Heading Home Northwest Minnesota

Northwest Minnesota Continuum of Care
November 2008

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Executive Summary

Homelessness is a human tragedy with steep, long-term costs. The ripple effects of this problem reach all corners of our communities. Now is the time for Northwestern Minnesota[1] to implement a plan that will end this costly human tragedy in our region.

Data shows that when people are homeless over a long term, their needs go unmet—chronic conditions worsen, mental health issues cause barriers to employment and self-sufficiency, addictions become more severe, children face developmental delays, and parenting issues escalate as stressors mount. As these conditions worsen, the options to address and treat them become more expensive. The long-term homeless population is far more likely to use costly crisis services such as emergency rooms, shelters, and foster care; and to require special education services for their children. In addition, they are more likely to be incarcerated and spend more time in jail or prison.

Rather than *managing* homelessness with these expensive crisis services, Minnesota is shifting to a research-based effort to *end* long-term homelessness and prevent new cases of homelessness. Regional entities across the state are implementing comprehensive plans with involvement from citizens, all levels of government, schools, faith communities, funders, and homeless service agencies.

Homelessness in Northwestern Minnesota

Evidence of homelessness

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.

As the following data shows, homelessness *does* exist in Northwestern Minnesota.

- In October 2006, local surveyors identified 198 homeless persons in Northwestern Minnesota during a 24-hour period.
- In January 2007, a 24-hour survey identified 266 homeless persons in the region.
- In 2006, more than 866 homeless persons were turned away from Northwestern Minnesota emergency shelters due to a lack of available beds.
- From July 2006 to June 2007, over 1,000 people in Northwestern Minnesota were identified as "long-term homeless."

[1] Northwestern Minnesota includes Beltrami, Clearwater, Hubbard, Kittson, Lake of the Woods, Mahnomen, Marshall, Norman, Pennington, Polk, Roseau, and Red Lake counties as well as Red Lake Nation, White Earth Reservation, and a small portion of Leech Lake Reservation.

Main causes of homelessness

Homelessness is caused by two main factors:

1. Poverty
2. Shortage of affordable housing

Both of these factors are present in Northwestern Minnesota. Eleven of twelve counties in the region have a higher poverty rate than the state average. About 30% of the jobs in Kittson, Roseau, Marshall, Pennington, Red Lake, Polk, and Norman counties pay less than a living wage and 42% of the jobs in Beltrami, Clearwater, Hubbard, Lake of the Woods and Mahnomen counties pay less than a family supporting wage.[2]

Data shows that the current supply of affordable housing does not meet the demand. Thousands of low-income and extremely low-income Northwestern Minnesota households are paying over 30% or even over 50% of their income on housing. For these households, any sudden setback—an illness or an accident, an unexpected car repair, a job loss, or the loss of a spouse—could cause the loss of their housing.

Other factors impacting homelessness

While poverty and a lack of affordable housing are the main causes of homelessness, other inter-connected factors come into play. In cases where these factors exist, finding and sustaining permanent housing becomes increasingly challenging.

Some factors at the *individual level* that can cause, complicate or prolong homelessness include:

- mental health conditions
- physical health conditions
- chemical addiction
- dual diagnoses (some combination of more than one diagnosed mental, physical, or addictive condition)
- lack of education and job skills
- prior institutional placement
- poor credit and housing history

Some *systemic issues* in our area that can cause, complicate or prolong homelessness include:

- lack of transportation needed in this sparsely populated, large, rural geography
- shortage of affordable, accessible child care
- the high cost of utilities in an extreme climate
- sub-standard conditions of regional housing
- shortage of emergency shelter and supportive housing
- foreclosure trends

[2] "Family supporting wage" figures do not include budget lines for entertainment, skills training, emergencies, vacations, home mortgage down payment, life insurance, gifts, pets, home appliance purchases, or savings for college and retirement. Figures shown above are for a two-parent family with two children and two full-time workers.

Best Practices

Permanent Supportive Housing

Recent studies have shown that creating units of Permanent Supportive Housing (PSH) and moving long-term homeless clients rapidly into those units reduces their use of expensive crisis services. In addition to housing, PSH programs offer supportive services to address systemic and individual barriers. Services may include–for instance–job training, mental health counseling, child care assistance, or transportation assistance. The goal is to move clients toward greater self-sufficiency and stability. Case managers work with the clients to identify needs and then monitor individual or family progress.

Housing First

Housing First is based on research showing that clients are more successful if they have permanent housing *while* addressing other barriers such as mental, physical or chemical health issues. Placement in housing is a first priority.

Rapid Re-Housing

Shortening the length of the homeless episode decreases the harmful impact of housing instability. Rapid Re-housing involves quickly placing homeless individuals in permanent housing—either in PSH, subsidized housing, or some other affordable, appropriate option. The current severe lack of PSH and affordable housing in Northwestern Minnesota limits the ability to fully and aggressively implement this concept.

Case Management

Case managers are assigned to clients who are homeless or those at risk of becoming homeless. They help clients recognize barriers, devise goals, and monitor progress. Case managers provide the linkage between clients and the resources available to help them overcome barriers to housing and attain greater self-sufficiency. Given the many personal and systemic barriers that the homeless face in our region, case management is an essential investment.

Prevention

It is well-documented that *preventing* an episode of homelessness costs less than serving the needs of clients who are already homeless. Imagine the low-income worker who suddenly loses her job and needs temporary financial assistance while she seeks other employment. Without that assistance, her family will lose their home. Imagine young adults leaving foster care without a supportive parent to help them acquire housing or job training. Providing homeless prevention assistance to these young adults puts them on a path toward being productive, well-adjusted community members.

Prevention efforts include–for instance–providing vouchers for transportation, first and last month's rent, landlord mediation, or assistance with child care subsidy application forms. A case manager may be assigned to monitor client progress and provide links to services such as mental health counseling, mortgage foreclosure counseling, job skills training or substance abuse treatment.

Focus on Youth

Homelessness as a child is the number one predictor of whether someone will become homeless as an adult. Investing in young people will pay off–likely more so than for any other sub-group.

Recommendations

Using input from partners throughout the region, Northwest Minnesota Continuum of Care (CoC) devised a comprehensive plan called *Heading Home Northwest Minnesota*. Over the next 10 years, stakeholders will collaborate to reach two broad goals laid out in the Action Plan section of the document. A Heading Home Coordination Group will be recruited to oversee the plan and report on progress.

Broad Goals for *Heading Home Northwestern Minnesota*

1. End long-term homelessness in Northwestern Minnesota in 10 years
2. Prevent of new cases of homelessness

Six strategies will be employed to move toward the broad goals. The strategies incorporate Best Practices with modifications to meet the unique needs of the region. Each strategy includes action items that require participation by homeless service agencies, elected officials at all levels, faith communities, schools, governmental agencies, funders, and advocates. As new data is examined and new strategies come to light, the plan will be revised.

Six Strategies

1. Build community awareness about homelessness in Northwestern Minnesota
2. Create additional emergency, supportive housing and affordable housing opportunities while preserving existing housing options
3. Improve supportive service availability, coordination, and results
4. Provide effective, coordinated outreach to the homeless
5. Improve discharge planning from public institutions *(to avoid discharge into homelessness)*
6. Improve data on regional homelessness

Networking and collaboration are essential elements of the plan. Strong partnerships will be needed to overcome systemic challenges such as transportation barriers, lack of federal funding for supportive services, and other issues. Working together across agencies, across county boundaries, and across communities will help remove the obstacles posed by rural diseconomies of scale, diversity of needs, and limited program resources.

It will be vital for the partners in this comprehensive plan to fully understand Northwestern Minnesota's homeless population and the systems that serve them. The narrative section of *Heading Home Northwestern Minnesota* contains valuable data and insight. This information will serve as a foundation of shared knowledge among partners and, as such, deserves a closer look.

The task before us is not easy, but failure to act will mean a continuation of the needless and expensive cycle of homelessness.

Heading Home
Northwest Minnesota

1 Introduction to the Plan

It takes as much energy to wish as it does to plan.
----Eleanor Roosevelt

Goals of *Heading Home Northwest Minnesota*
1. Ending long-term homeless in Northwestern Minnesota in 10 years
2. Preventing homelessness

It is time to put an end to homelessness in Northwestern Minnesota—an end to the deep wounds it causes for the homeless and the high cost paid by society. This plan is a call to action.

