



Heading Home
*Minnesota's Roadmap
for Ending Homelessness*



The Minnesota Interagency Council on Homelessness developed this Roadmap to share with the next administration the tremendous body of work that has been done and the recommended next steps to continue our work together to end homelessness. The Council is grateful to all who contributed to the Roadmap, with special thanks to those who provided ideas and feedback through community meetings, emails and phone conversations and to the dedicated staff at Minnesota Housing who provided editorial assistance.

We are grateful every day to providers that both serve individuals, youth and families who have been homeless and share the realities of their lives with the greater community, always hoping and trusting that the stories will inspire and motivate change. And we honor those who are or have been homeless in Minnesota: we pledge to be guided by your reality and your choices as we work together to build a stronger community where all have a home.

Cover and interior photos used with permission from:

Homeless is My Address, Not My Name. An Oral History of Homelessness in Minnesota

(Additional photos and stories can be found in the entire report at, www.mnhousing.gov/news/reports/index.aspx.)

Created from nearly 500 conversations with people experiencing homelessness in Minnesota, these stories and portraits depict the daily lives, suffering, and successes of people living under the most extreme form of poverty. The noise and the priorities of our culture drown out the voices of its most marginalized people. This project brings those voices and the stories they tell to the surface. Materials were collected at Project Homeless Connect events and at social service organizations throughout the state.

With the support of over fifty volunteers, Project Director Margaret Miles coordinated this effort on behalf of St. Stephen's Human Services, Family Housing Fund, Heading Home Minnesota and its regional partners, and the Minnesota Historical Society. For details visit www.OralHistoryOfHomelessness.org.

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INTRODUCTION

“This country will not be a good place for any of us to live in unless we make it a good place for all of us to live in . . .”

Theodore Roosevelt

We Create Home

We create home
 A place we live
 Where we
 Center our lives
 Our dreams for ourselves
 and those around us
 Find fertile ground
 Safe walls, strong floors,
 warmth
 And this idea of a good
 life unfolds here
 Has the space to grow
 And maybe from alone
 and without
 We become connected
 Find the love of ourselves
 And the love of others
 Build this vision of home
 Together
 In the very center of our
 being
 In the one place we carry
 with us
 We create home

by LeAnn Littlewolf

As printed in *Heading Home*
 St. Louis County

Homelessness has many faces in Minnesota: the face of a child, of a veteran, of a youth without family. The faces are on the streets of the Twin Cities and in makeshift camps in rural areas. The faces are African-American, they are American Indian, they are white. The faces are alone and in families. There is no one profile. They have in common only the fact that they have no place to call home.

Over the past thirty years—since people began turning up homeless on the streets and in the shelters of our nation’s cities—there have been many attempts to address the ever-present issue of homelessness. These efforts, usually in the form of shelter and temporary housing, have worked for some. Homelessness, however, has continued to grow. Wilder Research reports that the one-night count of people homeless in Minnesota more than doubled in the 15 years between 1991 and 2006 (before the downturn in the economy). Even more alarming is the fact that, once homeless, many people remain homeless: more than half of those homeless at the time of the 2009 count had not had a home for more than a year.¹

Why care about homelessness?

There are a number of reasons why the average Minnesota citizen should care about growing homelessness. The first is that people without homes cannot build productive lives. Physical and mental health deteriorate and it is difficult (if not impossible) to find and keep a job. Without income and a place to sleep at night, people are more likely to turn to crime. Children cannot move forward with their education and they cannot develop healthy, sustainable relationships with their peers. Youth without family turn to dangerous behaviors simply to survive on the streets. The deterioration in well-being and fraying of relationships threatens the health and well-being of Minnesota’s families and communities both now and for the future.

Homelessness is also expensive. Looking at a subgroup of offenders who were homeless and on probation in Hennepin County in 2007, the County found that over a five year period, 266 offenders spent 68,566 days in the County’s Adult Correctional Facility, Adult Detention center, emergency shelters or detoxification facilities – at a cost to the County of more than \$4.2 million. In Hennepin County, for a single person,

- A day at the Work House costs \$72 (2008)
- A day at an emergency shelter costs \$34.44
- A day in detox costs \$164-\$192 (the average stay is three days)

For a family of three (parent and two children), a month in shelter costs \$2,696.70 (the average shelter stay for a family is 38 days).²

The important fact about these expenditures is that they don't change people's lives. While emergency shelter, detox and correctional placements provide an immediate response to a crisis, they can't provide a long-term, permanent solution. The family that comes to the shelter today will likely need to spend tomorrow night and the next night there as well. The person who is treated at the Emergency Room and returned to the streets will be back at the Emergency Room when he or she gets sick the next time.

A third reason to care is that homelessness falls disproportionately on people of color. While American Indian adults are about 1% of the total adult population in Minnesota, they are 11% of the adult population that is homeless. While 4% of all adults in Minnesota are black, 41% of homeless adults are black.³ These statistics are similar to those in housing, education and employment: the Economic Policy Institute recently reported that Minneapolis has one of the two biggest disparities in the nation with an unemployment rate for blacks three times that for whites.⁴ Addressing homelessness among people of color is critical to addressing similar disparities in employment and education and will require targeted solutions.

Children who are homeless today are at great risk of being homeless—with their children—15 or 20 years from now.

Homelessness also diminishes us as a people. In June of this year, when the federal government released its plan to prevent and end homelessness in our nation, the Secretaries of Housing, Human Services, Labor and Veterans Affairs spoke about the significance of the plan. Eric Shinseki, the Secretary for Veterans Affairs told about his experience of seeing newly minted recruits, some fresh out of high school, entering the armed forces full of patriotism, enthusiasm and commitment – and then seeing veterans broken and defeated, living on the streets of our big cities. The Secretary noted the responsibility of the citizenry for understanding and addressing this tragedy: “It is for us to understand what happened,” he said, “It’s not about them – it’s about us.”⁵ The same questions can be asked with regard to all who find themselves homeless: “What happened? How did the hope with which we all enter the world come to this? And how can we – as a society – address the underlying issues?”

Perhaps most important is the fact that children who are homeless today are at great risk of being homeless – with their children – 15 or 20 years from now. Almost one-half (45%) of all homeless adults experienced homelessness before they were 21, and one quarter (26%) before they were 18, indicating the cyclical nature of homelessness, according to Wilder Research.⁶ The goal of this plan and others throughout the nation is to break that cycle, both restoring lives and spending public funds more wisely in the future.

What does it mean to “end homelessness”?

First, ending homelessness does not mean that no one will ever be homeless again. There will always be people who lose their housing because of a change in circumstances: loss of a job or change in family support, as examples. The question is what happens next. During the past 25 years, the individual or family that found itself homeless went to a shelter and stayed – often for months. In fact, many singles cycled between shelter and the streets for years, becoming more isolated and less able to recover from homelessness.

Ending homelessness means preventing the entry into shelter if possible and shortening shelter stays that do occur.

Ending homelessness means preventing the entry into shelter if possible and shortening shelter stays that do occur. A system focused on ending homelessness would have sufficient resources to match the person or family to appropriate housing and, if needed, services, rather than allowing them to remain in shelter.

Over the past several years, Minnesota has been moving toward this model, beginning in 1993 with the Family Homelessness Prevention and Assistance Program, focused both on preventing homelessness and “rapidly rehousing” those that become homeless. In 2004, the state then turned to the “backlog” of people who had languished on the streets and in shelters for years, committing to end long-term homelessness by 2010.

This report tells the story of what has happened in Minnesota over the past 15 years to change the state’s approach to homelessness and set a course for the future. The report also sets out a roadmap for policy makers who will make choices about where to go next.

Framework for the Roadmap

The roadmap is developed in the context of existing federal, state and local plans to end homelessness. Many local communities in Minnesota followed on the heels of the state’s commitment to end long-term homelessness by creating plans to end homelessness in their communities. The federal government then developed and released a strategic plan to prevent and end homelessness in the nation. Released in June 2010, the federal plan sets out a vision for the country, a set of assumptions on which the plan is based, and goals for ending homelessness for specific populations. Minnesota has adapted the values and assumptions to the work being done in our community and set out a plan that will direct the state toward accomplishing the federal goals in Minnesota.

The values, assumptions and goals of the Minnesota Roadmap are:

VALUES

- Homelessness is expensive; it is better to invest in solutions.
- A variety of housing options is important for addressing unique needs and individual preferences
- Trusting relationships are the building blocks for moving from homelessness to housing
- Partnerships and collaborations are fundamental to ending homelessness

ASSUMPTIONS

- Homelessness is solvable; we have learned a lot about what works.
- Homelessness can be prevented
- Government cannot address the issue of homelessness alone; the nonprofit, faith and business communities are part of the solution
- Solutions to homelessness are not found solely in a “homelessness system”: jobs, income supports, and health care are fundamental to addressing homelessness

GOALS (FROM THE FEDERAL PLAN)⁷

- Finish the job of ending chronic homelessness in five years (this equates to ending long-term homelessness in Minnesota)
- Prevent and end homelessness among veterans in five years
- Prevent and end homelessness for families, youth, and children in 10 years
- Set a path to ending all types of homelessness

Homeless Poem

I had a room once high in the sky
with stars on the wall and a bright
globe of light over the bed and doors
everywhere and nothing to fear.

The hand I love carried me
up the long stairs that echoed
with every step and voices grew
like vines in the stairwell.

Now with sky for a roof and street for a floor
and bent walls of air and no door

I wake to sirens like copper wire
forced through my head
and cold flows through
the river of my body.

When I was born clean and new

I came through a door
into life. I was home.

Now home is the hand
between me and fear.

by Katherine Greene Lewis

*“I just need someone to
give me a chance and
help until I get on
my feet again.”*

Survey of homeless persons by
Northwest Minnesota
Continuum of Care,
November 2008

Process for Creating the Roadmap

The Minnesota Interagency Council on Homelessness, a council of nine state agencies whose work impacts homelessness in the state, spearheaded the development of this Roadmap. The Council combined member agencies’ experience and knowledge with information and ideas solicited from:

- Existing plans to prevent and end homelessness in communities around the state—the plans are the most important resource for the state roadmap because one of the primary goals of the roadmap is to support communities in carrying on the work they have undertaken to end homelessness
- The federal strategic plan—the process for developing the federal plan used five workgroups (primarily focused on specific populations) and obtained input from more than 750 leaders of regional and state interagency councils and stakeholders, as well as 2,318 individual comments that came into an interactive website
- Ongoing conversations with coordinators of local plans to end homelessness
- An open meeting attended by approximately 100 providers, developers, and other stakeholders in the Twin Cities Metro area
- An interactive video-conference attended by approximately 140 people at 16 sites around the state

The voices of people who are homeless or at risk of homelessness came into the plan from communities throughout the state. In the West Central region, for example, coordinators organized focus groups of current or formerly homeless individuals at several shelters in the area. They also hosted a community forum that was attended by people who were homeless in Otter Tail County. In some communities, people who are homeless attend regular meetings of the Continuum of Care planning groups to address homelessness in local areas. In Hennepin County, people who were homeless sat on the Commission that developed the plan to end homelessness. Hennepin County also hosted focus groups of singles, youth, and families when they developed their plan and have repeated the focus groups as they update and revise the plan. Ramsey County is now conducting focus groups with single adults, unaccompanied youth, families and various communities of color to gain input into the revision of their plan. The Office of Economic Opportunity conducted 18 focus groups throughout the state with 144 runaway and homeless youth.

Using the Roadmap

Good roadmaps come in many forms – the tried-and-true that gets folded and unfolded until it wears out, the tri-fold laminated version that fits in a pocket or purse, and the electronic map – zooming in on just the place one is looking for. They show the freeways and toll roads, the city streets and gravel by-ways (though some need to come with a magnifier) and they are all needed as we navigate the increasingly complex terrain.

So it is with this roadmap. The hope is that it will provide guidance and inspiration in the coming years as Minnesota continues and expands its efforts to end homelessness. There will be potholes, detours, diversions and road construction. There will be new roads to construct and some that must be abandoned (perhaps to accommodate light rail). The road will lead to homes for all as long as the community is willing to continue the journey.

There is no GPS.



SARA

My name is Sara. I'm twenty-six years old. Last night I stayed at In-house Treatment Center.

I ran away at fourteen and I was pretty much homeless, for years I stayed with friends, or um you know I had a boyfriend for a while that I stayed with. Um, and then I got on meth. Um, and I was, then I was pretty much in the gutter. I was more than just homeless, I was homeless and helpless.

This is my daughter Carissa. I was sober for three years. I lost my sobriety somewhere after I had

Carissa. My children were taken from me because the drugs were in my system. And that was hell, that was...no words can describe what that was. It was a nightmare.

I really started working my program. I just saw it in a whole new light, you know, a whole new light. It was no longer about me.

I guess what keeps me strong is knowing that I'm strong. I go back to my life and the things that I've been through, and I've made it this far. I think I pretty much have...you know, I don't have it all up there, but you know I've still got a shine inside of me. I've got a long way to go and I'm gonna be somebody.

EXECUTIVE SUMMARY

The Minnesota Interagency Council on Homelessness has developed this Roadmap for Ending Homelessness at a time when the state is on the brink of electing new leaders to both the executive and legislative branches of state government. The primary purpose of the Roadmap is to educate new leaders on the importance of ending homelessness – and the potential for achieving this goal – and to articulate a set of strategies for moving toward that goal. The Roadmap also provides local communities with “next steps” for their work to prevent and end homelessness.

The Roadmap begins with a discussion of homelessness in Minnesota. Who is homeless? What are characteristics of people who are homeless? The document then discusses what the community has done to address homelessness over the past 25 years – and where we are now. The Roadmap itself follows with a discussion of five objectives that are at the heart of all strategies to end homelessness in Minnesota:

- Educate, engage, collaborate
- Increase access to stable housing
- Reach out to people who are homeless and at risk of homelessness
- Improve well-being
- Transform the housing crisis response system

The Roadmap sets out strategies for each objective – strategies that provide the incoming administration with a menu of activities that will move the work forward. The key strategies endorsed by the Minnesota Interagency Council on Homelessness are:

To educate, engage, and collaborate

- Strengthen all relationships and partnerships that underlie the state’s work to end homelessness and specifically the Interagency Council itself
- Educate state legislators and all policy makers about populations that are homeless and strategies for addressing homelessness, with a focus on leaders new to office
- Advance the state’s ability to collect and analyze data on the characteristics of homeless people and solutions to homelessness by strengthening the statewide Homeless Management Information System and programs’ ability to share data between and among agencies

To increase access to stable housing

- Continue implementing Minnesota’s Business Plan to End Long-term Homelessness
- Work with public housing agencies to expand eligibility for individuals, youth and families that have experienced homelessness

To reach out to people who are homeless and at risk of homelessness

- Develop and promote population-specific best practices for assisting people leaving institutions
- Assist communities in developing information and referral materials for judges and court personnel who interact with people who are homeless or at risk of homelessness

To improve well-being

- Build on current efforts to assist people with Social Security Disability applications

To transform the housing crisis response system

- Work with the federal government and with Minnesota communities to develop and promote a tool for assessing the needs of individuals, youth, and families that are homeless or at high risk of becoming homeless

SHAWNA AND ADRIAN

SHAWNA: My name is Shawna, I'm thirty-nine years old, last night I stayed at my daughter's house. I been homeless about, maybe, three, four years. I became homeless because of my drinking. I was a really bad alcoholic. And about twenty-one months ago I started sobering up, and with me becoming sober it became a lot harder for me to find housing. But with the help of Adrian here, he helps me stay sober and helps me keep my spirits up so that I don't get depressed and try to go drink again.



ADRIAN: My name is Adrian and I'm fifty years old, last night I stayed at Harbor Lights. And I became sober 'cause I was like, I was a criminal, you know. I was an outlaw, you know. I'm tired of being an outlaw so I came to be sober. On January first it'll be ten years, of this year. And I'm waiting; I'm proud.

SHAWNA: My dream is to get a place so I could visit with my grandchildren. And just not to be homeless anymore and that's what I want. I mean, it's hard out here, but that's what I wanna do. I wanna get myself up on my feet so I can say, "I did it, myself."

ADRIAN: You okay?

SHAWNA: Yeah.

ADRIAN: Why you crying? Mm?

SHAWNA: I'm just emotional, leave me alone! (Laughs)

ADRIAN: My dream is being like...education. I wish I got some education, 'cause I'm a high school graduate and I don't even know how to read and write. But my dream is I wish I could be a chef, you know, so I can go out there and help people, cook for them, you know, stuff like that. And, you know, be a helper. That's the way I am.

Chapter 1

The Many Faces of Homelessness in Minnesota

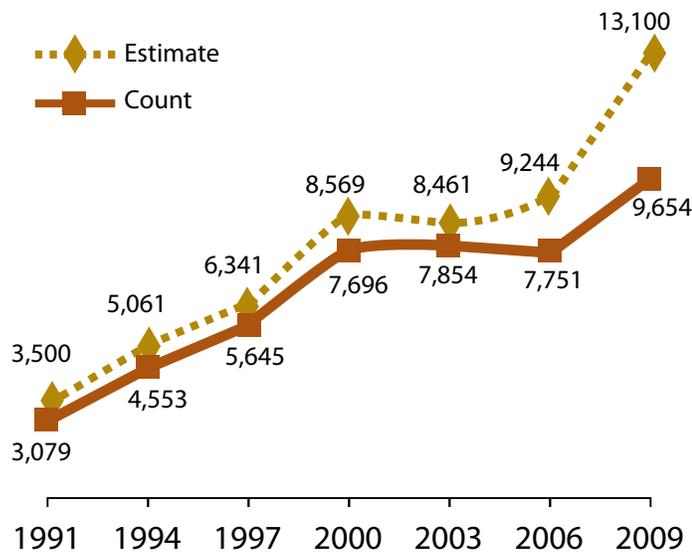
This chapter provides summary data about Minnesotans who are homeless, as well as a deeper look at homelessness on the reservations and in rural Minnesota and among groups that are the focus of the federal plan to end homelessness: veterans, youth, families with children, and single adults with long histories of homelessness. The chapter also describes best practices targeted to each group.

Triennial one-night count of people who are homeless

Every three years for almost 20 years, Wilder Research has documented the nature and extent of homelessness in Minnesota and it has never been worse. The one-night count of people homeless in Wilder's most recent survey in October 2009 (9,654) was three times that in 1991 and 25% higher than the number counted only three years ago. From the count, Wilder estimates that 13,100 people are homeless on any given night in Minnesota – four times the number in 1991.⁸

Number of Homeless People in Minnesota

Of those counted on the night of the survey



Source: Wilder Research
2009 Minnesota
Homeless Study

Thanks to the exhaustive nature of the triennial Wilder survey, the community has access to comprehensive information about the characteristics of people who are homeless in our state. Highlights from the 2009 survey and their historical context include the following:

- Children and youth (including young adults between the ages of 18 and 21) comprise almost half (47%) of all people who were homeless.
- People of color are disproportionately represented in the homeless population.
 - Racial disparities have persisted through the years.
- People who are homeless have health challenges that are often barriers to getting and keeping housing.
 - Three-quarters (74%) report at least one of three major health issues:

“Rural areas typically have fewer social services and public health providers and residents must travel greater distances between their homes and needed services.”

National Rural Health Association.
Rural Public Health. 16 Mar. 2005

mental illness, substance abuse disorder, or a chronic physical health condition.

- 11% of all homeless adults report all three conditions.
- Employment and income among people who are homeless are declining.
 - Over the years, as many as 41% had at least part-time employment
 - In 2009, 20% had some employment; only 6% -- the lowest since the survey began – had work averaging 35 or more hours per week.
- Over half of adults homeless in 2009 had been homeless for at least one year.
 - 59% of adults with long histories of homelessness report a serious mental illness.
- The recession has played a role in the increasing numbers of people experiencing homelessness.
 - 39% of households are losing their housing because of eviction, foreclosure, or nonrenewal of a lease, up from 32% in 2006.
 - 40% of people who lost their housing reported that a job loss or reduction in hours was the reason, up from 31% in 2006.

Homelessness on the Reservations

In 2006, Wilder Research expanded the community’s understanding of homelessness in Minnesota by conducting the first study in the nation of homelessness on Indian reservations. The survey identified 1,239 people who were homeless or doubled-up on six reservations in Northern Minnesota: Red Lake, White Earth, Leech Lake, Mille Lacs, Bois Forte, and Fond du Lac. Of those, more than one-third—447—were children under the age of 18. One in 10 of the 647 people interviewed for the survey was homeless at the time. Of those who were living with family and friends, over one-third had lived in four or more places within the past year. People showed high levels of economic distress, though lower levels of mental illness than in the general homeless population in Minnesota.⁹

Homelessness in Rural Minnesota

In response to a requirement of the federal HEARTH Act (see Chapter 2 for more about the HEARTH Act), the United States Government Accountability Office (GAO) recently completed a study of rural homelessness in Minnesota and five other states.¹⁰ The GAO confirmed what Minnesota’s rural communities have reported over the years—that because shelter capacity is so limited, many who are homeless in rural areas are living in extremely overcrowded situations, in severely substandard housing, or outdoors.

The 2009 Wilder survey reported similar findings. Wilder found that the number of people in shelters in Greater Minnesota was proportionately less than the number of homeless people found through outreach efforts. In 2009, 24% of homeless adults in Greater Minnesota were in emergency shelters (including battered women’s shelters) while 42% of homeless adults in the Twin Cities metro area were in shelters. Conversely, 48% of all homeless adults in Greater Minnesota were found through outreach, as compared with only 20% in the Metro.¹¹

Wilder also found that the proportion of people experiencing homelessness in Greater Minnesota is growing. In 1991, one of five people experiencing homelessness was in Greater Minnesota. By 2009, that percentage had risen to one in three (32%).

“In Minnesota, too many veterans depend on insufficient accommodations that range from borrowed couches to steam tunnels and abandoned automobiles.”

George Slade,
Exhibit Curator,
Portraits of Home II: Veterans in
Search of Stable Housing in
Greater Minnesota

Wilder says it is not clear whether the increase represents actual growth in numbers or improved outreach efforts.¹²

Even though the percentage of homeless people living in Greater Minnesota is rising, the traditional barriers to service remain. The population is dispersed over large areas and there is limited transportation and affordable housing. Not only do these factors limit the effectiveness of services, they also limit the extent to which providers can collaborate in providing services.

Veterans

The most complete Minnesota data about characteristics of veterans who are homeless are from the 2006 Wilder survey.¹³ In 2006, 13% of homeless adults and 24% of homeless men had served in the military at some time. One third (32%) of all homeless veterans had served in a combat zone. Among the general population, 21% of Minnesota men have served in the military.

Homeless veterans have more mental illness, chemical dependency problems, and chronic health conditions than other adults who are homeless despite the fact that they have experienced less childhood trauma and fewer out-of-home and institutional placements. Wilder found in 2006 that homeless male veterans were more likely than other homeless males to have considered or attempted suicide and more likely to experience Post-Traumatic Stress Disorder (PTSD). Further, veterans who have been in combat are more vulnerable than those that have not. Almost half (47%) of homeless male combat veterans in the 2006 Wilder survey had been told by a doctor or nurse that they have PTSD, compared with 27% of male veterans among the general population and 13% of other homeless men.

The vast majority of homeless veterans are male (95% in the Wilder 2006 survey) although the percentage of women is increasing. Many women veterans are caring for young children, and many have experienced sexual abuse and trauma during and/or prior to military service. According to national data, female veterans tend to have more frequent, yet shorter, episodes of homelessness and are more likely to seek preventive services (similar to other women who are homeless).¹⁴

While national data on homeless veterans show that more than 60% served before or during the Vietnam conflict, the veterans of Operation Iraqi Freedom and Operation Enduring Freedom represent an ever increasing percentage of the population that is in crisis. Vietnam veterans are aging (a person who was 25 when the war came to an end in 1975 is now 60); many are in deteriorating health, some with still unaddressed PTSD.

Over half of homeless veterans have been homeless for one year or more. This is comparable to the overall percentage of long-term homeless in the general population.

Like other populations that are homeless, veterans often have tenuous ties to their families and communities. In 2006, 90% reported that they either had never been married or were divorced or separated. Although one-third reported having children under the age of 18, only 13% had any children with them on the night of the survey.¹⁵

Homeless veterans have the same barriers to housing and employment as other people who are homeless and need the same services to be successfully housed. Veterans are, however, often reluctant to ask for help – even for services and earned benefits designed especially for them.

Home Without A Home

I travel with a heavy backpack
strapped across my shoulders,
and a plastic bag of clothes.

When you are homeless,
these are the things you carry.
And tucked away somewhere
are the memories of a war
that are still fresh.

No yellow ribbons greeted me
when I returned home.

Now I soldier on each day
trying to find some place to call
my own,
riding late night buses to shelters
only to be rousted out at dawn.
A private first class,
now a second class war veteran
walking the darkened streets.
Home but without a home.

by Tim Connelly

BEST PRACTICES FOR ADDRESSING VETERAN HOMELESSNESS

The most effective programs for homeless and at-risk veterans are community-based, nonprofit, “veteran helping veteran” groups. One such organization is the statewide nonprofit Minnesota Assistance Council for Veterans (MACV) which provides housing and services specifically to veterans and their families who are homeless or in danger of becoming homeless. MACV services include assistance with rent or mortgage, training and placement in employment, and referral to legal resources, among others. MACV states that the keys to success are non-duplication of services, effective collaborations, and providing the full continuum of care from transitional to permanent housing with supportive services. MACV assisted more than 840 veterans and their families in 2009, and made more than 12,000 referrals for services.

According to the Minnesota Department of Veterans Affairs (MNDVA), programs that work for veterans need to include housing that fosters camaraderie with fellow veterans who are succeeding at improving themselves in structured, substance-free environments. Veterans’ organizations are also working with the community to provide alternative housing options, especially using HUD VASH (Veterans Administration Supportive Housing) rental vouchers, recently made available in Minneapolis, St. Paul, and St. Cloud.

The MNDVA’s State Soldiers Assistance Program (SSAP) provides direct, emergency financial assistance to veterans, their dependents, and survivors. Help is available for shelter, utilities, optical and dental care, and cash grants for food and personal needs. MNDVA paid 1,200 vouchers for shelter during fiscal year 2010 and kept 615 veteran families in their homes.

A veteran can access services at any time and in all counties in Minnesota. The Veterans Linkage Line (LinkVet) is a toll free, one-stop customer service line and website for all Minnesota veterans and their families. County Veteran Service Officers (CVSOs) are located in all 87 counties. They are the first stop for veterans in their community for services and benefits. CVSOs act as liaisons among the veteran, the MNDVA and other area social services agencies.

