It is our belief that each man, women and child in West Central Minnesota needs and deserves a place to call home.

# **Heading Home**

# West Central Minnesota



"This country will not be a good place for any of us to live unless we make it a good place for all of us to live in . . ."  $\,$ 

Theodore Roosevelt

## HEADINGHOME: West Central Minnesota

## **TABLE OF CONTENTS**

l.	Acknowledgements & Introduction
II.	Overview of the West Central MN Region 4
III.	Why end homelessness?
IV.	What is a Continuum of Care?
V.	Statistics: Homelessness & Poverty in West Central MN
VI.	Specific Populations:
	a. Chronic Homelessness
	b. Veterans
	c. Children/Youth
	d. Domestic Violence
	e. Health 11
	f. Mental Illness/Chemical Dependency
VII.	Strategies
VIII.	Definitions
IX.	Homeless Programs
Χ.	Partners/Contributors
XI.	Attachments
	a. SWOT Analysis Tool
	b. Focus Group Findings

#### West Central Minnesota

#### **ACKNOWLEDGEMENTS**

In an effort to end homelessness in West Central Minnesota, the West Central Minnesota Continuum of Care Homeless To Housed Task Force is pleased to partner with the State of Minnesota Heading Home Plan and the following partners: Lakes & Prairies Community Action, West Central Minnesota Community Action, Mahube Community Action, Otter Tail-Wadena Community Action, Fargo-Moorhead Area Coalition for Homeless Persons, and the City of Moorhead.

A special thanks to the Bush Foundation for the generous donation of grant funding to initiate ending long-term homeless planning in all five Greater Minnesota Continuums. The funds allowed West Central to conduct focus groups and surveys across the region, to compile data, and to develop initial goals.

#### INTRODUCTION

According to the January 2009 point-in-time homeless count, 254 persons are homeless in West Central MN on any given night. However, based on emergency shelter, supportive housing and service provider statistics, this number is believed to be low. Despite the number, it is the belief of the West Central Minnesota Continuum of Care that every man, women or child deserves a place to call home. We hope that the following information and goals will be used as a stepping stone to further this belief and to end homelessness in our region. This plan is meant to be a tool for the region to come together to solve the social, ethical, and economical problems that lead to homelessness.

## THE WEST CENTRAL REGION

The West Central MN Region is comprised of the counties of: Becker, Clay, Douglas, Grant, Otter Tail, Pope, Stevens, Traverse and Wilkin. The region encompasses 8,615 square miles and measures approximately 125 miles between its northern and southern boundaries and 85 miles east to west. The region is bounded on the west by North and South Dakota and is approximately 200 miles from the Minneapolis-St. Paul metropolitan area.

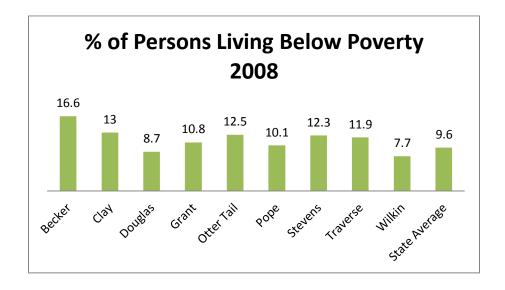
The region is essentially rural with most communities having populations of less than 1,000. The total regional population from the 2000 Census was 210,059. The estimated 2009 regional population was 217,987.

The largest city in the region, Moorhead, had a 2000 Census population of 32,177 and boarders Fargo, North Dakota, with a Census population of 90,599. Interstate 94 and Interstate 29, cross the Fargo-Moorhead Metropolitan Area.

Other major cities in the region include: Fergus Falls (13,471), Alexandria (8,820), and Detroit Lakes (7,348). The West Central Region is also home to the White Earth Indian Reservation.







According to US Census Bureau information for 2008, the average rate of persons living below poverty in the region is 11.51%, 1.91% higher than the state average.

## Why End Homelessness?

Prioritizing housing is a more humane, practical and cost effective means of supporting our homeless citizens than current emergency services, emergency shelter, detox, jail, and emergency rooms.

- With a stable roof over their heads, partnered with appropriate supports and treatment services, individuals with severe mental illness or chemical dependency are better able to focus on the core issues that cost them housing and become stable, contributing citizens.
- Placing housing first has shown success nationally, reducing the numbers of chronic and long-term homelessness by preventing the cycle of homelessness that too many of our citizens get caught in.
- Allowing individuals to become homeless or cycle in and out of homelessness is a costly drain on emergency services time and resources. It is far more practical and cost effective for communities to focus their time, resources and energy on stabilizing individuals in housing and providing them with the skills, training and support to living as independently as possible.
- For religious believers, it is a religious imperative to help those who are homeless and in need.
- Communities who support and strengthen their weakest citizens become more attractive for all their citizens.

#### Why End Homelessness?

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

Homelessness in West Central MN: Homelessness varies greatly between the metro and rural areas of the continuum. The level of poverty, the population, and the service differences between the counties also affect the homeless population and the counties response to homelessness. Homelessness is most prevalent in the metropolitan area of Fargo-Moorhead, with an estimated average homeless population of 500 persons a night. The city of Alexandria and the White Earth Indian Reservation also see a steady population of homeless persons, although significantly less than Moorhead. In the remainder of the region homelessness is more hidden and scattered - making it more difficult to count.

Rural Homelessness: Rural homeless looks much different than that of larger cities and urban areas. Rural homelessness is almost always hidden from the general public. In rural areas, homeless people are less visible, as few shelters or daily feeding programs exist where individuals can congregate. Many rural areas utilize emergency motel vouchers as emergency shelter. The majority of individuals, families and youth who become homeless in rural areas often double-up, or temporarily stay in someone else's home. Unfortunately, individuals who double-up do not meet the federal definition of homelessness so often do not qualify for many homeless services. Other homeless individuals will shelter themselves in places not meant for human habitation (cars, campers, sheds, tents or abandoned buildings). Because homelessness in rural areas is often hidden, homelessness in rural areas is much more difficult to count!

## **Continuum of Care**

A Continuum of Care (CoC) is a community plan to organize and deliver housing and services to reduce the incidence of homelessness by assisting homeless individuals, youth and families with children to move to self-sufficiency and permanent housing. The Continuum of Care includes: prevention, outreach and assessment, emergency shelter, transitional housing, and permanent supportive housing or other permanent housing. Minnesota Continuums access over \$20 million annually in U.S. Department of Housing and Urban Development (HUD) McKinney Vento Continuum of Care Homeless Assistance resources.

#### **HUD** requires each Continuum to:

- > Regularly convene an active, inclusive and well coordinated continuum of care planning process;
- Coordinate prevention, outreach and support services: identify goals, specific action steps, and strategies to achieve goals in ending chronic and other homelessness;
- Develop and implement discharge planning policies to ensure that persons are not discharged from foster care, health care, mental health, or correctional institutions into homelessness;
- Track the number of emergency shelter, transitional housing and supportive housing beds or units available and new beds or units produced each year;
- Conduct a bi-annual sheltered and unsheltered count in January as required by HUD;
- Identify gaps in housing for individuals and families with children, and the following subpopulations:
- Chronically homeless, severely mentally ill, chronic substance abuse, Veterans, persons with HIV/AIDS, victims of domestic violence, and youth;
- Implement and ensure participation in the Homeless Management Information System;
- Ensure enrollment and participation of homeless persons in mainstream programs;
- Assess progress in reducing homelessness by tracking permanent housing outcomes; and
- Prioritize and rank viable projects for funding based on need.

<u>West Central MN CoC</u>: The West Central Minnesota Continuum of Care system is known as the Homeless to Housed Task Force (HTH). Task Force membership includes traditional homeless service providers representing homeless persons in the West Central MN region.

#### Traditional Homeless Service Providers Include:

Emergency Shelter Providers Social Service Agencies

Food Shelves Homeless Prevention Programs

Transitional Housing Providers Drop-in Centers

On-site Meal Providers Outreach Service Providers

Permanent Supportive Housing Providers Missions

Public Housing Authorities Law Enforcement

Supportive Service Providers \*

The HTH also has five standing committees which support the work of the Task Force; Executive, Grant, Data Collection, Youth, and Bylaws. Ad-hoc committees are added as needed. Additional information and coordination is sought from target local, regional or state groups/individuals /agencies through surveys, focus groups, meetings, and presentations.

