

These plans provide local communities with strategies and timetables for achieving measurable goals. The plans also provide the state of North Dakota with vital information that will be used to deploy public services and funding support where most needed.

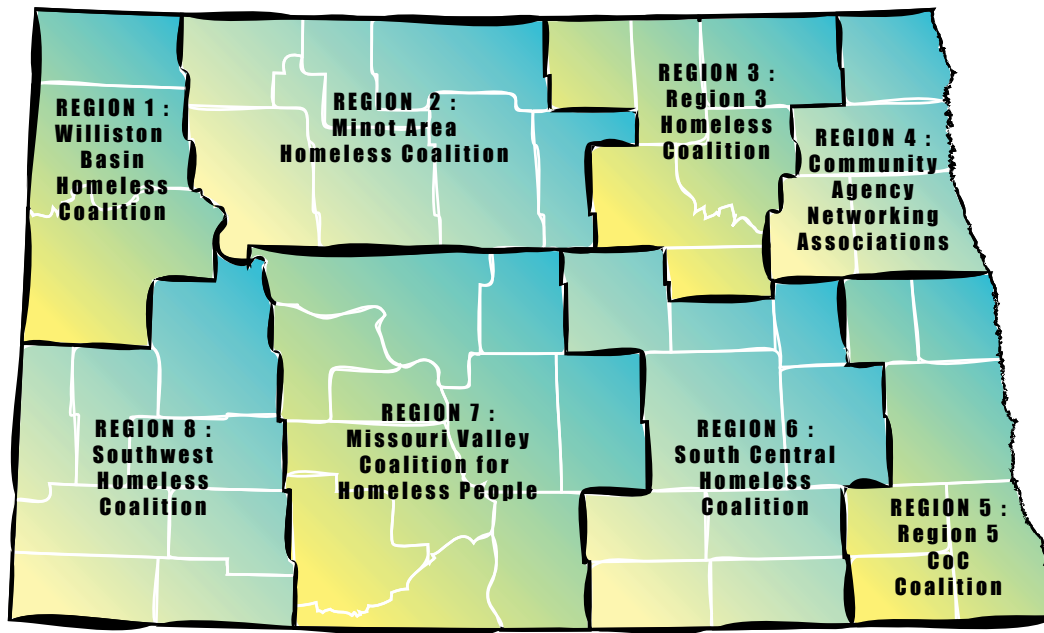
The planning process has involved numerous individuals and organizations at the national, state and local levels. Each entity has played an important part in creating lasting solutions to the problems associated with long-term homelessness. North Dakota's ten-year plan will leverage federal and state resources in bolstering grassroots efforts at the local level, thus filling the need for more permanent supportive housing units.

* U.S. Department of Veteran's Affairs, Jan. 27, 2003 news release.



Findings from Community Plans

North Dakota is divided into eight planning regions as illustrated in the map below. Each region has established a coalition to oversee the planning and implementation of efforts to address long-term homelessness at the local level.



As part of the planning process, each region identified strategies that reflect the unique demographics and characteristics of their communities. They took into account the facilities, services and stakeholder groups available to solve the problem of long-term homelessness.

Examples of the innovative and community-specific solutions being pursued at the local level include:

Region 1: (Williston)

The City of Williston and the Basin Homeless Coalition are formulating a transportation plan to provide people who are homeless with the ability to travel to and from work.

The Coalition is also supporting the creation of Recovery-Based Practices at Northwest Human Service Center to move people into “housing first.” Other initiatives include establishing a “Shelter Plus Care” project, working with landlords to provide incentives to rent to lower income households, and bolstering discharge planning in institutions for substance abuse treatment and mental health services.



Region 2: (Minot)

The City of Minot and the Minot Area Homeless Coalition are developing a speakers bureau to educate the community about homelessness through presentations to civic groups, churches, schools and area businesses.

The group is also establishing a housing assessment committee to evaluate the availability and need for community housing. Other unique initiatives underway include the establishment of a referral process, development of a cross-agency authorization waiver and creation of a new intake process for long-term homelessness.

Region 3: (Turtle Mountain)

The Turtle Mountain Housing Authority plans to integrate existing vocational training programs at area schools/colleges into housing renovation and construction efforts. Community organizations will work together to develop manufactured housing units to meet local needs.

Additionally, a Housing and Homeless Coordination Council will be established to assess community needs and coordinate resources among various agencies and organizations. Other initiatives include establishing an emergency shelter program to meet short-term needs, providing case managers to work with homeless and at-risk individuals and providing up to two years of rental assistance to return homeless families to affordable housing alternatives.

Region 4: (Grand Forks)

The City of Grand Forks and Community Agency Networking Association plan to enhance the continuum of services available to address addiction and/or mental illness. They plan to create a social detox facility, increase the capacity for inpatient treatment of drug/alcohol addiction and partner with UND to address shortages of Licensed Addiction counselors.

Other innovative solutions planned for Region 4 include hosting a “Project Homeless Connect” event in Grand Forks on an annual basis, developing a single room occupancy project to provide affordable housing to extremely low income individuals, implementing a “Shelter Plus Care” program, and establishing a mechanism for landlord/tenant mediation.



Region 5: (Fargo)

The City of Fargo and Continuum of Care (CoC) Coalition are working to develop partnerships that will move people into “housing first.” To this end, the city is supporting the creation of an Integrated Dual Disorder Treatment (IDDT) team within the Southeast Human Service Center (SEHSC). Efforts are also underway to establish a peer support system, create a “fresh start fund,” enhance connections between the SEHSC and the Veteran’s Administration (VA), and expand case management processes currently used to address the needs of unsheltered persons.

Other community-specific actions being pursued by the City of Fargo include supporting a consumer-run drop-in center as a safe point for outreach and referral, supporting the creation of a “Transitional Jobs” program, and establishing a safe haven housing option in the Fargo area.

Region 6: (Jamestown)

The City of Jamestown and the South Central Homeless Coalition plan to focus their efforts on enhancing the availability of permanent supportive housing units in the Jamestown area. They are also working on initiatives to improve consumer’s ability to pay for housing.

Region 7: (Bismarck-Mandan)

The cities of Bismarck and Mandan, together with the Missouri Valley Coalition for Homeless People and other partnering organizations, are working on converting existing housing into permanent supportive housing units, as well as building new units to meet future needs.

As part of their 10-year plan, Region 7 partners are also working to make rent subsidies and vouchers more available to long-term homeless individuals and families, conducting an inventory of supportive services, establishing a team of outreach volunteers and supporting efforts to conduct a statewide annual conference on homelessness.

Region 8: (Dickinson)

The city of Dickinson and the Southwest Homeless Coalition are working to create a solid foundation of financial resources to address the issue of homelessness. They are developing a network of public and private entities to expand existing funding support, as well as building new funding sources.

Another innovative initiative being pursued in the Dickinson region includes creating a Housing Impact Foundation to provide incentives for landlords to provide safe, permanent and affordable housing.



Regional Strategies

Community leaders from across the State have developed comprehensive plans to address homelessness at the local level. Here is a summary of the strategies being pursued by various regions throughout North Dakota.