Origins of this Plan

State Plan

Across the nation, comprehensive plans aimed at ending **long-term homelessness** are being developed and implemented—including right here in Minnesota. In 2003, the Minnesota State Legislature directed the state commissioners of Human Services, Corrections, and Housing Finance to convene a broadly based working group. This group published a 10-year comprehensive plan to end long-term homelessness in Minnesota entitled *Heading Home Minnesota: Report and Business Plan of the Working Group on Long-Term Homelessness*. A steering committee oversees implementation of the state plan and publishes updates on progress.

New Approach to Addressing Homelessness

This movement toward comprehensive planning involves a shift in focus. The goal is to *end* rather than *manage* homelessness. Development of these plans typically involves:

- Identifying unique needs of the state or region
- Using data to inform decision making
- Identifying and implementing best practices
- Identifying wise investments of public and private dollars
- Establishing goals and monitoring results in the same fashion as a business plan might
- Seeking wide participation and partnerships during planning process and implementation, not just traditional homeless service providers.

COLLABORATE vs. a "Lone Ranger" approach
PLAN vs. Hope
END vs. Manage

Regional Plans in Greater Minnesota

Spurred on by Minnesota's statewide plan, regional entities have developed and implemented plans. *Heading Home Northwest Minnesota* was funded through a generous grant from the Bush Foundation. **Minnesota Community Action Resource Fund (MNCARF)** utilized Bush Foundation funding to contract with six Greater Minnesota **Continuums of Care (CoCs),** including **Northwest Minnesota CoC**. Each CoC was charged with planning and implementing a 10-Year Plan to End Long-Term Homelessness in their given region.

A **CoC** is a network of stakeholders that meets 10–12 times per year to coordinate, plan, share information, and seek resources to effectively address homelessness in their region. Participants include, for instance: service providers, housing authority representatives, government decision makers, homeless or formerly homeless clients, and housing developers. Given the focus of their work, CoCs were a logical choice to carry out regional comprehensive planning.

Northwest Minnesota Continuum of Care (NW MN CoC) includes Beltrami, Clearwater, Hubbard, Kittson, Lake of the Woods, Mahnomen, Marshall, Norman, Pennington, Polk, Red Lake, and Roseau counties. Three Native American reservations lie within the region, including the Red Lake Nation, White Earth Reservation, and a small portion of the Leech Lake Reservation.

Northwest Minnesota Continuum of Care Map

Participation in Northwest Minnesota CoC is open to all interested citizens and organizations—public or private. Various representatives from throughout the region are actively involved; others are kept informed about the group's activities. NW Minnesota CoC communicates and partners with state-level agencies and organizations, including the Interagency Task Force on Homelessness, Minnesota Housing Finance Agency, the Department of Human Services, and others.

Beltrami Area Service Collaborative (BASC) coordinates NW Minnesota's CoC and also serves as the CoC's fiscal agent for the Bush Foundation grant.

Northwest Minnesota Plan

Greater Minnesota CoCs received funding from the Bush Foundation to create:

- A viable regional 10-Year Plan to End Long-term Homelessness
- A plan that is compatible with the statewide plan
- A plan that includes measurable outcomes and timeframes
- A planning group that seeks endorsement from applicable local government bodies

To those who guided the crafting of *Heading Home Northwest Minnesota,* this plan represents:

- An opportunity to "tell the story" of homelessness in NW Minnesota
- Common threads of input from each part of the region
- A closer look at the region's data
- A call to action to citizens
- An invitation to stakeholders to become involved in plan implementation
- An opportunity for greater awareness and knowledge among stakeholders
- An effort to expand active participants in the NW Minnesota Continuum of Care
- A set of priority actions and strategies
- An orderly process
- A living document that will evolve systematically as progress is made and new factors emerge

Goals of *Heading Home Northwest Minnesota*

1. Ending long-term homeless in Northwestern Minnesota in 10 years
2. Preventing homelessness

Process for Creating this Plan

The NW Minnesota CoC agreed upon a process for creating this plan. That process included Input Meetings; Homeless Client Input; a Working Group; and a research, writing and review protocol.

Input Meetings

While the NW CoC played a central role in the development of this plan, they intentionally expanded the circle of participants early on in the process. A series of Input Meetings was held in various parts of the region, and stakeholders from every county were invited. Approximately 68 entities were directly engaged in the Input Meeting process—from county social services to a state representative, from HRA agencies to probation officers.

Input Meetings focused on three objectives:

1. Introducing the concept, purpose, and process of the 10-year plan
2. Gathering information and discussing gaps in housing, services, and sub-populations of the homeless
3. Gathering Action Step ideas from participants

"It was great to see such an interested and active group at the meeting. I sure came away feeling hopeful." *--Input meeting participant*

Homeless Client Input

Homeless and formerly homeless clients were interviewed by service providers throughout the region using a uniform survey. Those who designed this plan felt strongly that people living in homelessness must have a role and voice for the plan to be effective. Ten agencies surveyed a total of 51 clients anonymously and provided information about what struggles they had experienced, what services had helped them, and what additional supports could improve their housing stability. A summary report of interview input was compiled and used as an anecdotal sampling of client needs. Client interview information from the 2003 and 2006 Wilder Research studies was also referenced during the writing of the plan.

Working Group

NW Minnesota CoC designated a representative from each of the region's five **Community Action Programs (CAPs)** to serve on a Working Group. Because CAP agencies have a long history working on homeless issues and networking with other stakeholders throughout NW Minnesota, these representatives were able to inject a wide variety of perspectives into the planning process. All counties are served by a CAP agency, so the entire region was represented.

Once the Input Meetings were held and Homeless Client Surveys were completed, the Working Group reviewed the information gathered and worked with BASC to develop this plan. The Working Group met once or twice a month for six months and reported to NW Minnesota CoC regularly on their progress.

Writing, Research and Review

Research and data gathering occurred over several months. A consultant was hired to write a draft of the narrative portion, based on all input, data, and other research. The Working Group and NW Minnesota CoC guided this process, reviewed and then endorsed the plan.

Challenges Encountered During the Planning Process

During the process, the Working Group found it challenging to address Northwestern Minnesota with one plan when local needs and progress vary significantly from county to county. To deal with this challenge, they keyed in on common needs that stretched throughout the region, unique characteristics of rural homelessness, and best practice solutions.

On areas where the Working Group thought that key questions must be answered before pursuing a particular strategy, they called for exploration and information gathering and identified partners whose participation would be needed.

Undoubtedly, there are local initiatives underway that are not addressed in this report but which fall in line with the plan's priorities. As the implementation phase moves forward, agencies or organizations are invited to share information about local projects that could enhance this plan.

Structure of this Plan

The Narrative section (pp. 8–59) of *Heading Home Northwest Minnesota* was written to provide background information on homelessness and a closer look at the specifics of this issue in Northwestern Minnesota. Homelessness is a multi-dimensional issue; consequently, the narrative examines it from several angles—long-term homelessness, rural homelessness, causes, contributing factors, and sub-populations. Possible strategies for addressing NW Minnesota homelessness are explored.

The Action Plan (pp. 62–80) consists of the steps intended to guide the region toward reaching the broad goals of ending long-term homelessness and preventing new cases of homelessness.

Implementation of the Plan

The Heading Home Coordination Group (HHCG) will be formed to initiate action and assess progress on the 10-year plan. Their meetings will take place as an extension to the NW Minnesota CoC meetings. Stakeholders from throughout the region will be recruited to serve on HHCG.

Conclusion

There is no doubt that taking on this plan will require hard work and strong partnerships. With each step achieved, the region will begin to realize community benefits and to erase the human tragedy of long-term homelessness from the lives of Northwestern Minnesota's people.

2 Homelessness: Sorting out the Terminology

This section defines a few essential terms that will be used repeatedly throughout the plan. Note that a Glossary (p. 81) and an Acronym Guide (p. 87) are also available for reference.

Defining "Homeless"

Federal and state entities have different definitions of what makes a person "homeless." Even specific programs within state or federal governments choose different criteria to define homelessness. According to the **U.S. Department of Housing and Urban Development (HUD),** the term "homeless" refers to:

1. An individual who lacks a fixed, regular, and adequate nighttime residence; AND whose primary nighttime residence is either:
   a. a supervised, publicly or privately operated temporary living accommodation; or
   b. an institution that provides a temporary residence for individuals intended to be institutionalized;

   OR
2. An individual who has a nighttime residence in any place not meant for human habitation, such as under bridges or in cars (United States Code).