<sup>\*</sup> Supportive Service providers include all agencies providing supportive services to homeless persons including: mental health, homeless health, veterans, HIV/AIDS, domestic violence, chemical dependency, employment, and education services.

## **Homelessness in West Central Minnesota**

#### 1. January Point-in-Time Counts

		2007		2009			
County	Sheltered	Unsheltered	Total	Sheltered	Unsheltered	Total	
Becker	8	5	13	20	10	30	
Clay	105	67	172	125	49	174	
Douglas	20	0	20	23	4	27	
Grant	0	0	0	0	0	0	
Otter Tail	20	5	25	0	14	14	
Pope	0	0	0	0	0	0	
Traverse	0	0	0	6	0	6	
Stevens	0	0	0	0	3	3	
Wilkin	0	0	0	0	0	0	
Totals	153	77	230	174	80	254	

#### 2. Wilder Research Center: F-M Study of Homelessness – October 26, 2006

Emergencv Shelter	Εı	me	ere	zen	CV	Sł	nel	lter
-------------------	----	----	-----	-----	----	----	-----	------

Adults (22+) Young Adults (18-21) Children w/ parents **Unaccompanied Youth Total ES:** 

	STATEWIDE			Greater MN		WC MN			
Males	Females	Total	Males	Females	Total	Males	Females	Total	
1,033	359	1,392	870	92	<i>255</i>	40	20	60	
61	44	105	49	6	18	2	1	3	
		369			109			32	
43	56	99	21	27	49	7	2	9	
1,137	459	1,965	940	125	431	49	23	104	

**Females** 

18

5

0

23

Total

34

6 23

0

63

#### **Battered Women's Shelters**

Adults (22+) Young Adults (18-21) Children w/ parents **Unaccompanied Youth Total ES:** 

N 4 = 1 = =	Famala.	T-4-1	N 4 - 1	Famalas	T-4-1	N.AI	Fl	Takal
Males	Females	Total	Males	Females	Total	Males	Females	Total
0	226	226	0	77	<i>77</i>	0	3	3
0	40	40	0	15	15	0	1	1
		304			91			4
0	1	1	0	1	1	0	0	0
0	267	571	0	93	184	0	4	8

Adults (22+) Young Adults (18-21) Children w/ parents **Unaccompanied Youth** 

Total TH:

**Transitional Housing** 

Males	Females	Total	Males	Females	Total	Males
625	954	1,579	448	232	409	16
73	228	301	45	67	95	1
		1,828			441	
16	32	48	10	11	17	0
714	1,214	3,756	503	310	962	17

Total Sheltered	1,851	1,940	6,292	1,443	528	1,577	66	50	175

<u>Unsheltered</u>	Males	Females	Total	Males	Females	Total	Males	Females	Total
Adults (22+)	609	314	923	309	168	468	52	15	67
Young Adults (18-21)	122	93	215	78	37	81	6	1	7
Children w/ parents			225			185			13
Unaccompanied Youth	23	35	58	16	21	28	1	4	5
Total Unsheltered	754	442	1,421	403	226	762	59	20	92

<b>Total Homeless</b>	2,605	2,382	7,713	1,846	754	2,339	125	70	267

## **Poverty**

#### "Homelessness and poverty are inextricably linked." National Coalition for the Homeless

Poverty is one of the key indicators of homelessness. Over 25,000 individuals in our region live in poverty each day. A growing number find themselves needing to make the difficult choice of forgoing their costly rent or mortgage payments for more immediate needs like; medication, food, childcare, transportation, and health care. Other individuals living on the edge of poverty, are essentially an illness, an accident, or a paycheck away from making the same decisions.

Children are overrepresented, composing 35.7% of people in poverty while only being 24.8% of the total population. (National Coalition for the Homeless.)

Poverty is often hereditary. Many homeless individuals come from homes that were at or below poverty level. Individuals that come from impoverished homes are typically not granted the same initial supports that help increase income and housing stabilization. Higher income households can often provide for, support, and/or connect their child to key items that improve their likelihood of success including; transportation assistance, borrowed furniture for a first apartment, secondary education support, extracurricular activities, healthcare, proper nutrition during growing years, and positive social and employment connections.

Full-time employment does not guarantee an individual will avoid experiencing poverty or homelessness. Wages in many fields have risen more slowly than other cost of living areas, especially housing. Many blue collar and service field jobs do pay enough to make a living wage, let alone put away for emergency situations.

Unemployment is on the rise. According to the October 2009 Wilder point-in-time count of homelessness in MN, 21% of unemployed homeless persons identified "lack of employment opportunities" as one of their main reasons for not working (up from 8% in 2006).

According to the 1990 and 2000 Census Poverty Data (USDA Economic Research Services), all nine counties in the West Central region had higher percentages of poverty than the state average, with the exception of Wilkin County.

	All people	in poverty	Related children under 18 years			
	1989	1999	1989	1999		
AREA	Percent	Percent	Percent	Percent		
Minnesota	10.2	7.9	12.4	9.2		
Becker County	17.8	12.2	23.0	16.4		
Clay County	15.9	13.2	14.5	13.3		
Douglas County	13.4	8.5	13.2	9.3		
Grant County	15.1	8.4	16.0	9.5		
Otter Tail County	14.2	10.1	16.4	12.1		
Pope County	13.8	8.8	17.5	9.4		
Stevens County	20.6	13.6	15.2	6.5		
Traverse County	15.1	12.0	20.2	13.1		
Wilkin County	11.0	8.1	12.4	8.9		

## **Chronic Homelessness**

Chronic homelessness is defined by an individual who has a long episode (1 year or more) or multiple episodes of homelessness within a period of time. A majority of the chronically homeless have one or more disabilities like a serious mental illness, drug or alcohol addiction, or physical disability.

In the January 2010, point-in-time count of homelessness, 59 individuals in West Central MN fit the definition of Chronic Homeless. In the October 2009, statewide Wilder count, 52% of those interviewed reported being homeless for 1 year or longer. This is a 8% increase from 2003, 16% increase from 2000, and a 22% increase from 1991, when the study first took place. According to the study, adults who are homeless for at least one year are significantly more likely to experience serious barriers to stable housing like; 56% report a serious mental illness, 49% report a chronic health condition, 38% report a cognitive disability, 35% report a traumatic brain injury, and 27% report drug or alcohol abuse.

Chronically homeless individuals often have frequent use of emergency services like; Detox, Emergency Shelter, Psychiatric Hospitalization, Substance Abuse Treatment, Jail, and Prison. These services are often costly and do not typically result in a chronically homeless person breaking the cycle of homelessness.

Nationally, permanent supportive housing (housing combined with support services) has been the most effective and cost effective method of reducing homelessness for this population. "A landmark study of homeless people with serious mental illness in New York City found that, on average, each homeless person utilized over \$40,000 annually in publicly- funded shelters, hospitals (including VA hospitals), emergency rooms, prisons, jails, and outpatient health care. Much of the cost was for psychiatric hospitalization, which accounted for an average of over 57 days and nearly \$13,000. When people were placed in permanent supportive housing, the public cost to these systems declined by \$16,282 per unit of permanent supportive housing, nearly enough to pay for the permanent supportive housing." (National Alliance to End Homelessness).

### **Veterans**

According to the National Survey of Homeless Assistance Providers and Clients (U.S. Interagency Council on Homelessness and the Urban Institute, 1999), veterans account for 23% of all homeless people in America. The U.S. Department of Veterans Affairs (VA) says the nation's homeless veterans are mostly males (4% are females). The vast majority are single, come from poor, disadvantaged communities, 45% suffer from mental illness, and half have substance abuse problems.