Strategy	Bis/ Man	Dick.	Fargo	Grand Forks	James.	Minot	Turtle Mountain	Will.
Improve prevention efforts	X	X	X	X	X			X
Increase the availability and accessibility of affordable housing						X	X	X
Increase the availability of permanent supportive housing units	X	X	X	X	X			X
Reduce the discharge of people into homelessness			X					X
Improve coordination of existing services	X	X					X	X
Develop partnerships that move people to “housing first”			X		X			X
Develop a city transportation plan								X
Improve consumer’s ability to pay for housing	X		X		X			
Make outreach to chronic homeless more effective			X	X	X			
Collect data and share information about homelessness			X		X			
Enhance the quality and delivery of supportive services	X			X			X	
Conduct education, research and advocacy efforts	X	X				X	X	
Enhance services to address addiction and/or mental illness				X			X	
Secure the financial resources needed to pay for building housing units		X		X			X	
Develop a central intake process to access service for the homeless						X		



While the 10-year plans vary from community to community, they all share a common approach. They all focus on providing permanent supportive housing to people experiencing long-term homelessness at the point of first contact, or as soon as possible thereafter.

Other common strategies shared by many of the plans include:

- Improving education and prevention efforts
- Increasing the availability of affordable housing
- Improving coordination and collaboration among service providers
- Helping people who are homeless access financial assistance programs
- Enhancing outreach and advocacy efforts
- Collecting and reporting data to monitor progress and outcomes
- Addressing the need for services to support people suffering from addiction and/or mental health issues

Each of the communities also addressed ways to implement their plans over the course of the next 5-10 years. They identified innovative methods to create an infrastructure for planning, staffing and funding their efforts.

Regional Differences

Geographic Location of the Need

Homelessness impacts every region and community within the state; however, the problem is more prevalent in urban areas than rural areas. For example, the three most populous regions (4, 5 and 7) represent 82% of the total number of homeless individuals in the state. (Source: 2008 Point-in-Time Survey)

Table 4
Homeless in North Dakota by Region

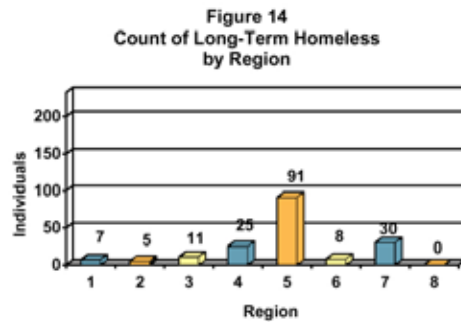
	Adults	Children	Total Individuals	Total Households	Literally Homeless	Long-Term Homeless
Region 1	18	0	19*	19	11	7
Region 2	19	16	35	18	32	5
Region 3	28	13	43*	21	5	11
Region 4	102	36	141*	101	113	25
Region 5	191	56	265*	207	237	91
Region 6	24	0	24	24	23	8
Region 7	159	113	275*	148	166	30
Region 8	15	14	30*	16	28	0
Total - ND	556	248	832*	554	615	177

*Age is missing for 28 individuals: 1 from Region 1, 2 from Region 3, 3 from Region 4, 18 from Region 5, 3 from Region 7, and 1 from Region 8.



Region 4 (Grand Forks) has 17% of the total number of individuals affected by homelessness (141 out of 832) and 14% of the total number of individuals affected by long-term homelessness (25 out of 177). Region 5 (Fargo) has 32% of the total number of individuals affected by homelessness (265 out of 832) and 51% of the total number of individuals affected by long-term homelessness (91 out of 177). Region 7 (Bismarck-Mandan) has 33% of the total number of individuals affected by homelessness (275 out of 832) and 17% of the total number of individuals affected by long-term homelessness (30 out of 177).

In terms of overall numbers, long-term homelessness is less prevalent in Region 1 (Williston), Region 2 (Minot), Region 3 (Devils Lake/Turtle Mountain), Region 6 (Jamestown), and Region 8 (Dickinson).

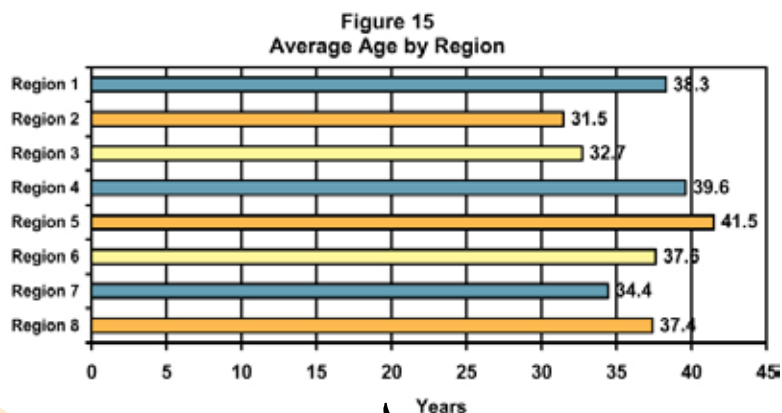


Demographics

There are higher proportions of homeless men in Region 1 (61%), Region 4 (65%), and Region 5 (72%); men are outnumbered by women in Region 2 (21%) and Region 8 (40%).

Compared to other regions, homeless individuals in Region 3 (74%) and Region 7 (57%) are more apt to be American Indian; this is presumably due to tribal land being located in and/or near these areas. The homeless in Region 1 (74%), Region 2 (77%), and Region 6 (75%) are more likely to be white than they are in other regions. There are higher percentages of homeless individuals who are Black/African American in Region 4 (11%), Region 5 (14%), and Region 8 (7%).

Compared to other regions, homeless individuals are older in Region 4 and Region 5. In Region 2, Region 3, and Region 7, the homeless tend to be younger. Households are more apt to be headed by someone 21 or younger in Region 1, Region 3 and Region 7. Region 4 and Region 6 households, on the other hand, are more likely to be headed by someone over 21. (Figure 15)



The Approach

Community leaders from across the state have worked diligently to develop strategic plans to address homelessness at the local level. Although each plan is unique and addresses the distinct characteristics of each community, a common approach has been universally adopted by all communities in the state.

All of the plans have adopted a model based on providing permanent supportive housing for the long-term homeless. Over a 10-year period, this will mean creating additional permanent supportive housing units to address the needs of nearly 600 individuals experiencing long-term homelessness in North Dakota

Providing permanent, supportive housing first is a radical departure from the “continuum” model currently used throughout North Dakota. Under the “continuum” model, homeless individuals try to find space in a shelter. The next step is often transitional housing before eventual placement in permanent housing. The focus has been on stabilizing the individual with a variety of services before securing permanent housing placement.

This newly adopted model emphasizes immediate placement of the individual in permanent supportive housing and then provides the services, on site, necessary to stabilize the individual and keep them housed.

The “permanent supportive housing” model includes:

- A comprehensive prevention approach, helping those identified as at risk of losing their homes.
- Short term “interim housing” designed to move a homeless individual or family into permanent housing as soon as possible.
- An adequate supply of long-term housing to meet the needs of those who are homeless, as well as those at risk.
- A range of supportive services, including case management, mental health services, substance abuse services, employment and training, and child care for those with special needs.

The “continuum” model, while effective for some forms of homelessness, is not effective for other forms of homelessness such as the unique needs of the long-term homeless population. The “continuum” model does not serve to effectively end homelessness for someone who is classified as long-term homeless. It is a mismatch of a problem and a solution.

Since long-term homeless people utilize emergency shelter services on an ongoing and repeated basis, they are better served by permanent housing solutions, thus opening up emergency shelter beds for others with more temporary needs.