MNDVA has also teamed with Lutheran Social Services to create Minnesota Service C.O.R.E. (Case Management, Outreach, Referral and Education), a new, nation-leading program designed to bring essential, community-based services directly to veterans, military members and their families across Minnesota at no out-of-pocket cost. Due to its unique structure, this program will also provide resources to previously underserved rural areas around the state.

Youth

Thirteen percent of people homeless in Minnesota on the night of the 2009 Wilder survey were unaccompanied youth – youth on their own, without parents, family members, or other caregivers. Homeless youth can be age 0-21 though most are between 15-21. In 2009, Wilder counted 227 youth age 17 and younger and another 1,041 between 18-21. The largest percent increase was in this group of older young adults, aged 18 to 21, with an increase of 57%.¹⁶

Thirteen percent of people homeless in Minnesota on the night of the 2009 Wilder survey were unaccompanied youth.

The leading cause of youth homelessness is family conflict, abuse, and/or neglect. Youth run away from situations where they feel unaccepted or unsafe. As a result, many youth are homeless because they no longer have someone to care for them. Common situations include:

- Youth being asked to leave their family or caregiver's home due to lack of space
- Youth being kicked out and/or disowned due to the youth's sexual orientation or gender identity
- Caregiver being incarcerated
- Caregiver suffering from mental health and or chemical dependency issues and being unable to care for their child
- Caregivers living in such extreme poverty and/or homelessness themselves that they cannot care for their children
- Youth having aged out of the child welfare system with nowhere to live and without the skills and/or financial resources to live on their own
- Youth being undocumented and in the country without caregivers

Youth who are homeless and unaccompanied by adult family or caregivers face difficult and unique barriers to achieving stability and making healthy transitions into adulthood. Most barriers are a result of their age and unaccompanied status. They have difficulty finding landlords who will rent to a younger tenant and difficulty opening a bank account. They lack an established credit history. In part because they have low education levels and little job experience, they have difficulty finding livable wage employment.

Their age makes unaccompanied youth particularly vulnerable to abuse. They are at very high risk for sexual, financial, and criminal exploitation and often are targets of physical and/or sexual violence.

“Man, I had a hard time out there. I didn’t know being homeless would be that bad, but I was scared. I thought it was a dream, but a dream where I would never wake up. It was more like a nightmare. Being homeless isn’t fun.”

Anonymous, age 17
Family Housing Fund
Home Sweet Home essays

BEST PRACTICES FOR ADDRESSING YOUTH HOMELESSNESS.

Despite these challenges, there are successful models for reaching and serving youth. Street outreach, drop-in centers, and emergency shelter connect with youth and provide crisis intervention. Together with family reunification and conflict resolution counseling, these are tools to prevent runaway youth from becoming homeless youth.

Emergency and transitional supportive services coupled with shelter and housing are the best practices for meeting the majority of runaway and homeless youths’ needs. Youth suffering from severe mental health issues are also served effectively by group homes or other programs that have specific supports for young people facing these challenges.

Continued school attendance is also critical for youth. Establishing connections with the local school district’s Homeless Student Liaison is a best practice for ensuring homeless youths’ educational needs are met.

The best approaches for working with youth – whether in street outreach, shelter, housing, or schools – take into account the developmental stages of adolescence and build on the strengths and perspectives of youth. These approaches help youth develop a positive and hopeful view of themselves and their future, one which allows them to continue to grow and contribute. Examples include:

- Harm reduction, which generally means keeping the youth safe and reducing the negative impact of drugs and alcohol, rather than requiring sobriety
- Positive Youth Development, a strength-based approach to all programming
- Living Skills Programs which help young people master the skills needed for a successful transition to adulthood

Many Minnesota providers – in both the Twin Cities and greater Minnesota – offer high quality youth programming. A shortage of funding prevents them from reaching all youth who need such services, especially now when youth homelessness is on the rise.

Families with Children

Of the 9,654 people counted as homeless in October 2009, 5,151 (53%) were in families. One-third (3,251 or 34%) were children with parents. 435 were parents age 21 and under; of these, 55 were under age 18. The average age of the children was 6.5 years. In Minnesota, homelessness among families increased 27% between 2006 and 2009, echoing a national trend that most believe reflects the economic downturn in general and the foreclosure crisis in particular.¹⁷

Housing stability is important for all because it is the foundation for education, health, and strong relationships. For children, housing stability is more than important; it is critical. *Heading Home Hennepin: The Ten-Year Plan to End Homelessness in Minneapolis and Hennepin County* summarizes the sometimes insurmountable toll home-

“What we know is that these are people who love their children as much as we love ours. There are people who didn’t set out in their lives to be homeless. Some may have made bad choices. In other cases it was bad turns of fate. There’s not one reason. But what you learn when you spend time with homeless people is that they’re really no different than you or me.”

Jim Frey, President and CEO, Frey Foundation

lessness takes on children.¹⁸

The most-prolonged aspect of homelessness is the effect it has on children. The experiences children face growing up in homeless families – moving around, switching schools, social isolation, living in shelter – are traumatic and can mean that they are more likely to become homeless themselves later in life. For this reason, the effects of family homelessness are multi-generational and long-lasting.¹⁹

The overwhelming issues with which homeless children must cope include trauma from witnessing violence, often within their own families; separation from their families; high rates of anxiety, depression, and withdrawal; physical abuse and limited social opportunities.²⁰ Stable housing is only the first step toward helping children get the support and professional care they need.

Domestic violence is a significant contributor to family homelessness. Since the Wilder study began in 1986, victims of domestic violence have accounted for about one-third of the homeless adult population. Wilder found in 2009 that 29% of adult homeless women were fleeing domestic violence and 58% of those women had children under 18 living with them. About 600 children under 18 were living with women fleeing abuse on the night of the survey. Almost half of all homeless women (48%) have stayed in an abusive situation because they did not have any other housing options, according to the Wilder study.

Over the last two years, domestic violence emergency shelter programs have reported a dramatic increase in calls for shelter and related services due to the economic climate. As more people are seeking shelter, many are also presenting a broader and deeper set of needs due to multigenerational poverty, long-term unemployment, and mental and chemical health problems. Due to the lack of affordable housing, length of stay in shelter has increased significantly and shelters are struggling to meet new demand and offer services beyond the emergency supports they are designed to provide.

The lack of options for women who are abused thus contributes to the cycle of violence witnessed and experienced by children.

Homeless families have more in common with other low-income families than with homeless adults. They have fewer resources than other low-income families and are generally younger and more likely to be members of minority groups, especially African-American. They have similarly low levels of educational attainment and minimal work histories, in part because they are so young. In comparison to other homeless adults, however, they are more likely to be married and have far fewer mental health and substance abuse needs.²¹

“Jennifer Sizer spent Sunday night in her car. Her two-year-old daughter, Ashlee, slept at her grandmother’s. Sizer’s two other children, ages 14 and 8, are living with friends. It’s been that way since Sizer, 34, lost her home to foreclosure this year. ‘All I want is a jump[start]; I need the deposit, a month’s rent,’ Sizer said Monday as she and Ashlee looked for help at Project Homeless Connect.”

StarTribune
June 19, 2006

BEST PRACTICES FOR ADDRESSING FAMILY HOMELESSNESS.

Since many homeless families have scarce resources but fewer mental health and substance abuse needs than other adults who are homeless, a rental assistance voucher alone often can be sufficient to stabilize a family. This is demonstrated in several studies from cities across the country.

In Minnesota, as in so many communities, however, rental assistance vouchers are in short supply. Many public housing agencies in Greater Minnesota report that waiting lists for rental vouchers are over a year long, with some as long as five years. In the Metro area, many lists are closed and waits are typically five years or more.

Higher-risk families may benefit from more intensive services, especially if they have mental and chemical health issues. These services are particularly important to children who may often be overlooked as parents struggle with the basics they need to keep their families intact.

The Family Supportive Housing Center in Minnesota has identified several best practices for serving children in supportive housing. These include assessments that allow parents and staff to understand what children need. Staff can then work more effectively with parents to support the health and development of their young children. Parenting Through Change (PTC), for example, is a curriculum to help parents develop skills in five core positive parenting practices. The Center has also developed a curriculum that can be used with home visits. Information about these and other evidence-based practices is available on the Family Supportive Housing website at <http://familysupportivehousingcenter.org/>.

To address underlying domestic violence, shelters are increasing their collaborations with housing organizations to provide services to victims already in housing. These services help increase families’ stability in housing. The criminal justice system is also trying new approaches such as Domestic Violence Courts that offer the opportunity for women and families to be supported and stay in their homes after the immediate removal and close monitoring of offenders. Rural areas of the state are attempting to provide more resources to address the differing language and cultural needs of non-English speaking populations.

No matter the cause of family homelessness or the complexity of related, confounding issues, continued school attendance is critical for children and youth. Establishing connections with the local school district’s Homeless Student Liaison is a best practice for ensuring homeless children and youths’ educational needs are met and that school, at a minimum, can be one stable place in a child’s life. Resources can be located at the Minnesota Department of Education (www.education.state.mn.us) and the National Clearinghouse for Homeless Education (www.serve.org/nche)

“Single men are entering society from jails and prisons with not a lot of hope for jobs and housing.”

Survey respondent,
Heading Home Central
Minnesota: A Ten-Year Plan to End
Homelessness in 14 Counties

Single Adults

When people think of homelessness, they usually picture a single man on the streets of a big city carrying all his worldly possessions. This picture describes 30% of those counted by Wilder Research in 2009. When the picture changes to that of a woman, it describes another 23%. More than one-quarter (27%) of these homeless single adults were without shelter or housing of any kind. The remainder were in emergency shelters, battered women’s shelters, transitional housing, or detox. Over half—52%—had been homeless for more than one year.²²

Single adults with long histories of homelessness are more likely to struggle with serious issues such as mental illness and chemical dependency and consume a disproportionate amount of resources, such as emergency shelter, hospitalizations, and detox. As a result, the United States Interagency Council on Homelessness and many individual jurisdictions throughout the country put an early priority on ending homelessness for single adults with long histories of homelessness. Not only is it the right thing to do, it is smart public policy. Ending long-term homelessness among single adults uses money more wisely. Instead of spending on services such as detox that do nothing to improve people’s lives over the long-term, the public funds housing and services to help people turn their lives around.

Minnesota adopted this priority when it developed the Business Plan to End Long-term Homelessness in 2004.²³ A report on the progress of the Business Plan is in Chapter 2.

Some distinctions between the long-term homeless population and others who are homeless are worth noting. People with long histories of homelessness:

- Are slightly older on average than the homeless population in general and more likely to be male.
- Are less likely to have finished high school and more likely to have received special education while in school.
- Are more likely to cite criminal history, mental health problems, and lack of a local rental history as current barriers to housing. American Indians are overrepresented in this group.²⁴

Of the adults in 2009 who had been homeless for one year or more:²⁵

- 59% had a serious mental illness
- 49% reported a chronic health condition
- 38% reported a cognitive disability
- 35% reported symptoms of traumatic brain injury, and
- 27% had a drug or alcohol abuse disorder.

Single adults face many of the same barriers to stable housing that are identified for other populations but have access to fewer resources. They are less likely to be eligible for income support and health care programs than are children and families. General Assistance (GA), the state’s income support program for single adults, pays only \$203/month. To be eligible, a person must demonstrate both severe poverty and a disability. Single adults have the option of enrolling in MinnesotaCare, a state health insurance program, but must pay a monthly premium and benefits for hospital stays are capped at \$10,000; these are major barriers for most adults experiencing homelessness.

Emergency assistance programs sustained substantial cuts in 2009 and there were proposals to eliminate GA altogether. The state-funded General Assistance Medical Care program was slashed in 2009, meaning that single adults, especially those living outside the Twin Cities, have very little access to health care. Pressures to reduce further or eliminate remaining programs targeted to very poor single adults will continue in the coming legislative session.

Moving to the Next Level in Minnesota

Approaches to preventing and ending homelessness will vary by population. Because the faces of homelessness in Minnesota are different, no one solution, no one housing or service option will work for everyone. Within this complexity lies opportunity for communities to build on the durable framework Minnesota has created to end homelessness, adding local expertise, incorporating lessons learned from six years of implementation of the state's Business Plan to End Long-term Homelessness, aligning with the new federal plan to address homelessness, and filling gaps in service delivery and resources. Chapters 2 and 3 discuss these and related themes in detail.

BEST PRACTICES FOR ADDRESSING LONG-TERM HOMELESSNESS.

The best practice for serving people with long histories of homelessness – single adults, unaccompanied youth and families with children -- is permanent supportive housing, which comes in many models. Some important defining features are:

- **Physical location.** Units may be located in a single-site development where most or all of the people living there have experienced homelessness; or they may be scattered-site, with only one or two units in a particular building or development designated for people who have experienced homelessness.
- **Program expectations.** Some supportive housing programs have high standards and expectations for their residents, such as required sobriety and participation in programming. Other programs have no rules or expectations beyond those set out by a standard lease, although services are offered and available. Most supportive housing falls somewhere between these two models.
- **Services.** Services may range dramatically between programs (and among individual households within a program) in terms of types of services provided and their intensity. Services may be provided by the housing/service provider, or may be available primarily through referral and community partnerships. They may be provided in-home, in a community space at a site-based development, or at an off-site community center, clinic, or office.

Ideally, a spectrum of models is available, allowing an individual or family to choose the most suitable type of housing and make a change if the first choice does not work out.

CHAPTER 2

Heading Home Minnesota: Background, Implementation, and the Way Forward

“The Heading Home Minnesota approach has all the necessary ingredients to solve the big problems associated with ending homelessness... It is based on real evidence of what works and what doesn’t. It recognizes that neither the public nor the private sector can solve this problem alone.”

Jim Frey,
President & CEO of Frey Foundation
Editorial: ‘Heading Home Minnesota’
– not just right, but smart ‘
Pioneer Press 4/14/2009

The 2004 launch of Minnesota’s Business Plan to End Long-Term Homelessness announced the community’s intent to focus on a new approach to homelessness, an approach that would end rather than manage homelessness, investing public dollars in the future of individuals and families rather than maintaining people in temporary situations. Shortly after the launch of the statewide Business Plan, local communities began to develop and implement plans to end homelessness in their counties and regions. The statewide Business Plan and county and regional plans come together as Heading Home Minnesota.

Minnesota’s progress in addressing homelessness follows an evolutionary trajectory.

- Prior to 2004, the state put in place a durable framework to address homelessness, using state and federal funds to support prevention, rapid re-housing, shelters, transitional housing, and permanent supportive housing.
- Since 2004, the Business Plan to End Long-Term Homelessness has enriched that framework by creating permanent supportive housing opportunities to stabilize people with long histories of homelessness and spawned related efforts in counties and regions—collectively called Heading Home Minnesota.
- For the future, the plan is broadened (in Chapter 3) to focus public expenditures on housing and services needed by people who are at risk of homelessness or homeless briefly or long-term.

This chapter presents a status report on Heading Home Minnesota – efforts throughout the state to prevent and end homelessness in our communities. The chapter includes five sections.

- **Framework for Addressing Homelessness**
- **Implementing the Business Plan**
- **Beyond the Business Plan: Local Efforts, Other State Initiatives, Changing Federal Context**
- **Taking Stock: Accomplishments and Lessons Learned**
- **Ongoing Challenges and Emerging Issues**

Framework for Addressing Homelessness

The Business Plan to End Long-Term Homelessness built on a framework already in place to address homelessness. Funds from the state and federal governments as well as the private sector supported shelter, transitional housing, supportive housing, and homelessness prevention. Much of this framework remains in place today.

“I was diagnosed with schizophrenia after college. I heard voices – still do. I lived most of my life in board and care facilities or hospitals. But here I get support. I go to church and volunteer. I don’t ever want to leave here.”

Mary, age 62
Supportive housing resident,
Twin Cities.

Both before and since the Business Plan’s adoption in 2004, the state has played a major role in creating and sustaining affordable as well as supportive housing in Minnesota. The primary funding mechanism for this activity is Minnesota Housing’s annual Request for Proposal process through which private developers present proposals for housing development. Most of these proposals request a capital investment from the state. Some, especially as part of implementing the Business Plan, are for rental assistance only.

In the two years prior to the state’s developing a plan to end long-term homelessness, Minnesota Housing, through its Affordable Housing Plan, invested \$535 million in the capital and operating costs of developing and maintaining affordable and supportive rental housing. The 2010-2011 Affordable Housing Plan includes \$673 million for this purpose.

Prior implementation of the Business Plan, major funding sources included:

- *Federal and state-funded emergency shelter grants for operational support and services in shelters.* The federal government distributes funds to states on a formula basis, with Minnesota receiving approximately \$1.2 million each year, and the state legislature appropriates approximately \$250,000/year for the same purpose. Funds are distributed to shelter providers on a competitive basis.
- *Transitional housing grants for rental assistance and supportive services to homeless single adults, youth, and families.* The Minnesota Department of Human Services administers approximately \$3 million/year in grants to agencies that provide transitional housing to families who pay at least 25% of their household income for rent. The U.S. Department of Housing and Urban Development (HUD) also operates a similar grant program for transitional housing. Generally, a stay in transitional housing is limited to 24 months.
- *Supportive housing.* Prior to the Business Plan, there were approximately 2,000 supportive housing opportunities in Minnesota. These were funded with a combination of state, federal and nonprofit resources, including Housing Opportunities for People with AIDS (HOPWA); HUD McKinney Vento, Section 202 and Section 811 Programs; and Minnesota Housing’s Bridges Rental Assistance Program, Housing Trust Fund, and Minnesota Families Affordable Investment Program (MARIF).
- *Family Homelessness Prevention and Assistance Program (FHPAP).* FHPAP is a state-funded program designed to prevent homelessness and assist households that are newly homeless. Administered by Minnesota Housing, the program provides \$7.5 million each year for direct cash assistance as well as services (in 2007, the level of funding was increased from \$3.75 million per year to \$7.5 million per year). HUD has adapted the FHPAP model nationally, discussed in more detail later in this chapter.

Implementing the Business Plan

This section of the report describes the Business Plan’s strategy, progress to date, and financing. It also outlines a new five-year recalibration of the Plan adjusted for the new economic reality.

STRATEGY

The development of the 2004 Plan and the Plan itself are set out in *Ending Long-Term Homelessness in Minnesota: Report and Business Plan of the Working Group on Long-Term Homelessness*.²⁶ In 2007, the Plan was recalibrated to reflect lessons learned in the intervening three years.²⁷ This report, *Heading Home: Minnesota's Roadmap for Ending Homelessness*, builds on the earlier documents and includes an updated recalibration in Appendix A.

The single strategy of the Business Plan was to create 4,000 additional permanent supportive housing opportunities for single adults, youth, and families with histories of homelessness by 2010. The Plan included a financing plan with costs built on detailed assumptions about the number of housing opportunities of various kinds (for example, site-based and scattered-site) as well as potential sources of funding for creating the housing. Some funding was secured (The Minnesota Housing Board of Directors agreed to invest \$50 million at the outset); other funding was identified but not secured.

PROGRESS

Progress toward the 4,000 new supportive housing opportunities exceeded goals for the first five years of implementation. In year six (2009), however, funding of new housing opportunities began to falter. The downturn in the economy influenced every area of funding needed to create and sustain supportive housing.

- A drop in the pricing of tax credits severely limited the amount of funding available for capital development. As access to money tightened, investors became increasingly wary of supportive housing developments that seem more risky because of the need for services funding and uncertainty about the ongoing viability of such projects.
- The amount of rental assistance needed to support a given number of households increased because singles and families have less income, thus needing more rental support.
- In large part because of the state budget crisis, the Legislature did not increase the base to the Housing Trust Fund (which was needed to keep up with the ongoing rental assistance costs) and approved only a fraction of the 2010 bonding request.
- There has been no increase in the Long-Term Homeless Supportive Services Fund administered by the Department of Human Services. Created by the Legislature in 2005, the Fund allocates just under \$10 million per biennium to multi-county projects covering 37 counties and six Indian reservations. Services have never been adequately funded; with the economic downturn, things simply got worse.
- Foundations, many of which are committed to ending homelessness, have also seen their assets dwindle. Over the life of the Business Plan, foundations have contributed significant new resources toward the Business Plan's goals but their contributions now have declined as well.

The result of these multiple challenges is that, as of June 30, 2010, six months before the Plan was to have been completed, the state and its partners had funded 2,867 housing opportunities. Table 1 summarizes the annual goals set out in the original Business Plan, along with the number of housing opportunities funded each year.

Table 1. Housing Opportunities Created: Business Plan Goals and Results

Year	Housing Opportunities Goal, per Business Plan		Housing Opportunities Funded	
	Number (annual)	Number and Percent (cumulative)	Number (as of December 31)	Net Annual Increase
2004	200	200 (5 percent)	274	274
2005	400	600 (15 percent)	667	393
2006	400	1,000 (25 percent)	1,091	424
2007	600	1,600 (40 percent)	1,684	593
2008	800	2,400 (60 percent)	2,492	808
2009	800	3,200 (80 percent)	2,661	169
2010	800	4,000 (100 percent)	2,867 (72% as of June 30)	

Housing opportunities funded through the Plan address a broad variety of needs that vary by geographic location, housing type, and household configuration

- *Geographical distribution*

Seventy-three percent of housing created through the Business Plan is in the Metropolitan area, with the remaining 27% in Greater Minnesota. This distribution follows quite closely the distribution of households experiencing long-term homelessness at the time the Plan was developed, which was 75% in the metro area.

Of the housing in the Metropolitan area, 59% is in Hennepin County, 34% in Ramsey County, and 7% in other metropolitan counties. Of housing opportunities in Hennepin County, 30% were created through the Group Residential Housing (GRH) program. Of those in Greater Minnesota, 26% are in the Northeast region, 21% in Southeast, 19% in West Central, 16% in Northwest, 11% in Central, and 7% in Southwest.

- Housing type**

Almost 40% of housing created under the Business Plan had a capital investment. The remaining 60% was created by combining rental assistance with services in a housing unit on the open market. The non-capital housing opportunities use rental assistance and operating subsidy resources of Minnesota Housing (46%), the Department of Human Services’ Group Residential Housing (GRH) program (11%) and Mc-Kinney-Vento (4%). Figure 1 illustrates the housing types:

Figure 1. New Permanent Supportive Housing Opportunities by Type

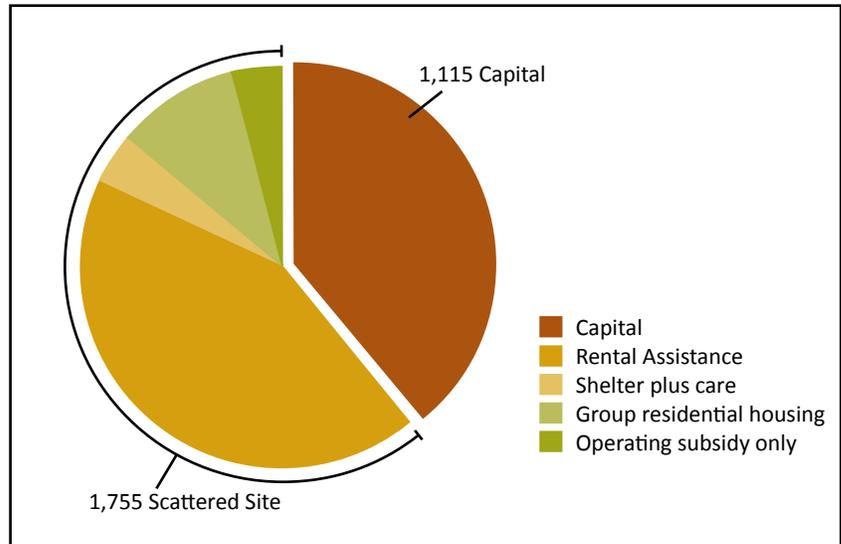
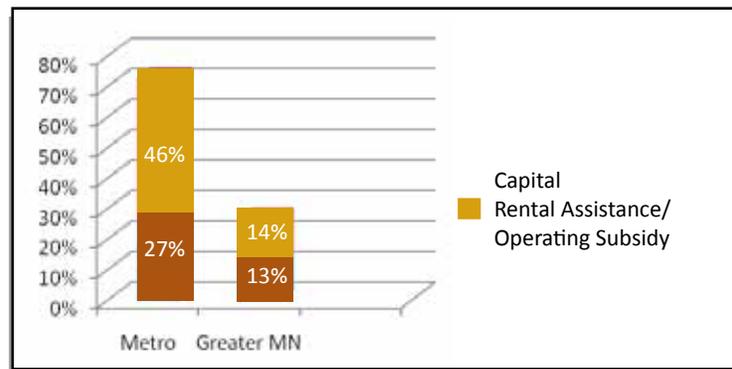


Figure 2 shows the intersection of funding source and geographical distribution. While housing opportunities in Greater Minnesota are about equally divided between those relying on a capital investment and those needing only rental assistance or operating subsidy (plus services), those in the Metro area are more likely to be created without need for a capital investment.

Figure 2. Geographic Distribution of New Permanent Supportive Housing Opportunities by Funding Source



“We can either waste money keeping people homeless or spend those dollars on long-term solutions that produce positive results for people and their communities.”

Corporation for Supportive Housing

- *Characteristics of People in Housing*

At the end of 2009, almost 1,800 households were in housing created through the Business Plan. Of those:

- 42% were families; 58% were single adults
- 9% of family households were headed by youth under 22. Over half of these households were families with children (55%).
- 42% of participants self-identified as Black/African-American, 20% as American Indian.
- 73% of adults reported some type of disability, mental illness being the most prevalent (53%).

These data indicate that the Business Plan is reaching the intended population.

FINANCING

The original plan projected a cost to complete at \$540 million and set out a financing plan that relied on significant contributions by the federal government (primarily for rental assistance) and state government (primarily for services and additional capital costs). When the Plan was recalibrated in 2007, the cost to complete was revised to \$483 million.

Although the Legislature has appropriated the majority of the funds requested for the Housing Trust Fund, State General Obligation Bonds and 501(c)(3) Non-Profit Housing Bonds (for capital and some rental assistance), the level of funding anticipated in the original plan has not been realized. In addition, the legislature has appropriated only a fraction of the services costs. And, with the exception of some specialized vouchers – most of which are not used to serve this population, the federal government has not funded more rental assistance. Thus the plan has not been adequately financed.

PLANNING FOR THE FUTURE

While implementation has fallen short of the goals set out in 2004, almost 3,000 additional housing opportunities have been funded for some of the most vulnerable people in Minnesota. These housing opportunities are a success for all who participated in their development – leaders, funders, providers, developers – and especially for those who now have a place to call home.