America's homeless veterans have served in World War II, Korean War, Cold War, Vietnam War, Grenada, Panama, Lebanon, Operation Enduring Freedom (Afghanistan), Operation Iraqi Freedom, or the military's anti-drug cultivation efforts in South America. Forty-seven percent of homeless veterans served during the Vietnam Era. More than 67% served our country for at least three years and 33% were stationed in a war zone. (National Coalition for Homeless Vets website)

Why are veterans homeless? In addition to the complex set of factors affecting all homelessness a large number of displaced and at-risk veterans live with lingering effects of Post Traumatic Stress Disorder and substance abuse, compounded by a lack of family and social support networks. (National Coalition for Homeless Vets Website).

## Children/Youth

According to the Wilder Research Study of Homelessness, 98 children and 14 unaccompanied youth were homeless on October 22, 2009 in West Central MN.

Homelessness can have a negative impact on children and youth emotionally, developmentally, socially and physically. Listed below are some aspects of homelessness that can contribute negatively to a child's healthy development:

A lack of stable housing results in constant moving and the child's constant unfamiliarity with a new place. Children may feel anxiety and insecurity over where they will sleep that night. A lack of affordable housing options may result in the choice of unsafe, unhealthy, crowded or hazardous living arrangements (i.e. sexually or physically violent environments, substandard housing with mold, rodents or toxins). The lack of a fixed address and phone number prohibits/inhibits communication with schools/counselors/friends/relatives; and disrupts attendance at school/daycare. Frequent missed days can cause children to be behind classmates and lead to anxiety by making it feel like the 1st day again. Numerous changes and varied living arrangements upset daily routines and can lead to stress and sleep deprivation.

If families choose **Emergency Shelter**, children are exposed to numerous strangers, who sometimes may be frightening in appearance, behavior or language. Meal, restroom, and play space is shared with other shelter residents. For safety reasons, children must be under constant supervision by their parents, leaving older children no personal space, freedom or privacy. The shared environment of a shelter leaves little to no option for personal space and quiet time when needed (naps, personal visits with friends/minister, homework, quiet play, time outs).

If families choose an **unsheltered living situation** (living in car, tent, or outdoors), children are often provided little protection and security from the environment or other persons who may invade their space. Living conditions are often crowded and hidden, and vulnerable to extreme weather (rain, snow, wind, heat, cold), making them extremely unsafe and uncomfortable. There typically are little or inadequate facilities for showering, cooking, cleaning, laundry, or food preparation and storage. Children living in unsheltered situations are often under nourished and sleep deprived.

Parental time, energy, resources, and emotions are strained by homelessness, affecting their ability to effectively parent their children. Parents may be unable to focus proper time on their child's needs as they take care of other issues; finding a job, a place to sleep, food to feed the child, transportation to appointments, and applying for housing. Parents are challenged to provide children with the time and exposure to educational toys, books, activities and support to benefit their children educationally. Parents may have a lack of parental experience, education or knowledge in parenting. Parents may be preoccupied with own safety/emotions and unable to comfort or address child's needs. Parent may not be able to provide consistency, proper supervision and stimulation for child due to lack of energy or

stress. This inadequate fulfillment of their child's needs can lead to parental factors such as: stress, mental illness, depression (including post-partum), insecurity, sense of hopelessness, self-hatred, guilt and violence; only adding to their in-ability to parent effectively.

**Emotionally, children facing homelessness experience a wide range of emotions including; anger, hopelessness, embarrassment, loneliness, depression, anxiety and fear.** Child may be scared for their personal and parent's safety because of their living situation. They may have been traumatized from trauma and violence in their environment (domestic violence). They may harbor anger at their parents for being homeless, leaving their friends, another parent, home or neighborhood behind. They may feel embarrassed by their clothing, living situation, or educational inadequacies. They may feel anxious or fearful about what will happen to their family or lonely because they have no peers who they feel they can share with and who would understand their situation.

## **Domestic Violence**

In Minnesota, one in every three homeless women was homeless due to domestic violence in 2003. In the 2009 Wilder point-in-time count, 29% of adult homeless women were fleeing domestic violence, with 58% of those women had children under 18 living with them. For West Central MN, this means that about 27 women plus their children were homeless because of domestic violence on October 22, 2009.

Lack of affordable housing cause many abused women and their children to either stay in an abusive relationship or become homeless. When a women chooses to leave a violent relationship she often has no safe place to go so she turns to a Safe House or Domestic Violence Shelter. 46% of homeless women said that they previously stayed in an abusive relationship because they had nowhere else to go (American Civil Liberties Union, 2004).

Domestic violence is an increasing problem for homeless youth and young adults. In the 2009 Wilder count, 42% of the homeless youth reported being physically abused and 27% sexually abused. Added to this concern, is that many of the adult women victims of domestic violence (45% physically and 41% sexually) report being abused as a child or youth.

## **Health Care**

Homelessness can cause significant health issues and significant health issues can cause homelessness. Becoming homeless is a stressful situation both mentally and physically. While answering an annual point-in-time count questionnaire on disability status, a homeless man in Moorhead stated, "If I wasn't depressed before becoming homeless, I sure will be before it is over!". The range of emotions reported include; fear, anxiety, anger, shame, apathy, and embarrassment. In addition to the mental stressors, individuals often experience inadequate nutrition, sleep issues, and illness or disease brought on by these very issues. Ironically, healthcare costs (both insurance and care) are often out of reach to help individuals who are homelessness care for these issues. Special health care needs like dental, eye care and addictive disorder treatment services are often most challenging and restrictive.

## **Mental Illness**

Local providers are seeing an increasing number of homeless individuals with a severe mental illness whose active symptoms cause behavioral, safety and health concerns, but are not "sick" enough to be hospitalized by today's standards. Some individuals are even discharged directly from institutions to the shelters. These individuals often have a more difficult time exiting homelessness due to their active symptoms.

According to the 2009 Wilder Study on Homelessness, 55% of homeless adults reported having a serious mental illness. This is a steadily growing trend 1994 where only 20% of persons reported having a serious mental illness.

Individuals who are homeless and have a severe mental illness are often homeless for longer periods of time than other homeless populations. Additionally, these individuals are twice as likely as other homeless people to be arrested or jailed, mostly for misdemeanors. Up to 50 percent have co-occurring mental illness and substance use disorders. (United States Department of Health and Human Services National Mental Health Information Website)

According to the 2003 U.S. Department of Health and Human Services Report, most homeless persons with mental illness do not need to be institutionalized, but can live in the community with the appropriate supportive housing options (U.S. Department of Health and Human Services, 2003). However, many mentally ill homeless people are unable to obtain access to supportive housing and/or other treatment services. The mental health support services most needed include case management, housing support, and treatment (medication and symptom management).

## **Chemical Dependency**

Untreated addictive disorders do contribute to homelessness, but the relationship between addiction and homelessness is extremely complex and controversial. While rates of alcohol and drug abuse are disproportionately high among the homeless population, many people who are addicted to alcohol and drugs never become homeless. However, people who are poor and addicted are clearly at increased risk of homelessness. In fact, for those living in poverty, the onset or exacerbation of an addictive disorder may provide just the catalyst to plunge them into homelessness.

"For people who are addicted and homeless, the health condition may be prolonged by the very life circumstance in which s/he finds her/himself. Alcohol and drugs are often used in an attempt to relieve stressful and sometimes even violent conditions, distracting from activities oriented toward stability. For people with untreated co-occurring serious mental illness, the use of alcohol and other drugs may serve as an inappropriate form of self-medication. For still others, a sense of hopelessness about the future allows them to discount their addictive disorder. These explanations for addiction's sway over some

homeless people should not obscure the reality that many homeless persons with addictive disorders desire to overcome their disease. However, the combination of the homeless condition itself and a service system ill-equipped to respond to these diseases essentially bars their access to treatment services and recovery supports. Therefore, many homeless people view a turn to alcohol or drugs as their only outlet." (Chemical Dependency information taken from the National Coalition for the Homeless Fact Sheet #6)

According to the January 2010 point-in-time count, 37 homeless individuals in West Central MN reported being a chronic substance abuser. In the 2009 Wilder count, 27%, or about 66 homeless adults, reported having a substance abuse disorder.