Statewide Needs Assessment

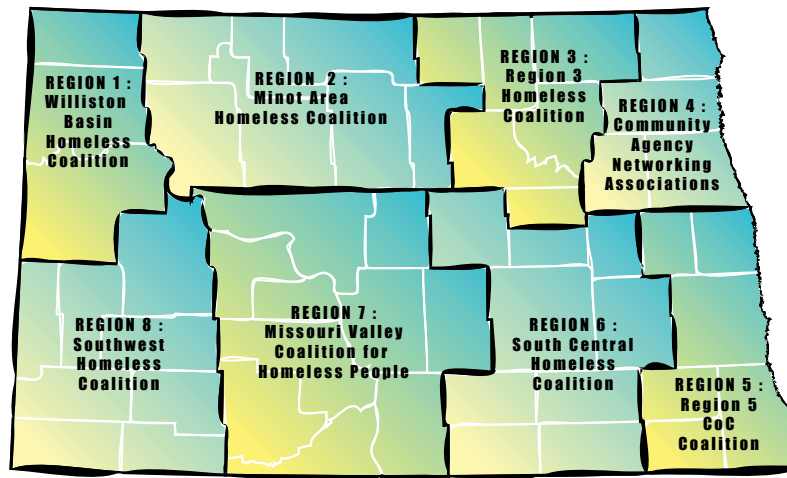


HOUSING THE HOMELESS

Point-in-Time Survey

On any given day, more than 800 men, women, and children in North Dakota are homeless. This statistic is derived from a statewide Point-in-Time Survey of Homeless People conducted annually by The North Dakota Coalition for Homeless People (NDCHP).

The most recent survey was conducted by provider agencies and caseworkers across the state on January 30, 2008. The research findings present a glimpse of what homelessness looks like in North Dakota on one particular day. Actual individuals and families who were experiencing homelessness in North Dakota on January 30 completed the survey. The survey collected information relating to demographics, education, employment, veteran status, common characteristics, and service utilization for eight regions across the state.



COUNTIES INCLUDED BY REGION:

Region 1 - Divide, McKenzie, Williams

Region 2 - Bottineau, Burke, McHenry, Mountrail, Pierce, Renville, Ward; Fort Berthold Reservation

Region 3 - Benson, Cavalier, Eddy, Ramsey, Rolette, Towner; Turtle Mountain and Fort Totten Reservations

Region 4 - Grand Forks, Nelson, Pembina, Walsh

Region 5 - Cass, Ransom, Richland, Sargent, Steele, Traill

Region 6 - Barnes, Dickey, Foster, Griggs, Lamoure, Logan, McIntosh, Stutsman, Wells

Region 7 - Burleigh, Emmons, Grant, Kidder, McLean, Mercer, Morton, Oliver, Sheridan, Sioux; Standing Rock Reservation

Region 8 - Adams, Billings, Bowman, Dunn, Golden Valley, Hettinger, Slope, Star



Overall Findings

The Point-in-Time survey presents a snapshot which is based on self reporting by actual people experiencing homelessness in North Dakota. Based on feedback from the individuals who participated in the January 2008 statewide survey, the overall findings are as follows:

- After increasing continuously from 2005 to 2007, the number of homeless people in North Dakota decreased slightly in 2008.
- The percentage of chronic and long-term homeless people who were unsheltered has decreased from 2005 to 2008.
- The majority of North Dakota's homeless population continues to be single individuals. However, the number of persons in families with children is nearly 24%, up 5% from 2005. Nationally, the fastest growing segment of the homeless population is families with children.
- In 2008, approximately half of North Dakota's homeless population stayed in emergency shelters, while one-fourth stayed in transitional housing. Another one-fourth reported living "doubled up" with family or acquaintances.
- Nearly 60% of North Dakota's adult homeless population are male, 40% are female. The average age of homeless men is 40.4 years; the average age of homeless women is 34.3 years; and the average age of homeless children is 6.2 years.
- Slightly less than half of North Dakota's homeless population received income from a job, while one in four received food stamps. One in five received help from family and friends.
- The chronic and long-term homeless are more likely than the overall homeless population to be veterans, have medical problems, have a history of substance abuse, be unemployed or be unable to afford rent.
- The most common reasons for homelessness in North Dakota include an inability to afford rent, unemployment and a history of substance abuse.
- Permanent housing and transportation were identified as the two most difficult services to access by the homeless population in North Dakota.
- Since 2006, the percentage of homeless individuals who reported receiving substance abuse services has decreased and the number using emergency shelters has increased.



Findings Related to Long-Term Homelessness in North Dakota

One in five homeless persons in North Dakota (21.3%) has experienced long-term homelessness, which means they have a disabling condition and have either been homeless for at least a year or have been homeless four or more times in the past three years.

Of the 177 individuals to which this definition applies, 135 are adults, 38 are children, and the age of four respondents is unknown.

The following table shows the total count of homeless persons by region, age and status as “chronic” or “long term homeless”.

Region	Adults	Children (Less than 18)	Total Persons	Chronic (1)	Long-Term Homeless(2)
1	18	0	19*	0	7
2	19	16	35	0	5
3	28	13	43*	0	11
4	102	36	141*	15	25
5	191	56	265*	29	91
6	24	0	24	0	8
7	159	113	275*	7	30
8	15	14	30*	0	0
Total ND	556	248	832*	51	177

*Information regarding age or status as an adult or child was not available for 26 homeless persons.

1 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, and is sleeping either in an emergency shelter or somewhere not fit for human habitation.

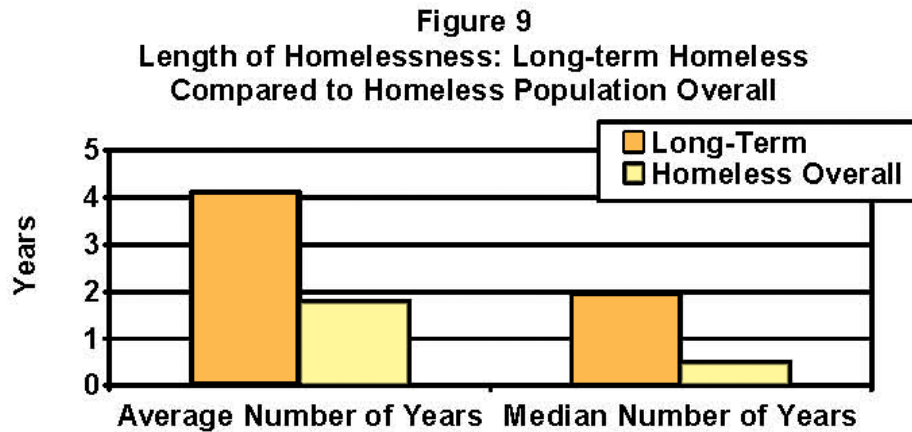
2 Long term homeless (LTH) is the definition adopted by the ND Interagency Council on Homelessness, which is an individual or a family with a disabling condition who has been homeless continuously for at least one year or more than four times in the last three years. The ICH definition does not exclude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

Length of Homelessness

By definition, the primary difference between the long-term homeless and the overall homeless population is how long and how frequently they have been without a permanent residence. The average length of a homeless episode overall is 1.8 years, with a median of 0.5 years. Among the long-term homeless, an average episode lasts 4.1 years, with a median of 2.0 years. (Figure 9)



In addition, the long-term homeless are more than twice as likely as the overall homeless to have been homeless four or more times in the past three years (42% compared to 17% overall). The long-term homeless are less likely to have been homeless once (31% compared to 48% overall), twice (20% compared to 20% overall) or three times (5% compared to 10% overall).