Note that HUD's definition does *not* include people who are temporarily **doubled up—**living with friends or family in what is likely a crowded and impermanent situation. The state of Minnesota has an expanded definition of homelessness that includes those who are doubled up, recognizing that their housing is quite precarious.

Youth homelessness

There is no single federal definition of "homeless **youth**." The U.S. Department of Health and Human Services looks to legislation and regulations that authorize the Runaway and Homeless Youth Program for a definition. The Runaway and Homeless Youth Act defines homeless youth as "individuals under age 18 who are unable to live in a safe environment with a relative and lack safe alternative living arrangements, as well as individuals ages 18-21 without shelter." Youth who have been abandoned or "kicked out" of their home by their parents are considered "thrownaway" youth, and are defined as homeless if they have no other living arrangement available (Congressional Research Service 2007).

"Chronic" vs. "Long-term" Homeless

Some homeless people experience a tragic cycle of long or frequent periods of homelessness. Two terms—"chronic" and "long-term" homeless—have emerged to identify these people and focus energy and funding toward their more complex needs.

In recent years federal homeless assistance programs have placed special emphasis on ending **chronic homelessness**. This is the narrower of the two definitions. Chronic homelessness is a designation given only to *individuals* with a disabling condition—behavioral, mental, or physical.

> **Chronic Homelessness**: "An unaccompanied homeless *individual* with a *disabling condition* who has either been continuously homeless for a year or more or has had at least four episodes of homelessness in the past three years" (Federal Register April 25, 2003 [emphasis added]).

Unlike the chronic definition, **long-term homelessness** includes not only individuals, but also families with children and does not limit the definition to those with a disability. State-driven and local programs in Minnesota, including *Heading Home: Northwestern Minnesota,* have chosen to focus their efforts on the more inclusive "long-term homeless" designation.

> **Long-term Homelessness:** An *individual or family member* "lacking a permanent place to live continuously for a year or more or at least four times in the last three years.

Housing Program Terminology

Emergency Shelter (ES)

According to the U.S. Department of Housing and Urban Development (HUD), **Emergency Shelter** includes 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.

Transitional Housing (TH)

"**Transitional housing** is a type of supportive housing used to facilitate the movement of homeless individuals and families to permanent housing. Basically, it is housing in which homeless persons live for up to 24 months and receive supportive services that enable them to live more independently. The supportive services may be provided by the organization managing the housing or coordinated by them and provided by other public or private agencies. Transitional housing can be provided in one structure or several structures, at one site or in multiple structures at scattered sites" (HUD Supportive Housing Program Deskguide 2008).

Permanent Supportive Housing (PSH)

Permanent Supportive Housing is another type of supportive housing. It is long-term, community-based housing with supportive services provided. This type of supportive housing enables special needs populations to live as independently as possible in a permanent setting. The supportive services may be provided by the organization managing the housing or coordinated by the applicant and provided by other public or private service agencies. Permanent housing can be provided in one structure or several structures, at one site, or in multiple structures at scattered sites (HUD Supportive Housing Program Deskguide 2008).

The process of determining which services should be delivered to clients in permanent supportive housing is informed through discussions with the client and professional assessment. The challenges faced by the homeless tend to be complex and interwoven and intensified by persistent poverty.

Supportive Services

Supportive services are provided to assist the homeless or those at-risk of homelessness. Such services are aimed at stabilizing a given family or individual's financial situation, physical and mental health, and self-sufficiency. Programs serving the homeless may provide these services (in-house by a case manager, for instance) or through referral to a partner agency. In either case, the needs of clients are assessed before specific supportive services are provided.

Some of the services commonly delivered include:

- case management and services coordination (see next definition for a full description of case management)
- benefits counseling and advocacy
- mental health services and treatment
- substance use management, harm reduction, abstinence, and relapse support
- primary health care and medication management
- money management and other independent living skills training and assistance
- transportation
- education and vocational training
- career/job counseling, development and placement
- child care placement and programs
- youth programs
- direct services (utility bill assistance, first month's rent, rental deposit)
- support/peer support in groups or one-on-one; e.g., substance use management, abstinence, domestic violence prevention, parenting, mental health, etc. (Corporation for Supportive Housing "An Introduction to Support Services Financing").

Case Management

Case managers play a central role in the homeless service system in Northwestern Minnesota. They are the linkage between the homeless and the supports that are available, and, at times, the person who delivers a direct service.

The Minnesota Interagency Task Force on Homelessness created a framework that defines and standardizes what case management entails. The essential components include:

- Assessment: work with client to identify strengths, resources, barriers and needs.
- Plan development: individualized with specific outcomes based on assessment
- Connection: linkages to necessary services, treatments and supports
- Coordination: integrate services and assure consistency of service plan by coordinating with service providers involved in the plan.
- Monitoring: work with client to evaluate progress and needs and make necessary adjustments.
- Personal advocacy: intercede on behalf of a person or group to ensure access to timely and appropriate services

At its very core, case management is a collaborative effort between the case manager and each household. How the service is delivered may vary depending upon the household being served and the program providing the services. Some of the elements of case management that vary include:

- Intensity (frequency of contact)
- Duration (brief to open-ended)
- Focus (narrow and targeted to comprehensive)
- Availability of staff
- Location of services
- Staffing patterns (from individual caseloads to inter-disciplinary teams with shared caseloads)

Other client-specific activities that occur as part of case management efforts include:

- **Outreach** (engaging persons not currently accessing services)
- Assessing need and providing cash assistance for first month's rent, deposit
- Crisis intervention (direct interventions to stabilize homeless in crisis)
- Follow-up or post-completion services (staying in touch with client after completion of program to track stability and provide linkages to needed services)
  (Minnesota Interagency Task Force on Homelessness 2007)

Some housing programs report a high rate of attrition for case managers and a limited pool of qualified and available candidates.

Housing First Model

Housing First does not require clients to stabilize their other conditions such as substance abuse or mental health issues before housing is provided. Research has shown that clients are more successful in addressing these other issues if they have permanent housing *while* undergoing treatment or counseling—hence, the term "housing *first.*"

The **Housing First** approach is based on the premise that the best way to end homelessness is to move people into permanent housing as quickly as possible. This is referred to as "**rapid re-housing**."

Once housed, clients are offered supportive services to address their individual needs and move them toward greater self-sufficiency and stability. These services include case management with referrals for addiction treatment, mental health treatment, financial education, job search assistance, educational opportunities such as GED classes, job skills training, and others. Programs vary, but typically clients are not *required* to accept extensive case management or other support services under the Housing First model; however, such services are proven to improve the outcomes for families, individuals, and youth (Working Group on Long-Term Homelessness 2004).

The Housing First model decreases the disproportionately high use of costly crisis services by a small percentage of the homeless. Identifying those who are high-end users, assessing their needs, then rapidly housing them in permanent housing alleviates the cost strain on the system. Rapid re-housing also frees up emergency shelter beds for others in crisis.

Minimizing the amount of time that families, individuals or youth are homeless also reduces the impact of that episode on their individual health and development. It reduces stress levels and improves family dynamics. If the impact of homelessness is lessened, then fewer and less intensive follow-up services will be needed.

"The goal of Housing First is to immediately house people who are homeless. Housing comes first no matter what is going on in one's life, and the housing is flexible and independent so that people get housed easily and stay housed. Housing First can be contrasted with a continuum of housing "readiness," which typically subordinates access to permanent housing to other requirements. While not every community has what it needs to deliver Housing First, such as an adequate housing stock, every community has what it takes to move toward this approach" (Corporation for Supportive Housing "Toolkit for Ending Long-Term Homelessness").

Challenges of Housing First Model in NW Minnesota:

- Severe shortage of permanent supportive housing and affordable housing in the region makes rapid re-housing challenging
- Emergency shelter beds are in extreme shortage—some funding needed for this as well as permanent housing
- Case management services are needed immediately when families enter the Emergency Shelter system
- Homelessness **prevention** is a proven strategy for rural areas. Funding is needed.