## Strategies to End Homelessness in West Central Minnesota

Strategy I	Goals	Action Steps	Timeline	Responsible Party
HOUSING: Support at-risk individuals in achieving more successful housing outcomes by providing access to appropriate and affordable housing and increasing housing stability.	1. Create a single point of entry for accessing housing support, education, rights, and availability in each of the four Community Action service area.	<ul> <li>1-a. Seek partnerships and financial support to develop a Rental Resource Center providing:</li> <li>Rental search information;</li> <li>Education on rental rights and responsibilities of tenants and landlords,</li> <li>Education for landlords on working with individuals with disabilities,</li> <li>Referrals to community supports,</li> <li>Tenant trainings (collaborated with City of Fargo &amp; Moorhead Programs),</li> <li>Tenant certification classes,</li> <li>Tenant support groups,</li> <li>Home ownership education, and</li> <li>A list of safe, friendly and affordable housing units.</li> </ul>	Ongoing until implemented in each CAP service area.	Regional Community Action Agencies (Mahube Community Action, Lakes & Prairies Community Action Partnership, Otter Tail-Wadena Community Action, and West Central MN Community Action)
	2. Develop new affordable housing targeted at homeless individuals and families.	<ul> <li>2-a. Develop eight (8) units of supportive housing for youth ages 16-18 in Clay County. Discuss need/viability for supportive housing for youth in Becker, Douglas, Grant, Otter Tail, Pope, Stevens, Traverse, and Wilkin counties.</li> <li>2-b. Develop twenty-four (24) units of supportive housing for</li> </ul>	January 2012 June 2011	Fargo-Moorhead Metro Youth Committee. ELTH Committee
	rammes.	the hardest to house in Clay County. <b>2-c.</b> Develop ten (10) units of supportive housing for domestic	October 2010	Clay County HRA
		violence victims in Clay and Wilkin Counties. Develop eight (8) units of supportive housing for victims of domestic violence in Pope, Otter Tail and Douglas Counties.  2-d. Identify the need and options for supportive housing for mild to	March 2011 March 2012	Clay County HRA, WINGS- Douglas Co., OTWCA
		moderate sex offenders who are homeless. Partner with local law enforcement, probation and parole. <b>2-e.</b> Develop rapid re-housing options for all nine (9) West	June 2011	CoC Coordinator
		Central counties. Seek funding for rent assistance, deposits, utilities, outreach and supportive services. <b>2-f.</b> Increase the number of housing vouchers in the following counties: 200 in Clay, 100 in Douglas, 50 in Otter Tail, and 75 in Becker.	June 2009	Community Action Agencies
		<b>2-g</b> . Discuss the options and viability of utilizing vacant homes in		Clay, Douglas & Becker

	3. Advocate for increased and expanded funding to support homeless prevention and housing retention activities.  Goals	rural areas as affordable housing options through utilization of volunteers to rehab properties. Partner with existing supports and seek new assistance for outreach and transportation assistance to allow participants to access mainstream supports and employment that may be miles away.  3-a. Support the creation of an indemnification fund.  3-b. Support the creation of a vacancy fund to cover brief and unexpected vacancies.  3-c. Advocate for increased rental subsidies.  3-d. Advocate for increased emergency assistance and prevention dollars.	Ongoing -HUD RFP's.  December 2011 June 2011 June 2011 Ongoing Ongoing Timeline	County HRA's  Otter Tail-Wadena Community Action & Perham Ministerial  CoC Coordinator/LTH Committee CoC Coordinator/LTH Committee Clay County HRA, CoC LTH Committee CoC LTH Committee
Strategy II  SUPPORTIVE	1. Make Case	Action Steps  1-a. Seek grant funding for Case Management services that will	HPRP-June 2009	Responsible Party  Community Actions HPRP,
SERVICES: Provide comprehensive support services	Management services available and accessible to all homeless persons.	not be dependent on specific diagnosis, sub-population, or program. Potential funders include the State of MN, United Way, and private foundations.	United Way-June 2011, State of MN- DHS-TBD	ELT/CAP's – other funding.
linked to housing stability in order to prevent homeless and/or break the cycle of homelessness.	, 5.00.00	<b>1-b.</b> Work with existing mainstream service providers (Mental Health, Chemical Dependency, Traumatic Brain Injury, Veterans, and Domestic Violence) to make their services more accessible (through easy access and user friendly entrance forms) and intensive to better assist individuals who are at high risk of chronic or long-term homelessness.	HPRP- June 2009, Clay Pilot Intake- March 2010	HPRP-Community Actions, Pilot- Lakes & Prairies Community Action
		<b>1-c.</b> Develop a plan that will increase accessibility of existing homeless services by providing clear point(s) of entry, user friendly entrance, and increased advertising/public awareness activities.	PHC Events in each county by December 2010.	Community Action Agencies, FM Coalition for the Homeless.
	2. Provide a wide array of education, training, skills development and support groups that will help support	<ul> <li>2-a. Partner with service agencies to promote, expand and make accessible current opportunities.</li> <li>2-b. Engage community clubs, schools, businesses, and religious organizations to enhance supports that will support housing stability through; skills training, mentorships, financial support, and donation drives.</li> </ul>	Ongoing	CoC Coordinator promote through monthly meetings and PHC.
	housing stability (basic living skills,	<b>2-c.</b> Identify ways to promote and support the engagement of homeless and at-risk individuals in community opportunities	Plan by June 2011	ELTH Services Subcommittee

car care, budgeting, nutrition, job search, computer skills, interviewing, communication, etc.).	(recreational, spiritual, social, educational, artistic, etc.).		
<b>3.</b> Seek funding for concentrated outreach services.	<ul> <li>3-a. Advocate for increased funding for Department of Human Services Funding for Homeless Outreach and flexible support services.</li> <li>3-b. Seek funding from both private and public funders (United Way, foundations, Governmental, etc.) for homeless outreach staff (street outreach, housing outreach, and ACT model services).</li> <li>3-c. Advocate for increased funding for a police intervention officer through the state of MN.</li> </ul>	Ongoing as appropriate.	CoC Coordinator CoC Exec. Committee  Community Action Agencies  CoC Coordinator CoC Exec. Committee
4. Collaborate with employers and employment programs to address some of the common issues faced by homeless individuals when obtaining and maintaining employment.	<ul> <li>4-a. Encourage single points of entry for homeless persons accessing employment and education services.</li> <li>4-b. Hold an employment summit to look at new programs and partnerships that would benefit the homeless.</li> <li>4-c. Advocate for an increase in accessibility and scope of supportive employment programs. Services will not be dependent on specific diagnosis or program criteria. Services will be basic to intensive. Services will follow a continuum from employment readiness, to search, to on-going support.</li> <li>4-d. Develop one-page informational sheet on the need for a living wage.</li> <li>4-e. Increase access to employment programs, opportunities, agencies, education and resources at Project Connect Events.</li> </ul>	July 2010 Ongoing	CoC Exec. Committee  Lakes & Prairies CAA  FMCHP & Community Action Agencies
<b>5.</b> Provide targeted training and support for staff working directly with	<ul><li>5-a. Create a Homelessness 101 training and accompanying "best practices" training videos for homeless program staff.</li><li>5-b. Create training opportunities at monthly Continuum of Care</li></ul>	Sept. 2009-101 Training, Sept. 2010-Video Annually	CoC Coordinator  CoC Executive Committee
homeless to promote quality of service. (best practices, sensitivity, safety, accessing mainstream services, etc.)	and Homeless Coalition Meetings.  5-c. Provide recognition of outstanding programs or services.  5-d. Develop a peer education and support program through the Fargo-Moorhead Coalition. Provide peer mentoring, peer reviews, and peer assessments.	November 2010, then annually. September 2010	FMCHP Executive Director