As the state now looks forward from 2010, the question is how best to build on this success. There are challenges to be sure: increases in homelessness, lack of employment opportunities, limited funding for housing and services, a big deficit in the state budget. There are also opportunities: increased commitment and interest from people across Minnesota, a federal plan, the commitment of many federal agency leaders and some new resources. Viewing these challenges and opportunities realistically, the state will recommit to creating a total of 4,000 new permanent supportive housing opportunities but

extend the time for completing the total to 2015.

The number of housing opportunities is based on the 2003 Wilder survey and may not be sufficient. However, in the years needed to reach 4,000 there will be further opportunities to recalibrate. If the economy turns around and more people are employed and/or if federal resources begin to ease the availability of affordable housing, 4,000 may be sufficient. At the same time, it may be possible to figure out ways to “recycle” housing opportunities based on a reduced need for services after people are in housing for a time. And there may be ways to reduce the number of people who become long-term homeless. The state and its partners will investigate strategies for both increasing the use of units and reducing the number of households needing them.

Extending the plan by five years brings Minnesota in line with the federal goal of ending chronic homelessness in five years. The state believes this goal is achievable.

In allocating funds, the highest priority going forward will be to preserve housing opportunities already created. There is no point in creating additional opportunities while losing existing capacity. This means, for example, that there will be a strong focus on rehabilitating existing capital developments and adding operating subsidies, as needed, to existing units. It also means extending existing rental assistance vouchers before adding new vouchers.

In the area of capital development, most new units will be created in tax credit properties. Over the past six years, developers have gained expertise and become more comfortable with the idea of creating units for households that have experienced long-term homelessness within tax credit developments. This approach has many advantages, not least of which is the fact that units are then truly “in the community.”

There is a full recalibration of the Business Plan at Appendix A. The revised goals by year are shown in Table 2, based on assumptions about limitations on resources and the need to preserve existing housing opportunities.

Table 2. Business Plan 2010 Recalibration

Year	Annual Goal	Cumulative Goal
2010	320	2980
2011	170	3150
2012	210	3361
2013	225	3587
2014	225	3813
2015	190	4003

Beyond the Business Plan:

Local Efforts, Other State Initiatives, Changing Federal Context and Private Sector Role

While the Business Plan has been the focal point of efforts to address homelessness in Minnesota, the Plan has sparked the creation of other initiatives, which, in turn, are enriching implementation of the Plan itself and helping to chart the next stage of ending homelessness in our state. This section describes local and regional Heading Home plans, other state initiatives and funding related to ending homelessness, the changing Federal context, and private sector involvement in ending homelessness.

LOCAL AND REGIONAL PLANS

Local communities began developing their own plans addressing homelessness soon after the launch of the statewide plan to end long-term homelessness. Each of the local plans is called “Heading Home”; together with the state plan they comprise Heading Home Minnesota.

Currently, 85 counties are covered in 13 plans²⁸; Washington and Dakota counties are in the process of developing their plans. Seven tribes are also developing plans: Red Lake, Leech Lake, White Earth, Grand Portage, Bois Forte, Fond du Lac, and Mille Lacs.

Six regional plans include the following counties:

- **Heading Home Central Minnesota** – covering 14 counties (Cass, Wadena, Crow Wing, Todd, Morrison, Stearns, Benton, Sherburne, Wright, Mille Lacs, Kanabec, Pine, Isanti, Chisago)
- **Heading Home Northeast Minnesota** – covering six counties (Koochiching, Itasca, Aitken, Carlton, Lake, Cook)
- **Heading Home Northwest Minnesota** – covering 12 counties (Kittson, Roseau, Lake of the Woods, Marshall, Pennington, Red Lake, Polk, Norman, Clearwater, Mahnomen, Beltrami, Hubbard)
- **Heading Home Southwest Minnesota** – covering 18 counties (Big Stone, Swift, Laq Qui Parle, Chippewa, Yellow Medicine, Kandiyohi, Meeker, Renville, McLeod, Lincoln, Lyon, Redwood, Pipestone, Murray, Cottonwood, Rock, Jackson, Nobles)
- **Heading Home Southeast Minnesota** – covering 20 counties (Sibley, Brown, Nicollet, Watonwan, Blue Earth, Le Sueur, Waseca, Martin, Fairbault, Rice, Goodhue, Wabasha, Steele, Dodge, Olmsted, Winona, Freeborn, Mower, Fillmore, Houston)
- **Heading Home West Central Minnesota** – covering nine counties (Clay, Becker, Wilkin, Otter Tail, Traverse, Grant, Douglas, Stevens, Pope)

There are seven county plans:

- **Heading Home St. Louis County**
- **Heading Home Anoka County**
- **Heading Home Hennepin County**
- **Heading Home Ramsey County**

*Be part of
something
BIG!*

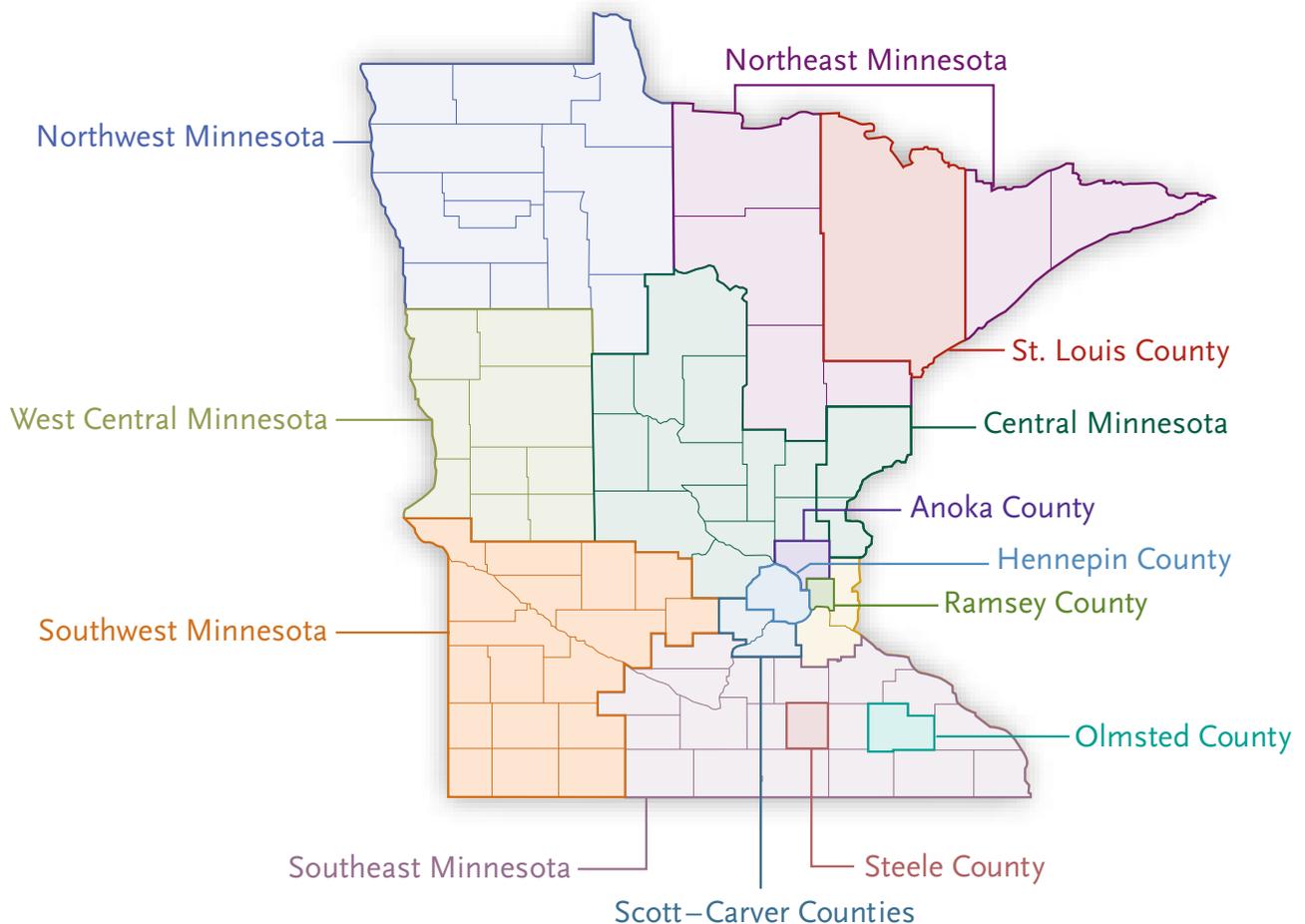
Heading Home Anoka motto

- **Heading Home Carver/Scott Counties**
- **Heading Home Steele* County** - plan is also part of Heading Home Southeast Minnesota
- **Heading Home Olmsted* County**- plan is also part of Heading Home Southeast Minnesota

The 13 plans are as varied as the areas they represent. Beyond metropolitan, suburban, and rural differences and geographic variations, there are diverse funding sources, levels of community support, staffing, and degrees of implementation.

Some Heading Home plans have solicited financial support through private foundations. Several plans have received grants for pilot projects or private business donations toward specific events or initiatives. Securing funding specifically to develop and implement the plan, however, is a struggle for local coordinators. In some communities, the close connection between Heading Home and the HUD Continuum of Care process presents a fundraising challenge because the Continuum of Care is about distributing existing funding and has limited funding for new projects.

Heading Home Minnesota Regional Initiatives



Staff and volunteers also support many Heading Home initiatives. Dedicated staffing ranges from someone's unofficial job duties to a plan with several positions, including coordinator, program analyst, discharge planner, evaluator and youth advocate. Typically, a portion of one person's job is assigned as plan coordinator. Many individual volunteers donate their time to activities in the Heading Home plans. Counties, community action programs and non-profit agencies donate staff time to the plans' implementation. Most committee members are people from the community who have volunteered to be a part of this initiative because they are interested in, professionally involved with or have personal experience with homelessness.

The Heading Home plans have sought community backing in a variety of ways. Many plans received endorsement from the city and/or county. Private and public stakeholders including businesses, civic groups, and faith communities support the plan and have partnered to bring greater awareness to homelessness in their community and efforts that are underway to address it.

The pace of implementation also varies across the state. A few plans are in the very beginning stages of implementation and are working toward raising awareness while others are now re-assessing and refining their goals to ensure that they are addressing current community need.

STATE FUNDING AND COORDINATION

In addition to state funds in the Business Plan itself (discussed primarily in the Recalibration at Appendix A), the state has also maintained funding for shelters and transitional housing at approximately the 2003 levels (excluding any one-time funding or funding from the Temporary Assistance to Needy Families Program) and increased funding for prevention as noted earlier.

STATE COORDINATION EFFORTS

Coordination is becoming more important as the number and scope of efforts to end homelessness increase. The state leads several coordinating bodies.

- *The Minnesota Interagency Council on Homelessness* is a council of state leaders of various agencies whose work impacts homelessness. The current council includes Minnesota Housing and the departments of human services, corrections, veterans' affairs, employment and economic development, education, health and public safety, as well as the Minnesota Office of Higher Education.
- *Two Stewardship Councils*, one for the metro area and one for Greater Minnesota, bring together public and private sector groups leading efforts to address homelessness. Stewardship Councils include representatives of federal, state, and county housing and human services agencies whose work impacts homelessness, as well as intermediary organizations from the community, such as the Corporation for Supportive Housing, Family Housing Fund, and Greater Minnesota Housing Fund. Council members work together to preserve existing housing resources.
- *The Heading Home Minnesota Coordinators Team* regularly brings together

coordinators of all plans to share best practices, develop strategies and learn from each others' experiences.

RELATED STATE INITIATIVES

A gap between income and housing costs is the main reason many families and individuals are homeless. For others, however, homelessness is the result of other factors in a person's life, such as physical or mental disability that prevents a person from retaining housing, or criminal background or history of eviction that prevents people from entering housing in the first place. The challenge is to prevent these life circumstances from affecting housing. The response is to address underlying issues before people become homeless.

Two initiatives in Minnesota are attempting to do just that. They are the MCORP (Minnesota Comprehensive Offender Re-entry Plan), led by the Department of Corrections (DOC), and the At-Risk Adults Initiative, led by the Department of Human Services (DHS). Like initiatives to end homelessness, MCORP and At-Risk Adults are collaborative in nature and focused on the person, rather than on bureaucratic process.

Minnesota Comprehensive Offender Re-entry Plan (MCORP)

MCORP is a strategic initiative involving state agencies, the courts, and the community to plan and oversee a statewide reentry approach. The goal of the three-year initiative (January 2008 through June 2011) is to lower recidivism through increasing offender access to services. The initiative is being piloted in three counties (Hennepin, Ramsey and Olmsted) where staff are trained to assess offender risk and needs, develop a case plan with the cooperation of the offender and utilize effective case management and motivational interviewing techniques, along with referrals to program services contracted for through the grant.

The pilot expanded systems of social support and increased access to employment, housing and community programming and services in its first year of operation. Employment chances improved by 91%, finding housing improved by 80%, and MCORP offenders were more than 4 times more likely to participate in mentoring, restorative justice circles or faith-based programming. As a result, during the first year of operation, the pilot project lowered the risk of re-arrest by 37%, reconviction by 43% and reincarceration by 57%.

Like the initiatives to prevent and end homelessness, MCORP uses a collaborative approach to services. Through MCORP, the DOC is collaborating with the Department of Employment and Economic Development (DEED) to determine work history and provide employment services to offenders, with the DHS to assist offenders with child support issues, and with the Department of Public Safety to create state ID documents and drivers licenses for offenders prior to their release from prison.

MCORP is an important initiative for preventing homelessness. Since 2004, DOC has served more than 1,500 offenders who would otherwise have been homeless at the time of their release from prison.

At-Risk Adults Initiative

In 2008, the Department of Human Services (DHS) assembled internal stakeholders (leaders of programs within DHS that serve single adults) to explore ways to create a seamless continuum of services for at-risk adults between the ages of 18 and 65 and without custody of children. The group recognized that the current human services delivery structure is fragmented, difficult to navigate, and often ineffective in helping hard-to-serve, at-risk adults meet their basic needs. With the help of external stakeholders and community experts, the group developed a series of recommendations for working toward a seamless continuum and charged a Steering Committee with leading implementation of the recommendations.

In view of the changes in services to this population over the past two years, DHS has decided to focus efforts on disseminating information about services to at-risk adults and has formed the Network for At-Risk Adults to carry out that charge. The Network includes DHS leaders overseeing programs impacting this population (income support, physical and behavioral health programs, continuing care and disability services) as well as the state’s director for ending long-term homelessness and leaders from the DOC, Department of Veterans Affairs and DEED.

THE CHANGING FEDERAL CONTEXT

Federal Funding

The McKinney-Vento Act provides funding through local Continua of Care to house homeless individuals and families. The funding and annual appropriations are discussed on page 52 of the 2007 Recalibration of the Business Plan. In the years since that recalibration, the awards to Minnesota totaled more than \$57 million, as shown in Table 1:

Table 1. McKinney Vento Awards to Minnesota for Housing for Homeless, 2007-2009

Year	Funding Award
2007	\$17,760,101
2008	\$19,870,768
2009	\$21,045,982

The McKinney-Vento Act also funds the following resources:

Table 2. Additional McKinney-Vento Funding in Minnesota, 2009

Program	Funding for	Received in MN in 2009
Emergency Food and Shelter Program (EFSP)	Local emergency food and shelter needs	\$2,980,525
Emergency Shelter Grants Program (ESG)	Operating and service costs of shelters	\$1.3 million
PATH	Homeless outreach, engagement, and services for persons with a serious mental illness	\$748,000
Education of Homeless Children	Projects aimed at enrolling homeless children in school	\$580,000
	Transportation of children to their home schools	\$1.7 million
Health Care for the Homeless	Visits to shelters by Health care professionals	\$1.9 million for Minneapolis and St. Paul

For the first time, it wasn't advocates in the room, talking about how to end rather than "manage" homelessness—it was cabinet secretaries and senior leadership from across the Federal government. It was that kind of effectiveness that allowed us last month to unveil not just a "vision" for ending homelessness—but a plan that actually will.

HUD Secretary Shaun Donovan
NAEH Conference
July 13, 2010

Additional federal funds to prevent and end homelessness in Minnesota include:

- VASH (Veterans Affairs Supportive Housing) program vouchers in Minneapolis (155), St. Paul (60) and St. Cloud (35)
- Family Reunification Program vouchers to St. Paul (100 vouchers), Dakota County (100 vouchers) and Scott/Carver counties (25 vouchers). These vouchers are for homeless young adults aging out of foster care and homeless parents working to regain custody of their children
- Section 8 vouchers to approximately 31,000 Minnesota households.²⁹
- Violence Against Women's Act funding for transitional housing - \$1 million to two grantees
- Family Youth Services Bureau funding of \$3.1 million per year for youth shelter, transitional living programs and street outreach

One-time funds were received through the American Recovery and Reinvestment Act (ARRA) as follows:

- Homelessness Prevention and Rapid Rehousing Program - \$23.5 million
- Violence Against Women Act - \$1 million
- Education of Homeless Children and Youth - \$691,000

Minnesota also directs some of its federal grant funds for substance abuse and mental health to services for people who have been homeless.

From rural Mankato, Minnesota to urban San Francisco, countless leaders in our neighborhoods and communities refused to believe the chronically ill, long-term homeless couldn't be helped. Partnering with local and state agencies and the private and nonprofit sectors, hundreds of communities lead the way with their own plans...

HUD Secretary Shaun Donovan
NAEH Conference
July 13, 2010

A New Federal Direction

In the last two years, the federal government has begun to shift funding to early intervention and permanent housing solutions, whether through prevention and rapid rehousing or permanent supportive housing, and away from temporary solutions, such as emergency shelter.

The new Federal direction is evident in the May 2009 re-authorization of the McKinney-Vento Homelessness Assistance program in the HEARTH (Homeless Emergency Assistance and Rapid Transition to Housing) Act. The HEARTH Act makes significant changes to the Emergency Shelter Grant program, renaming it the Emergency Solutions Grant program and limiting the amount of funds that can be used for shelter. The purpose of these changes is to focus more resources on prevention and/or rapid rehousing. Other significant changes in the HEARTH Act are an expansion of the definition of “homeless” as it applies to families and children and modifications to the process for applying for funds.

A new comprehensive plan to prevent and end homelessness nationally, issued in June 2010 by the United States Interagency Council on Homelessness, is the latest and most far-reaching evidence of a broader Federal approach to addressing homelessness. The most significant feature of the new plan is that it has the endorsement of all nineteen member agencies of the Council, ranging from the Department of Defense to the White House Office of Faith-based and Community Initiatives.³⁰

Called “Opening Doors,” the federal plan sets out four goals for the nation:

- Finish the job of ending chronic homelessness in 5 years
- Prevent and end homelessness among Veterans in 5 years
- Prevent and end homelessness for families, youth, and children in 10 years
- Set a path to ending all types of homelessness

The plan is built around five major themes, with ten objectives:

- **Increase leadership, collaboration, and civic engagement**
 - Objective 1: Promote collaborative leadership
 - Objective 2: Strengthen capacity and knowledge
- **Increase access to stable and affordable housing**
 - Objective 3: Provide affordable housing
 - Objective 4: Provide permanent supportive housing
- **Increase economic security**
 - Objective 5: Increase economic security
 - Objective 6: Reduce financial vulnerability
- **Improve health and stability**
 - Objective 7: Integrate health care with housing
 - Objective 8: Advance health and housing stability for youth
 - Objective 9: Advance health and housing stability for adults
- **Retool the homeless crisis response system**
 - Transform crisis response systems

The federal plan makes clear that solutions to ending homelessness do not, in the main, come with a “homeless” label. Rather, they lie in approaches and

programs that offer opportunities to all low-income people, beginning with work that pays enough to cover life's necessities, including housing. Addressing homelessness in the future must include employment training, health care, rental assistance, and income supports for people who cannot earn sufficient income to pay for these basics on their own.

HUD's changing approach to addressing homelessness warrants special mention. Two years ago, HUD began to fund prevention activities and rapid rehousing. Now, in signing the federal plan to end homelessness, HUD signaled a further change in direction by endorsing the "Housing First" approach to ending homelessness. "Housing First" allows people who are homeless to move directly into housing without first going to treatment or transitional housing. Minnesota has taken similar steps, first by pioneering the "transition in place" model for transitional housing, which allows individuals and families to remain in their housing even when they no longer need supportive services. Since 2005, Minnesota also allowed up to 10% of state transitional housing dollars to be used for permanent supportive housing.

The "Opening Doors" plan and related changes within HUD present opportunities for Minnesota to move more deliberately toward ending homelessness by helping people achieve stability, productivity, and improved lives. These ideas are presented in Chapter 3.

PRIVATE SECTOR SUPPORT FOR PREVENTING AND ENDING HOMELESSNESS

No discussion of the Minnesota community's efforts to end homelessness would be complete without acknowledging the extensive support from philanthropic, faith and business partners throughout the state. Six types of private support have been especially significant to Minnesota's progress in ending homelessness.

- **Funding supportive housing services.** Foundations make significant contributions to the services component within supportive housing. This vital support dates back to years before the Business Plan and continues. Unfortunately, it is difficult to quantify, primarily because providers do not use consistent terminology in describing their budgets.
- **Flexible funding to augment public resources.** Early in the Plan's implementation, several foundations created and contributed to the Partners Fund, a flexible source of funding for supportive housing in the metro area, maintained by the Family Housing Fund.³¹ Most recently, the Frey Foundation made a significant grant to the Partners Fund, designated for both metro and Greater Minnesota. Over the course of the Business Plan, philanthropic organizations have contributed a total of \$3.8 million to the Metro Partners Fund, including funds directed to particular counties or purposes.³² These dollars support case management, housing search, outreach, and other services in supportive housing for which there are no or very limited public funds. Some funds are designated for a particular

use. Others are allocated through a Request for Proposal process.

- **Support for development of Heading Home Plans.** The Bush Foundation contributed \$200,000 to assist the six Greater Minnesota Continua of Care to develop plans to end homelessness. The Bremer Foundation contributed \$175,000 to assist seven tribes on seven reservations in northern Minnesota to develop their plans to end homelessness.
- **Business support for Project Homeless Connect and Project Community Connect.** Project Homeless/Community Connect is a one-day, “one-stop shop” event at which people who are experiencing homelessness can access a wide range of essential services, from haircuts to appointments with county social services. (It is described more fully in the Taking Stock section of this chapter.) Businesses have supported these events in communities throughout the state in a variety of ways. Support ranges from providing venues for the events (including the Minneapolis Convention Center and RiverCentre in St. Paul) to providing volunteers who work directly with guests at the events. In addition to direct financial contributions, businesses often provide lunches for the day and contribute supplies such as sleeping bags.
- **Foundation funding for program enhancements.** Several foundations have made specific grants to support aspects of the work to end homelessness. The Phillips Foundation, for example, granted \$75,000 to fund an after-care program for young parents leaving shelter in Hennepin County. The Minneapolis Foundation made a grant for a discharge planner at HCMC, the safety net hospital, which led, in turn, to planning for a metro area medical respite facility for people with no place to live after hospital care.
- **Faith community provision of emergency shelter.** Several churches, including those in Koochiching, Itasca and Anoka counties, have funded and/or developed emergency shelters in response to the most recent increase in homelessness. While developing shelters is not alone a strategy to end homelessness, many communities need temporary places for people to stay at this time of severe economic crisis -- and churches in both metro and Greater Minnesota have stepped up to this challenge.
- **Volunteer and in-kind support.** Community groups, businesses, and colleges have provided thousands of hours of volunteer and in-kind service, ranging from help at Project Homeless Connect events to designing and conducting research projects and designing artwork.

Taking Stock: Accomplishments and Lessons Learned

This section of the report reviews progress on legislative objectives and system changes, and identifies lessons learned.

PROGRESS TOWARD LEGISLATIVE GOALS

When the Minnesota Legislature called for a plan to end long-term homelessness in Minnesota, it set out three primary goals:

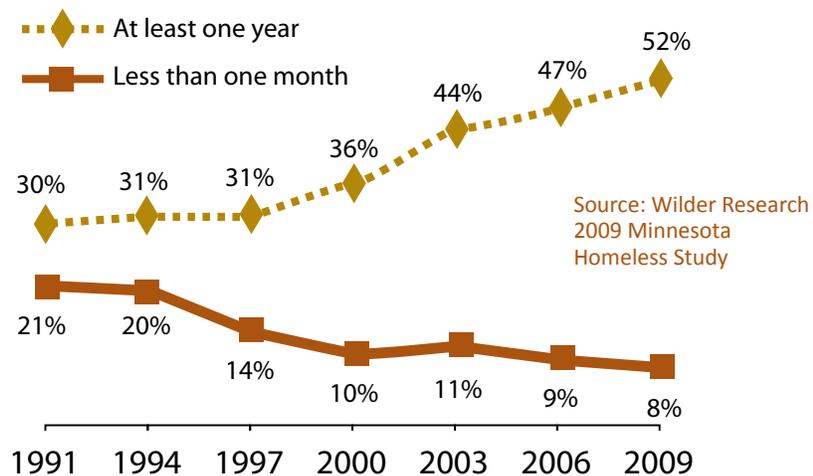
- Reduce the number of Minnesota families and individuals that experience long-term homelessness;
- Reduce the inappropriate use of emergency health care, shelter, chemical dependency, corrections and similar service; and

- Increase the employability, self-sufficiency, and other social outcomes for individuals and families experiencing long-term homelessness.

Reducing Long-term Homelessness

Housing created through the Business Plan has provided a foundation for improvement in the lives of many Minnesotans. That housing also has redirected spending away from costly emergency and stop-gap expenditures that do nothing to improve overall well-being to expenditures that improve people's lives. These significant progress markers in the state's work to end homelessness are in no way diminished by the increase in the absolute number of individuals and families experiencing long-term homelessness over the past few years, as reported by the Wilder Foundation in its 2009 triennial survey.

Duration of Current Episode of Homelessness Among Adults



The most meaningful indicators of housing stability come from HMIS, the Homeless Management Information System. According to HMIS, in calendar year 2009:

- 2,333 households experiencing long-term homelessness obtained housing and services funded under the Business Plan.
- 1,754 households were in housing funded through the business plan at the end of 2009.
- The Business Plan is reaching a broad spectrum of the long-term homeless population.
 - 42% were families, 58% were single adults.
 - 42% self-identified as African American, 20% as American Indian.
 - 73% reported a disability, mental illness being the most prevalent (53%)
- Housing stability has improved:
 - 88% had been in housing for at least one year or had moved to another permanent housing option
- Only 14% of households served by the Business Plan have returned to shelter, while the vast majority remains in housing or has left supportive housing for another permanent option

Jackson Street Village, a supportive housing residence for families, reports a high level of child well-being: ninety-six percent of households have children who have been immunized and 100 percent of households with children have a regular doctor or clinic.