Demographic Differences

The long-term homeless are more likely than the general homeless population to stay in transitional housing (32% compared to 23% overall). They are also somewhat more likely to be men (66% compared to 60% overall) and less likely to be accompanied by a family member (33% compared to 49% overall). One trend to note is the proportion of the long-term homeless population that is living in a family with minor children has doubled since last year (33% compared to 15% in 2007). (Table 3)

Table 3
Demographics of Long-Term Homeless

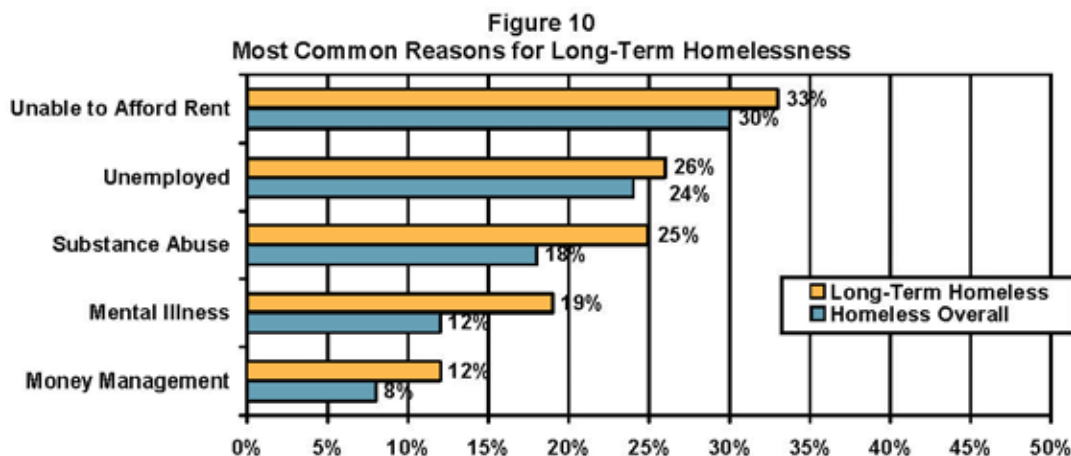
	Long-Term Homeless	Homeless Overall
In transitional housing	32%	23%
Doubled up/precariously housed	18%	21%
Emergency shelter	51%	48%
Unsheltered	2%	1%
Male	66%	60%
Female	34%	40%
Unaccompanied adult	67%	51%
With family	33%	49%
White	58%	51%
American Indian/Alaskan Native	32%	35%
Other/Missing	10%	15%
High school diploma or less	70%	62%
Post secondary	22%	23%
Missing	8%	14%
Average age of adults	43.7 yrs	38.0 yrs



Reasons for Long-Term Homelessness

The most common self-reported reasons for long-term homelessness are the same as homelessness overall: an inability to afford rent (33%); unemployment (26%); and substance abuse (25%). Substance abuse (25% compared to 18% overall) and mental illness (19% compared to 12% overall) are more common among the long-term homeless than the general homeless population.

With the exception of these two issues, the reported reasons for homelessness among the long-term homeless do not differ that significantly from the homeless population overall. This suggests that the primary cause of extended homelessness is either not known or acknowledged by those it affects or it is not adequately measured by the Point-in-Time Survey instrument. The issues facing the long-term homeless may not vary from the general homeless population, but they may be more severe. (Figure 10)



Utilization of Services

Compared to the general homeless population, the long-term homeless are more likely to receive food/hot meals (72%), case management (71%), and clothing (64%). They are also more likely to have received medication (45%), mental health care (39%), transitional housing (35%), medical/dental (33%), and substance abuse services (25%).

There are no significant differences between the long-term homeless and the general homeless population in regard to sources of income, difficulty accessing services, or services considered most beneficial in obtaining housing.

Note: The complete findings from the 2008 Point-in-Time survey are available for review by visiting www.ndhomelesscoalition.org.



North Dakota's Ten-Year Plan



HOUSING THE HOMELESS

The Problem Defined

Broadly defined, homelessness means not having a home or a fixed place of residence. Thus, the concept embraces anyone whose day-to-day living arrangements are precarious.

The homeless include single adults, battered women, runaway youth, and families. Living arrangements might include cars, shelters, parks and campgrounds, hotels and motels.

Less apparent are the “invisible” homeless, those who move from one setting to another, “doubling up” with friends or relatives, or living in a communal setting, because they can not afford a place of their own. The “invisible” homeless also include those families who are at risk of becoming homeless.

Being homeless means more than not having a secure place to sleep and eat. It means not having a place to store things that connect you to your past; losing contact with friends and family; uprooting your kids from school; having to endure the shame of what is still perceived as personal failure.

Oftentimes, being homeless also means breaking up the family; enduring the routine indignities of living on the margins; the frustration of being unable to provide for those who depend on you; the humiliation of needing to rely on the kindness of strangers; the anonymity of government assistance; and finally, having no center in one’s life, no haven to return to, no certainty about tomorrow.

Most North Dakotans don’t realize that a homeless population even exists. When they hear the word “homeless,” they may think of the stereotype portrayed by television -- the ragged, dirty faces filled with hopelessness, despair, and anger.

A landmark study on homelessness found that small town America is not exempt from this problem. The reasons for homelessness in rural states such as North Dakota are difficult to define. Families find themselves displaced every day by loss of jobs, lack of affordable housing, poor health, substance abuse, eviction, domestic violence, fires, natural catastrophes and many other complex factors. *

Being without a home is an unnatural way to live, and being homeless often creates high levels of depression, anxiety and low self-esteem, especially among children and families. This problem is real. It is also beatable. North Dakotans have accepted the challenge of ending it.

* Out of Sight, Out of Mind: Homeless Children and Families in Small-town America, By Yvonne Marie Vissing, Published by University Press of Kentucky, 1996



The Causes Identified

Homelessness impacts both urban and rural communities. For the most part, homelessness in North Dakota is an invisible problem. Most residents of the state would be shocked to learn that over 800 people are homeless in North Dakota on any given day, of which nearly one-third (30%) are under the age of eighteen (18).

An estimated twenty percent of these people are considered “long-term” homeless, meaning they have a disabling condition, and have been continuously homeless for at least one year or for 4 or more times in the last three years.

The various causes that inhibit communities from effectively responding to the needs of the long-term homeless include:

- Shortage of short-term, interim housing
- Shortage of supportive, permanent housing
- Inadequate service capacity
- Inadequate resources for discharge planning from public systems
- Difficulty in accessing mainstream community resources including Medicaid, TANF, Food Stamps, and mental health and drug/alcohol addiction programs
- Fragmented systems of care
- Historic investment in stop-gap measures rather than permanent solutions
- Difficulties in engaging the long-term homeless population in the solution



The Solutions in Progress

Homelessness occurs at the community level; however, solutions extend far beyond the borders of local jurisdictions. The fight to end long-term homelessness is occurring at all levels of government and private service – national, state, county and city.

This broad-based response is focused on getting people who are homeless connected to permanent housing at the point of first contact. Services are then coordinated between the housing provider and the service provider who is working with the tenant.

Solving the problem of long-term homelessness in North Dakota will require an ongoing, collaborative effort. The 10-year plan to end long-term homelessness will require changing the way our community views and responds to homeless individuals and families.