Although Housing First has been implemented by several NW Minnesota agencies, the lack of permanent housing and affordable units limits how quickly clients can be placed in housing.

3 Long-Term Homelessness

While Section 2 introduced **Long-Term Homelessness**, this section provides deeper understanding of the term by:

- Identifying the unique characteristics of the long-term homeless
- Laying out the cost of long-term homelessness
- Briefly explaining best practice options for addressing long-term homelessness and reducing crisis service costs

Characteristics of the Long-Term Homeless

This plan, like many others across the nation, places special focus on the long-term homeless. Providers in Northwestern Minnesota are currently identifying clients who fit this definition as client needs are assessed.

> About **50%** of the homeless persons in **Northwestern Minnesota** fit the definition of "long-term" homeless. This compares to a statewide figure of 54% (Wilder Research 2007).

The U.S. Department of Health and Human Services reported that long-term homelessness is associated with factors such as:

- Extreme poverty
- Lack of job skills
- Lack of education
- Serious health conditions, mental illness and/or chemical dependency

Children who have experienced long-term homelessness suffer:

- Physically–They got sick twice as often as other children and required hospitalization twice as often.
- Emotionally–47% of homeless school-aged children had problems such as anxiety, depression or withdrawal, compared to 18% of children in the general population.
- Academically–They were twice as likely to repeat a grade, often due to frequent absences and moves to new schools, and were four times as likely to have developmental delays (U.S. Department of Education 2000; National Center on Family Homelessness 1999 and 2002).

More specifically, long-term homeless correlates with:

- High rates of mental illness. 63% of the long-term homeless in Greater MN had a serious mental illness (Wilder Research 2007).
- High rates of chemical dependency. 43% of the long-term homeless in Greater MN had a substance abuse disorder (Wilder Research 2007). Untreated substance abuse increases the risk of incarceration (National Alliance to End Homelessness, "The Cost of Homelessness").
- High rates of chronic physical conditions such as tuberculosis, HIV/AIDS, diabetes, and hypertension. 47% of the long-term homeless in Greater MN had a chronic health condition (Wilder Research 2007).

- Increased likelihood of spending time in jail or prison and a higher re-arrest rate than for people with stable housing. Incarceration decreases employability and the likelihood of obtaining future housing. It also erodes family ties (Health Care for the Homeless Clinicians' Network 2004).
- High rates of emergency shelter use.
- Difficulties finding and holding down a job, finding access to training and education opportunities, and building a support network.
- Significantly higher rates of violence and victimization (Partnership to End Long-Term Homelessness).
- Feelings of despair and disenfranchisement that may cause them to disengage from society.

Cost of Persistent Long-Term Homelessness

Not only does long-term homelessness come with a tragic human cost, a financial cost is paid by communities where long-term homelessness persists. When this vulnerable population is without the stability that housing provides, their related needs often go unmet—chronic health conditions worsen, mental health issues cause barriers to employment and self-sufficiency, children face developmental delays, addictions go untreated, and parenting issues escalate as stressors mount. As these circumstances worsen, the options to address and treat them become more expensive. Data shows that the long-term homeless are far more likely to use high-cost services such as emergency rooms, shelters, and foster care. Consider the figures below.

Emergency Room Use

38% of the long-term homeless in Greater Minnesota received Emergency Room (ER) care during a recent 6-month period. The average was 2.6 visits per long-term homeless family or individual. Of those reporting an ER visit:

- 10% visited the ER 4 times in the last 6 months
- 14% visited the ER 3 times
- 27% visited the ER 2 times
- 34% visited the ER 1 time (Wilder Research 2007)

Hospital Stays

Homeless people spend an average of four days longer per hospital visit than comparable non-homeless people. According to a *New England Journal of Medicine* report, the additional cost was approximately $2,414 (National Alliance to End Homelessness, "The Cost of Homelessness").

Incarceration

The long-term homeless spend more time in jail or prison. During fiscal year 2006, the average annual cost per adult inmate in Minnesota state correctional facilities was $80.11 per day or $29,240 per year, a hefty price for taxpayers (Minnesota Department of Corrections 2007).

Psychiatric Hospitalization

In a study of hospital admissions, the rate of psychiatric hospitalization for homeless adults was over 100 times that of non-homeless adults. Researchers estimated the excess cost of treatment at about $2,000 per homeless person (Ramsey County/City of St. Paul Homeless Advisory Board 2005).

Shelter Use

While emergency shelter is needed for short-term crises, this is a costly option if used as long-term housing. HUD reported that the cost of an emergency shelter bed funded by the Emergency

Shelter Grants Program is approximately $8,067 more than the average annual cost of a federally funded housing subsidy voucher such as Section 8 vouchers (National Alliance to End Homelessness, "The Cost of Homelessness").

Lost Productivity

41% of homeless Minnesotans reported a physical, mental or health condition that limited the kind or amount of work that they could do (Wilder Research 2007). Untreated illnesses decrease the productivity of individuals. They are less likely to earn a stable income, support other family members, or be an active member of society. Quantifying this loss is difficult.

If long-term homeless population could be stabilized, cost benefits could be realized. The long-term homeless could improve their quality of life and become contributing members of their communities.

Best Practices in Addressing Long-Term Homelessness

Through research and collaboration, improved strategies for addressing long-term homelessness have emerged. These strategies increase community return on investment while improving the lives of the long-term homeless. Prevention and placement in Permanent Supportive Housing are the key strategies.

Prevention

It is well-documented that *preventing* an episode of homelessness costs less than serving the needs of clients who are already homeless. **Prevention** strategies include case management that provides links to services such as mental health counseling, mortgage foreclosure counseling, or substance abuse treatment. Prevention could also include, for instance—providing vouchers for transportation, first and last month's rent, landlord mediation, or assistance with child care subsidy application forms.

Placement in Permanent Supportive Housing

Many recent studies have shown that creating **permanent supportive housing** (PSH) units and moving long-term homeless clients rapidly into that housing reduces their use of expensive crisis services. Below is a sampling of findings.

Hennepin County evaluated 43 families to find out whether placement in PSH would impact use of crisis services including child protection, out-of-home placements, and substance abuse treatment. Their results showed that:

- The county spent a similar amount per family; however, spending went from 88% devoted to crisis services for families before they moved into PSH to only 22% spent on crisis services once they were in PSH. It is well-documented that dollars spent on PSH are more likely to lead to stability than crisis service expenditures.
- Children spent fewer days in foster care.
- Chemical health treatment costs were significantly reduced
  (Ramsey County/City of St. Paul Homeless Advisory Board 2005)

In 1998, Hennepin County reported on the successes of a PSH program serving those with late-stage alcoholism. The results show better outcomes for individuals and a cost savings for public systems.

- A decrease of 29% per year in criminal bookings for residents.
- A decrease of 69% per year in the average number of days that residents spent in Adult Detention Center.

Continued Next Page

In 2006, the Denver Housing First Collaborative reported a significant reduction in public cost of services for long-term homeless clients that were moved into PSH.

- Cost of the PSH=$13,400 per person
- Cost savings resulting from lower usage of health, mental health, substance abuse, and shelter services and a lower incarceration rate=$15,773 (National Alliance to End Homelessness 2007)

Conclusion

As new data on the cost of long-term homelessness and best practices has come to light, a push toward ending long-term homeless has gained momentum across the nation. Permanent Supportive Housing placement would bring relief to those caught in the cycle of homelessness and yield a better outcome for taxpayer dollars. Prevention of homelessness remains another key cost-saving strategy. We cannot, as a region, afford NOT to end long-term homelessness.

4 Rural Homelessness

Historically, much of the focus and funding around homelessness has been aimed at places where the tragedy is most visible—urban areas. While the rural homeless may be fewer in number and less visible, their needs are just as diverse and their well-being is just as vital.

This section covers the characteristics of rural homelessness and recommended strategies.

Characteristics of Rural Homelessness

The problems associated with rural homelessness are unique and must be examined to effectively address the problem in Northwestern Minnesota. (Specific characteristics of the NW Minnesota homeless population are addressed in Sections 6, 7, and 8.)