6. Improve a to affordable transportation from education employment, a supportive ser appointments.	In Moorhead, support expanded transportation for employees working irregular hours and for employment in the industrial park.  6-b. Create a transportation fund through the FM Coalition.  6-c. Seek funds to support transportation costs for follow-up	May 2009  January 2009	FMCHP Advocacy Committee
7. More effect connect individually with mainstreast resources.	duals year in Fargo-Moorhead.	Ongoing  Initial events Fall 2009.  Pilot: May 2010  April 2009  Annually	FMCHP PHC Committee  Mahube and Alexandria PHC Committee  Lakes & Prairies CAP  Mahube CAA  FMCHP Director
8. Work with regional hospi and county jail assure that Dis Policies are in that prevent individuals fro being discharg homelessness.	jail discharge position. If funded, encourage duplication of efforts and share success with other counties. If not funded, proceed by sharing plans and goals of position with other counties. Encourage efforts to implement policies without additional funding for short term.  8-b. Meet with hospitals in region to discuss need for policies and practices preventing discharge into homelessness.	June 2009-ongoing  May 2010	CoC Coordinator  CoC Coordinator w/ ELTH Committee
9. Support the development of Youth Drop-in in Fargo-Moor	of a reporting back to Task Force. (HTH Youth Committee).  Center	Ongoing	CoC Youth Committee & FMCHP

10. Engage the faith community, local service clubs and businesses in providing mentorships, sponsorships, and resources to support individuals as they transition from homelessness to stable housing	<ul> <li>10-a. Identify ways in which the faith community can provide support and solutions.</li> <li>10-b. Develop and/or compile the following; volunteer needs list, volunteer job descriptions, sponsorship roles/responsibilities, volunteer recruitment/ training/ supervision guidelines, and donation/ needs lists.</li> <li>10-c. Collaborate and support agency collaboration with existing volunteer programs (RSVP, First Link, etc.)</li> <li>10-d. Disseminate information to provider agencies in group training.</li> </ul>	December 2010	CoC Coordinator
Strategy III Goals  IOMELESS WARENESS/ DUCATION: Provide ducation on real auses, affects nd needs elated to comelessness nd ending omelessness.	Action Steps  1-a. Create an Awareness/Education Film on Local Homelessness showing the needs and dispelling the stereotypes. (FM Coalition) 1-b. Activate a Speaker's Bureau on homelessness through FM Coalition for the homeless. 1-c. Create various targeted talking points/information sheets. 1-d. Identify clear and simple messages to convey to at-risk individuals to assist them in accessing preventative and supportive services. 1-e. Utilize existing media and communications outlets (agency newsletters, utility bills, etc.) to relay messages, promote needs, promote resources, educate and inform. 1-f. Invite media to do target stories on homelessness.	Timeline  December 2009  November 2010	Responsible Party  FMCHP Executive Committee & Director  CoC Coordinator & FMCHP PR Committee

2. Host Annual Campaign during Homeless Awarenes Week to increase education, awarenes and support.	during the week.	Annually in Nov.	CUFH & Dorothy Day FMCHP/CoC Coordinator
3. Provide specific opportunities for donors and voluntee to be part of the solution.	3-a. Create fundraising packets with concrete information on how supporters can support homeless programs through financial donations or fundraisers.  3-b. Work with local volunteer organizations to create a volunteer best practices manual, helping agencies utilize volunteers more effectively and efficiently.	January 2011  December 2010	CoC Coordinator  CoC Coordinator/FMCHP  Director
4. Dialogue with community leaders, political officials and educators on the social and economic benefits of ending homelessness.	4-b. Invite and encourage participation on Homeless Coalition		

## **Definitions**

**Homeless:** HUD defines the term "homeless" as "a person sleeping in a place not meant for human habitation (e.g. living on the streets, for example) OR living in a homeless emergency shelter."

**Chronic Homeless:** HUD adopted the Federal definition which defines a chronically homeless person as "either (1) an unaccompanied homeless individual with a disabling condition who has been continuously homeless for a year or more, OR (2) an unaccompanied individual with a disabling condition who has had at least four episodes of homelessness in the past three years."

**Long-Term Homeless:** Persons including "individuals, unaccompanied youth, and families with children lacking a permanent place to live continuously for a year or more or at least four times in the past three years. Any period of institutionalization or incarceration shall be excluded when determining the length of time the household has been homeless."

**Episode of Homelessness:** An episode of homelessness is "a separate, distinct, and sustained stay on the streets and/or in a homeless emergency shelter." HUD requires that "a chronically homeless person must be unaccompanied and disabled during each episode."

**Disabling Condition:** A disabling condition is defined as "a diagnosable substance abuse disorder, a serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions." In addition, "a disabling condition limits an individual's ability to work or perform one or more activities of daily living."

**Emergency Shelter:** An emergency shelter is "any facility the primary purpose of which is to provide temporary or transitional shelter for the homeless in general or for specific populations of the homeless" Although this definition includes the term transitional shelter, persons coming from transitional housing are not considered chronically homeless.

**Permanent Supportive Housing**: "Permanent rental housing affordable to the population served where support services are available to residents. Permanent supportive housing is available to individuals and families with multiple barriers to obtaining and maintaining housing, including those who are formally homeless or at risk of homelessness and those with mental illness, substance abuse disorders, and/or HIV/AIDS."

**HMIS:** HMIS stands for "Homeless Management Information System." It is a database that allows organizations that provide services to people experiencing homelessness to collect client information electronically and easily produce required reports.

**ACT Team:** Assertive Community Treatment (ACT) is a team-based approach to delivering comprehensive and flexible treatment, support, and services. ACT is for individuals who have the most serious and intractable symptoms of severe mental illness and who, consequently have the greatest difficulty with basic daily activities such as keeping themselves safe, caring for their basic physical needs, or maintaining a safe and affordable place to live. Unemployment, substance abuse, homelessness, and involvement in the criminal justice system are common problems. People who receive ACT services typically have needs that have not been effectively addressed by traditional, less intensive services.

# WC MN Shelter, Transitional Housing, Shelter + Care, and Permanent Supportive Housing

#### **BECKER**

AGENCY	ADDRESS	TYPE
Becker County Social Services	712 Minnesota Avenue	ES – Motel Vouchers
	Detroit Lakes, MN 56501	
Lakes Crisis Center	PO Box 394	ES – Motel Vouchers
	Detroit Lakes, MN 56501	
Mahube Community Action	1125 West River Road	ES – Motel Vouchers
Council	Detroit Lakes, MN 56502-0747	

#### **CLAY**

AGENCY	ADDRESS	TYPE
Churches United for the	1901-1st Ave N.	ES -Men, Women &
Homeless	Moorhead, MN 56560-2307	families.
Churches United for the	1901-1st Ave N.	TH – Families & Singles
Homeless	Moorhead, MN 56560-2307	
Clay County Social Service	715 - 11th Street North, Suite 102	ES - Motel Vouchers
Center	Moorhead, MN 56560-2095	
Dorothy Day House of	714 - 8th Street South	ES - Men
Hospitality, Mhd.	Moorhead, MN 56560	
Lakes & Prairies CAP	715 - 11th Street North	THP – Families & Singles
	Moorhead, MN 56560-2088	
Motivation, Education and	715 11th St. N	ES – Motel Vouchers
Training	Moorhead, MN 56560	
Youthworks	317 S University Drive	THP - Youth
	Fargo, MN 58103-1760	
Veterans Administration		THP -VETS

#### **DOUGLAS**

AGENCY	ADDRESS	TYPE
Douglas County Social Services	809 Elm Street # 1186 Alexandria, MN 56308-1783	ES – Motel Vouchers
WINGS	700 Cedar Street, Suite 266 Alexandria, MN 56308	THP - DV
WINGS	700 Cedar Street, Suite 266 Alexandria, MN 56308	ES – Motel Vouchers

#### **GRANT**

AGENCY	ADDRESS	TYPE
Grant County Social Services	28 Central South	ES – Motel Vouchers
	Elbow Lake, MN 56531-1006	
West Central Minnesota	411 Industrial Park Blvd.	THP -
Communities Action	Elbow Lake, MN 56531-0956	
West Central Minnesota	411 Industrial Park Blvd.	ES – Motel Vouchers
Communities Action	Elbow Lake, MN 56531-0956	