Solutions currently in progress include:

- Federal funding for housing and critical services from the U.S. Department of Housing and Urban Development (HUD), the U.S. Department of Health and Human Services (HHS) and the U.S. Department of Veterans Affairs
- Prevention and early intervention initiatives supported by numerous federal agencies including the departments of Justice, Health & Human Services, Agriculture, Commerce, Education and Labor.
- Improved access to mainstream services including Medicaid, TANF, Food Stamps, and mental health and drug/alcohol addiction programs.
- Increased support for education, especially among children experiencing homelessness. As part of the President's "No Child Left Behind" initiative, the Department of Education created a liaison for homeless children in every school district in America.
- Increased involvement by community and faith-based organizations. The U.S. Department of Housing and Urban Development has removed existing barriers that once precluded these organizations from participating in federal funding opportunities. By accessing additional funding, these organizations can expand the network of social services to meet the needs of the homeless.



Overall Goal & Role of the State

Within the next 10 years, there exists a need for permanent housing and supportive services for an estimated 599 men, women and children who will experience long-term homelessness during this time frame. Based on the projected need, the State's goal is to assist local communities in providing housing, rent subsidies and support services for an estimated 461 households in the next 10 years. In other words, the number of long-term homeless individuals and families living in North Dakota communities will steadily decline to essentially zero by 2018. A benchmark of 50 units per year will enable North Dakota to reach its goal.

North Dakota Estimate of Need

Source: 2008 Point in Time Survey (Long Term Homeless)

Type of Household	LTH Baseline annual estimate		Additions to LTH population after baseline		10 Year Total		HH - % of Total
	People	HH	People	HH	People	HH	
Individual - Adult	220	220	152	151	372	371	80%
Individual - Youth (<age 21)	16	16	10	10	26	26	6%
Families - with child <18	114	36	80	25	194	61	13%
Families - no children	4	2	3	1	7	3	1%
Total	354	274	245	187	599	461	100%
Type of Disability							
Serious Mental Illness		146		102		248	54%
Chemical Dependency		158		111		269	58%
Chronic Medical Condition		140		98		238	52%
Developmental Disability		22		15		37	8%
Other Characteristics							
Status as Veteran		66		46		112	24%
Criminal Background		58		41		99	21%
Poor Rental History (eviction)		44		31		75	16%
Bad credit		96		67		163	35%
Discharged from Hospital		36		25		61	13%
Money Management Problems		94		66		160	35%
Can't Afford Rent		172		120		292	63%

* "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
- **Methodology Note:** To account for limitations of point in-time survey methodology, baseline count is the actual point in time count x two. This is the methodology suggested by the *Corporation for Supportive Housing* in "Estimating the Need" for use in converting a point in time count of unsheltered homeless to a more realistic count. While the entire long term homeless population is not unsheltered, it seems to be a reasonable methodology for approximating need for planning purposes. The "addition after baseline" is estimated to be no more than an additional 10% per year. With the baseline decreasing each year (assuming plan successes), this number is estimated at a 7% increase in population each year (70% over 10 years). *Minor adjustments to "addition to baseline" results have been made to reconcile this table and the tenant profile.*



The overall role of the State of North Dakota is to provide incentives and support to local jurisdictions to develop permanent supportive housing options to individuals and families and successfully house them for the long term.

This will require a concerted and focused effort to provide solutions relating to the various disabilities often associated with homelessness, namely chemical dependency, serious mental illness, chronic medical conditions and developmental disabilities. Furthermore, supportive services and resources will need to be provided to address needs of people experiencing homelessness such as money management problems, a lack of access to transportation, bad credit and rental histories, unemployment and criminal backgrounds.



Statewide Strategies & Resources

The State of North Dakota is committed to supporting the implementation of 10-year plans to end long-term homelessness at the local level. Such support will focus on pursuing cost effective strategies for providing housing and support services to cities, counties and Indian reservations. To this end, the State of North Dakota will support efforts to:

Strategy #1:

Develop Permanent Supportive Housing

Strategy #2:

Improve the Ability to Pay Rent

Strategy #3:

Expand Supportive Services to Wrap Around Housing

Strategy #4:

Strengthen Prevention and Outreach Programs

Strategy #5:

Collect and Disseminate Data Relating to Long-term Homelessness

Additionally, the North Dakota Interagency Council on Homelessness (ICH) has identified numerous resources that are available to support the implementation of local plans relating to homelessness.

Various state agencies and private organizations will be involved in providing technical assistance and connecting local communities to the resources identified in the action plan which follows. The agencies and organizations include, but not limited to:

State Agencies:

- JSND – Job Service North Dakota
- NDDOCR – North Dakota Department of Corrections & Rehabilitation
- NDDOC – North Dakota Department of Commerce
- NDDHS – North Dakota Department of Human Services
- NDHFA – North Dakota Housing Finance Agency
- NDICH – North Dakota Interagency Council on Homelessness
- NDIAC – North Dakota Indian Affairs Commission
- NDDOT – North Dakota Department of Transportation
- NDDPI – North Dakota Department of Public Instruction

Private Organizations:

- NDCHP - North Dakota Coalition for Homeless People



Actions Plans by Strategy

Strategy #1: Development of Permanent Supportive Housing

Nearly all of the local 10-year plans to end long-term homelessness indicated a need for more permanent supportive housing. While the availability of rental units varies across the state, strong efforts will be made to identify and gain support of landlords who are willing to rent to long-term homeless individuals and families. Strategies will include the provision of indemnity funds, education regarding program availability and credit services. There is also a need to effectively build housing units with minimal debt. Lastly, there exists a shortage of soft money to get all of this accomplished.

Goals	Actions and Tools	Resource Agencies and Organizations
1. Develop non-federal sources of “soft money” for grants and non-amortized debt (e.g., equity that goes into a project that doesn’t need to be paid back).	- Develop a program for non-federal sources of “soft money” for creation of new permanent supportive housing units for long-term homelessness.	NDDOC NDHFA
2. Have enough housing units to support the needs of up to 461 households statewide by 2018.	- Develop financial incentives for converting existing rental units to permanent supportive housing.	NDDOC NDHFA
	- Develop risk mitigation tools for landlords (e.g., create an Indemnification Fund to help with corrections placement and/or people with background issues).	NDDOC NDHFA
	- Explore expanded role for the State of North Dakota in financing affordable housing projects.	NDDOC NDHFA NDDOCR
	- Examine program guidelines to maximize funds available through programs such as: <ul style="list-style-type: none"> • CDBG • Low Income Housing Tax Credit (LIHTC) • HOME • Continuum of Care • Bond financing / tax exempt bonds • Emergency Shelter Grant (ESG) 	NDDOC NDHFA
3. Enhance the ability to create partnerships between developers and service providers.	- Facilitate an exchange of ideas and information between developers and service providers through education as well as the development of cultural competencies across the various professions.	NDDOC NDHFA NDDHS NDCHP NDDOCR NDIAC



Strategy #2: Improve the Ability to Pay Rent

Rent needs to be paid to stay in a permanent supportive housing unit, which means a person's ability to pay rent is tantamount to their long-term success in stable housing. North Dakota's long-term homeless population is living with incomes that are well below the poverty level. There is a varying ability to earn income due to individualized issues, typically related to the presence of disabling conditions and other barriers to employment. Many people are eligible to receive benefits but don't know how to access them, do not have an address, or have a level of mistrust of being in a "system."

Transportation to and from work, long term employability, and/or a criminal record are the biggest hurdles pertaining to the ability to pay rent. To be effective, a multi-faceted approach that includes earned income, rent subsidies, and eligibility for entitlement programs needs to be implemented. The presence of a rent subsidy is the best predictor of maintaining housing stability.