Factors that distinguish rural homelessness:

- Fewer service providers available due to the high cost of serving a small, widely dispersed population
- Homeless or those at-risk of homelessness need to travel long distances to receive services
- Less emergency shelter available and more emphasis on supportive services
- Negligible amount of affordable housing available
- Persistent poverty—a higher percentage of people on the verge of homelessness in rural areas
- Limited public transportation
- Historical problem with sub-standard housing conditions
- Infrastructure needs are high, but difficult to fund with small population covering wide a geographical area.
  (National Alliance to End Homelessness 2007; Housing Assistance Council 2006)

When compared to the urban homeless, the rural homeless:

- Tend to be less educated but are more likely to be employed
- Experience shorter episodes of homelessness
- Are far more likely to live in **doubled up,** informal situations with family or friends
- Are less likely to have health insurance or access to medical care

"Doubling Up" or "Couch Hopping"

To be doubled up or couch hopping means to have a temporary living arrangement with family or friends due to lack of means to attain one's own permanent housing. Periods of being doubled up are considered incidents of homelessness by the Minnesota Department of Human Services definition and this plan.

Doubling up (also referred to as an "informal shelter arrangement") is common in rural areas where shelters are less accessible.

- Half of the doubled-up homeless interviewed for the statewide Wilder Research Study (2007) were in Greater Minnesota.
- 39% of Greater Minnesota's homeless population was doubled up, compared to 18% in 7-county metro area where shelter services are more available.

Many of these individuals and families shift from homelessness to living with various friends or family. Some are fleeing domestic abuse. Some have come out of the foster care system or have been asked to leave home by their parents. Some will accept sub-standard conditions or less-than-ideal housemates to keep a roof over their heads.

Compared to other homeless people, those who are doubled up tend:

- To be younger
- To be homeless for shorter periods of time but more frequently
- To have dropped out of high school
- To have received special education services while in school
- To be currently married or living with a partner
- To have a job earning less than $8 per hour if employed
- To be employed at the same rate as other homeless people
- To be slightly more likely to have been laid off in the last 6 months
- To have left a correctional facility in last 12 months
- To have used illegal drugs
- To have a higher likelihood of having spent time in foster care
  (Wilder Research 2007)

Conditions for those who are doubled up are often:

- Overcrowded
- More likely to be in sub-standard housing
- Lacking in privacy
- Unstable and temporary, causing high **mobility** (frequent moves)

Concerns about the impact of doubling up

- Overcrowded conditions lead to the spread of communicable diseases.
- The heightened stress level negatively affects parenting and exacerbates substance abuse and mental health issues.
- The high mobility and overcrowded, substandard conditions deprive children of needed sleep, slow their development, and hamper their school achievement.
- Those who are doubled up have difficulty qualifying for programs that use “household income” figure to determine eligibility. These programs could help them obtain their own housing.
- Some programs are not available to them because they do not meet the federal definition of “homeless.”
- Doubling up may constitute a breech in the lease agreement (too many occupants) and lead to eviction.
  (Wilder Research 2007)

Recommended Responses to Rural Homelessness

The financial and logistical barriers to serving the rural homeless are unique. The goal must be to overcome these barriers with wise, rural-oriented solutions backed by sufficient planning and funding.

1. Prevention

"One of the most important strategies in ending rural homelessness is prevention. Preventing the occurrence of homelessness is the most economic way of ending homelessness. For communities that have limited funding, providing services such as paying back rent or utilities and case management can significantly decrease the number of people moving into homelessness" (National Alliance to End Homelessness 2007).

Once someone is homeless their hardships increase exponentially. They are more likely to experience violence and illness. Their instability leads to job loss or difficulty finding a job.

To prevent an episode of homelessness is to avoid more expensive interventions that are likely needed if housing is lost. Dakota County estimated that a typical episode of homelessness for a family of three costs $12,000; whereas *preventing* the episode of homelessness costs only $1,600 (Dakota County FHPAP Report 1999-2000).

2. Permanent Supportive Housing/Housing First Strategy

As mentioned in the Long-Term Homelessness section (pp.18–21), inadequate supply of affordable housing makes **rapid re-housing** extremely challenging. Despite a drastic shortage of available Permanent Supportive Housing and affordable housing, programs that serve the homeless in NW Minnesota are using the Housing First model. Clients are *not* required to stabilize other conditions such as addictions and mental health issues before housing placement.

3. Networking and collaboration

Working together across agencies, across county boundaries, and across communities lessens the obstacles posed by diseconomies of scale, diversity of assistance needs, and limited program resources (Housing Assistance Council 2006).

5 Homelessness in NW MN: Does It Exist?

Counting the Rural Homeless: The Challenges

In rural areas such as Northwestern Minnesota, homelessness is far less evident than in urban areas. Obvious signs of homelessness—cardboard shelters in alleys, ever-present panhandlers on main streets, crowds of the needy outside emergency shelters—are not seen in rural America. The lack of visible evidence might lead to the belief that homelessness is not a problem in Northwestern Minnesota, when in fact individuals and families in this region *are* facing precarious housing situations and homelessness in significant numbers.

Experts refer to the rural homeless as the **hidden homeless.** Rural areas such as Northwestern Minnesota have extremely limited emergency shelter beds, which are often located beyond an accessible distance from those in need. As a result, the homeless tend to sleep in places that are not as visible—in campgrounds, vehicles, or abandoned buildings for instance. Others live in tightly cramped and sometimes substandard housing with other family members or friends, commonly referred to as "**doubling up**" or **"couch hopping."** Often they move from one unstable, sub-standard or cost-burdened situation to another, hidden from the eyes of the wider community and a moving target for those who wish to count them and survey their needs.

Conducting surveys to count the homeless is an arduous task whether in an urban or rural area. Both state and national surveys focus on a set 24-hour period or "point in time," during which service providers and others who come in contact with this population are enlisted to count the sheltered and unsheltered homeless in their area.

Factors that lead to an undercounting of the homeless in rural areas:

- Because emergency housing is in extreme shortage in rural areas, the homeless are not congregated at emergency facilities where they could be more easily counted.
- The homeless have a difficult time accessing the limited existing services due to the long distances between where they are and where the services are offered. As a result, only a small percentage of the rural homeless are getting assistance during the 24-hour period of the count.
- Strong kinship networks and small-town pride keep the rural homeless from showing up on the streets or at the doorstep of service providers who are conducting the count.
- The homeless who are doubled up are extremely difficult to locate during a 24-hour period.
- The vast area covered by rural providers makes finding the *unsheltered* population an overwhelming challenge. Strategies employed for urban counts, such as identifying places where the homeless frequent (i.e. under bridges) are less relevant and feasible due to the vast, sparsely populated ground that would need to be covered.
- Rural service providers currently lack the funding and staffing to expand their homeless count efforts enough to overcome these challenges.

Point-in-Time Surveys in NW Minnesota

The NW Minnesota CoC participates in two **Point-in-Time (PIT) surveys** of the sheltered and unsheltered homeless:

1. Wilder Research survey—conducted every three years
2. HUD-mandated PIT survey—conducted once every two years

Although PIT surveys are widely believed to undercount homelessness in rural areas, the PIT data is used by federal, state, and private entities to evaluate the region's need for funding. This unfortunately leads to fewer resources than what are truly needed.

Wilder Research Survey

Minnesota is only state in the nation with a comprehensive homeless population survey that includes all rural areas. Every three years since 1991, Wilder Research of St. Paul has conducted a statewide survey of the homeless in October.

The Wilder Study yields more than just a count. Survey questions provide information about the causes, circumstances and effects of homelessness in the 13 CoC regions of Minnesota.

As with all homeless surveys, obstacles and challenges exist, particularly in rural areas; however, each year a collaborative effort is made to improve the methods and participation in the Wilder survey. In 2006, the statewide process involved 950 people doing face-to-face interviewing of 2,500 homeless clients in emergency shelters, transitional housing, and battered women's shelters. Outreach to other locations was also conducted, particularly in metro areas.

Data from the Wilder Survey is used throughout this report due to its longer history and high standards. At this juncture, here is just a snapshot at the NW Minnesota data from the most recent Wilder Research Survey. Keep in mind that this represents a point-in-time count.

Wilder Research Point-in-Time Count
Conducted October 26, 2006

NW MN Homeless Population	Sheltered			Informal Shelter	Unsheltered	TOTAL
	Emergency Shelter	Transitional Housing	Battered Women's Shelter			
All identified homeless on 10/26/06	58	131	9	45	12	198

HUD-Mandated Point-In-Time Count

To compete for federal HUD funding, CoCs across the nation are required to conduct a sheltered and unsheltered population count every two years in late January. Because this survey is conducted during a frigid month in Minnesota, many homeless people are doubled up with friends or family. HUD does not consider them homeless, so they cannot be counted.