#### OTTER TAIL

AGENCY	ADDRESS	TYPE
Matthew House	213 East Summit Ave	TH
	Fergus Falls, MN 56537	
Otter Tail County Human	535 West Fir Ave.	ES – Motel Vouchers
Services	Fergus Falls, MN 56537-1364	
Otter Tail-Wadena Community	109 South Walker	ES – Motel Vouchers
Action Council	New York Mills, MN 56567	
Salvation Army (Fergus Falls)	622 E Vernon Ave	ES – Motel Vouchers
	Fergus Falls, ,MN 56537	
Someplace Safe	121 West Vasa, PO Box 815	ES - DV
	Fergus Falls, MN 56538-0815	

#### POPE

AGENCY	ADDRESS	TYPE
Pope County Family Social	211 Minnesota Avenue East, #200	ES – Motel Vouchers
Services	Glenwood, MN 56334-1629	
West Central Minnesota	411 Industrial Park Blvd.	THP – Transitional
Communities Action	Elbow Lake, MN 56531-0956	Housing
West Central Minnesota	411 Industrial Park Blvd.	ES – Motel Vouchers
Communities Action	Elbow Lake, MN 56531-0956	

#### STEVENS

AGENCY	ADDRESS	TYPE
Stevens County Human	10 East Highway 28	ES – Motel Vouchers
Services Department	Morris, MN 56267-1176	
West Central Minnesota	411 Industrial Park <i>Blvd</i> .	THP – Transitional
Communities Action	Elbow Lake, MN 56531-0956	Housing
West Central Minnesota	411 Industrial Park <i>Blvd</i> .	ES – Motel Vouchers
Communities Action	Elbow Lake, MN 56531-0956	
Prairie Community Waivered	801 Nevada Avenue, Suite 301	
Services	Morris, MN 56267	

#### TRAVERSE

AGENCY	ADDRESS	TYPE
Traverse County Social	203 8th Street North	ES – Motel Vouchers
Services	Wheaton, MN 56296-0046	
West Central Minnesota	411 Industrial Park Blvd.	THP – Transitional
Communities Action	Elbow Lake, MN 56531-0956	Housing
West Central Minnesota	411 Industrial Park Blvd.	ES – Motel Vouchers
Communities Action	Elbow Lake, MN 56531-0956	

#### Wilkin

AGENCY	ADDRESS	TYPE
Wilkin County Social Services	300 N 5th Street (Wilkin County Courthouse)	ES – Motel Vouchers
	Breckenridge, MN 56520	
Lakes & Prairies Community	715 - 11th Street North	THP- Transitional
Action Partnership	Moorhead, MN 56560-2088	Housing

## **Partners/Contributors**

#### PLANNING PARTNERS

City of Moorhead
Fargo-Moorhead Area Coalition for Homeless Persons
MAHUBE Community Action Council
Fargo-Moorhead Area Coalition for Homeless Persons
Otter Tail-Wadena Community Action Council
Fargo-Moorhead Area Coalition for Homeless Persons

#### CONTRIBUTORS

BUSH Foundation
Fargo-Moorhead Area Coalition for Homeless Persons

#### **FOCUS GROUPS**

Thank you to the participants of the following focus groups:

**Becker County Homeless Liaisons** 

Churches United for the Homeless Emergency Shelter
Clay County Permanent Supportive Housing Residents & Staff
Concordia College Students

Department of Human Services Social Services Grant Board – Becker/MAHUBE
Dorothy Day House Emergency Shelter Resident Meeting
Douglas County United Way ELTH Focus Groups (3 focus groups held)
Ending Long-Term Homeless Meeting – Moorhead/Clay County
Ending Long-Term Homeless Focus Group – Fergus Falls/Otter Tail County
Ending Long-Term Homeless Focus Group – Perham

Faith Community (Member Churches of Churches United for the Homeless survey)
Family Homeless Assistance and Prevention Program – Becker County/MAHUBE
Fargo-Moorhead Association of Realtors
Homeless to Housed Task Force/West Central MN Continuum of Care
Minnesota State University Moorhead Students

Moorhead Social Connextion/Churches United for the Homeless Transitional Housing

Moorhead Public Schools Student Leadership Students

# Strengths, Weaknesses, Opportunities & Threats Our Faith Communities response to Homelessness

Please help us identify relevant strengths and weaknesses in our community's homeless support and housing services. Address the accessibility and adequacy of existing services and the related role of the faith community in improving local supports (housing, employment, physical health, mental health, education, mental health, chemical dependency, food, emergency shelter, clothing, independent living, etc.).

Strengths – What existing supports and services does the faith community provide in our community to benefit homeless men, women, and children?	Weaknesses – Are there any gaps or weaknesses in support provided by the faith community?
How do we better promote and utilize these strengths?	How do we improve upon these weaknesses?
Opportunities – What opportunities exist or could exist that would allow the faith community to improve upon the current supports and services provided to homeless families & individuals?	Threats – What threats exist to any current or future efforts of the faith community to providing services for the homeless?
How do we take advantage of these opportunities and make them happen?	How do we combat these threats?

**Additional Comments:** 

#### **ELTH FOCUS GROUP RESPONSE – CLAY/MOORHEAD**

#### Strengths

- More jobs in this part of country than elsewhere (but many don't pay a living wage).
- Housing is reasonably priced if have decent job.
- More housing services than in the past (PSH, Transitional, S+C, Bridges).
- Employment opportunities but need to be accessible.
- Research capabilities with academia.
- Supportive Housing (TH, PSH).
- Programs for eviction prevention.
- Social Supports.
- AHRMS Services.
- Mental Health Services.
- Social Connection provides communication, support and social.
- New CUFH building has more services, information & referrals.
- FM Coalition Director.
- Project Homeless Connect.
- Wilder Survey.
- Better coordinated services, better referrals.
- Crime Free Housing.
- Caring community, but needs education on problems, needs and concrete ideas of how to help.
- Public Awareness (PEPP has helped increase this).
- Salvation Army is well coordinated and has more services than in the past.
- Medical Care is available (Homeless Health, VA, MA).
- Lost & Found Counseling can get in quickly and sliding fee.
- 1<sup>st</sup> month rent or deposit assistance.

#### Weakness

- Shelters can feel threatening especially for families/children.
- Some individuals are not able to complete paperwork for programs/service due to mental illness or education.
- Need to streamline intake.
- Access to information not in public location.
- Limited of services for homeless youth (no shelter, limited supports, prevention) especially on MHD side.
- Youth fear of accessing services because push to reunite.
- Cycling of CD/MI symptoms.
- Income guidelines for social services push people backwards when getting on their feet.
- Program guidelines are too restrictive. Need more general homeless programs vs. fit into category.
- Public transportation is not accessible to all locations, at times needed for employment opportunities and evening/weekend support groups.
- Not enough dollars for the good programs that are working.
- Some individuals have low self-motivation to do things necessary to get out, feeding stereotypes.
- Hard to know all services and what is available to help.
- Too much paperwork. Must fill out forms for each service and housing agency. Can we streamline?
- Access. Not all housing, jobs, services are centrally located to shelters and public transportation.
- Not enough outreach + times too limited if working.

- Takes long time to process applications for services/housing.
- Disrespectful treatment from some service providers.
- Background check (go back 5 years, cost \$, look at past vs. current actions).
- Application Fees are non-refundable and sometimes costly. Must pay at each place you apply for.
- Shortage of low income units especially in Moorhead, especially for singles.
- Difficult to find affordable units for singles and for large families.
- Public housing restrictions.
- Affordable units are substandard landlords unresponsive to repairs.
- Public Transportation is prohibitive to night shifts, industrial park jobs and weekend employment.
- Long Section 8 lists.
- Need more dental Hawley too far to travel + wait time.
- Social Services payments reflect past which makes it difficult to budget/plan.
- Need more marketing of programs & services outreach or one stop shop.
- Long wait for Mental Health appointments and specialists.
- Not enough funding for agencies. We often hear, "we can't help because we are out of \$".
- Not enough community investment in helping agencies help homeless.
- Staff are overwhelmed with the size of their caseloads (CCRI, VA, Lakeland, CUFH Shelter). Not enough time for clients.
- ND Service providers say "go to Moorhead". Some small towns in MN as well.
- Lakeland and CCRI difficult to access.
- Favoritism in some Case Workers.
- Some landlords and service providers need sensitivity training (especially in dealing w/ disabilities).
- Housing program regulations are too restrictive and too many rules:
  - Overwhelming, hard to follow instead teach to follow take it slow and one step at time.
  - Doesn't account for now (can't overcome past mistakes).
- Moorhead tore down many affordable low income units (apartments and motels) and did not replace creating more homeless. They were not great units but this was all some could afford.
- Some programs require people to be stable before qualifying for housing.
- Lack of housing and services for people who do not fit in "category" (disabled, DV).