The creation of a transitional jobs program and pursuit of additional rent subsidies for tenants currently excluded from Section 8 rent subsidy programs are strategies to increase the potential to pay rent.

In addition to pursuing new strategies and funding sources, efforts will also be made to shift existing resources to areas of greatest need and impact.



Goals	Actions and Tools	Resource Agencies and Organizations
<p>1. Eliminate barriers to employment for people experiencing long term homelessness.</p>	<ul style="list-style-type: none"> - Develop transitional jobs programs in North Dakota and support programs that provide on-the-job training for long-term homeless at both the state and the local level. - Seek more transportation resources such as travel vouchers in rural areas to transport people to and from work. - Build on the NDDOCR Re-entry program's "Employability" focus for incarcerated individuals. - Leverage vocational rehab programs as an opportunity for skill development and job creation for long-term homeless. - Connect long-term homeless people to existing employment programs. 	<p>NDICH NDDHS JSND</p> <p>NDDOT NDDHS</p> <p>NDDOCR</p> <p>NDDHS</p> <p>JSND</p>
<p>2. Identify new sources for rent subsidies.</p>	<ul style="list-style-type: none"> - Develop additional rent subsidies that can be used when Section 8 does not work or is not available. <ul style="list-style-type: none"> • S+C (targeted) • TBRA – HOME (run like S+C) • Homeless prevention – ESG (deposits, etc. for discharge situations) - Pursue utilization of non-traditional federal funding sources to pay for housing costs. - Pursue utilization of non-traditional State and private funding sources to pay for housing costs 	<p>NDDOC NDHFA</p> <p>NDDOC NDDHS NDHFA</p> <p>NDDOC NDDHS NDHFA</p>
<p>3. Improve access to mainstream supports (entitlement programs).</p>	<ul style="list-style-type: none"> - Assist long-term homeless tenants to gain and maintain eligibility for mainstream supports (e.g. SSI, SSDI, TANF, food stamps, Medicaid, Medicare, Rep. payee, etc.). 	<p>NDDHS</p>



Strategy #3: Supportive Services That Wrap Around Housing

Many long-term homeless individuals require other services to maintain stable housing. Those services are varied in both degree and type. The quality and delivery of supportive services are an important component regarding the housing challenges often associated with long-term homelessness.

The creation of communities that create a culture of recovery assists individuals in moving out of homelessness and supporting them in their journey out of homelessness. Integrated service models can provide an effective framework for community collaboration in providing services to homeless individuals.

Goals	Actions and Tools	Resource Agencies and Organizations
<p>1. When a long term homeless individual accesses housing, ensure that they are also connected to supportive services.</p>	<ul style="list-style-type: none"> - Support dissemination of successful evidence-based practices throughout NDDHS system (ex. IDDT, case aids, community supports). - Leverage case management resources from various agencies and organizations. - Implement case management & other service practices appropriate to region and population based on best or emerging practices. 	<p>NDDHS NDDOC</p>
<p>2. Assure that transitions aren't at a time when someone could "fall through the cracks." In other words, don't transition people into homelessness or uncertainty.</p>	<ul style="list-style-type: none"> - Support the Transition from Prison to Community Initiative (e.g., Re-entry program). - Build a model and facilitate the partnerships that make "wrap-around" concepts work. Work with community partners to create culture of recovery which support individual's journey from homelessness. - Seek additional funding for supportive services (e.g., staffing, medications, housing assistance, flex funds, etc.). 	<p>NDDOCR</p> <p>NDDHS</p> <p>NDDOC NDDOCR JSND NDDHS NDHFA NDIAC</p>

** A great deal of case management is provided by private and not-for-profit organizations at the local level. The state will need to work in collaboration with these providers on this action.*



Strategy #4: Provide Outreach and Prevention Services

Outreach and prevention services are available in most communities but are often separate from the system that delivers services to the homeless population. Prevention programs that provide emergency rent assistance are in place and working, but agencies typically run out of money before year-end. The hidden homeless and those that are precariously housed are the people that most often use these emergency services.

Prevention and outreach go beyond the provision of rent assistance. Mediation between landlords and tenants was a common issue noted in all local 10-year plans as a way to prevent eviction and, consequently, homelessness. While most outreach is best conducted at the local level, this is an example of a proven prevention program that could be implemented statewide.

Reaching out to people who are homeless or at risk of homelessness is a key to the success in all of the local plans developed in the state. Project Homeless Connect, Project Community, and Street Outreach are examples of national “best practices” that work. Some North Dakota communities have a goal of conducting Project Homeless Connect in their cities at least once a year.

Goals	Actions and Tools	Resource Agencies and Organizations
<p>1. Emphasize prevention and outreach protocols to close the front door into homelessness.</p>	<ul style="list-style-type: none"> - Support Transition from Prison to Community Initiative and the focus on enhanced re-entry services for ex-offenders (ex. “What you need to know” handbook prepared for offenders) - Train state agency employees to integrate housing into the outreach work that state agencies are already doing - Disseminate model practice for Project Homeless Connect. - Ensure discharge planning in substance abuse and mental health facilities is coordinated with state plan and housing resources. - Develop a statewide solution for landlord/tenant mediation as a key prevention practice. - Build awareness about the homeless liaison program and other initiatives designed to address the needs of homeless youth. 	<p>NDDCR</p> <p>All organizations and state agencies listed on page 34.</p> <p>NDCHP NDHFA</p> <p>NDDHS</p> <p>NDHFA NDCHP</p> <p>NDDPI</p>



Strategy #5: Collect and Disseminate Data

The U.S. Department of Housing and Urban Development (HUD) developed the HMIS (Homeless Management Information System) concept to address the need for better data on homelessness at the local and national levels. HMIS is a database used to collect and store aggregated data regarding the characteristics of homeless individuals and families, as well as services they are receiving.

To ensure more accurate data on the homeless, the use of the HMIS system needs to be broadened to include more service providers who provide services but not necessarily beds. In 2008, 95% of agencies who provide “beds” already participate in HMIS. This data will be invaluable in measuring progress toward our stated goals, but also as a support to the state’s effort to facilitate a conversation about the costs of action vs. inaction. A cost-benefit analysis like the one noted above will help policy makers and the public answer the question, “What is the cost of maintaining the status quo – of not ending long term homelessness?”

Goals	Actions and Tools	Resource Agencies and Organizations
1. Collect information on the homeless population and services provided from all agencies to allow comparison of anticipated and actual outcomes	<ul style="list-style-type: none"> - Continue to support and coordinate HMIS (Homeless Management Information System). - Explore ways to broaden the participation among stakeholders in the annual Point-in-time survey. 	<p>NDDOC NDCHP</p> <p>NDCHP</p>
2. Market and measure progress on 10-year plan goals	<ul style="list-style-type: none"> - Be proactive in disseminating information to regions by “digesting” information at the state level and creating a system of information dissemination to local communities. - Help quantify the cost of action vs. inaction (e.g., the cost of ending vs. not ending long-term homelessness). - Facilitate community conversations about homelessness by generation stories/materials. 	<p>NDHFA</p> <p>NDHFA NDCHP</p> <p>NDCHP</p>



Implementation Recommendations

In order to successfully implement the State of North Dakota's ten-year plan to end long-term homelessness, an operational and financial infrastructure will need to be established. The infrastructure will include a process for approving the plan, leading the efforts, coordinating action steps, securing funding and measuring outcomes. Here are recommendations to move the plan forward during the first year. As strategies are implemented, additional action plans will be developed.