This PIT count does not involve the substantive survey and evaluation component undertaken during the Wilder Study.

CoC HUD-Mandated Point-in-Time Homeless Population Chart
Conducted January 25, 2007

NW MN Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Persons in households WITH children (adults and children)	38	106	8	152
Persons WITHOUT dependent children	34	57	23	114
TOTAL PERSONS	72	163	31	266

Other Measures of NW MN Homelessness

Below are several sources of data about those served by various programs within the homelessness Continuum of Care in Northwestern Minnesota. The high volume of clients who meet the criteria of these programs provides further evidence of that homelessness is a problem in NW Minnesota.

Emergency Shelter Data

The table below indicates that a shockingly large number of homeless people are turned away from the three emergency shelters that account for over half of the beds in the region. People from every county in the NW Minnesota have been served by these shelters.

NW Minnesota Emergency Shelter Data
2006

Shelter	Location	Number Served 2006	Number Turned Away 2006
Care and Share	Crookston	393	279
Ours to Serve House of Hospitality	Bemidji	462	587
Red Lake Homeless Shelter	Red Lake Reservation	210	*Not available*
TOTALS		**1,065 served**	**More than 866 turned away**

Note: This table does not include data from domestic violence shelters or the youth homeless shelter. Data does not exclude duplicates.

Family Homeless Prevention and Assistance Program (FHPAP) Data

The **Family Homeless Prevention and Assistance Program (FHPAP)** was established by the Minnesota Legislature in 1993. The program's mission is to assist families with children, youth/unaccompanied youth, and single adults who are homeless or are at imminent risk of homelessness. There are three FHPAP project areas covering all counties in the NW Minnesota region.

As the table below shows, over 1,100 clients met the established criteria for this program. Almost 70% of them were turned away due to a lack of program funding.

Family Homeless Prevention and Assistance Program (FHPAP)
July 1, 2006–June 30, 2007

Community Action Programs	Counties Served	Households Served 2006	Households turned away due to capacity 2006
Tri-Valley CAP Northwest CAP Inter-County CAP	Clearwater, Kittson, Lake of the Woods, Marshall, Norman, Pennington, Polk, Red Lake, Roseau	127	637
Bi-County Cap	Beltrami, *Cass,	87	50
MAHUBE	*Becker, Hubbard, Mahnomen	136	70
TOTALS		**350 served**	**757 turned away due to capacity**

**Please note: Becker County and Cass County lie outside the NW MN C0C region.*

Long-Term Homelessness Grant Data

Several CoC agencies in NW Minnesota received funding from the Minnesota Department of Human Services to address the supportive service needs of the long-term homeless. All clients who are served must meet the definition of "**long-term homeless**," which is:

> *"An individual or family member lacking a permanent place to live continuously for a year or more or at least four times in the last three years."*

As shown in the table below, more than 1,600 people in NW Minnesota met this long-term homeless definition and received services through this grant during the most recently completed fiscal year.

Minnesota Department of Human Services (DHS)
Long-Term Homelessness Grant Data

AGENCY	County or Counties Where Agency Uses this Funding	HOUSEHOLDS Served July '06–June '07	BENEFICIARIES Served July '06–June '07
MAHUBE	Mahnomen, Hubbard, Becker	204	436
White Earth Reservation	Mahnomen	31	59
Tri-Valley Community Council	West Polk	43	98
Inter-County Community Council	East Polk	10	21
NW Mental Health	Mahnomen, Polk	37	70
Care and Share	Polk	46	99
Bi-County Community Action	Beltrami, Cass	151	325
Red Lake	Beltrami	38	105
Leech Lake Reservation	Cass, Beltrami	132	358
Evergreen Community Services	Beltrami	41	61
	TOTALS	**733**	**1,632**

**Please note: Becker County and most of Cass County lie outside the NW MN CoC region.*

Conclusion

Homelessness *does* exist in NW Minnesota. Service utilization shows that *many* more homeless clients exist in the region than what PIT surveys have identified. Homelessness is a *significant* problem in NW Minnesota, a problem that is undercounted during 24-hour PIT counts due to the hidden nature of rural homelessness.

While PIT counts yield an undercounting of the population, the Wilder Research Survey is a more comprehensive approach to gathering information. The Wilder Study reveals information about client barriers to housing, housing history, demographics of the homeless, and other valuable information through a survey process that is highly regarded when compared to other homelessness counts.

6 Main Causes of Homelessness

The main causes of homelessness are the same regardless of whether in a rural or urban area.

1. POVERTY
2. An UNMET NEED for AFFORDABLE HOUSING

This section seeks to explain how these two factors impact homelessness in NW Minnesota.

Poverty

> **"Homelessness and poverty are inextricably linked.** Poor people are frequently unable to pay for housing, food, childcare, health care, and education. Difficult choices must be made when limited resources cover only some of these necessities. Often it is housing, which absorbs a high proportion of income that must be dropped. **Being poor means being an illness, an accident, or a paycheck away from living on the streets**" (National Coalition for the Homeless 2007).

Persistent poverty is a problem in rural counties across the nation, including in Northwestern Minnesota. All counties in the region, except Roseau, have a higher poverty rate than the state average. Beltrami, Mahnomen, and Clearwater counties rank, respectively, as the #1, 2, and 3 highest poverty rates in Minnesota.

Poverty Rates
Northwestern Minnesota Counties

Locale	Poverty Rate
State of MN	8.1%
Beltrami	15.8
Clearwater	12.4
Hubbard	10.0
Kittson	8.6
LOW	8.2
Mahnomen	15.5
Marshall	8.7
Norman	9.7
Pennington	9.1
Polk	10.7
Red Lake	8.8
Roseau	5.9

Source: U.S. Census Bureau, 2004. Accessed on State and County Quick Facts website.

Child Poverty Data Almost all of the NW Minnesota counties have a higher percentage of children living in poverty than the statewide percentage. Mahnomen, Beltrami, and Clearwater counties rank respectively as the #1, 2, and 4 highest rates of childhood poverty in the state.

Child Poverty Data
Northwestern Minnesota

Locale	Percentage of Children living below 100% Federal Poverty Guideline*, 2004
State of MN	**11%**
Beltrami	22%
Clearwater	18%
Hubbard	15%
Kittson	12%
LOW	11%
Mahnomen	23%
Marshall	12%
Norman	13%
Pennington	12%
Polk	14%
Red Lake	12%
Roseau	7%

Source: Children's Defense Fund Minnesota. Kids Count Data Book 2007. U.S. Census Bureau's Small Area Income and Poverty Estimates, 2004.
***Note:** 100% Federal Poverty Guideline in 2004 was $18,850 for a family of four *(Federal Register* 2008).

Wage Structure of the Region

Low wages contribute to housing instability in NW Minnesota. Consider the data below.

Family Supporting Wage JOBS NOW Coalition of Minnesota does a periodic county-by-county analysis of what income is needed for families of various sizes to cover the cost of their basic needs. "Basic needs" do not include budget lines for entertainment, skills training, restaurant meals, vacations, emergencies, pets, gifts, life insurance, home mortgage down payments, home appliance purchases, or savings for college or retirement. Below is a sampling of the data gathered by JOBS NOW, showing the minimum family supporting wage for two different family sizes.

Family Supporting Wage Data
Northwestern Minnesota

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FAMILY SIZE #1
2 adults, 2 children, 2 full-time workers

MN Economic Region	Counties within Region	Hourly wage required for EACH adult
Region 1	Kittson, Roseau, Marshall, Pennington, Red Lake, Polk, Norman	**$9.75**
Region 2	Beltrami, Clearwater, Hubbard, Lake of the Woods, Mahnomen	**$10.40**

Source: JOBS NOW Coalition. 2006. "What is a Family-Supporting Wage?" from "The Cost of Living in Minnesota."