Reducing Use of Emergency Short-term Services

By calling for a reduction in the inappropriate use of emergency rooms and other short-term “fixes” for people experiencing homelessness, the Legislature recognized both the high cost of such expenditures and their futility. Expenditures on detox, emergency room visits, and jail do not help a person or family get on a road to stability, health and well-being. The person is no better off in the long term because of these expenditures – and the same costs will be incurred again tomorrow and the day after, with the same result.

The goal of programs to end homelessness must be to make investments in stability and well-being, rather than spending scarce funds on interventions that leave a family or individual no better off. Two Minnesota projects funded at least in part through the Business Plan illustrate the potential of this approach.

The New San Marco in Duluth provides supportive housing to 70 individuals with 30 units specifically for public chronic inebriates. It uses a harm reduction model where sobriety is encouraged but not required. Since its opening, the New San Marco reports both improved individual well-being and more productive use of public and private resources.

- People housed have reduced their use of the local detox facility by 90% and their interactions with law enforcement by over 75%.
- The community has avoided hundreds of dollars in emergency room expenses.
- Once settled in, more than two-thirds of tenants have maintained their housing.
- Many tenants are reporting dramatic reductions in alcohol consumption and dramatic increases in “sober days” (in one group, over 20 days per month).
- Tenants are noticing improvements in their general health and well-being.

In Hennepin County, the FUSE program—Frequent Users Service Enhancement—is saving significant resources. In 2007, Hennepin County conducted a study which found that 266 individuals used approximately 70,000 nights of stay in shelter, jail, and detox over five years, costing \$4.2 million. That information led St. Stephen’s Human Services to create FUSE, targeting people who are high users of both the single adult shelter system and the criminal justice system. It uses a “housing first” model that places individuals in affordable housing with case management first, because providing housing stability before addressing other barriers has been proven to lead to more significant and lasting improvements in a person’s life.

Hennepin County looked at the costs to government for six FUSE participants one year before and one year after they were placed in housing. The six participants collectively used \$95,000 in county and city services in the year prior to housing and \$16,000 in the year after housing, for a savings of \$13,000 per

person. Costs included in the study were Adult Detention Center, Adult Correctional Facility, county-paid shelter, county-paid detox and HCMC Emergency Department.

Improving Well-being

The only system-wide measure of well-being currently collected in HMIS is changes in income. In calendar year 2009, household income increased for 31% of households since entering housing and 17% of households had income from wages.

Several supportive housing programs use a variety of measures to assess participants' progress. Jackson Street Village, a supportive housing residence for families, reports a high level of child well-being: ninety-six percent of households have children who have been immunized and 100 percent of households with children have a regular doctor or clinic. Simpson Housing Services reports that 100% of parents showed increased involvement in their K-5th grade children's education and that 92% of K-5th grade students demonstrated progress in reading skills after one year or longer in the Simpson program.

The state is piloting a self-sufficiency matrix assessment tool to assess needs and measure outcomes for people assisted through the business plan to end long term homelessness. The matrix was developed by Maricopa County, Arizona and is used by numerous homeless assistance programs around the county. The tool provides information on the service needs of the people assisted and shows change in life areas not currently measured in the HMIS such as life skills, employment, mental health and substance abuse.

Addressing All Three Legislative Goals

One program in Minnesota, Hearth Connection, has documented progress toward the three goals of stabilizing housing, spending funds more effectively, and improving well-being. Hearth Connection began in 1999 as the Supportive Housing and Managed Care pilot project. Hearth Connection works with single adults and families with children in both urban and rural settings, providing supportive housing and an intensive services model to households with long histories of homelessness. Hearth Connection participants receive not only case management but also a range of specialty services such as nurses and child development workers.

The Robert Wood Johnson Foundation funded a five-year study of Hearth Connection's approach. It is the most comprehensive study of supportive housing to date. The results showed that participants were able to make the transition from homelessness to stable housing. Single adults (who had been homeless an average of seven years) and families (who had been homeless an average of two years) were spending an average of 80% of nights in their own homes.

Even better, participants were able to address long-standing physical and mental health problems and begin to repair family relationships, and experienced

“Project Homeless Connect is equal parts welcoming homeless neighbors into the life of the community, changing the way resources are accessed, and achieving quantifiable results for people experiencing homelessness.”

U.S. Interagency Council
on Homelessness

“The time is right to end the cycle of homelessness and incarceration in this country. It will require commitment and imagination, but will generate a transformation in the lives of everyone who gains a place in the community and gets the chance to live with dignity.”

Deb DeSantis,
President and CEO,
Corporation for Supportive Housing

fewer mental health symptoms, reduced use of alcohol and/or drugs, a greater sense of safety, and improved quality of life.

And Hearth Connection redirected public funds used to support individuals and families in the pilot project (\$4.7 million for 748 participants) from spending on prison, emergency room care and detoxification facilities to the kinds of services that can help stabilize families and address the underlying causes of homelessness: outpatient medical and mental health services, medicine, and income support for food and rent.³³

SYSTEMS CHANGE

The most important measures of improvement are changes to people’s lives – housing stability, increased income, better health – but another key indicator of progress is whether people have easier, faster, and less complicated means of accessing housing, services and other resources. Chapter 3 includes examples of systems change taking place in Minnesota communities. Two that are of particular significance because they have been adopted by so many communities are Project Homeless/Community Connect and discharge planning.

Project Homeless/Community Connect

Project Homeless Connect (known as Project Community Connect in many Greater Minnesota communities) is a one-day, one-stop shop approach to providing and coordinating services for people who are experiencing homelessness. The aim is to expedite outcomes for guests and reduce barriers to services by bringing a variety of resources to one location, rather than asking people to go to multiple places across the community to get needed services. Services range from haircuts to dental care to meetings with Social Security Disability eligibility experts. In 2009, 20 communities throughout Minnesota hosted a Project Homeless/Community Connect event, with three communities (Minneapolis, St. Paul and Duluth) also hosting events specifically for youth. Communities hosting Project Homeless/Community Connect and Project Youth Connect have found these events to be an excellent way to engage people experiencing homelessness, improve service coordination, and increase public awareness about homelessness.

In particular, Project Homeless Connect has been a valuable strategy to reach individuals and families who are homeless or at-risk of homelessness and are not currently connected to any services or resources. At the most recent event in Minneapolis, over half (57%) of the guests attending had *not* been receiving services from an agency participating in the state’s Homeless Management Information System before coming to the event. Of these guests, 67% were currently homeless, and 17% were long-term homeless.

Hennepin County has expanded its Project Homeless Connect into “Opportunity Centers.” An Opportunity Center is an ongoing one-stop shop offering a broad range of services (e.g., housing, employment, mental and physical health care, access to benefits) to people who are homeless. With capital

“Living in a safe, stable, and supportive housing development has allowed many women to obtain gifts of recovery for themselves that were so neglected due to their addiction. Women are able to pay affordable rent, take care of their children’s needs, and provide for themselves... Having the support of my community and the environment in which we... live is the starting point of my journey each and every day.”

Danita Walker
How Has Living in Safe, Stable, and Supportive Housing Affected My Life?

costs of setting up the centers funded by the county, Catholic Charities is preparing to open an Opportunity Center for single adults and YouthLink is opening a center for unaccompanied youth. Duluth and Fargo have similar one-stop centers for youth.

Discharge Planning

At the point of discharge from an institution – whether from jail or prison, inpatient hospital stay, mental health facility, or foster care – people are particularly vulnerable. Some have places to go and families to return to. Many do not. People with no homes and no connection to a social network are at great risk of regressing: a person who has been in prison is at risk of reoffending and returning to prison, for example. A youth leaving foster care has almost no guidance during his/her transition from childhood to adulthood and is, therefore, at risk of undesirable health and social outcomes.

Minnesota communities are adopting a variety of strategies to help people at the point of transition from institutional living to the community. These new approaches are in St. Louis, Hennepin, Steele, Clay and Ramsey counties. While varied, one common strategy is to station discharge planners at the county jail (St. Louis) and the safety net hospital (Hennepin and Ramsey). These groundbreaking models of diversion from homelessness are described more fully in Chapter 3.

LESSONS LEARNED

Five major lessons emerge from the state’s experience with the Business Plan and related HeadingHome efforts: the vital role of collaborations, the effectiveness of supportive housing and Housing First, the need for flexible funds to supplement categorical funding, and both the importance and difficulty of accessing mainstream funding.

Collaborations are Critical to Preventing and Ending Homelessness

Many communities are moving from an approach in which individual agencies “do what they do” to a more comprehensive, coordinated strategy for providing housing and services. The first step is simply learning what other agencies are doing to address issues they may have in common. Heading Home Southwest reports, for example, that they host an annual review of discharge planning protocols of hospitals, correction facilities, foster care programs, and mental health facilities in the region. The goal is to prevent discharges into homelessness and to inform representatives of other public systems about the work of the local Continuum of Care and Heading Home.

A second step in a collaborative approach is to change the way business is done to make best use of all resources in the system. An example is the DHS – Adult Mental Health Division securing funding for housing supports and directing those funds to Minnesota Housing to support state-funded housing developments. DHS and Minnesota Housing jointly decide on the use of the funds.

“Flexibility is needed to be able to craft the local response to homelessness.”

Response from community input meeting, June 16, 2010

A third step in a truly collaborative approach is to do joint planning and decision making about goals, strategies, and programs. In this step, program representatives are willing and able to redesign programs serving people who are homeless to ensure that services actually help people improve their lives.

Supportive Housing Works

There is plenty of evidence here in Minnesota and across the country that supportive housing works. The Corporation for Supportive Housing cites the following studies, among others:

- A study in rural Maine conducted by MaineHousing found that supportive housing reduced expenditures on mental health services by 57%, emergency room costs by 14%, ambulance transportation costs by 32%, incarceration costs by 95%, and shelter costs by 99%. Per person cost avoidance was estimated to be \$1,348 per person.³⁴
- In a Seattle study, published in the Journal of the American Medical Association (JAMA), researchers from the University of Washington estimated that supportive housing saved taxpayers more than \$4 million a year and helped people with severe alcohol problems reduce their alcohol consumption. Researchers found the median monthly cost to taxpayers was \$4,066 when each resident lived on the street. Six months after residents moved into supportive housing, that figure dropped to \$1,492 per person. Even when the cost of apartments and supportive services were added, they concluded that supportive housing saves money.³⁵

Housing First Works

Many Minnesota housing providers use a ‘housing first’ approach: stabilizing people in housing with case management before addressing their other needs. Evidence from around the country demonstrates that people are more willing and able to address long-standing, difficult issues from the security of a home.³⁶ This approach is used in both site-based and scattered-site housing. The measure of its effectiveness is that people with long histories of homelessness are obtaining and maintaining housing.

The fact that “housing first works” is not to say that other models do not work. For years, Minnesota has had a strong network of supportive housing using other models that also have helped many people secure housing and remain housed. These models are important and much needed, but they do not work for everyone. Housing First has filled a gap by allowing programs to serve people who were not served by more traditional programs.

Flexible Funding is a Necessary Supplement to Prevent and End Homelessness

Many programs succeed in ending homelessness because they have access to a source of flexible funding. St. Stephen’s is able to reach out to people on the streets, for example, in part because of grants from the Partners Fund. Hearth Connection is able to provide case management and an array of intensive services because of access to flexible dollars from the DHS Long-term Homeless Supportive Services Fund.

“The real catalyst for change will be found through using mainstream resources—so that when the Federal government provides funding for housing or job training, to prevent domestic violence or to provide health care for our nation’s veterans, it is also working to prevent and end homelessness.”

HUD Secretary Shaun Donovan

In implementing the Business Plan, flexible funding is essential to fill gaps in services and eligibility. People with a range of disabilities need a comprehensive array of support services, many of which are not reimbursable under Minnesota health care programs or other revenue services even though the services are critical to sustain the person’s housing. There is, for example, no designated source of funding for outreach and front desk coverage in site-based facilities.

Further, some people are not eligible for certain funding, while others may be eligible but have not yet worked through a lengthy application and decision process, such as for Supplemental Security Income (SSI). A person with chemical health issues who does not also have a diagnosis of mental illness is not eligible for SSI at all, for example, which also means that he/she is likely not eligible for Medical Assistance. Flexible funds are essential to respond directly when bureaucracy works against people who are homeless; the Long-Term Homeless Supportive Services Fund is the vehicle that currently fills gaps in services funding but is not adequately financed at this time.

Nonetheless, flexible funding cannot be the primary ongoing resource to help people move out of homelessness. One challenge for Minnesota and all states is to make better use of mainstream funding for people in supportive housing. Primary mainstream funding sources are TANF (Temporary Assistance for Needy Families – or MFIP as it is called in Minnesota) for families and SSI for singles. We also must find ways to make far better use of Medical Assistance (Medicaid) to cover medical and supportive services costs than in the past. Flexible funds fill gaps but cannot replace these programs that serve very basic needs. State and county leaders as well as providers must work actively to maximize the use of mainstream programs and to find flexible funds that fill gaps in those programs.

Accessing Mainstream Services is Especially Difficult for People Who are Homeless but is Crucial for Both the Client and the State

Many people do not access the services for which they are eligible. Based on recent data:

- 41% of eligible Minnesotans were not enrolled in Food Support
- 22% of eligible Minnesotans were not enrolled in MinnesotaCare or Medical Assistance
- 20% of eligible families were not enrolled in the WIC program
- 18% of eligible Minnesota households did not claim the Earned Income Tax Credit or Working Family Credit
- 28% of eligible children were not enrolled in the School Meal Program ³⁷

Lack of information and application hurdles are the primary factors keeping homeless people from applying for benefits to which they are entitled. First, people who are homeless often do not know what programs they may be eligible for. The single best place to provide this information is likely the shelters;

yet shelters often do not have adequate resource and referral staff.

Second, most places that take applications for programs are also difficult to approach for people who are homeless. People may have transportation barriers, and the settings are not familiar and can be intimidating. If documentation is required, people may need to make multiple visits to the office. These factors are all barriers to anyone applying for benefits. They are particularly daunting for people who do not have a regular place to stay and a place to store personal belongings.

Third, program requirements may be a barrier for people who are homeless. For example, some programs require that applicants have an address, and most require that certain information be documented, including income. Applicants for General Assistance must provide certification of a condition that will prevent the person from obtaining or retaining employment. If the person has a mental illness, the illness must be diagnosed by a qualified professional. These barriers are often insurmountable for a person with no home, transportation, computer or telephone.

Although a significant portion of Minnesota's adult homeless population suffers from a disability, many do not receive the federal Social Security benefits they are entitled to. Data from the 2009 Wilder Survey on Homelessness show that 69 percent of homeless adults reported having a serious mental illness or chronic health condition, while only 17 percent were currently receiving SSI or Social Security Disability Income (SSDI). The application process for Social Security disability benefits can be complicated and confusing, and these difficulties are compounded when a person is homeless or has a mental illness. Fortunately, the likelihood of accessing these benefits increases when there is a trained case manager or advocate who can devote time to assisting with the application.

SOAR (SSI/SSDI Outreach, Advocacy, and Recovery) is one initiative that helps people access benefits. SOAR is a federal initiative in 41 states to increase access to SSI/SSDI for people who are homeless or at risk of homelessness. Nationally, SOAR reports success rates on initial application of 71 percent, compared to the usual 10-15 percent success rate for applicants who are homeless.

Minnesota's SOAR activities include:

- Full-day training for local case managers and advocates to learn how to more effectively assist applicants and gather evidence proactively.
- On-going technical assistance and training for SOAR agencies.
- Collaboration among key stakeholders, including the Social Security Administration, Disability Determination Services, medical providers, and housing providers.
- Four SOAR/PATH Teams throughout the state designed to combine outreach to persons who have a mental illness and are experiencing homelessness with SOAR advocacy services.

Lack of service funding was a frequent response when discussing challenges during community input meetings.

Summary of community input meeting responses

A second resource available to assist people in accessing services and income supports is Bridge to Benefits, a multi-state resource that screens individuals and families for eligibility for income and work support programs. Bridge to Benefits is at <http://bridgetobenefits.org>.

Access to Social Security disability benefits is crucial for both the client and the state. These benefits provide a stable source of income that can help someone who is homeless with a mental illness to obtain permanent housing, regain stability, begin the process of recovery, and potentially end the costly cycle of homelessness. Furthermore, efforts such as SOAR bring more federal dollars to the state, as people move off state income and health benefit programs and onto federal benefits and Medicaid.

Ongoing Challenges and Emerging Issues

This section first discusses the ongoing challenges of funding for services, operating support, and infrastructure, and then identifies six emerging issues requiring attention in the next phase of Minnesota's work to end homelessness. These emerging issues are effective targeting of resources, defining the population that needs intensive services, the impact of health care reform, transitions for people who no longer need services but continue to require housing support, communication and coordination, and defining youth homelessness for purposes of the Business Plan.

FUNDING FOR SERVICES, OPERATING SUPPORT, AND INFRASTRUCTURE

Ending homelessness is a better investment than providing emergency shelter and services, but it still requires resources. There is insufficient funding in the system to provide adequate services and operating support for supportive housing. And the shortfalls are inhibiting development of more housing opportunities.

Service Funding

The premise of supportive housing is to provide both housing and the services needed for the household to remain housed. Such services usually include some form of case management, plus mental health, chemical health, vocational and employment, life skills training and other services as needed by the individual or family. It is an ongoing challenge to provide the comprehensive array of support services, many of which are not reimbursable under Minnesota health care programs or other revenue sources, to persons with a range of disabilities for whom these services are critical to sustain housing.

Services may be provided on site or through referral to other agencies. According to a 2009 Minnesota Housing survey of site-based providers, primary sources of funding for these services are the Group Residential Housing service rate, HUD Supportive Housing Program, and philanthropic donations. Six percent of funding for services comes from Medical Assistance (Minnesota's Medicaid program). The same Minnesota Housing survey reported that 18%

of site-based providers had serious concerns about their services budgets; another 22% were somewhat concerned.

The Business Plan estimates the annual cost of services for an individual at \$10,000 and for a family at \$14,000. The only direct source of funding for these costs is the state's Long-term Homeless Supportive Services Fund which covers approximately 12% of the costs. While some funds are leveraged from mainstream programs (Medical Assistance, for example), there remains a sizable gap in the funding needed for service. In 2008, the Metro Services Funding workgroup determined that \$45 million is needed annually to provide adequate services to all households in permanent supportive housing (scattered-site or site-based) that meet the long-term homeless criteria. The Metro Services Funding workgroup estimated that \$11 million of the \$45 million could be leveraged from other sources.

The scarcity of funding for services has slowed implementation of the Business Plan because:

- Developers are reluctant to develop new units of supportive housing, especially for populations with highly intensive service needs.
- Providers are unable to serve extremely challenging populations—the very populations at which the Business Plan is aimed.
- The fluctuations in state budgets make it difficult for state agencies to make long term funding commitments for support services.

Operating Support

Operating support keeps a building open but does not cover services for individual residents. The best example of a cost that is not covered by capital investment but is also not a “service” is the front desk. Many site-based housing developments maintain a front desk as a matter of safety and security. There is no source of funding specifically for this cost, which, depending on the size and layout of the building and other resources that may be available (e.g. video cameras), ranges from \$110,000 to \$140,000/year.

Minnesota Housing provides some funding for operating support through the Request for Proposal (RFP) process. As noted earlier, in recent years, the DHS – Adult Mental Health Division has contributed funds for this purpose. Except for these sources, managers of site-based housing are dependent on private resources to fund operating support. The scarcity of funding for operating subsidies and for services has hindered full implementation of the Business Plan and related HeadingHome efforts.

Infrastructure

Two important elements of the infrastructure for preventing and ending homelessness are local staff to move plans forward and data collection. Local Continuum of Care and HeadingHome coordinators with sufficient time allocated to these responsibilities make a very big difference in the pace of implementation in counties and regions. As mentioned earlier, the plans to

Excerpt from:

Places

Now older

I know that home is
more than place.

Still place

A loving place,

Place that you can
count on

Makes home easier.

I wish my children
could play house

In our home.

by Ted Bowman

“Assessment should be used to target services and to develop a step-down/exit strategy.”

Response from community input meeting, June 16, 2010

end homelessness are resourced very differently in many regions. Some are staffed; most are not. Staff need to be available at a local level to move implementation forward.

The Homeless Management and Information System (HMIS) is the primary tool for collecting data on people accessing programs that address homelessness (see Chapter 3 for HMIS summary). Unlike most states, the state of Minnesota does not manage the Homeless Management Information System (HMIS). It is managed in the community: by Wilder Research. Wilder is in the position every two years of raising funds for the system. Historically, funding has come from three sources: provider fees, continuum of care contributions, and contributions from state agencies.

There are a number of problems with this approach. First, it puts Wilder Research in the position of raising funds for a system that they do not wholly control. This is a time consuming task for Wilder staff who could be doing the work of the system rather than raising money for it. Second, it is a burden on providers to have to pay for the system, especially at a time when they are often short of funds for their core work. Further, there is no commitment at the state level (by the legislature or the administration) to fund the system, which means that funding is pieced together every biennium.

Beyond the fact that the current process for raising funds for HMIS is inefficient, the state and its partners are not using the infrastructure that exists as efficiently as possible. HMIS provides an impressive amount of data related to homelessness. With additional funding, much more could be done to better analyze these data to help inform policy and advocacy.

EFFECTIVE TARGETING OF RESOURCES

From a resource allocation perspective, it is important to provide the right level of service to the right person at the right time – and for the right length of time. Achieving this balance requires both an assessment tool to determine the needs of a household and access to a broad range of services to meet those needs. Although neither is available in the current system, both are under development.

The first step in developing an appropriate assessment tool is understanding the population. A class of graduate students from the University of Minnesota recently completed an analysis of single adult shelter use in Hennepin County from 2006 through 2008. The project used both quantitative and qualitative methods to analyze the shelter stays of 5,880 people over that three year period. They found that only two percent of shelter clients spent more than six months in shelter and the probability of exiting from shelter drops dramatically between six and twelve months. The students concluded that “decline in departures after six months suggests that this may be a good time to assess the shelter guests to determine who will still get out on their own

“Escaping homelessness for the person with a severe mental illness is much more difficult because the symptoms may disrupt the very judgment, motivation, and social skills that are essential for community living.”

HUD Supportive Housing
Program Deskguide

and who will need additional help to get out.”³⁸ This analysis is a helpful initial step in developing an assessment tool for the shelter population.

Wilder Research is conducting a study of supportive housing in Minnesota. One part of the study is to determine the kinds of programs that work for the wide variety of homeless people and families that need them. From a group of 48 housing providers, Wilder will learn what kinds of services people receive; what housing, income, education and other outcomes are achieved; and what program characteristics are effective for different population groups. This knowledge can then be used to both design programs and guide participants to programs that would best meet their needs.

Targeting resources effectively also requires triage to identify people who need different levels of service. In Minnesota at present, supportive housing is available to people meeting the definition of long-term homeless under the Business Plan (single adults, youth and families with children who have been homeless for one year or more or had at least four episodes of homelessness over the most recent three years). There are concerns that the definition is both too broad and too narrow; i.e. it picks up people who may not need an intense level of support services to stay housed and it fails to reach others who need supports in order to remain housed.

The Metro Services Funding Workgroup, a group of providers and county representatives in the Twin Cities, identified three characteristics of individuals and families who will need services in order to secure and maintain housing. These are:

- Extreme poverty
- Low functioning
- Lack of social supports

These characteristics could be built into an assessment tool to determine who needs more intensive services.

THE IMPACT OF HEALTH CARE REFORM

The federal health reform law requires all states to expand Medicaid (known in Minnesota as Medical Assistance) to all non-elderly individuals with incomes up to 133 percent of the poverty line. The deadline for implementing this provision is 2014 though states may choose to implement the law earlier.

The expansion of Medical Assistance will be very important to populations experiencing or at risk of homelessness. This is especially true for single adults under 65 who are not disabled because this population generally has less access to coverage than other groups—access that was dramatically reduced by the 2010 changes to the state’s General Assistance Medical Care program.³⁹

Many reforms in the new federal law are optional for states so, like all states, Minnesota has decisions to make. Open questions with particular relevance to the goal of preventing and ending homelessness include expanding Medical

“I had times when I needed someone to talk to, when life didn’t even seem to be worth living. They [Lutheran Social Services Youth Program] helped me see the good in me that I couldn’t see before. So many times before, I always heard negatives. I thought to myself: finally someone is giving me a real chance at this thing called life.”

Brainerd Dispatch,
August 14, 2010

Assistance to former foster youth, coordinating care for people with chronic conditions, and improving continuity of care from hospital to community-based services.

TRANSITIONS FOR PEOPLE WHO NO LONGER NEED SERVICES BUT CONTINUE TO REQUIRE HOUSING SUPPORT

When an individual or family enters supportive housing, they receive both housing and services. Housing – with ongoing funding through rental assistance or operating support – provides a place to live. Services – usually paid for with a combination of public and private funding – provide the supports needed to stay in housing. Supports can include a broad range of services from assistance in applying for benefits to mental health case management to child care so parents can go to work.

After a time in supportive housing, people’s lives often become more stable. They may not need the same intensity of service or such a broad range of services. Some are able to transition off services altogether. However, the individual or family may continue to need subsidized housing because of insufficient income – whether through a rental assistance voucher or operating support for the program or facility providing their housing. The question is how to separate the housing funding from the services funding so services monies can be used for another household without jeopardizing the success of the first household.

The Metro Services Funding Workgroup is also studying this issue.