1. Secure input and approval of the ten-year plan.

Proposed Action	Responsible Party	Start Date	Complete Date
1. Seek input and approval from the North Dakota Interagency Council on Homelessness.	NDHFA	Sept. 15	Oct. 15, 2008
2. Secure input and approval from the Governor to adopt the ten-year plan as recommended, and appoint an entity such as the North Dakota ICH to monitor and report progress on an annual basis. (This will require reauthorizing and redefining the role of the ICH).	NDHFA	Sept. 15	Oct. 31, 2008

2. Designate an entity to assume the lead role in implementing the ten-year plan.

Proposed Action	Responsible Party	Start Date	Complete Date
1. Designate an agency or organization such as the North Dakota Housing Finance Agency to lead the efforts.	Governor	Oct. 1	Nov. 1, 2008
2. Designate adequate staff to organize and implement the efforts.	Legislature	Jan. 1	April 15, 2009
3. Establish communication connections (liaisons) with local communities to facilitate collaboration and cooperation between local and statewide efforts.	Interagency Council	Jan. 1	Ongoing



3. Secure funding to support the ten-year plan.

Proposed Action	Responsible Party	Start Date	Complete Date
1. Determine the level of funding needed within the next 5 years to organize and implement the 10-year plan to end long-term homelessness in North Dakota.	NDICH NDHFA	Oct. 1	Dec. 15, 2008
2. Seek and secure funding from federal, state and other sources to provide resources to organize & implement the 10-year plan (e.g., staffing and operational support).	NDCHP NDHFA NDICH NDDHS NDDOC	Jan. 1	Dec. 31, 2009

Step 4: Provide information and education to local communities about the 10-year plan and associated tools and resources.

Proposed Action	Responsible Party	Start Date	Complete Date
1. Develop a data base of local community and tribal leaders.	NDCHP NDDOC NDHFA	Jan. 1	Feb. 15, 2009
2. Conduct information sessions with local cities as a means of rolling out the plan.	NDCHP NDDOC NDHFA	Mar. 1	June 30, 2009
3. Conduct media relations activities to inform the public about the 10-year plan.	NDCHP NDICH NDHFA Governor's Office	Mar. 1	Ongoing
4. Develop methods and mediums for conducting ongoing communication with the various stakeholder groups (e.g., meetings, education, newsletters, internet, etc.)	NDICH NDHFA	May 1	Ongoing



Conclusion



HOUSING THE HOMELESS

Conclusion

For those individuals and families in North Dakota who are struggling with long-term homelessness, the current system does not work. Our state must either adopt a new approach to serving this population or simply accept long-term homelessness as a reality for some of the most vulnerable among us.

The Dollars and Sense of Change

There are dozens of cost/benefit studies that have been conducted around the nation to determine the ultimate “cost effectiveness” of a permanent supportive housing model. Portland is one such community that has documented the cost effectiveness of their efforts. They found that prior to entering their permanent supportive housing program, 35 chronically homeless individuals each utilized over \$42,000 in public resources per year. After entering permanent supportive housing, those individuals each used less than \$26,000, and that included the cost of housing.¹

Another study of homeless people with serious mental illness in New York City found that, on average, each homeless person utilized over \$40,000 annually in publicly funded shelters, hospitals (including VA hospitals), emergency rooms, prisons, jails, and outpatient health care. When people were placed in permanent supportive housing, the public cost to these systems declined dramatically. The documented cost reductions—\$16,282 per unit of permanent supportive housing—were nearly enough to pay for the permanent supportive housing. If other costs, such as the costs of police and court resources and homeless services were included, the cost savings of permanent supportive housing would likely have been higher.²

In other words, the study found that it cost less to provide permanent supportive housing than it did for people with serious mental illnesses to remain homeless. However, while the costs were the same, the outcomes were much different. Permanent supportive housing results in better mental and physical health, greater income from employment, fewer arrests, better progress toward recovery and self-sufficiency, and less homelessness.

Adopting and implementing the 10-year plan to end long-term homelessness in North Dakota simply makes sense. It's not only the right thing to do from a fiscal standpoint; but, more importantly, it's the right thing to do from a social standpoint. The problem is real. It is also beatable. North Dakotans have accepted the challenge of ending it.

1 - National Alliance to End Homelessness. March 2007. Fact Checker

2 - Culhane, Dennis; Metraux, Stephen, and Hadley, Trevor. (2002) “Public Service Reductions Associated with Placement of Homeless Persons with Severe Mental Illness in Supportive Housing.” Housing Policy Debate. Volume 13, Issue 1. Fannie Mae Foundation.



Appendix



HOUSING THE HOMELESS

Glossary of Terms – Appendix A

ACCESSIBLE HOUSING - A home where an individual can do what they need and desire to do as independently as possible, regardless of any physical or mental disability.

AFFORDABLE HOUSING – Housing for which the occupant is paying no more than 30 percent of his or her income for gross housing costs, including utilities.

AT-RISK POPULATIONS - Victims of domestic violence; children in families as well as unaccompanied youth (with or without their own children) and youth who have recently aged out of foster care and the delinquency system; individuals recently discharged from prison; individuals recently discharged from hospitals; veterans; people with alcohol or drug problems; mentally ill individuals; reunifying families; linguistic minorities; lesbian/gay/bisexual/transgender individuals; immigrants; senior citizens; and other vulnerable groups.

BEST PRACTICES - Strategies, activities, or approaches that have been shown through research and evaluation to be effective and/or efficient.

CASE MANAGEMENT – Intensive and coordinated assistance is provided to single adults and families to address the issues leading to homelessness and the activities necessary for establishing self-sufficiency and independence.

CHRONIC HOMELESSNESS – A chronically homeless person is an unaccompanied disabled individual who has been continuously homeless for over one year in frequent intervals.

CDBG – The Community Development Block Grant Program (CDBG) was authorized by the Housing and Community Development Act of 1974. CDBG provides eligible metropolitan cities, and urban counties (called “entitlement communities”), and states with annual direct grants to revitalize neighborhoods, expand affordable housing and economic opportunities, and/or improve community facilities and services, principally to benefit low- and moderate-income persons.

CSBG – The Community Service Block Grant program (CSBG) provides States and recognized Indian Tribes with funds to provide a range of services to address the needs of low income individuals to ameliorate the causes and conditions of poverty. The CSBG is administered by the Division of State Assistance in the Office of Community Services (OCS) of the U.S. Department of Health and Human Services.

CONTINUUM OF CARE - A community plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency. It includes action steps to end homelessness and prevent a return to homelessness.



DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) - The United States Department of Housing and Urban Development is charged with increasing home ownership, supporting community development and increasing access to affordable housing free from discrimination.

DISCHARGE PLANNING – A process designed to help individuals move appropriately from one system or level of care to another or to independence.

DUALLY DIAGNOSED — Dual diagnosis refers to the co-occurrence of mental health disorders and substance abuse disorders (alcohol and/or drug dependence or abuse).

EMERGENCY SHELTER – Defined by the U.S. Department of Housing and Urban Development as “Any facility the primary purpose of which is to provide temporary or transitional shelter for the homeless in general or for specific populations of the homeless.”

EPISODIC HOMELESSNESS — Episodic homelessness affects approximately 10% of homeless persons and applies to a person who experiences periodic incidents of homelessness, generally for short periods of time.