Region 1: **30%** of jobs paid **less than $9.75** per hour (family supporting wage)
17% of jobs paid **less than $7.75** per hour

Region 2: **42%** of jobs paid **less than $10.40** per hour (family supporting wage)
19% of jobs paid **less than $7.75** per hour
(Minnesota Department of Employment and Economic Development 2006)

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FAMILY SIZE #2
1 adult, 2 children, 1 full-time worker*

MN Economic Region	Counties within Region	Hourly wage required
Region 1	Kittson, Roseau, Marshall, Pennington, Red Lake, Polk, Norman	**$13.35**
Region 2	Beltrami, Clearwater, Hubbard, Lake of the Woods, Mahnomen	**$15.00**

Source: JOBS NOW Coalition. 2006. "What is a Family-Supporting Wage?" from "The Cost of Living in Minnesota."

*Note: A one-adult household seems prevalent in the NW Minnesota homeless population. 65% of the homeless in NW MN have never been married; 24% are divorced; 7% are separated (Wilder Research 2007).

Region 1: **55%** of jobs paid **less than $13.35** per hour (family supporting wage)
Region 2: **66%** of jobs paid **less than $15.00** per hour (family supporting wage)
(Minnesota Department of Employment and Economic Development 2006 Wage Data)

NW Minnesota Homeless Wage and Employment Facts

- 94% of the employed homeless people in NW Minnesota were making less than $10 per hour.
- 36% of homeless adults were employed and 45% of them were working full time. Barriers such as untreated mental illness keep others out of the job market. (Wilder Research 2007)

"I'm doing OK now, but I need to work two jobs to make ends meet." ---*Formerly homeless client interviewed for this report. Fleeing an abusive relationship, she lived in a car in a local park.*

Supplemental Security Recipients Monthly Supplemental Security Income (SSI) payments for an individual in Minnesota are $603. If SSI is an individual's only source of income, they are only able to afford $181 in monthly rent (30% of income). The HUD-calculated rate for a one-bedroom apartment in NW Minnesota counties ranges from about $400 to $450 per month, meaning over 65% of that individual's SSI payment would need to go toward housing (National Low Income Housing Coalition 2006). If subsidized housing is available, the housing cost burden is less severe, but waiting lists for those units are common in the region.

Unmet Need for Affordable Housing

Given the high rates of poverty and wage structure in NW Minnesota counties, it is no surprise that there is a high demand for affordable housing. Data shows that the current supply of affordable housing does not match the region's need. The conservative estimates below do not take into account the properties that will cycle into substandard conditions.

Conservative Projection of Unmet Need for Affordable Housing Through 2010

County	Unmet Need in No. Units
Beltrami	2,876
Clearwater	558
Hubbard	1,455
Kittson	315
Lake of the Woods	341
Mahnomen	361
Marshall	357
Norman	365
Pennington	728
Polk	1,919
Red Lake Co.	227
Roseau	774

BBC Research and Consulting. "The Next Decade in Housing," 2003. Prepared for Minnesota Housing, Family Housing Fund, and Greater Minnesota Housing Fund.

39% of the homeless in NW Minnesota reported that they were on a waiting list with a program that offers financial assistance for housing costs. This is further evidence of the affordability gap in this region (Wilder Research 2007).

Affordability Gap and Cost-burdened Households

According to HUD, housing is **affordable** if the household pays no more than 30% of their gross income to live there. **Cost burdened** households are paying more than 30% toward their housing, meaning that they will have difficulty meeting other basic needs or dealing with other financial burdens as they arise. **Severely cost burdened** households are putting more than 50% of their gross annual income toward housing.

Those who fall into these two categories are in a precarious housing situation. Sudden, unexpected expenses associated with injury or illness, loss of job, or loss of a spouse have a deep and sudden impact upon whether they can afford housing.

Data shows that rural homelessness is most dramatic in places where economic growth drives up housing costs, for example, in areas of NW Minnesota where natural resources draw in buyers from other regions who are capable of buying second homes and recreational land.

Cost-Burdened RENTERS

The most common reason given by the homeless for leaving their previous housing was that they were unable to afford their rent (Wilder Research 2007). Despite the national emphasis on home ownership, a significant percentage of residents in our region are renters.

Percentage of Households Renting
NW Minnesota Counties

County	% of Households Renting
Beltrami	26%
Clearwater	18%
Hubbard	17%
Kittson	17%
LOW	15%
Mahnomen	23%
Marshall	16%
Norman	19%
Pennington	25%
Polk	26%
Red Lake Co.	21%
Roseau	16%

Source: National Low-Income Housing Coalition. "Out of Reach 2006."

The issue of cost burden is most significant for those who fall into the "extremely low-income" category. *(See next page)*

Cost Burden for Extremely Low-Income* Renters Only
NW Minnesota Counties

County	No. of Extremely Low-Income Households Renting	Percentage of Extremely Low-Income Renters COST BURDENED Spending >30% of income on housing	Percentage of Extremely Low-Income Renters SEVERELY COST BURDENED Spending >50% of income on housing
Beltrami	1,090	69 %	48 %
Clearwater	202	55 %	34 %
Hubbard	294	49 %	27 %
Kittson	102	47 %	29 %
LOW	101	65 %	54 %
Mahnomen	148	58 %	37 %
Marshall	195	39 %	29 %
Norman	159	65 %	38 %
Pennington	342	64 %	43 %
Polk	801	68 %	49 %
Red Lake Co.	99	52 %	24 %
Roseau	221	58 %	34 %
TOTAL	**3,754 households**		

Source: U.S. Census CHAS Data Book, 2000.
***Note: Extremely low income** is defined as household income less than or equal to 30% of **Median Family Income (MFI)** for the given county. This is a federal standard.

In the table above, note that 3,754 households renting in the region fell into the category of "extremely low income." This is a staggering number of renters who are precariously housed. Another 6,840 renting households make less than 50% of **Median Family Income (MFI),** but their housing burden figures were not accessible.

Rental Rate Increases The cost of renting is has risen sharply. When adjusting base rents from the 2000 Census to 2007 Fair Market Rent rates, HUD found increases ranging from at least 17% to as high as 21% in Northwestern Minnesota counties (National Low Income Housing Coalition 2006).

Cost-Burdened Homeowners

A closer look at income growth versus housing costs in Northwestern Minnesota will shed more light on why homeowners face affordability issues that could lead to homelessness.

Home Price Increase vs. Income Increase
1990–2000
Northwest MN Counties

County	Home Price Increase	Income Increase
Beltrami	22%	19%
Clearwater	76%	28%
Hubbard	61%	31%
Kittson	7%	3%
LOW	70%	0.3%
Mahnomen	33%	32%
Marshall	11%	19%
Norman	13%	14%
Pennington	14%	18%
Polk	21%	16%
Red Lake Co.	28%	20%
Roseau	8%	15%

Source: Minnesota Housing Partnership (MHP). "Affordable Housing Fact Sheets," December 2006. MHP Sources: 1990 and 2000 U.S. Census and Minnesota Department of Revenue, Property Tax Division. Figures adjusted for inflation.

Home Owners and Cost Burden As with renters, homeowners with extremely low incomes are most likely to be cost burdened or severely cost burdened.

Housing Cost Burden for Extremely Low-Income* Homeowners
NW Minnesota Counties

County	No. of Extremely Low-Income Homeowners	% of Extremely Low-Income Homeowners COST BURDENED Spending >30% of income on housing	% of Extremely Low-Income Homeowners SEVERELY COST BURDENED Spending >50% of income on housing
Beltrami	1062	68%	45%
Clearwater	179	66%	35%
Hubbard	503	64%	45%
Kittson	393	64%	41%
LOW	154	76%	51%
Mahnomen	167	50%	22%
Marshall	313	67%	43%
Norman	263	52%	25%
Pennington	282	65%	43%
Polk	579	64%	42%
Red Lake Co.	144	58%	29%
Roseau	339	71%	46%
TOTAL	**4,378 households**		

Source: U.S. Census CHAS Data Book, 2000. ***Note: Extremely Low-Income** is defined as households with an income less than 30% of MFI (Median Family Income) in that county**.**

From the previous table, note that 4,378 home-owning households in the region fell into the category of "extremely low income" and a county-based average of 39% of them were severely cost burdened. This is a staggering number of homeowners at risk of losing their housing. Another 9,375 home-owning households made less than 50% of MFI, but their cost burden figures were not accessible.

Creating Affordable Housing for Economic Reasons

Clearly there are humanitarian reasons to invest in creating additional affordable housing in Northwestern Minnesota, and there are also economic reasons.