COMMUNICATION AND COORDINATION

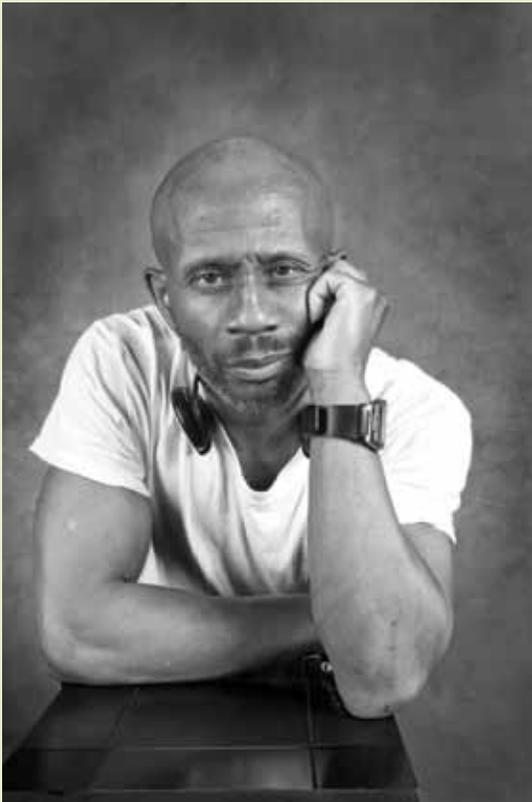
As more people and public and private organizations get involved in ending homelessness and as new ideas are tested and assessed, coordination becomes even more important—and more challenging. Even now, programs often use different language to describe the same concepts and programs serving the same population or doing similar work do not talk to each other. This is especially true between programs targeted to people who have been homeless and mainstream programs serving a broader population. To be sure, these are the growing pains of a field on the move. Continued and enhanced effectiveness, however, will require greater communication and coordination, and the state is in the best position to provide that.

DEFINITION OF YOUTH HOMELESSNESS FOR PURPOSES OF THE BUSINESS PLAN

Minnesota’s Business Plan applies the same definition of long-term homelessness to unaccompanied youth as it does to single adults and families with children; to access housing developed through the Plan, a youth must be homeless for one year or more or have four or more episodes of homelessness in the past three years. The definition has caused difficulty for both youth who have no place to go yet do not meet the definition and providers who cannot always find youth who do meet the definition.

Providers and others have suggested that the definition for purposes of the Business Plan be expanded to include all “homeless youth” as defined by the Runaway and Homeless Youth Act. This would include all youth between ages 16 and 21 for whom it is not possible to live in a safe environment with a relative and who have no other safe alternative living arrangement.⁴⁰ While there is general agreement that this would be a positive change, there are also concerns that every effort be made by counties to find appropriate housing for youth leaving the juvenile justice system and those aging out of foster care.

The Minnesota Interagency Council on Homelessness will develop a policy for agencies to use in deciding whether and how to allocate Business Plan resources to youth not meeting the specific definition.



HOWARD

My name is Howard. I'm 60 years old and last night I stayed at House of Charity.

Before, I stayed at Simpson and some other places, friends' houses. It feels a lot better, I have a place to stay where I have my own key.

Legally, I own a house with my sister. My mother left me the house, our parents did, and she'd been trying to push me out of the house and get an apartment. On Thanksgiving, we had a fight – so on and so forth, and the cops came and I went to jail for the Thanksgiving weekend and when I got out I didn't have a place to stay. A couple of friends took me in that didn't even know me but they trusted me and they were like angels. They were God-sent.

I'm a writer. I write for a paper and movie reviews, commentaries and editorials and investigative journalism. I write for one of the local newspapers, monthly I do film reviews. For a short time I did talk radio.

A lot people are homeless that weren't five years ago, ten years ago. They were working, they had places to stay.

Probably living check to check, but not homeless and

outside. Martin Luther King would be very disappointed. Malcom X would be very disappointed to see-even LBJ would be very disappointed to see this kind of situation. That's why the war on poverty is so important.

CHAPTER 3

The Roadmap to End Homelessness in Minnesota

*Act as if
what you do
makes a difference.*

It does.

William James

Ending homelessness is a long-term goal for Minnesota—a goal that will not be reached in one year nor, especially given the general economy and state budget, in five. It is, however, an achievable goal — and one that will enhance the well-being of our people, strengthen our economic competitiveness, and, over the long haul, prove to be a wise investment of state resources. This Roadmap lays out a path for Minnesota to reach a new level of effectiveness in preventing and ending homelessness.

Now is the hour to address this issue and maintain momentum. The state has made significant progress in implementing a plan to end long-term homelessness, 85 of Minnesota’s 87 counties are included in Heading Home plans in their communities, seven tribes are developing plans, and the federal government has announced its commitment to lead, to collaborate and to contribute. From the private sector, faith, philanthropic and business leaders are joining the cause, often leading the way.

Summary of the Roadmap

This chapter outlines action steps for the state. It builds on four sources of information, feedback, and ideas:

- Local plans
- Federal plan; the roadmap brings ideas from the federal plan to the state level
- Lessons learned from implementing state programs, including the Business Plan to End Long-Term Homelessness
- Input from stakeholders, including attendees at a community meeting in the metro area and a video-conference attended at 16 sites throughout the state

Five objectives are at the heart of the roadmap for preventing and ending homelessness in Minnesota.

- Educate, engage, collaborate
- Increase access to stable housing
- Reach out to people who are homeless and at risk of homelessness
- Improve well-being
- Transform the housing crisis response system

Each objective is discussed in terms of five dimensions.

Importance of the objective to ending and preventing homelessness.

This section shows the relationship between the specific objective and the overall goal of ending homelessness.

*A more livable
community; where
shelters are used
only for emergency
transitions
and every family
and individual has a
permanent place to live.*

Heading Home Ramsey
Vision Statement

Federal view of this objective. The federal plan provides both guidance and commitment. As states and localities develop and refine their plans to prevent and end homelessness, they will align as closely as possible with the federal plan in order to describe their efforts and accomplishments in a common language—and to place themselves in a position to access maximum federal funding for local efforts. As Minnesota leaders implement recommendations in this Roadmap, it is important to pay careful attention to the federal direction and emphases.

Local plans' work on this objective. This section describes work already underway on the objective, leading local efforts, and best practices. Minnesota provides this Roadmap as both a response to existing local plans and a statement of direction for the state, which local plans can draw on for subsequent direction and alignment.

State role in achieving this objective. This section sets out current and potential state activities to advance the objective. Because leadership will be changing in both the executive and legislative branches of state government, it is impossible to say at this time which of the suggested activities may take priority in the coming years. Many of the suggested activities for the state were suggested by the community. A summary of community suggestions is at Appendix B.

Measuring success for this objective. The ultimate goal of all work to end and prevent homelessness is a decline in the number of people experiencing homelessness. The state will be monitoring all available information from Wilder Research and other surveys and counts to determine trends in this measure. Ending homelessness is, however, an ambitious, long-term goal that ultimately is influenced by many factors. There are milestones along the path to the ultimate goal that the state will also monitor by tracking program effectiveness, system changes, and activity counts.

Measures of program effectiveness assess the impact of program activities. The best measures of program effectiveness tell us what happened to people themselves: Are people experiencing homelessness better off because of plans to end homelessness? For example, how many people accessed and maintained housing? How many improved their well-being as a result of being in housing? These measures can be quantified, and there are systems to capture useful data.

Another milestone we will track is *change in the systems serving people*. Have new partnerships been created and existing partnerships strengthened? Are people better able to access the services they need? There are no data collection systems for “system change” but it is possible to assess systems change qualitatively by interviewing people served and those serving them. Coordinators of plans to end homelessness in Minnesota

have agreed to schedule subjective reviews of systems measures as implementation progresses.

A third but less satisfactory way to measure progress is to *count “inputs” and “outputs”*: the activities that have been implemented because of plans to end homelessness. Examples include housing opportunities created or persons attending a Project Homeless Connect event. While these do not directly measure improvements in people’s lives, the hope is that these activities ultimately lead to better outcomes.

Indicators of Progress

The state will track two types of indicators to monitor progress.

POPULATION MEASURES

The state will track the following population measures on an annual basis to follow Minnesota’s progress toward the federal goals:

Table 1: Measuring Progress on Ending Homelessness

Federal Goal	Population	Source
Ending chronic homelessness in 5 years	Long-term homeless	Wilder survey Tribal survey
	Chronic homeless count	HUD Point-in-Time (PIT) Count
Ending veterans homelessness in 5 years	Homeless veterans	Wilder survey Tribal survey HUD PIT count
Ending family homelessness in 10 years	Homeless families	Wilder survey Tribal survey HUD PIT count
Ending youth homelessness in 10 years	Youth	Wilder survey Tribal survey HUD PIT count
Making progress toward ending all homelessness	Total and count of special populations: •% African-American •% Native American • Single adults	Wilder survey Tribal survey HUD PIT count

We seek to prevent and end long-term homelessness in Rochester and Olmsted County by developing local housing and supportive services that use evidence-based models and combine public and private resources. Our vision is a community where all persons have options for safe temporary or emergency housing and choices for a permanent place to live.

Heading Home Olmsted County

PROGRAM EFFECTIVENESS MEASURES

The following program effectiveness measures will track progress on each objective in the roadmap:

Table 2: Measuring Progress on Specific Objectives in the Roadmap

Objective	Measure	Impact on People	Systems Change	Activity Counts	Collection tool
Educate, engage and collaborate	Community events			X	Coordinators
	Partnerships created			X	Coordinators
	Number of people with raised awareness about homelessness		X		Coordinators - Survey
Increase access to stable housing	Supportive housing opportunities created			X	MHFA & HUD, CDAs, HRAs
	Affordable housing opportunities created			X	MHFA & HUD, CDAs, HRAs
	Households in housing	X			HMIS
	Households remaining in permanent supportive housing for ≥ 12 months	X			HMIS
	Households with a “positive exit” from housing	X			HMIS
Reach out	Communities with effective discharge planning processes		X		Coordinators
	Number of people attending Project Homeless Connect/ Community Connect Events		X		Coordinators
	Integrated access points to services		X		Coordinators
Improve well-being	Increase in earned income	X			HMIS
	Increase in unearned income	X			HMIS
Reform crisis response system	Households in housing at program exit (FHPAP, HPRP, transitional housing)	X			HMIS
	Households returning to FHPAP/shelter	X			HMIS

Note: State and local leaders will track all above measures except the awareness measure, which requires a survey. This is a recommended practice that may not be possible in all communities.

State and local leaders will work together to develop targeted studies on measures that may be difficult to track with current systems: e.g., households connected through outreach to services and/or housing, trends in emergency room and police interventions with people who are homeless. They will also develop and track further measures as information becomes available, such as health outcomes that may be available through HMIS in the future as well as connections to veterans that may be available from county veterans services officers.



AMANDA

“My name is Amanda. I’m 20 years old and last night I stayed at the Care and Share in Crookston.

I became homeless because I didn’t have the best life at home. So the day I turned 18 I left home and was sleeping in parks and all those places and then I’d pick up a boyfriend and go live there. After things went sour with that I was still in the same predicament back out on the streets. Before I came here I was sleeping in a tent in Thief River. I had it hidden in the woods. I

got sick. They don’t know what happened I was in so much pain I couldn’t move, a temperature of 106 and pregnant. They had to take my baby at 5 1/2 months in order for me to survive what was making me so sick. My case worker had me brought up here so that way I wasn’t sleeping outside anymore.

Honestly, if I could have anything right now it would be just even a little shack to live in and to not worry about losing my job or being evicted.”

“Jacie” and her two small children, John and Lucy, lived at East Metro Place II, a permanent supportive housing community in White Bear Lake, for four years. Jacie has struggled with methamphetamine addiction for many years and is currently in recovery.

East Metro Women’s Council (EMWC) staff eventually placed Jacie on a sobriety contract because she paid little attention her children and didn’t seem to care. Jacie was faced with getting clean or leaving East Metro Place. Since she wanted a stable home for her kids, she agreed to outpatient treatment for her addiction. While the Family Advocate worked with Jacie on her recovery, the Parenting & Youth Coordinator worked with her on parenting issues. John was in the Learning & Enrichment Program, an after-school tutoring program at East Metro Place.

When Jacie started showing interest in John’s education, he really began to flourish. The family now reads together every night, and John is often the one reading to little Lucy. Jacie, John and Lucy moved out of East Metro Place in July 2010, into a small house nearby so that John can stay in the White Bear Lake school district.

OBJECTIVE 1: Educate, Engage, Collaborate

IMPORTANCE OF THIS OBJECTIVE TO PREVENTING AND ENDING HOMELESSNESS

Many people in Minnesota—from those in big metropolitan areas to those in smaller towns and rural communities—are aware of people in their communities who are homeless. The most common image is that of an adult in a city with a sign—an image that, while real, is hardly complete. In towns and suburbs, homelessness may be a family living in a car parked overnight at a shopping center or a youth couch-hopping from one friend’s home to another. In rural areas, homelessness may be single adults camped in tents outside of town.

As people expand their understanding of who may be homeless, few—including many who care deeply about what they perceive as injustice -- know what to do about it. And to know “what to do” it is important to understand how people become homeless. How did this person or that family end up in a shelter or on the streets? Are they homeless because they don’t have enough money for housing? Or is something else going on? If something else, what is it? The answers to these questions provide the beginning of community awareness and appropriate action.

Ending homelessness is a long-term goal that will require consistent aligned actions in communities throughout Minnesota. If we are to make progress, people must be aware of the many dimensions of homelessness in their communities. For example:

- What does homelessness look like in our community?
- How does our community respond to homelessness? What is working?
- What more is needed to end homelessness in the community?
- Who are our leaders on this issue? How can we reach them?
- What can I—and the organizations I belong to—do?

Finding the answers to these and similar questions is the first step for community members to mobilize to address homelessness locally.

Our statewide community has many resources helpful to educating people about homelessness. First and foremost is the Wilder Research Center which has been providing information about homelessness in Minnesota for more than 20 years. Thanks to Wilder, Minnesota has data on a number of characteristics describing people who are homeless, as well as trend data showing changes in certain population groups and presenting problems. The depth and specificity of this information point the way to solutions.

- A second resource available to communities is the Homeless Management Information System (HMIS) managed by Wilder Research. HMIS is a crucial source for information on participants in many of Minnesota’s homeless programs and services. Unlike point-in-time

“And if I know anything from working with so many of you over these many years, it’s that the experience of homeless housing and service providers is not only ready for prime-time in the greatest public policy debate of our generation—it is absolutely essential to making sure that debate reaches its right and just conclusion.”

Shaun Donovan,
Secretary of Housing
and Urban Development
at the National Alliance to End
Homelessness Annual Conference
Thursday, July 30th, 2009

studies such as the Wilder Survey, HMIS is able to provide data on the characteristics, service use, and outcomes for persons experiencing homelessness over an extended period of time. HMIS data have limitations, however: they are not used by all homeless service providers, such as some major emergency shelters, and they do not capture information about people who are homeless and not participating in any homeless program or service.

Wilder provides aggregate HMIS data to state agencies and provider-specific data to each provider using the system. Minnesota Housing and the Department of Human Services use HMIS data to report on a number of programs, including the long-term homeless programs, Family Homelessness Prevention and Assistance Program, and Homelessness Prevention and Rapid Re-housing Program, as well as the transitional housing and shelter programs.

FEDERAL VIEW OF THIS OBJECTIVE.

The federal plan stresses the importance of collaboration at every level. Collaboration is particularly important to ending homelessness because there is no one reason that a person or family is homeless—and there is no one “fix.” A veteran who is homeless may be suffering from Post-Traumatic Stress Disorder—and be eligible for treatment funded through the Veterans Administration. A child who is homeless may be part of a family that simply needs a housing voucher. Those responding to homelessness need to be able to guide individuals, youth, and families to the right resources. This is possible only when there is complete and open communication and cooperation at the local level.

The federal plan specifically calls for:

- Educating the public
- Engaging state/local/tribal leaders
- Updating and implementing state and local plans to end homelessness
- Involving citizens and the private sector
- Testing and modeling interagency collaboration
- Rewarding collaborating communities
- Recognizing savings across partners
- Engaging Congressional committees

LOCAL PLANS’ WORK ON THIS OBJECTIVE

CURRENT PLANS

All but one of the local plans to end homelessness in Minnesota include some aspect of community engagement, with strategies ranging from public education to advocacy to forming new partnerships. Plans include:

- Many ideas for educating the public, including forums and seminars, newsletters, videos, sleep-outs and public education campaigns.
- Many ideas for engaging state, local, and tribal leaders, including:
 - Educating public officials;
 - Evaluating housing priorities for people who are homeless;
 - Advocating for state and federal legislation, including legislation

After spending 12 years homeless, Dan moved in 2006 to a one-bedroom apartment with rental assistance and services provided by Simpson Housing Services. Dan faced many challenges to remaining housed, which included his own disruptive and sometimes violent behavior, as well as that of friends who would visit.

Eventually, he built enough trust with a psychologist to agree to take a sleep aid which has helped him stabilize his life. Dan moved into a new apartment this year and is now careful about who he lets in. He knows he needs to maintain his equilibrium. His new place is always clean and he's been in touch with Volunteers of America to do some volunteer work in a community kitchen. He feels like he has turned the corner and the evidence supports him—he's smiling and happy much of the time.

- about issues that significantly affect homelessness, such as mass transit and health care;
 - Coordinating policy platforms among groups concerned about housing and homelessness; and
 - Examining zoning codes that restrict flexibility of housing options.
- A focus on involving consumers in planning

Local plans also include many strategies for building collaborations among agencies whose work touches people who are homeless or at risk of homelessness. These collaborations are the foundation for building a more comprehensive system of service at all levels.

BEST PRACTICES IN CURRENT PLANS

- Securing endorsement from local leaders: county boards, city councils, county human services directors.
 - Heading Home Central Minnesota covers 14 counties in the central part of the state. The Heading Home Coordinator in Central, along with local homeless service providers in each county, gave formal presentations to all 14 county boards of commissioners. All 14 signed off on an official resolution of support for the ten-year plan for the region.
 - Heading Home Southeast Minnesota secured the formal endorsement of all county human services directors, mental health providers, and Housing and Redevelopment Authorities in the 20 counties covered by the plan, as well as the Regional Housing Academy, a network of developers, providers, funders and government agencies. A representative of each group served on the committee that drafted the plan, communicated with the group throughout development, and secured endorsement when the plan was completed.

These endorsements pave the way for strong community support as plan leaders develop and implement local strategies.

- Building community awareness.
 - The Heading Home Anoka Education Committee carried out a broad variety of activities to educate their community, including:
 - Sponsoring sleep-outs at local churches
 - Holding a contest with local YMCA summer camps to develop bookmarks with facts about homelessness
 - Partnering with the public libraries to distribute the bookmarks during Homeless Awareness Month
 - Sending speakers to local groups to educate the community about homelessness
 - Obtaining proclamations from every city in Anoka County and the County Board declaring November to be Homeless Awareness Month

*We are a wealthy
community and
fortunate to have a
myriad of resources;
yet we are still
challenged with the
same barriers to ending
homelessness as exist
in other communities
in Minnesota and
across the nation.*

Heading Home
Steele County

- Heading Home West Central conducted two Homeless Simulations to improve community members' understanding of the chaos, cracks in the system, and loss of control that people who are homeless face in their daily lives. The simulations are two hours long and include four homeless or formerly homeless people acting as "service providers."
- Collaborating for success.
 - One of the most inspiring projects in Minnesota to date is the Currie Avenue Housing Partnership, a collaboration of HeadingHome Hennepin with the downtown Minneapolis business and faith communities. The goal of the project is to house 150 of the 600-700 people sleeping on mats on the floor at Hennepin County's two publicly-funded shelters on Currie Avenue. Businesses and congregations raised \$350,000 to fund ten case managers to connect homeless people with disabilities with housing and supports. Once people are housed, the state's GRH program assumes some of the ongoing costs of the initiative.

MOVING MINNESOTA TO THE NEXT LEVEL.

County and regional plans to end homelessness should include strategies to:

- Develop partnerships among local agencies that serve people who are homeless or at risk of homelessness
- Secure support for the plan from local county and city officials
- Educate the community about solutions to homelessness and the work of other partners – including state and federal governments – on preventing and ending homelessness

STATE ROLE IN ACHIEVING THIS OBJECTIVE

CURRENT LEADERSHIP

The state led the development (in partnership with a broad group of stakeholders from the public, private, and nonprofit sectors) and continues to lead the implementation of the Business Plan to End Long-term Homelessness. The Plan is the launching pad for state leadership in engaging the broader community through education, coordination, and funding.

- Education
 - Educating the public, primarily through the media
 - Educating legislators and local and tribal leaders on homelessness and solutions to homelessness
- Coordination
 - Guiding the formation of the Heading Home Minnesota Steering Committee, a group of philanthropic, business and faith leaders com-

- mitted to ending homelessness in Minnesota
- Leading regular meetings of local Heading Home coordinators
- Strengthening the Minnesota Interagency Council on Homelessness, a Council of nine state agencies
- Funding
 - Providing or funding technical assistance to local communities to update and implement plans to end homelessness
 - Providing technical assistance to all Continua of Care and funding for planning to the Greater Minnesota Continua of Care.
 - Providing partial funding for the Homeless Management Information System (HMIS)

MOVING MINNESOTA TO THE NEXT LEVEL.

As implementation of this roadmap moves forward, the state can and should do more to boost local leaders' efforts to educate, engage, and collaborate to prevent and end homelessness and align Minnesota with the federal plan. Specifically, the state should lead by collaborating, raising awareness, building local capacity, and committing to data collection and analysis.

- Lead by collaborating
 - Build the goal of housing stability into the policies and plans of all state and local agencies whose work touches the target population
 - Strengthen the Minnesota Interagency Council on Homelessness by:
 - Including more agencies whose work touches the lives of people who are or have been homeless
 - Placing high on its agenda the development and implementation of policies and strategies for preventing and ending homelessness that respond to the needs of communities of color, Native Americans, and rural and suburban communities
 - Identifying actions that agency leaders can take to implement the policies and strategies developed by the Council.
 - Strengthen relationships and partnerships
 - With local leaders and agencies, including Public Housing Agencies and Housing and Redevelopment Authorities
 - Between state and federal agencies whose work affects people who are homeless and at high risk of homelessness
 - Define levels of accountability for implementing strategies to prevent and end homelessness, working with Heading Home leaders and others in the community.
 - Work with the Congressional delegation to support federal legislation and funding that affects Minnesota's ability to address homelessness at the state and local levels.

“Technical and hands-on support is incredibly helpful at the State level.”

Response from
Grand Rapids community
input meeting

- Raise awareness
 - Create information about homelessness and solutions for it, in collaboration with local communities, including communities of color, people who have been homeless, victims of domestic violence, and other affected populations that
 - Highlights the differing needs of various populations, including people of color, Native Americans, victims of domestic violence, and populations with special needs
 - Uses data to emphasize that solving homelessness is a more productive use of resources than managing it.
 - Explore ways to communicate to various audiences and work with local communities to communicate effectively
 - Focus education and awareness efforts on leaders new to public office

- Build local capacity
 - Reach out to local leaders to develop, review, refine, support, and implement plans to prevent and end homelessness in their communities
 - Share best practices for building community will to prevent and end homelessness
 - Position ending homelessness as a community development strategy
 - Help rural communities explore and coordinate funding streams in their areas
 - Connect domestic violence service providers with housing providers

- Commit to data collection and analysis
 - Strengthen the statewide HMIS system:
 - Consider state funding for the system
 - Work with providers to improve HMIS for use as a program management tool
 - Develop and implement common definitions and measures of success
 - Use HMIS at the provider, program and state levels to track and measure changes in the status of individuals, youth, and families who have experienced homelessness.
 - Develop common outcomes and measures of income, health, and housing status across programs to be adopted by state agencies, in collaboration with the funding community and other stakeholders focused on client outcomes.
 - Explore strategies for making better use of HMIS data to describe and analyze program outcomes by type of program and participant characteristics

- Share data among state agencies to create a more comprehensive picture of the characteristics and situations of all Minnesotans experiencing or at risk of homelessness
- Develop protocols and guidelines the state and local communities can use to measure cost savings across programs
- Compile and disseminate relevant research on topics such as:
 - Supports needed to stabilize individuals and families, including the length of time needed for direct assistance and other services
 - Brain development and stress in young children who are homeless
 - Preventing domestic violence and developing a safety plan
 - Appropriate services for youth

MEASURING SUCCESS IN REACHING THIS OBJECTIVE

Heading Home coordinators will track community events and partnerships created. They will also consider conducting surveys to assess the effectiveness of their strategies in raising awareness. There are no client-based measures for gauging the success of awareness, engagement, and collaboration strategies.

Measuring Progress on Specific Objectives in the Roadmap

Objective	Measure	Impact on People	Systems Change	Activity Counts	Collection tool
Educate, engage and collaborate	Community events			X	Coordinators
	Partnerships created			X	Coordinators
	Number of people with raised awareness about homelessness		X		Coordinators - Survey

As compared with people who are homeless throughout the state, those in Northeast Minnesota are more likely to:

- Be younger (average of 34 years versus 38)
- Be white (86% versus 41%)
- Have lived in Minnesota over 20 years (67% versus 41%)
- Be prevented from getting housing now by lack of job or income (43% versus 36%)
- To have lived in foster care (28% versus 19%)
- To have income from steady employment (42% versus 21%)

From Heading Home Northeast Minnesota

OBJECTIVE 2: Increase Access to Stable Housing

IMPORTANCE OF THIS OBJECTIVE TO ENDING AND PREVENTING HOMELESSNESS

Stable housing is the foundation upon which people build their lives—absent a safe, decent, affordable place to live, it is next to impossible to achieve good health, positive educational outcomes, or reach one's economic potential.

Opening Doors: Federal Strategic Plan to Prevent and End Homelessness:2010 – Overview

Without stable housing, ending homelessness will remain an elusive goal. People who can stay in their current housing do not become homeless. Those without housing who can access and maintain housing do not remain homeless. Minnesota's continued progress in preventing and ending homelessness depends on ensuring that housing that is affordable and suitable for particular populations is available where it is needed.

For many individuals and families, affordability is the only barrier to securing and maintaining housing. In 2008, more than one-third of the households in Minnesota were housing cost burdened—nearly 50 percent of all renters and 30 percent of all homeowners were paying 30 percent or more of their income for housing. For low income households the problem is even greater; more than half of all low income households were cost burdened. As discussed in Chapter 2, the number of rental assistance vouchers available to these households meet less than half of the statewide need.

Others have additional barriers to securing and maintaining housing and require supportive services as well as help paying rent. Landlords are often unwilling to rent to people with a criminal background or history of evictions, for example, and people with a mental illness or chemical dependency may be unable to sustain housing without treatment. Permanent supportive housing—housing with the services that people need to remain housed for as long as they wish—is often the most suitable option for people with significant barriers to maintaining their housing. Nationally and in Minnesota, there is a decade or more of evidence that permanent supportive housing improves lives and uses public resources productively.