FMR — The Fair Market Rents (FMR) are schedules published in the Federal Register establishing maximum eligible rent levels allowed under the Section 8 rental assistance and other HUD housing financing programs by geographic area.

EXTREME HOUSING COST BURDENS – Generally defined as a situation in which a household spends more than 50 percent of its income for housing costs.

FEDERAL INTERAGENCY COUNCIL ON HOMELESSNESS — Congress established the Interagency Council on Homelessness in 1987 with the passage of the Stewart B. McKinney Homeless Assistance Act. The Council is responsible for providing Federal leadership for activities to assist homeless families and individuals.

HOPWA — The Housing Opportunities for Persons with Aids (HOPWA) Program was established by HUD to address the specific needs of persons living with HIV/AIDS and their families. HOPWA makes grants to local communities, states, and nonprofit organizations for projects that benefit low income persons medically diagnosed with HIV/AIDS and their families.

HOME — HUD’s HOME program provides block grant funds to local governments and states for new construction, rehabilitation, acquisition of affordable housing, assistance to homebuyers, transitional housing and tenant-based rental assistance.



HOMELESS —According to the Stewart B. McKinney Act, 42 U.S.C. § 11301, et seq. (1994), a person is considered homeless who “lacks a fixed, regular, and adequate night-time residence and; has a primary night-time residency that is: (A) a supervised publicly or privately operated shelter designed to provide temporary living accommodations... (B) an institution that provides a temporary residence for individuals intended to be institutionalized, or (C) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.” 42 U.S.C. § 11302(a) The term “homeless individual’ does not include any individual imprisoned or otherwise detained pursuant to an Act of Congress or a state law.” 42 U.S.C. § 11302(c)

HOMELESSNESS - According to the federal Department of Housing and Urban Development (HUD), homelessness is the experience of sleeping in a place not meant for human habitation (e.g., the streets or an emergency shelter), or residing in an emergency shelter, transitional housing, or other supportive housing program.

HOUSING FIRST — The Housing First model moves homeless participants from the streets immediately into permanent housing. With stable housing and supportive treatment services, program participants are better able to focus on the core mental and physical issues that led them to homelessness.

LONG-TERM HOMELESSNESS - (As defined by the ND Interagency Council on Homelessness) An individual or family that has been homeless (lacking a permanent place to live) for a year or more, or has had four or more episodes of homelessness in the last three years. In addition, the person or family member has a disabling condition which limits their activities of daily living. The North Dakota Interagency Council on Homelessness also recognizes individuals and families who are temporarily living doubled up and not in a position to contribute to the household as homeless.

LOW INCOME TAX CREDIT - The Low Income Housing Tax Credit (LIHTC; often pronounced “lye-tech”) is a tax credit created under the Tax Reform Act of 1986 (TRA86) that gives incentives for the utilization of private equity in the development of affordable housing aimed at low-income Americans. The credits are also commonly called Section 42 credits in reference to the applicable section of the Internal Revenue Code.

MEDICAID — Medicaid is a program that pays for medical assistance for certain individuals and families with low incomes and resources. This program became law in 1965 and is jointly funded by the Federal and State governments to assist States in providing medical long-term care assistance to people who meet certain eligibility criteria. Medicaid is the largest source of funding for medical and health-related services for people with limited income.

OVERCROWED HOUSING CONDITIONS – A situation in which households exceed the legally mandated number of residents per square footage.

PEOPLE LIVING IN PUBLIC PLACES — People who are living in places not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.



PERMANENT HOUSING - Affordable housing which may be either rental or home ownership and which has no mandated limitation on length of stay.

PERMANENT SUPPORTIVE HOUSING - Long-term, community-based housing with supportive services that enables special needs populations to live as independently as possible in a permanent setting. The supportive services may be provided by the organization managing the housing or coordinated by the applicant and provided by other public or private service agencies. Permanent housing can be provided in one structure or several structures at one site or in multiple structures at scattered sites.

POINT-IN-TIME SURVEY — The North Dakota Coalition for Homeless People (NDCHP) annually conducts a “count” of the homeless population in North Dakota at a specific point in time.

SAFE HAVEN - Safe Havens offer a residence to people with mental illness (and/or other disabilities) who have been unwilling or unable to participate in other housing and services. The initial goal of the Safe Haven is to engage residents in living in the Safe Haven; the ultimate goal is to facilitate access to permanent housing. Safe Havens must hold these two goals in balance. The engagement process, service program, policies and procedures, staffing patterns, and building design must be developed with both goals in mind. This chapter describes an approach to facilitate the transition of hard-to-engage homeless people with serious and persistent mental illness who are living in Safe Havens to other housing settings.

SECTION 8/HOUSING CHOICE VOUCHERS - Rental assistance subsidies that enable a household to pay only 30 percent of their income for rent and utilities. The voucher covers the remaining housing costs. This program is funded by HUD and usually administered by local housing authorities.

SHELTER PLUS CARE – A program designed to provide housing and supportive services on a long-term basis to the hard-to-reach homeless population with disabilities and their families who are living in places not intended for human habitation or in emergency shelters.

SRO — Single Room Occupancy housing units are an affordable housing option for very low income and homeless individuals and are typically single room units with a bed, small refrigerator, and a microwave.

SELF-SUFFICIENCY STANDARD — The Self-Sufficiency Standard is a measure of income adequacy that calculates how much money working adults need to meet their family’s basic needs without subsidies. Unlike the federal poverty line, this approach is tailored to each family, varying with size and composition, as well as being geographically specific and including work expenses.

SUBSIDIZED HOUSING - Housing that has financial support to make it more affordable to lower income households. That financial subsidy may come in the form of funds to offset development or pre-development costs, or assistance to pay for rental or operating subsidies.



SUPPORTIVE HOUSING – Housing with services that enable participants to live more independently than they would otherwise be able to do. The type of services depends on the needs of the residents. Services may be short term, sporadic, or ongoing indefinitely.

SUPPORTIVE SERVICES – Services such as case management, medical or psychological counseling and supervision, childcare, transportation, and job training provided for the purpose of facilitating the independence of residents.

TRANSITIONAL HOUSING — Transitional housing is designed to provide housing and appropriate supportive services to homeless persons and families and has the purpose of facilitating the movement of individuals and families to independent living within a time period that is set by the project owner before occupancy. This typically represents temporary housing with services where individuals or families live for between 6 months and 2 years. During that time they receive case management services that prepare the household for independent living.

*Adapted from: *Philadelphia's Ten-Year Plan To End Homelessness: Creating Homes, Strengthening Communities, and Improving Systems - October 2005.*



Contact Information – Appendix B

North Dakota Interagency Council on Homelessness

2105 Lee Avenue
Bismarck, ND 58504
Phone 701.258.2240
Fax 701.258.2245

North Dakota Coalition for Homeless People

2105 Lee Avenue
Bismarck ND 58504
Phone 701.258.2240
Fax 701.258.2245

North Dakota Housing Finance Agency

1500 East Capitol Avenue
Bismarck, ND 58502-1535
Phone 701.328.8080
Fax 701.328.8090

North Dakota Governor's Office

600 East Boulevard Avenue
Bismarck, ND 58505-0001
Phone 701.328.2200
Fax 701.328.2205

North Dakota Department of Human Services

600 East Boulevard Avenue
Bismarck N.D. 58505-0250
Phone 701.328.2310
Fax 701.328.2359