#### Opportunities

- Increase shelter beds.
- Prevention services/hotline.
- Better publicize services and how to access.
- Use Large Faith community.
- Street outreach.
- Youth Community outlet for education, change, communication, volunteers.
- Education.
- Coordinate information/display in public areas.
- Outreach workers.
- Follow-up care/support.
- Mentoring.
- Academia expertise for support, planning.
- Use Wilder Information to create action plan & educate.
- Simplify applications.
- Assistance with applications (housing, services, employment).
- Increase Transitional housing type programs and S+C, PSH.

- More ownership opportunities rent to own.
- Expungement of some criminal records.
- Improve communication between agencies/providers.
- Increase supported employment programs/ transitions to employment.
- Increase counseling.
- Provide supportive community among (shelter) residents.
- Access more services at shelter (employment, education GED, skills training).
- Have community voice mail so shelter residents can use for housing/jobs don't always get messages at shelter.
- Universal applications.
- Provide mentoring.
- Offer 'walk in my shoes' experiences' to let people understand how hard it is.
- Enforce and be consistent with shelter rules/policies.
- Improve run down housing.
- Teach living skills.
- Accommodate schedules by providing access during non-traditional hours.
- More agency partnerships with landlords like TH that would give people with backgrounds a chance and have less rules and support to follow rules.
- Hire homeless to clean up apartments that people mess up.
- Have deposit fund or rent guarantees.
- Rent on month to month basis until you can prove yourself if have background issues.
- Provide employers with tax breaks, incentives and awards if hire homeless.
- Increase public awareness to eliminate stereotypes.
- Give preferences for employers that hire homeless.
- Create employment training and support programs for homeless.
- Help homeless to know the community better through mentoring, groups, outreach, and social center.
- Create more opportunities for public discussion of problems and solutions.
- Bring homeless and non-homeless together to discuss solutions and needs.
- Create clearing house for information and single point of entry for agencies/homeless.
- Homeless "Day on the Hill".
- More half-way houses so people leaving institutions don't become homeless.
- Convert old buildings/houses into low income housing apartments to TH.
- Agencies co-sign leases to overcome background issues.
- Offer 2<sup>nd</sup> chance to tenants with poor backgrounds if they are trying to do right thing now.
- Job search assistance should focus on suitability (qualifications and interests), not just being employed. This would help employee be happy and stay in position.
- Shift runs for public transportation.
- Offer support and information on guidelines for success.
- Communicate!
- Closer contact with legislature.
- Vote.
- Better training for workers to help with sensitivity.
- Open houses at shelters and social club. (demonstrate need, invite media, invite city officials, discuss positive results, open discussion).
- Street Outreach.
- Utilize existing communication networks of businesses and schools to educate, inform, and address needs.

- Lots of caring and talented people who can help work on solutions.
- Fargo Plan to End Homelessness.

#### **Threats**

- Attitudes of homeless a small % of homeless who are not trying or abusing the system give wrong impression of all homeless and add to stereotypes.
- Attitudes/ignorance of public.
- Non-compliance of some homeless with programs and services threatens others who try to make it
  work and creates bad image of homeless.
- Bad media coverage.
- Attitudes and programs. "Once you get here (homelessness) they make it hard to get back. They should make it harder to get here (homelessness)."
- Public perception & stereo types, racism, NIMBY.
- Disparity on how legislators appropriate state \$. Things like sports facilities seem to be more of priority than people in need. Priorities are messed up.
- Lack of \$\$ to continue to fund what's needed and working.
- Lack of staff.
- Lack of \$\$ to retain and train professional staff.
- Not enough housing units in Moorhead especially for singles and large families.
- Public transportation schedule.
- Current Economy.

#### **ELTH Focus Group Response - Douglas**

#### Notes from 11/17/08 (MONDAY):

- Domestic Violence: victims are all at different places (shelters, temporary housing, still with abuser, etc.). Clients need to be able to afford deposits to get into rentals when they leave penniless. Lack of temporary/transitional housing units available.
- There's a need for housing quickly, and there's no one is that can provide funds in short order. Housing is an immediate need.
- Employment: difficult to find any/any good employment, especially for those who have been out of the workforce for any length of time. Need a livable wage, but isn't offered anywhere. "Competitive Wage" offered by local employment/temp. agencies is keeping wage too low.
- Credit issues affects ability to get housing
- Housing with pets is difficult to find, and for some people pets are their family.
- Need for appropriate referrals between agencies—service providers should have a good knowledge of what programs are out there, whether or not they have funding, etc.
- Homeless people are "people who have hit bottom" with children at risk. They are at their most vulnerable with no place to go.
- Corrections/criminal history is both a barrier to housing and a barrier to employment. There are programs that can help, like Shelter Plus Care.
- Deposits: very few places to get deposit assistance, and it's a large expense.
- County's emergency assistance is very difficult to receive.
- Love INC is new to the area, and may be a good addition—combining resources of the area churches to provide funds and volunteers. Might stop scammers that go from church to church to ask for help.
- Area needs a shelter—many people are being evicted because not able to pay their rent.

- Need something for kids/teens to do—fear eviction when leaving teens home unsupervised while going to work.
- Jobs are difficult to find in the area
- Waiting list is too long for affordable housing
- Frustration with HUD funding, difficult to run, many rules. Specifically, the definition of homelessness.
- Penalties for family staying temporarily in household receiving government assistance—if there
  are additional people/income, family's award will be reduced. If not reported, considered fraud,
  and can lose all benefits.
- Soup kitchen: clientele report a "trough" feeling when come for a meal.
- Churches: feeling the pinch also, with reduced donations as people are experiencing hardship, and then don't have funds to help people who are struggling.
- Alexandria is considered a very affluent area, very "upper crust." These people turn a blind eye—don't believe that there is poverty in Douglas County. Real awareness issues in Alexandria.
- Discussed how to get a count: have a big event, maybe expand the Community Connect, and offer meal and services, vouchers or free gifts
- There will be a point-in-time count in area on January 27, 2009 to find out extent of homelessness.
- (personal story) Was put in sanction for turning down a job that didn't fit needs. Stopped receiving MFIP.
- Scammers: find ways around MFIP rules. Apply for multiple loans on same day.
- Lack of success stories with Section 8 vouchers because people don't want to step forward to say they were using the program, even once they have stopped needing it.
- Too many homes—people are struggling to make even the smallest payment.
- If there were better referrals, could maybe keep in housing.
- "This is not a town of tourists... the tourists are gone. These are Alexandrians."
- Limits of the food shelf: people are only allowed to receive food once per month for three months, then 1 box every other month after that. This is often too little for people who are truly struggling.
- Transportation: Rainbow Rider is nice, but cost is often too high, especially if only able to work short shifts at low wages. Need earlier/later runs to get to work on time. Would a second provider be a possibility?
- Childcare is expensive, and difficulty to find for evening/weekends.
- Landlords, utility companies: please accept payment plans. Taskforce/Network needed to get landlords and utility companies in on the discussion.
- Car Care Ministry: helping people get regular maintenance on their vehicles. Extremely helpful/necessary for keeping transportation costs low.
- HRA: hard-working staff, Shelter Plus Care program great.
- ACT Team: could they expand services beyond "hospitalized"
- Cooperation between agencies necessary, especially for good referrals and coordinated effort for the good of clientele.
- Coat drive and school supply distribution great programs.
- Jessica at United Way has been an excellent addition to the community—really worked hard to pull community and entities together.
- Alexandria is a great family-oriented community—belief that if we can get the cause in front of
  people, we can find funds to assist. When times get tough, people will rally. Also very giving—
  maybe we need to find a better way to ask.
- Could we have an event like "Sleeping of the Lakes" to get the community together?
- Workforce Center is very helpful, but there is a need to be on MFIP to receive assistance.