FEDERAL VIEW OF THIS OBJECTIVE

The federal plan calls for increasing access to stable and affordable housing by providing affordable housing to people experiencing or most at-risk of homelessness and providing permanent supportive housing to prevent and end chronic homelessness. Specific strategies include:

For affordable housing:

- Support additional rental housing subsidies through federal, state, local, and private resources
- Expand the supply of affordable rental homes targeted for households earning significantly less than 30 percent of the Area Median Income. (One tool for this strategy is to fund the National Housing Trust Fund)
- Encourage preferences in the awarding of Low Income Housing Tax Credits to target households experiencing or most at risk of homelessness
- Link developments to project-based vouchers and other subsidies

The Francis is a historic building in downtown Rochester that was recently renovated to provide permanent supportive housing for seventeen chronically homeless individuals. There was opposition to locating the Francis close to an “urban village” that was being developed in the downtown area. The tenants who eventually moved into the development were aware of that fact and set out to create a sense of community within the building and within the neighborhood itself.

As a sign of gratitude and appreciation to the community, the tenants decided to clean up a vacant lot near the building that had for many years been a dump site for trash and junk. On a lovely June afternoon, Francis tenants, support staff, and a nearby business owner cleaned up the lot. A picnic followed and fellowship bloomed. As evening settled in, a tenant took his guitar to lot and began playing the blues. Soon, he was joined by a musician visiting a nearby business. It wasn't long before a number of folks gathered to listen, reminding both residents and neighbors that they were all one community.

For permanent supportive housing:

- Target use of supportive housing to people who need this level of support to prevent or escape homelessness
- Create protocols and consider incentives to help people who have achieved stability in supportive housing—and who no longer desire to live there—to move into affordable housing
- Expand the supply of permanent supportive housing, specifically for individuals and families experiencing chronic homelessness and vulnerable individuals—including youth—experiencing homelessness who have disabling conditions and multiple barriers to housing stability
- Assess options for more coordinated, sustainable, and dependable sources of supportive housing service funding

LOCAL PLANS' WORK ON THIS OBJECTIVE

Current Plans

Local Minnesota plans call for more affordable and supportive housing (permanent and, in some cases, transitional). Some housing would require a capital investment; other housing opportunities would be scattered-site using existing rental housing. Local plans also include a focus on preserving existing units as well as creating “host homes” for youth.

Funding for both affordable and supportive housing comes primarily from the state and federal governments. The primary role for local plans and their advocates, therefore, is to garner resources and pave the way for the development of the housing that local communities need.

Local plans include the following activities to increase housing supply:

- Pursue funding
 - Seek additional and ongoing public and private investment.
 - Coordinate and pool funding
 - Apply for funding through the Continuum of Care
- Pursue alternative models
 - Create opportunities for developing housing using a Housing First approach
 - Expand use of congregate and shared housing when and if appropriate
 - Recruit landlords to create housing opportunities in the rental market
- Build relationships among local leaders, developers, and providers to identify and develop housing opportunities

“The solution to homelessness isn’t just about putting a roof over someone’s head. As with any human being, our lives are complicated and the process of transforming a roof or a house into a home takes more than bricks and mortar.”

“But without the bricks and mortar, healthy human development is all but impossible.”

Rev. Harry J. Flynn,
Former Archbishop of
St Paul and Minneapolis,
The Catholic Spirit

BEST PRACTICES IN CURRENT PLANS

- Creating relationships with landlords
 - Landlords are often reluctant to rent to people with histories of homelessness who also have criminal backgrounds, history of evictions, and other challenges. Outreach workers and service providers in several Heading Home communities are building trusting relationships with landlords to open more housing opportunities for this population. These efforts are successful, especially when there is a designated resource or liaison to turn to if issues arise during the tenancy
 - In Mora and St. Cloud, both part of Heading Home Central, Community Action Agencies offer training to landlords on their rights and responsibilities. The training includes information that will help landlords recognize the early signs of a tenant’s need for increased mental health support and refer the person to mental health services

- Creating housing to meet the needs of specific populations
 - *Chronic inebriates*—Midway Residence in St. Paul, the New San Marco in Duluth, and RiverCrest in St. Cloud are all site-based housing with low entry requirements, open to people who are chemically dependent. Residents may continue to consume alcohol as long as the drinking does not interfere with the well-being of others. This model has contributed to the safety of both the residents and the greater community. The City of Rochester will soon be home to a similar development.
 - *Refugees*—A partnership of Heading Home Hennepin and the University of Minnesota School of Social work surveyed refugee families to develop strategies to help this population secure and maintain housing. The Minnesota Council of Churches led implementation of a pilot project (funded by Hennepin County and The McKnight Foundation) that provided short-term rent subsidies and case management to refugee families to stabilize housing, increase income, and keep families engaged in school. In the initial two years of the program, 83% of families served increased their income from employment. 97% of families with school-age children showed positive engagement in their children’s school. The program has been re-funded with federal stimulus dollars

Josephine is a 61 year-old mother and grandmother to her own family and to many women who are out on the streets—women she grew close to while she herself was homeless. “The homeless community is like a family. We help each other,” she says.

Josie, a former Simpson Women’s Shelter guest is now in housing and loves her clean, bright one-bedroom, but she admits: “I sometimes miss my friends and the staff at the shelter.” When not at her job as a Personal Care Assistant, Josie spends much of her day checking on friends who are still without a home. “So many of these women have no one. They feel like no one cares. They need something to live for. I am fortunate. I have gardening, my volunteering and my 13-year-old granddaughter.”

Simpson Housing works to help frequent guests from the women’s shelter to find not only a permanent home, but also whatever it will take to help them keep their housing. “I tell my friends to not give up and to not be afraid to ask for help.”

MOVING MINNESOTA TO THE NEXT LEVEL.

County and regional plans to end homelessness should include strategies for:

- Expanding the rental assistance market by identifying appropriate housing and working with landlords to rent to households that have experienced homelessness
- Building collaborations among developers, providers and local leaders with the goal of developing creative solutions for housing populations that have experienced homelessness
- Strengthening McKinney-Vento applications for continued federal funding

STATE ROLE IN ACHIEVING THIS OBJECTIVE

Current Funding

Creating and maintaining supportive housing requires funding for services as well as for capital and operating support or rental assistance. The State’s significant role in financing affordable and supportive housing for more than a decade is detailed in Chapter 2. Funding for supportive services, however, especially for people with long histories of homelessness and multiple challenges, meets only a fraction of the need.

MOVING MINNESOTA TO THE NEXT LEVEL.

The state should continue successful programs, make existing programs work smarter, and explore promising opportunities to increase access to stable housing. The following state activities would respond to the federal plan and assist local leaders in engaging their communities in the work of ending homelessness:

- Continue successful programs
 - Continue administering the annual Minnesota Housing Request for Proposals that funds development and maintenance of affordable housing for low-income populations
 - Continue implementing Minnesota’s Business Plan to End Long-term Homelessness with the goal of creating 4,000 additional opportunities over 12 years (2004-2015)
 - Continue providing rental assistance to low-income households, with a priority on sustaining housing opportunities already funded
 - Continue the priority on preserving existing housing
- Improve programs to work smarter
 - Work with public housing agencies to expand eligibility for individuals, youth, and families that have experienced homelessness: for example, creating a priority for people who are homeless (or long-term homeless) and expanding eligibility for people with criminal records or other barriers

“Providing more permanent supportive housing ... frees up emergency shelter and transitional housing beds that could otherwise be used for homeless persons that experience less severe forms of homelessness.”

Heading Home Southeast Minnesota

- Provide technical assistance to counties and others seeking to create housing using the Group Residential Housing program
- Consider incentives for local communities to take proactive steps to locate and support housing for people who have been homeless (including changes to local building codes)
- Continue to improve programs to simplify access and streamline eligibility for mainstream and other supportive programs (see discussion in Chapter 2 of DHS’s At-Risk Adults Initiative as a focal point for this work)
- Coordinate the state funding of supportive housing through DHS and Minnesota Housing
- Pursue promising opportunities
 - Increase development of workforce housing.
 - Use foreclosed properties for affordable rental units.
 - Explore ways to increase funding for both capital and rental assistance. Specific suggestions received at community meetings include a dedicated fund for rental subsidies and/or for developing affordable housing for special needs populations and a check-off on tax returns for affordable housing.
 - Explore ways to increase funding for supportive services, focusing on both mainstream programs (e.g. Medicaid) and more flexible sources.
 - Explore ways to minimize the number of capital funding sources needed to develop and rehabilitate housing.
 - Assist public housing agencies to apply for federal vouchers as they become available.
 - As part of implementing federal health care reform, identify new methods for linking health care with housing to create stability for individuals and families that are homeless.

MEASURING SUCCESS FOR THIS OBJECTIVE

There are three client-based measures to track success in achieving the objective of creating housing:

- Households in housing
- Households remaining in permanent supportive housing for ≥ 12 months, and
- Households with a “positive exit” from housing

These data are all available from the HMIS system.

There are two additional outcome measures for the objective of creating housing:

- Number of supportive housing opportunities created
- Number of affordable housing opportunities created

Measuring Progress on Specific Objectives in the Roadmap

Objective	Measure	Impact on People	Systems Change	Activity Counts	Collection tool
Increase access to stable housing	Supportive housing opportunities created			X	MHFA & HUD, CDAs, HRAs
	Affordable housing opportunities created			X	MHFA & HUD, CDAs, HRAs
	Households in housing	X			HMIS
	Households remaining in permanent supportive housing for ≥ 12 months	X			HMIS
	Households with a “positive exit” from housing	X			HMIS



JOHN

*My name is John and my age is 49, soon to be 50 in ten days.
And last night I stayed in detox.*

I've had apartments, you know, and for one reason or the other, things just didn't go right and... I guess I could blame a lot of it on drinking. It has probably been one of the major reasons I am homeless.

I sit down on the avenues and play guitar and, you know, I divide my time between Uptown and sometimes I try to come downtown here and try to play, although it is getting harder and harder. The police just try to run you out. I don't know why.

I'm just trying to do something, so I don't really understand it. Sometimes you just close your eyes and feel your way through this world.

You have to have faith, that is one thing. I have faith in my creator, my God who created me. I believe in Him, I believe that He didn't put me on this earth just to perish in the wilderness.

I try to encourage everybody I meet. You know, I try to encourage every single person I meet to be strong and be bold and be brave and be beautiful.

*This is a Neil Young song:
I'm like an eagle I like to fly
I'm like a snake I like to lay low
I'm just a black man
Maybe a white man*

*Maybe a red man, I don't know
I'm just a passenger on a slow freight train
I ride a boxcar through the night
It doesn't matter where I might get off
It doesn't matter where I lie.*

OBJECTIVE 3: Reach Out to People Who are Homeless and at High Risk of Becoming Homeless

IMPORTANCE OF THIS OBJECTIVE TO ENDING AND PREVENTING HOMELESSNESS

Reaching out to people in shelters and on the streets is important to ending homelessness and reaching in to people leaving institutions is important to preventing it.

“Paul,” who has schizophrenia and an IQ below 70, was arrested 103 times in five years for a combination of offenses that included writing on walls in downtown Minneapolis. He would be arrested, go to court, be arrested, go to court, and repeat the unending cycle. The Police Department asked that St. Stephen’s outreach team work with Paul because they no longer knew what to do. St. Stephen’s worked with Paul and got him into housing. In his first year of housing he was arrested once. When he appeared in court, the Hennepin County judge asked, “Where have you been?” When he said he was in housing and working with outreach, the judge diverted him from jail on the condition that he continue to work with St. Stephen’s. He is still housed and is arrested about two times a year—a result that saves dollars in the correctional system, provides a safe home for Paul, and contributes to better public health for all.

Reaching Out to People in Shelters and on the Streets

Many who are homeless—especially those with long histories of homelessness and those with mental illness, traumatic brain injury and other challenges—have burned their bridges with family and friends. They are living in shelter or on the streets, with little thought of a future anywhere else. They are distrustful of people who want to “help” and see little or no reason to hope that life can be different or better.

A major question, then, for communities trying to end homelessness is how to reach people who, for good reason, no longer trust the system that now wants to serve them. The answer is in developing relationships, which means consistent and respectful outreach to people in shelter and on the streets.

Street outreach is a tool for ending homelessness primarily in cities. Major cities in Minnesota have developed street outreach teams: people who spend their working hours meeting folks on the streets and in shelters, doing what’s necessary to keep people safe, and developing relationships that, it is hoped, will eventually lead to housing. In Minneapolis, for example, St. Stephen’s Outreach Team made 806 contacts with folks who were homeless between July and December 2009, of which they were able to house 40. Since the St. Stephen’s Program began, over 200 people have been housed.

Reaching in to People Leaving Institutions

People being discharged from institutions—jails, prisons, inpatient hospital settings, or foster care—are at high risk for homelessness at this critical transition point in their lives. If the person has tenuous ties to friends and families and little or no prospects of an immediate job, he or she may end up homeless.

Close to half of homeless adults surveyed by Wilder Research in 2009 had spent time in such facilities. The survey found that 47% of homeless adults had been in correctional facilities and 58% had been in at least one of the following social services placements: drug or alcohol treatment facility, foster home or group home, halfway house, or facility for people with emotional, behavioral, or mental health problems.

To address this often preventable cause of homelessness, communities are beginning to focus on “in-reach” and discharge planning as tools for preventing homelessness.

“It is simply unacceptable for individuals, children, families and our nation’s Veterans to be faced with homelessness in this country.

President Obama
June 18, 2009

FEDERAL VIEW OF THIS OBJECTIVE

The federal plan includes outreach in its objective addressing the crisis response system and discharge planning as a separate objective to improve health and stability. Regarding outreach, the plan endorses promoting collaborative street outreach efforts that help people living on the streets directly access housing.

The federal plan places a special focus on discharge planning for youth in foster care, through the following two strategies:

- Improve discharge planning from foster care and juvenile justice to connect youth to education, housing, health and behavioral health support, income supports, and health coverage prior to discharge
- Promote targeted outreach strategies to identify youth experiencing homelessness who are most likely to end up in an emergency room, hospital, jail, or prison, and connect them to the housing and support they need

The plan recommends similar strategies for adults in institutional settings.

- Improve discharge planning from hospitals, VA medical centers, psychiatric facilities, jails, and prisons to connect people to housing, health and behavioral health support, income and work supports, and health coverage prior to discharge
- Promote targeted outreach strategies to identify people experiencing homelessness who are most likely to end up in an emergency room, hospital, jail, or prison, and connect them to the housing and support they need

Meet Lynn, a single mother with three children who has struggled with chemical dependency and homelessness. Her children have been in and out of the foster care system, and Lynn has been in and out of the criminal justice system. Supportive housing provided a safe home for Lynn and enabled her family to gain the stability they so desperately needed. Working together we can stabilize lives and save scarce public resources in the process.

Cost of Life on the Street:

Emergency Shelter Stays
Jail Stays
Case Management
Emergency Room Visits
Foster Care
AFDC Payments

\$695,200

Cost of Supportive Housing:

Supportive Housing
Employment Services
Transportation
Child Care
Addiction Treatment
Mental Health Care

\$337,100

From the report “Financial implications of Public Interventions on Behalf of a Chronically Homeless Family” by the Family Housing Fund

Paula loves putting the key in her front door. She loves doing the laundry, washing the dishes and getting the groceries. These are things many people complain about, but Paula says they make her day. One of the first participants in the Women’s Housing Partnership (WHP), she is settled into her apartment near downtown Minneapolis. She recently completed treatment and is currently attending after-care. Things are pretty sunny on her side of the street.

The road to finding a stable home wasn’t easy. After getting laid off, losing her house, battling drugs and alcohol, and spending many nights on “the island,” just north of downtown, she found her way to the Simpson Women’s Shelter. A shelter advocate connected her to WHP and things started coming together.

Diagnosed with bi-polar disorder and depression, she is getting the help she needs; help that would be hard to take if she didn’t have a home to go to at night. Next on her list is getting her G.E.D. and spending time with her grown children.

You don’t need to speak with Paula very long to see she is happy. Determination got her where she is. She plans on staying there.

LOCAL PLANS’ WORK ON THIS OBJECTIVE

Current Plans

Direct Engagement and Outreach--Local Minnesota plans incorporate a wide spectrum of strategies and activities for reaching out to people who are homeless or at high risk of becoming homeless.

- Direct engagement strategies
 - One-day events such as Project Homeless Connect, Operation Community Connect, and Stand Down (an event for veterans similar to Homeless Connect)
 - Street outreach and institutional in-reach
 - Resource centers for people who are homeless (opportunity centers, Homeless Resource Center)
 - Discharge planning protocols
 - Outreach teams for specific populations, especially youth
- Outreach tools
 - Awareness and education about housing resources to outreach workers and others working with people who are homeless (including using HousingLink)
 - Training for staff on outreach best practices
 - Review of ordinances that criminalize homelessness
 - Strategies to avoid evicting victims of domestic violence

Discharge Planning—Many local Heading Home plans emphasize the opportunity for action at the point of discharge from institutions. Specific strategies include:

- Hiring a designated discharge planner
- Focusing discharge planning on specific institutional settings such as jails, foster care, or hospitals

BEST PRACTICES IN CURRENT PLANS

- Direct Engagement and Outreach
 - Drop-in centers for youth
 - Several cities (Duluth, St. Paul, Bemidji, Minneapolis, Shakopee, Bloomington and Fargo, serving Moorhead youth also) have outreach centers for youth. Centers provide a safe place where youth have access to such services as employment search, teen parenting support, independent living skills classes, and on-site health care. One program, YouthLink, offers a chef training program
 - “One-stop” services for specific populations
 - Heading Home Hennepin is creating two “opportunity centers”—one for single adults and another for youth. Service providers, county staff, and others will be available at the centers on an ongoing basis to provide information and services to people who are homeless
 - Project Homeless/Community Connect Events (discussed in Chapter 2)

Terry is an Air Force veteran living in Itasca County in northern Minnesota. He suffers from service-related hearing problems as well as depression, and for a time was homeless, living at Grace House, an emergency homeless shelter in Grand Rapids.

Through the collaborative efforts of many agencies, Terry is now stably housed in his own place. Terry was first referred by the Itasca County Veteran's Service Office (CVSO) to the Minnesota Assistance Council for Veterans (MACV), a nonprofit veterans advocacy agency. MACV was able to connect Terry with a rental subsidy through the Itasca County Housing and Redevelopment Authority. However, Terry did not have the one-time money he needed to move into his new apartment, so MACV collaborated with the Itasca County Sharing Fund to split the cost of a security deposit and the first month's rent. Once Terry moved into his own housing, he was able to begin addressing his health needs.

The CVSO has filed a claim on behalf of Terry for his depression, and he regularly visits the local VA medical facilities.

- Discharge Planning
 - Hiring a designated discharge planner. Both St. Louis and Hennepin Counties have hired discharge planners
 - In St. Louis County, a county Discharge Planning Coordinator is stationed at the jail, connecting inmates to services in the community. If the inmate is interested in a supportive service plan, case management is available for up to nine months as the person transitions back into the community
 - In Hennepin County, the Minneapolis Foundation provided start-up funding for a discharge planner. The work of the planner has been primarily focused on discharge from HCMC, the safety net hospital in Minneapolis, to ensure that patients are discharged to appropriate aftercare
 - Focusing on a specific institutional setting
 - Foster Care—Hennepin County also initiated “On-Ramp to Independence,” an initiative supporting youth transitioning from “systems care” to independence and adulthood. On-Ramp prepares youth for adulthood by creating a more intentional and comprehensive set of supportive services and policies
 - Hospitals—Six individuals experiencing long-term homelessness and multiple chronic health conditions now have permanent supportive housing and are getting the health care and support services they need without relying on frequent, high-cost, emergency room care. Regions Hospital, Guild Incorporated, and Hearth Connection, are partners in this “Hospital to Home” demonstration and the Department of Human Services is providing system-wide data so that, over time, changes in use of resources can be determined. Hospital to Home takes an innovative and collaborative approach to assist individuals to meet their daily living and healthcare needs through alternate means, thus improving health and stability while also reducing avoidable emergency department visits
 - Jails—With the goal of reducing recidivism, Stearns and Steele County jails committed to changing the service delivery system to better serve inmates with mental illness. Sixty percent of those incarcerated in Minnesota have a mental illness. These county jails brought the individual together with a combination of professionals, including jail administration, nurse, county financial worker, mental health worker, and child support worker, to assist in developing a release plan based on issues identified by the inmate. The result of this collaborative effort has been a 76% decrease in recidivism of program participants in Stearns County alone (2003-2007). 10,278 jail beds days have been

Medicaid is the largest mainstream program that can serve persons experiencing homelessness. Improving access to Medicaid and other important mainstream resources such as TANF and Head Start can help prevent many vulnerable individuals, families and children from becoming homeless.

Kathleen Sebelius,
Secretary, U.S. Department of
Health and Human Services, USICH
Q & A with Secretary Sebelius,
August 3, 2009.

saved totaling \$1,079,240 (2003-2009 Stearns County) and individuals have found meaningful ways to participate and be successful in society.⁴¹

MOVING MINNESOTA TO THE NEXT LEVEL.

County and regional plans to end homelessness should include strategies to:

- Reach out to people who are living on the streets, in homeless camps, or other places where they are not safely housed; strategies should be population-specific, especially for youth, veterans, and victims of domestic violence
- Transition people from institutions to the community; these strategies should be institution- and population-specific

STATE ROLE IN ACHIEVING THIS OBJECTIVE

Current Activities

The state's role in outreach has been primarily as a funding resource. An example of programs funded in part by the state include PATH (Projects for Assistance in Transition from Homelessness) grants that provide support services for homeless individuals who have serious mental illness or serious mental illness and substance abuse. PATH grants are jointly funded by the federal and state governments. The state has also funded outreach through the Department of Public Safety, though those grants are no longer available.

The state's work on discharge planning has been largely through the Department of Corrections' Re-entry projects. (See discussion in Chapter 2.)

MOVING MINNESOTA TO THE NEXT LEVEL.

As implementation moves forward, the following activities on the part of the state would respond to the federal plan and assist local leaders in reaching out to people who are homeless or at risk of homelessness on discharge from institutions.

- In-reach and discharge planning
 - Expand in-reach to more people in correctional institutions.
 - Develop and promote population-specific best practices for assisting people leaving institutions, including:
 - Youth aging out of foster care
 - People who are without homes when they leave hospitals and chemical and mental health treatment centers
 - People leaving correctional institutions.
 - Assist communities to identify housing for people exiting institutions

“Ending homelessness is not just the right think to do, it’s the smart thing to do.”

Governor Tim Pawlenty

- Fund more extensive discharge planning capacity for state prisons
- Collaborate with local and federal agencies to remove and reduce barriers to affordable housing for those with criminal history, including sex offenders
- Outreach
 - Develop and promote best practices for reaching out to youth and families that are doubled up
 - Develop and promote best practices in outreach, including support for the individual or family from the point of engagement to the point of housing
 - Assist communities in developing information and referral materials for judges and court personnel who interact with people who are homeless or at-risk of homelessness
 - Train housing providers to help households plan for changes in their lives, including changes in income (e.g. expiration of MFIP benefits), and changes in housing and services
 - Encourage—through rule waivers and similar options—creation of “one-stop” integrated access points to services

MEASURING SUCCESS FOR THIS OBJECTIVE

Three measures will be used to gauge success in the area of outreach:

- Communities and public systems with effective discharge planning processes that address housing
- Number of people attending Project Homeless Connect and Community Connect events
- Development of integrated “one-stop” access points to services

Table 2: Measuring Progress on Specific Objectives in the Roadmap

Objective	Measure	Impact on People	Systems Change	Activity Counts	Collection tool
Reach out	Communities with effective discharge planning processes		X		Coordinators
	Number of people attending Project Homeless Connect/ Community Connect Events		X		Coordinators
	Integrated access points to services		X		Coordinators

“The real catalyst for change will be found through using mainstream resources—so that when the Federal government provides funding for housing or job training, to prevent domestic violence or to provide health care for our nation’s veterans, it is also working to prevent and end homelessness.”

HUD Secretary Shaun Donovan at the National Alliance to End Homelessness Conference, July 13, 2010

OBJECTIVE 4: Improve Well-Being

IMPORTANCE OF THIS OBJECTIVE TO ENDING AND PREVENTING HOMELESSNESS

Insufficient income to pay for housing is the single characteristic common to all households experiencing or at high risk of experiencing homelessness. For some, lack of income is solely a function of inability to get a job sufficient to pay the rent. Others may have a disability that prevents them from securing and maintaining housing, such as an untreated mental illness that makes carrying out the most basic tasks of daily living all but impossible.

Improving the well-being of people who have been or are at high risk of becoming homeless is a prerequisite to ending and preventing it. Without housing, it is almost impossible to attend to education, employment, health problems, child development, and be part of a supportive community. When people begin to see their lives and their children’s lives can be better, they begin to have hope for the future and are more likely to remain housed, thus breaking the cycle of homelessness.

The Minnesota Legislature recognized this when it passed the legislation calling for a plan to end long-term homelessness. After setting out housing and cost-saving goals, the Legislature enunciated a third goal: to “Increase the employability, self-sufficiency, and other social outcomes for individuals and families experiencing long-term homelessness.”⁴²

The challenge of improving social outcomes is one of availability and adequacy of and access to services, beginning with jobs and employment services. Minnesota has a variety of programs designed to address basic needs. Unfortunately, these programs do not use the same rules and definitions, are not available through the same agency, and often do not fully address the purpose for which they are intended. Consequently, many households do not access the benefits to which they are entitled.

FEDERAL VIEW OF THIS OBJECTIVE

The federal plan is organized around five main themes. Two of these themes have to do with well-being: increase economic security and improve health and stability. Within the strategy to increase economic security, the federal plan addresses both employment and access to income and job supports for people who cannot secure employment. To increase employment, the plan includes among its recommendations:

- Focus on job development in programs addressing homelessness
- Coordinate and integrate employment programs with programs assisting people who are homeless, including permanent supportive housing

In “Ann’s” short life, she had experienced a long litany of maladies. Asthma compounded by pneumonia meant frequent hospitalizations and doctor visits – and many missed days of school. At one point her mother was told she could die within a few hours.

Six months after moving into Viking Terrace Apartments, neither Ann nor any of her five siblings got sick once, according to her mother, though in the past each had had bouts of asthma that often required nebulizer treatments. Today, the family is enjoying life in their new apartment and 14-year-old Ann plays basketball, volleyball and soccer without any shortness of breath.

Viking Terrace is a 60-unit apartment complex that is now a “green building” with four units of permanent supportive housing. The National Center for Healthy Housing, the Blue Cross and Blue Shield of Minnesota Foundation, and the Southwest Minnesota Housing Partnership participated in designing the improvements and conducting a health education campaign at the complex.

In the view of Ann’s mother, the building is accomplishing its objective: “This has made me so excited,” she says. “I am so happy to see that my kids are not sick the way they used to be.”

Strategies to reduce financial vulnerability of those with barriers to employment include:

- Improved access to both income supports and job supports
- Enhanced public information and call center for veterans
- Creating pathways to financial independence

The federal plan also stresses the importance of health to housing stability, recommending strategies that:

- Encourage partnerships between housing providers and health and behavioral health care providers to co-locate or coordinate health, behavioral health, safety and wellness services with housing
- Provide services in the homes of people who have experienced homelessness
- Seek opportunities to establish medical respite programs that combine a place to recuperate with nursing and other medical services needed by people who are homeless when they leave a hospital

The plan also recommends that health be a focus of planning and resourcing when youth and adults leave institutional settings.

LOCAL PLANS’ WORK ON THIS OBJECTIVE

Current Plans

Strategies to increase employment, decrease financial vulnerability, and address health and behavioral health needs are included in local plans in Minnesota.

- Increase employability and employment opportunities
 - Build relationships with employers
 - Build relationships with workforce centers to better serve people who have been homeless
 - Coordinate employment services and housing access
 - Provide skills training, including training in independent living skills, financial literacy, and budgeting
 - Assist in applying for financial aid for education
 - Increase availability of child care
- Decrease financial vulnerability
 - Provide assistance in navigating the services system
 - Increase access to income assistance (e.g. SSI, SSDI)
- Address health and behavioral health
 - Increase access to medical services, including mental and chemical health services

In Northwestern Minnesota, we don't see the obvious signs of homelessness—cardboard shelters in alleys, ever-present panhandlers on main streets, crowds of the needy outside emergency shelters. The homeless of rural areas such as ours are called the “hidden homeless.” They move from one unstable, sub-standard or cost-burdened situation to another, hidden from the eyes of the wider community.

Heading Home
Northwest Minnesota

BEST PRACTICES IN CURRENT PLANS

- Increasing employment and potential for employment
 - Ramsey County Workforce Solutions has joined with homeless services providers to start a pilot using the WorkKeys assessment tool at Dorothy Day Center. WorkKeys, standardized testing software developed by ACT (the college entrance testing firm,) will provide documentation of skill level on key skills needed in the work environment. Interested shelter residents can have their skill levels assessed and certified, providing additional information to use in job interviews.
 - In Hennepin and Ramsey Counties, the Network for Better Futures reduces the economic and social costs of high-risk adults, primarily African American men, with histories of incarceration, substance abuse, mental illness, chronic unemployment, and homelessness. While enrolled, all participants are working toward self-sufficiency, initially with job training and health stabilization, and then through employment, either in the private sector or Better Futures Enterprises. Better Futures created 25 jobs that provide short term work in ventures such as waste diversion and recycling. All participants live either in the NetWork guest house or in private apartments.
 - Two supportive housing developments in St. Paul, Delancey Street and Mental Health Resources/Project Homeward, offer employment specialists as part of their services teams. The employment specialists use an evidence-based model to provide integrated and seamless supported employment services to people with mental illness and other chronic disabilities who have experienced long-term homelessness.
 - Funding from the City of Minneapolis and the Greater Twin Cities United Way will leverage federal FSET (Food Support Employment and Training) program dollars to create a pilot project at the Adult Opportunity Center in Hennepin County. The project will provide job counseling, training and after-placement support to people experiencing homelessness, noting and addressing the unique barriers that come with not having a stable place to live.

- Increasing income
 - Claim It! is a statewide partnership led by the Greater Twin Cities United Way to maximize low-income Minnesotans' access to the federal Earned Income Tax Credit and state Working Family Credit. Key strategies for increasing utilization of these tax credits and high quality free tax preparation services include providing information to people attending Project Homeless Connect, distributing and using the Claim It! EITC Tool Kit to government and nonprofits, and incorporating the use of Bridge to Benefits and Claim It! materials in grantee requirements (See Bridge to Benefits discussion in

Many people in northern Minnesota think that homelessness is not an issue in their community. While it is not as obvious as it can be in downtown Minneapolis, homelessness still exists. “Fred” is an example of this. Suffering from severe mental illness, Fred was homeless for several years, living outside and doing his best to hide his situation. He even slept for a time in the cab of an old locomotive that is on display in Cloquet. Luckily an outreach worker connected with him and ultimately helped him apply for housing at the Outreach Center Apartments. He has successfully lived in his apartment for two years now.

Chapter2). Claim It! materials, best practices and research can be found at www.unitedfrontmn.org/united-front-communities/financial-stability

- Hennepin County negotiated an agreement with the Minnesota Departments of Human Services and Revenue to do a data match of MFIP participants with qualifying W-2 earnings. The match identified over 12,000 participants who were eligible but not claiming their tax credits. In 2009, this generated over \$5.8 million in state and federal tax credits to families. This same matching service is available to all Minnesota counties.
- Addressing health concerns
 - First Lutheran Church, east of downtown Saint Paul, hosts a wellness center one night a week, reaching out especially to recently re-housed individuals and providing ongoing connection points within their new community to help them maintain stability and stay out of the street life. The Wellness Center is a collaborative among the nursing program at Metro State, alternative medicine providers, numerous volunteers, and the local block nursing program. Anyone from the community can attend and receive free services (blood sugar checks, blood pressure, foot care, massage, and acupuncture). The evening concludes with a meal together
 - Many communities use ACT (Assertive Community Treatment) teams to address the mental health needs of people living in the community who demonstrate a need for intensive services. The teams are multidisciplinary and focus on helping people to resolve practical problems of daily living while making progress toward recovery goals. They are also available 24-hours/day for crisis intervention.

MOVING MINNESOTA TO THE NEXT LEVEL.

County and regional plans to end homelessness should include strategies to:

- Create relationships between local employers, workforce centers, and providers of services to people who have been homeless; learn what skills are needed and assist in developing appropriate training programs for people who have been homeless
- Map the local services system from the point of view of people seeking services
 - Create collaborations among providers to bridge gaps in the system
 - Develop services not currently provided.

“Transportation remains a significant difficulty for Southwest Minnesota families, especially those with low incomes or experiencing homelessness. As in most of greater Minnesota, public transit options are severely limited, making vehicle ownership essential to accessing medical care, employment, and community amenities.”

Heading Home
Southwest Minnesota

STATE ROLE IN ACHIEVING THIS OBJECTIVE

Current Efforts

To date, the work of the state in the area of income supports and employment has been primarily in funding programs that serve basic needs (MFIP, GA) and linking people to sources of federally-funded assistance (such as the SOAR program discussed in Chapter 2). The state also funds workforce centers although little work has been done to increase the effectiveness of the centers for people with multiple barriers to employment.

The state funds programs providing basic health care to individuals and families. Unfortunately, these programs were cut back in recent years as part of the strategy for balancing the state budget.

The Long-Term Homeless Supportive Services Fund, created in 2005 specifically to support the Business Plan, provides flexible funding that is not time-limited for a wide spectrum of services not funded by more mainstream programs. Unfortunately the Fund reaches individuals and families in fewer than half of Minnesota counties and was cut slightly in 2008. (See Chapter 2 for more discussion of this fund.)

MOVING MINNESOTA TO THE NEXT LEVEL.

As implementation moves forward, the following activities on the part of the state would respond to the federal plan and assist local leaders to improve well-being and social outcomes for people who have experienced homelessness:

- Overall wellness
 - Train supportive housing case managers (initially and ongoing) about strategies to improve well-being in multiple dimensions.
- Goal-setting
 - Include family safety as a goal of supportive housing
 - Include developing relationships as a goal of supportive housing
- Employment
 - Develop and promote best practices in incorporating an employment focus into housing programs
 - Strengthen collaboration among Minnesota Housing, Department of Human Services, and Department of Employment and Economic Development to help local workforce centers address employment needs of people who have been homeless
 - Advocate for changes to federal Workforce Investment Act policy and funding
- Reducing financial vulnerability
 - Build on current efforts to assist people with Social Security disability applications, including SOAR, to increase the number of successful applications for eligible people experiencing homelessness, including veterans

- Explore ways to promote housing stability and incent work by closing the income gap for individuals and families, including potential changes to rental assistance, income assistance, and child care assistance
- Review program rules to identify those that conflict or are unnecessary to effective, efficient, and integrated administration of and access to programs
- Work with the community to develop a simplified application that could be used across programs and/or be a portal to benefits
- Work with the community to develop community-based access points to benefits and services
- Encourage coordination between county veterans service officers and local agencies providing housing and services
- Health care
 - Develop and promote best practices for integrating physical and behavioral health services into supportive housing
 - Develop and promote best practices for addressing children’s mental health within a supportive housing environment

MEASURING SUCCESS FOR THIS OBJECTIVE

There are two client-based outcomes for improving well-being:

- Increase in earned income
- Increase in unearned income

With anticipated changes to HMIS, it may be possible to track improvements in health.

Measuring Progress on Specific Objectives in the Roadmap

Objective	Measure	Impact on People	Systems Change	Activity Counts	Collection tool
Improve well-being	Increase in earned income	X			HMIS
	Increase in unearned income	X			HMIS

Heading Home Scott-Carver has been created in the belief that no person—man, woman, or child should have to sleep in a car, in the woods, under a bridge, in an abandoned building or in a place not meant for human habitation. This plan recognizes housing as a basic human right and ending homelessness as an achievable goal in the next ten years. Heading Home Scott-Carver serves as a blueprint and a call to action for these two suburban and rural counties.

Heading Home Scott-Carver

OBJECTIVE 5: Transform the Housing Crisis Response System

IMPORTANCE OF THIS OBJECTIVE TO ENDING AND PREVENTING HOMELESSNESS

Reforming the housing crisis response system is critical to preventing and ending homelessness. People who are at high risk of homelessness and those who are already homeless need to know and be able to access the resources available to them, but doing so is more difficult than it needs to be in Minnesota.

Most Minnesota communities address immediate housing crises using some combination of:

- Emergency Assistance (EA), Emergency General Assistance, FHPAP (Family Homelessness Prevention and Assistance Program) and HPRP (Homelessness Prevention and Rapid Rehousing Program;) and
- Shelter or motel vouchers

The assistance programs seem to be successful at enabling households to retain their current housing or secure a new place to live; shelter and motel vouchers have provided a stop-gap when a temporary place to live is needed.

This crisis response process, however, has a number of deficiencies.

- *Inadequate coordination of assistance programs.* Each program addresses a certain population with specific needs. If there were a single point at which assessment were done, it might be possible to figure out the best fit for a particular household at a given point of time. As it is, however, most communities do not have a single point of entry and, for a variety of reasons, many community agencies don't know what other agencies can offer.
- *Inadequate assessment of needs.* While there is an emerging interest across the country in figuring out how to assess what a household needs, adequate tools are not yet available. Does an individual need housing only or also services? If the person needs services, which services and for how long? If housing, how deep a subsidy is needed and for how long?
- *Shortage of funding.* The FHPAP program serves approximately 5% of low-income rental households that pay more than 30% of their income for housing. This is an indication of need but is not the complete story as (a) many households paying more than 30% are able to make ends meet using other resources and (b) programs such as Emergency Assistance and Homeless Prevention and Rapid Rehousing are available to some households in need. Local administrators report, however, that the need for assistance from all prevention programs regularly exceeds the funding available.

Too often the result of this hodge-podge of services is that people spend more time in shelter where—because of inadequate staffing at most shelters—they do not learn about resources that may be available to them and that would also shift some costs from counties and the state to the federal government..

“Even in these difficult economic times, this is still the wealthiest, most powerful country in the world. We all agree that no child or youth should be living on the streets without care and without hope. Each of them deserves a home.”

Barbara Poppe,
Executive Director,
United States Interagency
Council on Homelessness,
speaking at annual meeting
for homeless state
education coordinators,
March 24, 2010

FEDERAL VIEW OF THIS OBJECTIVE

The focus of the federal plan is to move from a shelter-based system to a system focused on keeping people in their homes and rapidly re-housing those who become homeless. This transformation rests on the kinds of tools being developed in Minnesota now, especially developing single points of entry and coordinating resources—including mainstream resources -- across the community. Such an approach requires a high level of cooperation, collaboration, and coordination among both government and provider agencies.

Specific strategies discussed in the federal plan include:

- Developing and promoting best practices in crisis prevention, including
 - Improving access to crisis programs by simplifying entry requirements and removing barriers to entry
 - Encouraging existing temporary residential programs to set aside beds for a safe haven model. Save Haven is a secure, non-threatening supportive environment for people with mental illness who are reluctant to give any information about themselves, often even a name
 - Encouraging communities to transform transitional housing to permanent supportive housing or transition-in-place models.
 - Addressing barriers to successful re-housing, such as fear of violence and criminal justice history
 - Promoting collaboration between local school districts and crisis programs
- Using mainstream resources for housing stability
- Ensuring continuity in providing homelessness prevention and rapid re-housing services to families, youth, and individuals—including veterans and their families

LOCAL PLANS' WORK ON THIS OBJECTIVE

Current Plans

Current local plans include several strategies for strengthening the crisis response system.

- Modifying the current shelter system by:
 - Ensuring efficient use of shelter capacity and services
 - Creating and expanding emergency shelter options (including engaging faith communities to develop temporary shelter)
- Reforming the intake process by centralizing intake or coordinating access points (e.g. “No Wrong Door”)
- Increasing funding for prevention programs such as FHPAP and HPRP
- Improving services available prior to eviction, to include
 - Working with landlords to negotiate solutions for tenants about to lose their housing
 - Providing information (including rights and responsibilities) for households faced with eviction
- Preventing youth homelessness
 - Providing parent education/support
 - Providing conflict resolution for families

The following principles guided our thinking:

- All people deserve safe, decent, and affordable housing.
- Shelter is not housing.
- Providing services without housing does not end homelessness.
- Homelessness costs more than housing.
- Data is important.
- Prevention is the best solution.
- Ending homelessness requires a community-wide response.
- Ending homelessness is attainable.

Heading Home
Hennepin

BEST PRACTICES IN CURRENT PLANS

Ramsey County created Housing Crisis Teams – single points of contact for prevention and intervention services for those experiencing housing instability. Three centers have been established – for families, youth, and single adults, with most funding for services and direct assistance coming from the FHPAP and HPRP programs. The St. Paul Foundation provided two-year funding for a staff person in the family program.

- Hennepin County Single Adult Shelter Network—in Hennepin County, shelter guests sign releases that allow shelter providers to talk with each other to ensure the best and quickest response to each person; this process is easier on shelter guests who no longer need to seek services separately from each provider and more efficient for providers who no longer need to duplicate application processes with the same client
- The Legal Aid Society of Minneapolis and St. Stephen’s have formed a partnership using federal Homelessness Prevention and Rapid Rehousing funds to work with tenants facing eviction when a property is foreclosed; Legal Aid ensures that tenants know their rights and St. Stephen’s helps to find an affordable relation, thus avoiding shelter entirely

MOVING MINNESOTA TO THE NEXT LEVEL.

The next stage of local work may be government and nonprofit providers learning about available community resources, developing collaborative relationships between and among providers to maximize the resources of all, or developing a common method of assessing and providing services to the client population. The response will vary according to each community’s readiness.

STATE ROLE IN ACHIEVING THIS OBJECTIVE

Current Role

The state has historically played a significant role in homelessness prevention and rapid response, as earlier sections of this report have demonstrated. The state funds and oversees both mainstream income support and other programs that play a role in preventing homelessness as well as programs directed specifically to households at high risk of homelessness or newly homeless. The design of local systems, however, has been left to individual communities.

Although local agencies designing their own systems that work best in their communities is valuable, the state also has an interest in promoting collaboration and cooperation among community agencies serving people who are homeless or at high risk. The Family Homelessness Prevention and Assistance

Program, for example, requires that each community receiving FHPAP funding establish an advisory committee to design and implement the program based on local community need. The Long-Term Homeless Supportive Services funding has prioritized projects that are multi-county and take a regional approach to delivering services.

Why End Homelessness?

1. To create more stable citizens and a stronger community.
2. It's cost effective.
3. It is ethically and morally "the right thing to do"
4. It's practical.
5. It is a religious imperative to help those less fortunate.

Heading Home
West Central Minnesota

MOVING MINNESOTA TO THE NEXT LEVEL

As implementation moves forward, the following additional activities on the part of the state would respond to the federal plan and assist local leaders in transforming their homelessness crisis response systems.

- Education
 - Educate policy makers, including state legislators, about programs available to individuals, youth and families newly homeless and at risk of losing housing
 - Refine the degree and level of information available to policy makers on the successes of prevention programs, including FHPAP and HPRP
 - Develop tools for local communities to use to educate housing providers about availability of and access to mainstream resources
- Collaboration
 - Build on programs that are multi-county or regional such as the Mental Health Initiatives and Family Homeless Prevention and Assistance Program in Greater Minnesota and the Long-Term Homeless Supportive services Fund. These programs also include tribes in their regional service delivery
- Services
 - Promote tested methods for resolving family conflict and reunifying families
 - Assist communities to develop single points of entry to housing and services for people who are homeless. The point of entry can be a single physical location where practical or a virtual location. Where a single point of entry is not practical, assist communities and providers to develop processes for sharing and coordinating resources
 - Work with the federal government and with Minnesota communities to develop and promote a tool for assessing the needs of individuals, youth, and families that are homeless or at high risk of becoming homeless

MEASURING SUCCESS OF THIS OBJECTIVE

Two client-based measures will be used to assess progress on this objective:

- Households in housing when exiting a crisis or transitional program (FHPAP, HPRP, transitional housing)
- Households returning to shelter or FHPAP after leaving the FHPAP program

Measuring Progress on Specific Objectives in the Roadmap

Objective	Measure	Impact on People	Systems Change	Activity Counts	Collection tool
Reform crisis response system	Households in housing at program exit (FHPAP, HPRP, transitional housing)	X			HMIS
	Households returning to FHPAP/shelter	X			HMIS



MARIA

“My name is Maria. I am 49 years old and last night I stayed at SEMCAC.

I became homeless because I lost my apartment in Glenville. My husband had beat me a lot, he left me with no money for groceries, nothing. He turned my kids against me after they were grown. My oldest son called me and said, Mama, I’m taking you outta Oklahoma, cuz there’s too much drama there. I came here in 2008. It’s an old motel and the landlord didn’t want to fix hardly anything. The rent was \$525 for the month, and I was struggling, I

didn’t have enough money and my son wasn’t working. He’s handicapped—spina bifida and club feet—and he was depressed, too. So he came into town one day and he didn’t go back home. He’s here in Albert Lea. After he left I got so depressed I couldn’t do anything. I called the crisis center. I landed in the hospital a week, lost my apartment. Luckily I found this place. I walked in one day and they had a room open. I can stay three months while I look for a place I can afford on social security.

“I’ve always been independent, but I shut myself in and they tell me it’s not good to shut myself in. I get isolated. Sometimes I look back and I say, Wow, I’m a strong woman, raised all those kids and one with a disability, and now I can’t do all the stuff that I used to do years ago. I’m responsible, but it’s harder now than it used to be.”

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- 23 – The Business Plan addresses long-term homelessness of youth and families as well as that of single adults. Unless noted, the remainder of this section of the report concerns only the single adult portion of the population.

- 24 – Wilder Research, *Homelessness in Minnesota: Key findings from the 2009 statewide survey* (May 2009), retrieved at <http://www.wilder.org/download.0.html?report=2300>
- 25 – Wilder Research, 2009 statewide survey, p. 3.
- 26 – Ending Long-Term Homelessness in Minnesota: Report and Business Plan of the Working Group on Long-Term Homelessness, prepared for the Minnesota Legislature, March 2004, http://www.mnhousing.gov/idc/groups/secure/documents/admin/mhfa_004304.pdf
- 27 – 2007 Recalibration of the Business Plan for Ending Long-Term Homelessness in Minnesota, June 2007, http://www.mnhousing.gov/idc/groups/public/documents/document/mhfa_006244.pdf
- 28 – Link to all Community Plans to End Homelessness in Minnesota: <http://www.mnhousing.gov/initiatives/housing-assistance/community/index.aspx>
- 29 – In February 2009, the Center on Budget and Policy Priorities reported that about 93,000 Minnesota housing units had a federal subsidy (including public housing and project-based Section 8 as well as tenant-based vouchers). This compared with 203,504 low-income households paying more than 30% of their income for housing. <http://www.cbpp.org/files/2-24-09house-app-a.pdf>
- 30 – Opening Doors, op., cit.
- 31 – For more detail, see 2007 Recalibration, op., cit. p. 45.
- 32 – The most recent Frey contribution (\$1.25 million over 5 years) is not included in this total.
- 33 – Hearth Connection, *The Minnesota Supportive Housing and Managed Care Pilot: Evaluation Summary*, Prepared for Hearth Connection by The National Center on Family Homelessness, March 2009. <http://www.hearthconnection.org/results>.
- 34 – Cost of Rural Homelessness: Rural Permanent Supportive Housing Cost Analysis, State of Maine (May 2009), <http://www.mainehousing.org/Documents/HousingReports/CostOfHomelessnessRural.pdf>.
- 35 – Larimer, Mary E. and others, Health Care and Public Service Use and Costs Before and After Provision of Housing for Chronically Homeless Persons With Severe Alcohol Problems, *Journal of the American Medical Association*, April 1, 2009, p. 1353. <http://jama.ama-assn.org/cgi/content/abstract/301/13/1349>
- 36 – Ibid., p. 1356
- 37 – Children’s Defense Fund: Bridge to Benefits at http://mn.bridgetobenefits.org/About_Us2.html
- 38 – *Heading Home Hennepin: An Analysis of Shelter Use and Intervention Points*, University of Minnesota, May 2010.
- 39 – Laws of Minnesota 2010, Chapter 200, Article 1, and DHS Bulletin #10-21-07, May 17, 2010, Legislative Changes to GAMC effective June 1, 2010.
- 40 – 42 U.S.C. 5701, sec. 3887(3). Note that for purposes of staying in a youth shelter, the maximum age is 18.
- 41 – NAMI - Jail Discharge Planning: Ending the Cycle of Recidivism (2010) video, <http://www.namihelps.org/publications/nami-minnesota-dvds.html>
- 42 - Laws of Minnesota 2003, Chapter 128, Article 15, Section 9.

Appendix A

Summary of Business Plan Assumptions, Experience and The Extended Plan

Assumption	Original Business Plan	2007 Recalibration	Experience to Date	Extended Plan
Households to be served				
Number of housing opportunities created	4,000 by 2010	4,000 by 2010	2,867 by June 30, 2010	4,000 by 2015
Percent family housing	33% families	33 % families	46% families	40% families
Size of family households	1 adult, 2-3 children	1 adult, 2-3 children	1 adult, 2-3 children	1 adult, 2-3 children
Percent singles (includes unaccompanied youth) housing	67% singles	67% singles	54% singles	60% singles
Types of new housing opportunities: Rental assistance vs. types of capital development				
Rental assistance or operating subsidy only	40% (1,600 units)	50% (2,000 units)	61% (1,752 units)	60% (2,465 units)
Capital development (may also include rental assistance or operating subsidy)	60% (2,400 units)	50% (2,000 units)	39% (1,115 units)	40% (1,538 units)
<i>Sole purpose</i>	83.3% (2,000 units)	70% (1,400 units)	50% (503 units)	40% (630 units)
New construction	25% (500 units)	40% (560 units)	60% (280 units)	45% (378 units)
Acquisition/rehabilitation	75% (1,500 units)	60% (840 units)	40% (223 units)	55% (252 units)
<i>Mixed income</i>	16.7% (400 units)	30% (600 units)	50% (612 units)	60% (908 units)
New construction	100% (400 units)	40% (240 units)	40% (231 units)	40% (349 units)
Acquisition/rehabilitation	0% (0 units)	60% (360 units)	60% (381 units)	60% (559 units)

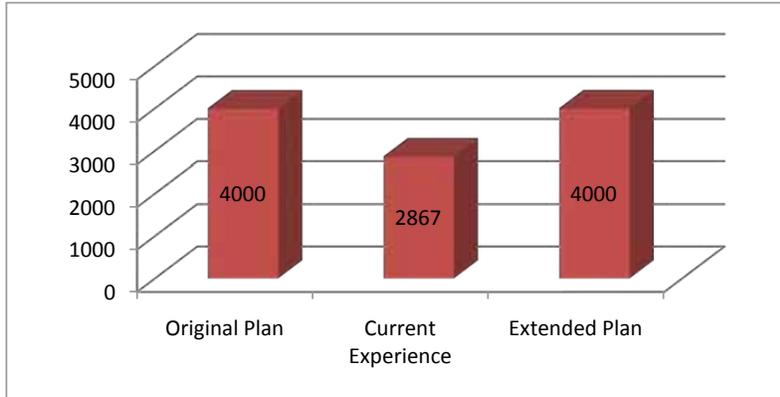
Assumption		Original Business Plan	07 Recalibration	Experience to Date	Extended Plan
Types of new housing opportunities: Sole-purpose single-site vs. scattered-site/clustered					
Sole-purpose single-site		50% (2,000 units)	35% (1,400 units)	17% (503 units)	15% (630 units)
Scattered-site/ clustered		50% (2,000 units)	65% (2,600 units)	83% (2,364 units)	85% (3,373 units)
Unit cost estimates: Capital development costs (<i>Italics in "Original Business Plan" reflect inflation adjustments to 2007 values</i>)					
Sole-purpose new construction	Families	\$185,000 <i>(\$214,161)</i>	\$206,000	\$207,000	\$216,000
	Singles	\$120,000 <i>(\$130,915)</i>	\$125,000	\$136,000	\$160,000
Acquisition/ rehabilitation	Families	\$90,000 <i>(\$104,186)</i>	\$104,000	\$108,000	\$135,000
	Singles	\$60,000 <i>(\$69,458)</i>	\$90,000	\$84,000	\$92,000
Mixed-income new construction	Families	\$140,000 <i>(\$162,068)</i>	\$223,000	\$194,000	\$200,000
	Singles	\$95,000 <i>(\$109,974)</i>	\$161,000	\$150,000	\$177,000
Estimated percentage of capital development units requiring state-funded rental assistance or operating subsidy					
		100% (2,400 units)	50% (1,000 units)	51% (565 units)	50% (770 units)
Unit cost estimates: Amount of monthly rental assistance and monthly operating subsidy required					
Rental assistance	Singles	\$378	\$565	\$535	\$555
	Families	\$894	\$780	\$733	\$810
Operating subsidy	Singles	\$486	\$450	\$425	\$500
	Families	\$810	\$475	\$450	\$524
Unit cost estimates: Length of time rental assistance required					
		6 years		Unknown	6 years

Assumptions Reviewed and Recalibrated.