- Would be helpful to get some assistance with car insurance and gas vouchers, especially when job searching.
- Need support beyond MFIP, so transition off of it is smoother.
- Small towns in Douglas County need help too—could be serving those areas better with services, resources.
- Because needs vary from household to household, need service providers to be better connected, especially so don't have to call multiple agencies.

What services are needed in DC? Areas where DC has been successful? What would you like to see DC do to address your needs?

- More transportation and cheaper housing
- Many areas but need exceeds availability
- Help with housing/jobs/medical
- Work together with the community to address out needs
- Kids programs/food shelf supplies
- Shelter Plus/ Love inc/ Northern Connections
- Address wages/community support/homeless awareness
- Housing/transportation/basic needs

Biggest issue faces by you and/or your family?

- Housing affordability/credit card debt
- Medical Expenses/Health Insurance/ Credit Card debt
- Housing affordability/utility cost
- Childcare/transportation/housing affordability
- Childcare/food/housing affordability/medical expenses/utility cost/transportation/other debt

#### Notes from 11/19/08 (WEDNESDAY): Facilitated by Jennie Hevern- 7 people attended

- Primary Concerns
- Ration of housing to income
- Substandard housing (Heating cost almost the same as rent)
- Lack of decent affordable housing
- Delay in people accessing resources
- Food Shelf hours
- Cost of building permits and requirements that make developers hesitate to build
- Teacher's testimony--High school homeless youth bed/couch hopping and no permanent home to be in for a variety of reasons (abusive relationships, poverty, substance abuse)
- Cost of housing, choices on paying rent or mortgage or essentials such as gas and food
- There are a lot of smart kids trapped in this never ending cycle—work & housing
- They can't graduate because they have to work to pay for housing and food, in some cases this lead them to move in with friends/boyfriends that can't provide a safe environment
- Most of the girls that move in with boyfriends end up getting pregnant
- Foster care issues: mistreated kids, the money given to the families to support the kids is rearely used on them
- Proposals: shelters or stable environment for the kids to stay until they graduate from high school or in some cases until parents cool down (Mpls. has a shelter and home for troubled kids)

• Need support from government, private org, and foundation to join efforts to create a suitable program fro these special needs.

#### Notes from 11/20/08 (THURSDAY):

- o Lack of financial education is prevalent in the community
- Churches are getting more inquiries for assistance.
- o Travel/transportation is difficult, especially for those in outlying towns.
- Lack of diversity in Douglas County: immigrant community is mainly seasonal workers and housekeeping positions.
- Utility programs where people can donate on their utility bill is a good program, but need more emotional impact. We're unrelated to the need as individuals in the community.
- There will be a shift in who is in need. Those of moderate incomes will feel the pinch much more strongly.
- o Criminal records are hard to overcome, especially when it comes to housing and employment.
- Definition of "affordable housing"—need more awareness of what is truly affordable for those trying to make a living on minimum wage. Heavy reliance on HRA funds to subsidize high rent costs.
- Community involvement necessary from all walks of life. We all need to participate in community, help our neighbors. How do we get people in the community to get together and have true concern for their neighbors? We need to ask ourselves – are we responsible for our fellow human beings?
- How do we help? Giving out money isn't the answer.
- Value of education: need teachers, parents, community to believe in the necessity of post-secondary education.
- One program that has helped in an immigrant community: Group gets together for a pot-luck meal; adults then come together to discuss any issues they are experiences (while children play).
   When there are issues, bring the entity to group to discuss these concerns (schools, law enforcement, etc.). Brought a sense of community/solidarity, and a sense of control and power.
- Family mentoring program: new family paired with a family nearby. When have difficulties, mentor family can help them find community resources, give advise, etc.
- Cultural issues: in Hispanic communities, family most important, and this might mean Mom missing work to take care of a sick child.
- Poverty isn't not having money, it's not having the same life as those around you. "You grow up angry"
- Survival often means that need to form relationships to get the things they need get a
  girlfriend/boyfriend to share housing costs, etc. Can be this way in abusive relationships, where
  family can't leave because financially impossible to stand on own.

#### **ELTH Focus Group Response – Otter Tail County**

**Strengths** – What existing supports and services benefit homeless men, women, and youth in your service area? Specifically what is working that helps shorten, reduce or alleviate homelessness?

- Over-night motel vouchers
- Free phone calls to families for support
- Greyhound tickets
- Deposit assistance
- **Public Housing**
- Rep. Payees
- **Bridges Program**
- **Community Action Agencies Programs**
- Salvation Army Financial Assistance
- Social & Human Service Agencies
- Someplace Safe
- Super 8 offers free nights
- Utilize Fargo-Moorhead shelters
- Church food pantries, clothing stores, support, mentorship
- Teen club
- Community supports/donations
- Food shelves
- Ministerial association (Perham)
- Addiction recovery programs
- Baby Bin (cover items not supplied by WIC)
- Music Fest to support causes
- Rewind ½ way house
- **Douglas House**
- Otter Tail free recycle program

Weaknesses – What gaps and weaknesses exist in your service area that prevent individuals from exiting homelessness or cause individuals to become homeless?

- Needs greater than resources (energy assistance, deposit assistance)
- Poor communication
- Habits
- Complex/multi-needs of clients
- Numerous access points don't always point to solutions
- Program guidelines are restrictive
- Numerous programs to know about they change
- Language barriers
- Many programs don't provide on-going support (they get through the program, change, but sometimes can't maintain and end up going back)
- Not enough employment support once get job.
- Not enough funding!
- Not enough affordable housing.
- Cycle of poverty (
- CAA stopped providing utility assistance
- Multiply applications
- People wait too long to ask for help.
- People don't fit guidelines
- Rural housing doesn't often meet Sec. 8 guidelines
- Need more housing resources
- The subsidized buildings are often run down
- High costs of living \$ don't go as far.
- Small town everyone knows if you ask for assistance.
- Can't do it alone.

How do we better promote and utilize these How do we improve upon these weaknesses? strengths?

- Utilize Law Enforcement as point of contact and administrator of services.
- Youth Yellow Pages
- Newspaper post needs and services
- Website that people could privately search for needs.
- Agencies Share information not keep it to selves.

- Create relationships with property owners to connect with resources to fix up units.
- Hold community fundraisers for preventative assistance (radio-a-thon for energy assistance)
- Advocate for more state/federal assistance
- More credit counseling available (long-term, train volunteers to lead, make more friendly)
- More rep payees
- More accessible/affordable/community treatment options
- Offer savings programs with budgeting classes.

- Work with United Way to make services stronger, more cohesive and better known.
- Must have supports NOT JUST HOUSE!
- People use what is given.

**Opportunities** – What opportunities exist or could exist that would help alleviate homelessness in your service area?

- Community Education will help unstigmatize, increase awareness of services and increase support.
- Build a shelter in Fergus Falls
- Create new partnerships (HRA & Services,
- Utilize independent developers to fill housing gaps.
- Habitat for Humanity
- Improve local transit systems (hours, rural)
- Allow people to ask easier entry and access to services. Information & education on services
- Create outreach services.
- Agencies know more about what other services/supports are available. – resources fair, resources manual (Nazarene Church)
- Educate landlords on how and why to fix up units.
- Continue and intensify supports available.

How do we take advantage of these opportunities and make them happen?

- Educate, advocate and inform.
- Toughen up on slum lords.
- Community leaders take first step and create followers.
- Utilize existing communication centers to educate and inform (churches, newspapers, community festivals)

**Threats** – What threats exist to ending homelessness in your service area?

- Poor enforcement in small towns for slum housing
- City owned liquor store sends wrong message
- Not enough time and resources of agencies
- NIMBY
- Federal/State cuts
- Rising needs
- High cost of living
- Less collaboration due to budget cuts and greater needs.
- Not community ownership.

How do we combat these threats?

- Train and educate volunteers to provide basic supports (budgeting, rep payees, basic living skills) and mentor
- Inform and educate community leaders on need to have safe and affordable housing.
- Create better connections.
- Educate community it could be you or someone you know.
- Focus on prevention before need gets too large