The assumptions behind the Business Plan were reviewed and recalibrated in 2007. They are recalibrated again here in light of experience to date as well as relevant contributing factors.

Number of Housing Opportunities to be Created

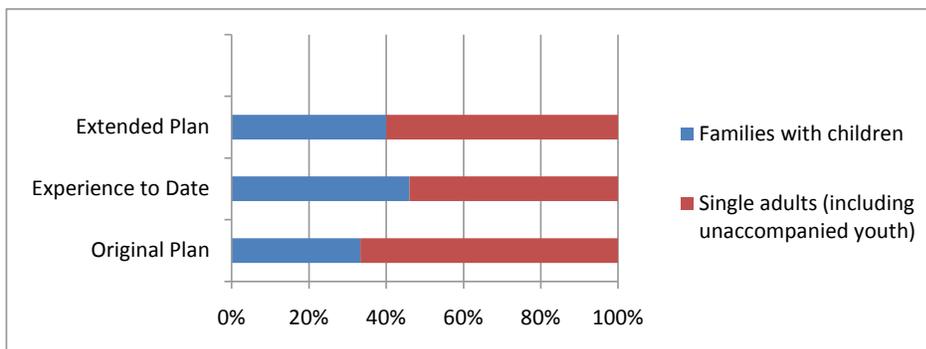
The following chart illustrates the original assumptions, experience to date and the revised assumptions for the extended plan:



The number of housing opportunities to be created has not changed since the original business plan; the timeline to produce and implement the housing opportunities will be extended by five years, to 2015. While the number of long-term homeless and homeless households has increased over the years, funding for capital, operating and service dollars has decreased largely due to the national economic conditions. As a result, the proposal to extend the timeline of the plan is a strategy that reflects realistic production goals and maximizes available resources to complete the original goal of the business plan to create 4,000 permanent supportive housing opportunities.

Types of Households to Be Served: Families and Single Adults/Youth

The business plan has exceeded its goal in serving families. As of June 30, 2010, 46% of the funded housing opportunities target families with long histories of homelessness. The rental assistance and operating subsidy only portion of the portfolio offer the largest percentage of housing opportunities for families with children. The following chart illustrates the original assumptions, experience to date and the revised assumptions for the extended plan:



Original Assumption: The plan anticipated that one-third of the housing opportunities would be for families and two-thirds for single adults and unaccompanied youth. These numbers were based on the 2003 Wilder Homeless Survey data, adjusted to allow for family reunification.

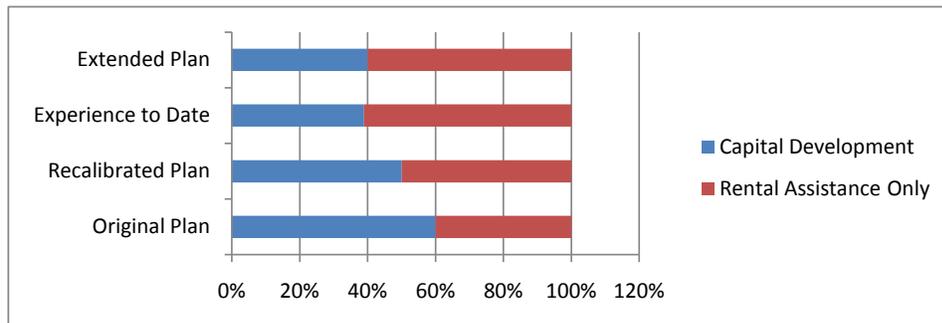
Experience to Date: A larger percent of the housing opportunities have been developed for families with children, in large part because there was a focus on families at the beginning of implementation. This focus continued because of the increase in family homelessness over the past few years. Shelters have reported increases in the number of families with children served as well as the length of time the families have experienced homelessness. The 2009 Wilder Homeless Survey also reported an increase in families with long histories of homelessness.

The focus on rental assistance at the beginning of implementation also impacted the development of a higher percentage of housing opportunities for families. 50% of rental assistance/OS housing opportunities have been for families while just 30% of capital units have been for families

Revised Assumptions: 40% of the cumulative housing opportunities created will be for families with children and 60% will be for single adults and unaccompanied youth. Contributing factors include the goal to continue to focus on families with children.

Housing Type and Mix: Capital and Rental Assistance Only

The business plan called for creating both capital funded housing opportunities and rental assistance for use in the private market, including operating subsidy (only) for developments with existing Minnesota Housing financing. The strategy to use a mix of different types of housing opportunities provides a broader range of housing choice, as well as ensures that segments of the market were not over saturated. The following chart illustrates the original assumptions, experience to date and the revised assumptions for the extended plan:

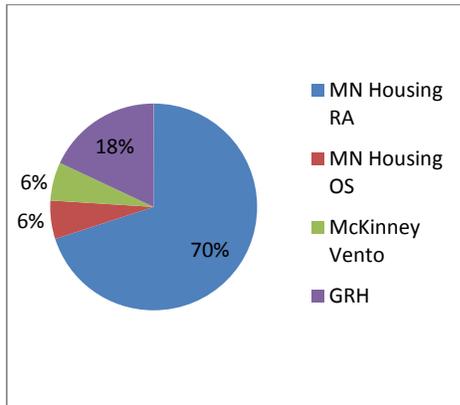


Original Assumptions: The plan anticipated that 60% of the opportunities would be created through capital development and 40% through rental assistance and operating subsidy only.

Recalibrated Assumptions: The assumptions were changed to 50% through capital and 50% through rental assistance when the plan was recalibrated in 1997.

Experience to Date: 1,115 of the housing opportunities have been in capital developments and 1,752 of the housing opportunities have been created with rental assistance and

operating subsidy only (including McKinney-Vento and GRH). The following chart illustrates the funding types of rental assistance and operating subsidy only:



Experience to date reflects a higher level of rental assistance and operating subsidy only activity than anticipated. 76% have been financed by MN Housing including: Rental Assistance (RA) and Operating Subsidy (OS) only funding; 18% have been financed by Group Residential Housing (GRH); and 6% have been financed by McKinney-Vento.

Some factors that contributed to a higher percent of rental and operating subsidies include:

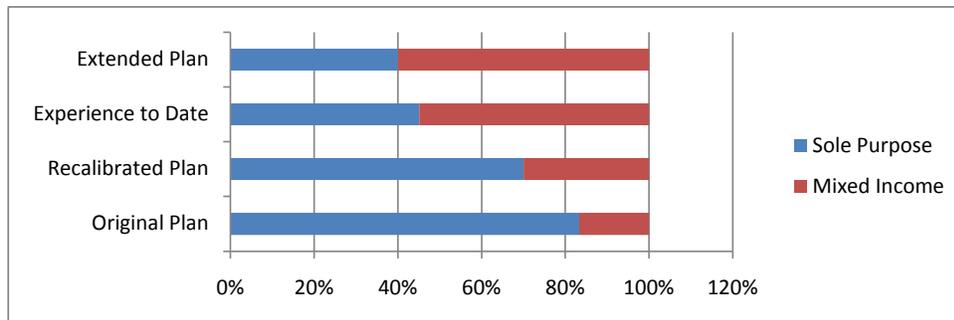
- An early focus was made in the plan on rental assistance as a strategy to get people into housing quickly. This strategy was successful largely because the vacancy rate has remained relatively stable and the organizational capacity to administer the housing subsidies has been strong and demonstrated the ability to expand.
- The introduction of GRH for long term homeless households has increased the number of scattered site housing opportunities. To date, Hennepin County has led the state in using this additional resource in the private rental market: 320 housing opportunities are available through GRH in Hennepin County.
- Federal McKinney-Vento funds have also been used to finance housing opportunities for the Plan. Minnesota Housing has nearly exhausted the resources available at this time to create new tenant based rental subsidies. Therefore, future production in this area will largely be seen through GRH, McKinney-Vento, VASH (Veterans Administration Supportive Housing) vouchers or other federal subsidies.

Revised Assumptions: 40% of the cumulative housing opportunities created will be capital and 60% will be rental assistance only, including units in developments assisted with operating subsidy only. Contributing factors include the funding sources that are anticipated to be available for rental assistance. Of those created through rental assistance or operating subsidy only, it is anticipated that:

- 65% of the rental or operating subsidy only opportunities will be funded by the Agency.
- 35% of the rental or operating subsidy only opportunities will be funded through GRH or McKinney-Vento funding.

Capital Housing Types: Sole Purpose and Mixed Income

The plan envisioned the creation of housing in both sole purpose and mixed income developments. The strategy to create a variety of different types of housing increases tenant choice and housing opportunities in the market.



Original Assumption: The original plan anticipated that 83% of the capital funded housing opportunities would be in sole purpose developments and 17% would be in mixed income developments.

Recalibrated Assumption: The assumptions were changed when the plan was recalibrated in 2007 because of the implementation experience. The revised assumption was that 70% would be in sole purpose developments and 30% would be in mixed income developments.

Experience to Date: Mixed income housing accounted for more opportunities than anticipated. Some contributing factors include:

- Funding priorities and points made available under the Housing Tax Credit (HTC) Qualified Action Plan (QAP).
- Previous success in mixed income developments where private and for profit developers partnered with supportive service providers increased the willingness of new applicants to set aside four to six units for households with long histories of homelessness.
- Technical assistance from Minnesota Housing and the Agency’s funding and collaborating partners increased the awareness of the need and fostered relationships between housing developers, property management firms, and supportive service providers.
 - The Corporation for Supportive Housing (CSH) hosted an Institute where 20 development teams had the opportunity to go through intensive supportive housing development training.

Revised Assumption: 40% of the cumulative housing opportunities will be sole purpose and 60% will be mixed income. The following additional factors contribute to the assumption that a larger percent of housing opportunities will be created in mixed income developments:

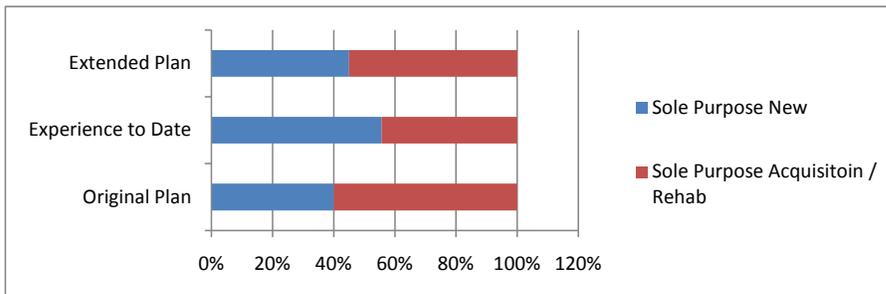
- HTC syndicators are interested in investing in mixed income housing developments

with four to six housing opportunities for households with long histories of homelessness; syndicators are less interested in investing in sole purpose housing developments.

- As of July 31, 2010, Minnesota Housing has committed the vast majority of its capital funding sources (i.e. state-appropriated General Obligation and 501(c)(3) Non Profit Housing Bonds) that were intended to create sole purpose housing opportunities.

Sole Purpose: New Construction vs. Acquisition/ Rehab

Sole purpose housing opportunities are those where a high percent (generally 50% or more) of the total units at the development are permanent supportive housing and target extremely low income households, homeless, and/or households with long histories of homelessness. The following chart illustrates the original assumptions, experience to date and the revised assumptions for the extended plan:



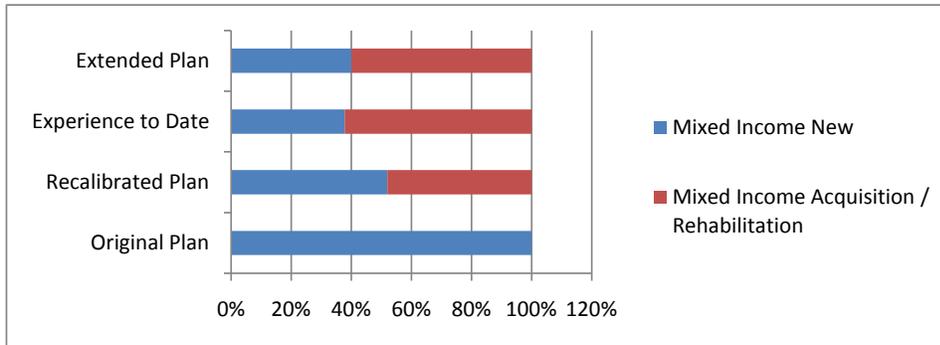
Original Assumptions: The original plan anticipated that 25% of the units created in sole purpose developments would be new construction and 75% would be through acquisition/rehab.

Experience to Date: A higher level of sole purpose new construction development has occurred than originally anticipated. Some contributing factors include the types of proposals received through the RFP, siting, and zoning. Adaptive reuse projects are in the new construction category because the costs associated with this activity are more reflective of new construction than acquisition/rehabilitation.

Revised Assumptions: 45% of the cumulative sole purpose units created will be through new construction and 55% through acquisition/rehabilitation.

Mixed Income: New Construction and Acquisition/Rehabilitation

Mixed income housing opportunities are created in developments that offer housing opportunities to a range of household incomes. The following chart illustrates the original assumptions, experience to date and the revised assumptions for the extended plan:



Original Assumption: The original plan anticipated that 100% of the housing opportunities created in mixed income developments would be new construction.

Recalibrated Assumption: The assumptions were changed when the plan was recalibrated in 2007. The revised assumption was that 48 of the housing opportunities would be created through acquisition/rehabilitation in mixed income developments.

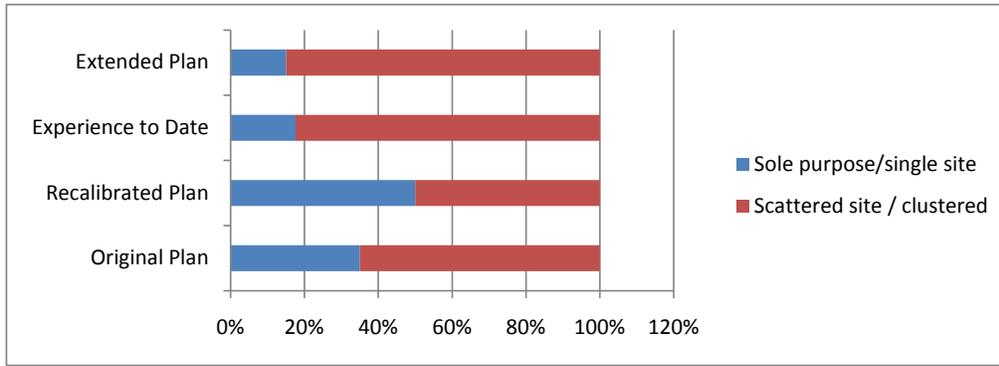
Experience to Date: A higher level of housing has been developed through acquisition/rehabilitation in mixed income developments than anticipated. The following are contributing factors:

- The agency has an increased emphasis on preservation.
- The state’s affordable housing stock is aging and the agency has seen an increase in the number of applications received through the RFP, requesting funding for rehabilitation.
- Existing Section 8 project-based vouchers ensure that the units remain affordable to tenants and that a development can generate rental revenue based on the fair market rents.

Revised Assumption: 40% of the cumulative mixed income housing opportunities created will be new construction and 60% will be acquisition/ rehabilitation.

Housing Type: Sole Purpose and Scattered Site/Clustered

This ties together the other assumptions made in the business plan and compares the number of sole purpose opportunities to those that are scattered or clustered to determine whether the plan impacts community integration.



Original Assumption: The original plan anticipated that 50% of the housing opportunities created would be sole-purpose/single site and 50% would be scattered site/clustered.

Recalibrated Assumption: The assumptions were changed when the plan was recalibrated in 2007. The revised assumption was that 35% of the housing opportunities created would be sole-purpose/single site and 65% would be scattered site/clustered.

Experience to Date: A higher level of housing has been developed through scattered site/clustered. This is a result of a higher level of opportunities created through rental assistance /operating subsidy only and mixed income HTC capital financed developments. As a result, a higher percent of the units have been integrated into the community.

- 58% of the units are scattered site rental assistance, including GRH, McKinney-Vento and MN Housing financed
- 25% of the units are clustered site units, including housing tax credit mixed income and operating subsidy only financed.

Revised Assumption: 15% of the cumulative housing opportunities created will be sole-purpose/single site and 85% will be scattered site/clustered.

Federal Rental Assistance

The Plan has always anticipated federal participation, largely in the form of project-based rental assistance vouchers. Based on the experience to date, the operating success of 26% of the total housing opportunities can be attributed to federally funded Section 8 Rental Assistance or McKinney-Vento. The operating funding is essential to the success of:

- 28 capital funded developments with housing opportunities for households with long histories of homelessness have project-based Section 8 or HUD McKinney-Vento funded rental or operating subsidies.
- The federal assistance ensures the affordability of approximately 295 housing opportunities for households with long histories of homelessness.

Moving forward, federal participation continues to be an integral part of the Plan. Increased funding for veterans and overall support is anticipated as the Federal Plan to Prevent and End Homelessness is implemented.

Appendix B

Heading Home Local Plan Summaries

Prevention

Strategies	Activities
Stabilization	<ul style="list-style-type: none"> Expand FHPAP, security deposit pool, housing risk pool Conflict Resolution (between youth & family), Parent support Eviction mitigation: create payment plan with landlord, establish landlord point of contact, create info packet to those faced with eviction Foreclosure Counseling/Mitigation, workshops
Rapid Re-Housing	Utilize HUD funds to develop program, expand screening & referral
Discharge Planning	<ul style="list-style-type: none"> Develop/Improve protocol/policies to ensure housing after discharge from public institutions including: <ul style="list-style-type: none"> Corrections Hospital In-patient treatment Foster Care Residential Treatment Juvenile Corrections Child Protection Mental health institutions Coordinate to identify housing funds & support services to assist those exiting institutions Support for families with returning ex-offenders

Housing

Strategies	Activities
Develop/Rehab	<ul style="list-style-type: none"> Seek public/private investment, Coordinate & pool funding, Renewal funding through CoC Build relationship with municipalities, mayors, developers, providers to identify & develop housing opportunities Housing First Congregate/Shared Housing Provide best practices training
<ul style="list-style-type: none"> Affordable 	
<ul style="list-style-type: none"> Permanent Supportive 	
<ul style="list-style-type: none"> Transitional 	
Voucher	<ul style="list-style-type: none"> Seek additional funding for vouchers & rental subsidies Housing First Provide best practices training
<ul style="list-style-type: none"> Affordable 	
<ul style="list-style-type: none"> Permanent Supportive 	
<ul style="list-style-type: none"> Transitional 	
Preservation	<ul style="list-style-type: none"> Track & sustain current affordable housing stock Identify subsidized units scheduled to become market w/in 10 yrs Support Stewardship Council
Host Homes	

Outreach

Strategies	Activities
Engage landlord	<ul style="list-style-type: none"> Recruitment, including felon-friendly landlords Landlord seminars
Events	<ul style="list-style-type: none"> PHC OCC Stand Down
Develop Shelter	<ul style="list-style-type: none"> Create/expand emergency housing options Ensure efficient use of shelter capacity & services
Street Outreach Staff	<ul style="list-style-type: none"> Increase staff/funding Train staff on best practices
In-reach Staff	<ul style="list-style-type: none"> Increase staff/funding
Re-model/New Partnerships	<ul style="list-style-type: none"> Opportunity centers/Homeless Resource Center, Centralized intake, coordinated access/No Wrong Door Resource Inventory – online, Vacant unit inventory, greater MN utilization of Housing Link, Community Support Program

Service Delivery & Self-Support

Strategies	Activities
Case Management – basic needs	<ul style="list-style-type: none"> Increase capacity, coordinate Payee designation Job placement Mainstream benefits Service navigation Independent living skills Education assistance Tax services Increased access to medical/mental/ chemical health services & assistance (SSI/SSDI)
Direct Assistance- Basic Needs	<ul style="list-style-type: none"> Transportation (bus/taxi fare, discounts, car donation/loan/share), Childcare
Case Management -Supportive Housing	<ul style="list-style-type: none"> Housing search assistance Staff
Training	<ul style="list-style-type: none"> Skills training, Tenant Education, financial literacy/budgeting
Models/Partners/ Efforts	<ul style="list-style-type: none"> Culturally specific services (incl. recent immigrants) Population specific services Needs specific services Build relationships with employers Create workforce centers Increase capacity, funding Peer/mentor services Utilize GRH

Community Engagement

Strategies	Activities
Education/ Awareness Events	<ul style="list-style-type: none"> • Forums, newsletters, videos, seminars • Sleep-outs • Public education campaign • Inform public officials about homelessness & efforts to address it
Policy/Advocacy/ Planning	<ul style="list-style-type: none"> • Evaluate housing priorities for homeless • Avoidance of evicting victims of DV • Strengthen Fair Housing Policy • Coordinate annual policy platform with housing & homeless concerns groups • Advocate for state/federal legislation. Coordinate with housing & homeless concerns groups • Advocate for mass transit & Transit Oriented Development • Healthcare • Encourage participation from consumers for planning • Examine ordinances that criminalize homelessness
	<ul style="list-style-type: none"> • Examine zoning codes that restrict flexibility of housing options
Tracking/ Communicating Progress	<ul style="list-style-type: none"> • HMIS -Utilize data, have quality data, ensure high % bed coverage, train staff, participation in studies • Establish evaluation & performance standards in CoC process
New Partnerships	

Glossary of Terms

Continuum of Care: A community plan to organize and deliver housing and services to address homelessness. Funded by the U.S. Department of Housing and Urban Development (HUD), the Continuum of Care includes prevention, outreach and assessment, emergency shelter, transitional housing, and permanent supportive housing.

<http://www.hudhre.info/documents/CoC101.pdf>

<http://www.mnhousing.gov/initiatives/housing-assistance/continuum/index.aspx>

Family Homelessness Prevention and Assistance Program (FHPAP): Provides direct services, training and case management to prevent homelessness and rapidly rehouse families with children, youth and single adults who are homeless or at imminent risk of homelessness. Administered by Minnesota Housing, grants are awarded biennially to counties or community-based nonprofit organizations on a competitive basis.

<http://www.mnhousing.gov/initiatives/housing-assistance/prevention/index.aspx>

Group Residential Housing (GRH): State-funded income supplement program that pays for room-and-board costs for low-income adults who have been placed in a licensed or registered setting with which a county human service agency has negotiated a monthly rate.

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_002549

Homelessness Prevention and Rapid Rehousing Program (HPRP): Established by the American Recovery and Reinvestment Act (ARRA), HPRP provides temporary funding for homelessness prevention and rapid re-housing assistance. Financial assistance and services are intended to assist people who are homeless or would be homeless but for this assistance. Funds can be used for payment for back rent, current and back utilities, moving costs, security deposits, rental assistance and case management.

<http://www.hudhre.info/hprp/index.cfm>

Housing First: An approach to homelessness that allows an individual or family to move directly from the streets or shelter to their own apartment. Services are available once the household is in housing. The idea behind Housing First is to minimize the time homeless and maximize the value of services such as linkage to benefits, mental and physical health care, and training.

<http://www.endhomelessness.org/content/article/detail/1425>

Medical Respite: Acute and post-acute medical care for homeless people who are too ill or frail to recover from a physical illness or injury on the streets, but who are not ill enough to be in a hospital. Unlike “respite” for caregivers, “medical respite” is short-term residential care that allows homeless individuals the opportunity to rest in a safe environment while accessing medical care and other supportive services.

<http://www.nhchc.org/Respite/>

Operating Costs: Costs associated with the physical, day-to-day operations of a housing residence such as maintenance and repair, operations staff, utilities, equipment, supplies, insurance, food, relocation, and furnishings.

<http://www.hudhre.info/index.cfm?do=viewSupportiveHousingProgram>

http://www.mnhousing.gov/idc/groups/public/documents/document/mhfa_003854.pdf for description of operating costs eligible for funding by Minnesota Housing

Partners Fund: Flexible pool of private funds to support implementation of Minnesota’s Business Plan to End Long-Term Homelessness. Funds are used to test creative ideas for providing services and to fill gaps in services funding necessary to preserve and create supportive housing for singles, youth and families experiencing long-term homelessness. The Family Housing Fund is the fiscal agent for the Metro Partners Fund; the Greater Minnesota Housing Fund is the fiscal agent for the Greater Minnesota Housing Fund. http://www.fhfund.org/_dnld/PartnersFundWebSite.pdf

Permanent Supportive Housing: Housing and related supportive services for people moving from homelessness to independent living. Program funds help homeless people live in a stable place, increase their skills and their income, and gain more control over the decisions that affect their lives.

Rental Assistance: Payment to a landlord of a portion of a low-income family or individual’s rent. Most commonly, the tenant pays rent equal to 30% of income and rental assistance pays the difference between the tenant’s payment and the cost of rent. Rental assistance programs vary in length and eligibility criteria. <http://www.mnhousing.gov/initiatives/housing-assistance/rental/index.aspx>

Safe Haven: A form of supportive housing that serves hard-to-reach homeless persons with severe mental illness and other debilitating behavioral conditions who are on the street and have been unable or unwilling to participate in housing or supportive services. <http://www.hudhre.info/index.cfm?do=viewSupportiveHousingProgram>

Services: Social services needed to assist people who have been homeless—individuals, youth, and families—to remain in housing and improve their lives. Services can cover a broad spectrum of needs ranging from medication management to assistance in applying for benefits. Services differ from operating costs in that they are not needed to operate a building but to assist residents to remain in housing and improve their well-being.

Transitional Housing: Housing with supportive services that is available for a limited time, generally 24 months. Services, including child care and job training, are generally focused on the skills needed for the individual or family to become more independent. Some transitional housing programs allow the individual or family to “transition in place” so they do not need to move when the program ends. <http://www.hudhre.info/index.cfm?do=viewSupportiveHousingProgram>

“When asked if I am pessimistic or optimistic about the future, my answer is always the same: If you look at the science about what is happening on earth and aren’t pessimistic, you don’t understand the data. But if you meet the people who are working to restore this earth and the lives of the poor, and you aren’t optimistic, you haven’t got a pulse. What I see everywhere in the world are ordinary people willing to confront despair, power, and incalculable odds in order to restore some semblance of grace, justice, and beauty to this world. The poet Adrienne Rich wrote, ‘So much has been destroyed I have cast my lot with those who, age after age, perversely, with no extraordinary power, reconstitute the world.’ There could be no better description. Humanity is coalescing. It is reconstituting the world, and the action is taking place in schoolrooms, farms, jungles, villages, campuses, companies, refuge camps, deserts, fisheries, and slums.”

Paul Hawken,
environmentalist, entrepreneur, journalist, and author;
in an address to the graduating class of the
University of Portland, May 3, 2009