- A lack of affordable housing was listed as the #2 disadvantage of doing business in Minnesota according to respondents surveyed by the state Chamber of Commerce (Housing Solutions Alliance 2006)[3].
- Our state and regional economy benefit from development of affordable housing. A $10 million investment in housing yields $69 million in new wages and 2,676 new jobs in the state (Housing Solutions Alliance 2006)[4].

Conclusion

Poverty is prevalent throughout the region and evidence clearly shows a wide gap between wages and housing cost in NW Minnesota. Given the high numbers of precariously housed people in the region, it is not surprising that homelessness exists.

Impacting this problem will require efforts by the wider community, beyond just homeless service providers. What's needed?

- Creation of more affordable housing
- Promotion of economic growth that adds living wage jobs
- Funding of case management to help homeless or near-homeless clients increase income. (Even slight increases can have an impact on housing stability.)

[3] Survey results obtained by Housing Solutions Alliance from *St. Paul Pioneer Press*, January 29, 2006.
[4] Figures obtained by Housing Solutions Alliance from *Housing Minnesota* 2004.

7 Other Factors Contributing to Homelessness in NW MN

While poverty and a lack of affordable housing stand out as main contributors to homelessness, other inter-connected factors come into play. They include broad systemic problems and issues present at a personal level. Where these factors exist, the complexities and challenges of finding and sustaining permanent housing and increased income multiply.

Factors outlined in this section:

- Mental Health Issues
- Physical Health Issues
- Addictive Disorders
- Dual Diagnoses
- Lack of Education and Job Skills
- Institutional Placement
- Credit and Housing History
- Transportation
- Child Care
- Cost of Utilities
- Shortage of **Rental Subsidies**
- Sub-standard Housing
- Lack of Emergency Shelter and Supportive Housing
- Foreclosure Trends

Mental Health Issues

Mental illness can cause homelessness and conversely, homeless can cause or exacerbate mental health conditions. Over the past 12 years, the percentage of homeless people with serious mental health disorders has climbed steadily in Minnesota. (Wilder, 2006)

> In NW Minnesota, **46%** of the homeless had a significant mental illness that led to inpatient or outpatient treatment in the last two years**. Over 1/3** of the homeless felt that they needed to see a mental health care professional (Wilder Research 2007).

History

In recent decades, psychiatric state hospitals were closed in large numbers and a **community-based treatment model** was adopted across the nation. Historic numbers of mentally ill individuals were **de-institutionalized** (released from these in-patient settings) and were to receive treatment and support on an out-patient basis. Due to a variety of reasons, the community-based system has never kept up with the demand for mental health treatment, leaving this vulnerable population at a high risk for homelessness.

"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).

When a vulnerable individual's mental health condition goes untreated, communication with their landlord may suffer and deteriorate, daily household chores and bill paying may be beyond their capacity, and their ability to seek and maintain employment is limited. Should the person require in-patient care, the hospital stay would drain their limited income. If their housing is lost, finding another housing option would be difficult due to their low income, poor housing history and, at times, due to discriminatory practices.

Serious and persistent mental illness (SPMI) is frequently accompanied by a degree of paranoia and disassociation from society, making it difficult to connect with this sub-group of the homeless. They may resist any attempt to assess and thereby label them, so they may go undiagnosed. Without treatment and ongoing support, these individuals lack the stability and coping skills needed for daily living.

> Mental health problems ranked #3 when the homeless in NW Minnesota were asked to identify their biggest barriers to employment (Wilder Research 2007).

Those who are impaired by their mental illness need assistance in applying for programs such as **Supplemental Security Income (SSI)**. This can be a particularly challenging task, since gathering documentation is difficult for the homeless but necessary by federal law to receive the income assistance that would keep them housed. The homeless have higher rates of denial for SSI due to insufficient documentation of functional impairment. The transient nature of the homeless makes meeting all required application deadlines difficult. The SSI application process stretches out sometimes for years before a client receives a definitive answer on their eligibility. They need help to overcome this barrier so that they can use SSI to stabilize their housing and decrease their use of crisis services (Health Care for the Homeless Clinicians Network 2004).

"The mentally ill sometimes don't know that they are sick and in need of help."---*Input Meeting participant*

Exploring Ways to Address Mental Health Issues

According to a U.S. Department of Health and Human Services report, institutionalization is not necessary for most homeless people who have a mental illness (U.S. Department of Health and Human Services 2003). Rather, **case management, treatment,** and **rapid re-housing** are the strategies that would best help this population (National Coalition for the Homeless 2007).

Case Management

Those with mental health conditions benefit from **case management,** which can connect them to services, help them with goal setting, and monitor their progress. They may need out-patient psychiatric care and possible prescription medication, ongoing counseling, housing search assistance, landlord mediation, assistance with SSI and other applications and, when within their capability, job skills training, employment search assistance, and job coaching. A case manager can monitor whether clients are attending ongoing counseling, something that SPMI clients often resist—at least initially. The broad goal is greater self-sufficiency over time.

Homeless service agencies in NW Minnesota provide case management, but caseloads are high and funding constraints limit the intensity of these services. Because mental illness is cyclical, services need to be individualized, intensive and flexible to be most effective. A collaboration of NW Minnesota Continuum of Care (CoC) partners currently receives funding from the Minnesota Department of Human Services to support services (including case management) for the long-term homeless. This funding has been quite helpful and its effectiveness well documented. At present, it does not extend into all counties within the region. Caseloads are still well over the best-practice limit even for those agencies receiving the Long-Term Homeless grant dollars.

"We need case managers to follow these individuals over the long term so that they can build trust with them. I've seen an increase in housing stability when someone advocates for them."--- *NW MN Input Meeting Participant*

Treatment

Providing mental health treatment in a rural area is challenging. Community-based treatment options have struggled to keep pace following the closing of mental health institutions. All counties in NW Minnesota are designated Health Professional Shortage Areas for Mental Health services (Minnesota Department of Health Office of Rural Health 2007). High caseloads for social workers and psychologists in the area can lead to long wait times for assessment.

One striking example is NW Minnesota's mental healthcare worker shortage is the lack of professionals capable of prescribing psychiatric medication. Consider the data:

- 83% of Minnesota's psychiatrists practice primarily in an urban area.
- There are only 4.5 psychiatrists per 100,000 rural Minnesotans versus 16 psychiatrists per 100,000 people nationally.
- In 2004, only 19 child psychiatrists in Minnesota practiced outside the 7-county metro area.
- The need for psychiatrist services is expected to increase because the average age of rural Minnesota's psychiatrists is over 51.
  (Minnesota Department of Health, Office of Rural Health and Primary Care 2005)

Partnerships between housing service providers and area mental health agencies have helped to expedite mental health treatment for homeless clients, but the system is stretched to meet the need.

Other barriers to accessing mental health treatment options for the NW Minnesota homeless include:

- Lack of transportation, which is compounded by the long distance that some clients must travel to get to their provider.
- Social stigma around mental health problems. This stigma is believed to be more pronounced in rural areas, causing some clients to resist seeking help.
  (President's New Freedom Commission on Mental Health: Subcommittee on Rural Issues 2003)

Housing

Some sort of affordable housing option is necessary where the SPMI client is unable to earn a sufficient income due to their disability. The wait for **Section 8 housing vouchers** or public housing can be years, according to local HRAs. Programs that serve this population include:

- The **Bridges** program provides state-funded assistance to SPMI clients who are eligible to be on the Section 8 waiting list. Bridges funding may be used to pay rent directly to landlords, security and utility deposits and the full rent for up to 90 days.

- **Crisis Housing Fund Assistance** is a state-funded program to retain housing for persons who require up to 90 days of hospitalization. Data from the Minnesota Department of Human Services Mental Health Division shows that this program has helped reduce the length of hospital stays (Minnesota Department of Human Services Mental Health Division).

- **Mental Health Initiatives** in the region are funding housing for the mentally ill. For instance, the Northwest 8 program uses Mental Health Initiative dollars to house clients with a mental health diagnosis for up to 6 months in any of the 8 Northwestern Minnesota counties served. These clients are often ineligible for HUD-funded housing due to their ex-offender status or other disqualifying criteria. All clients are screened to determine whether they are likely to overcome their barriers and gain stability within this 6-month period of assistance.

Physical Health Issues

Homelessness both *results from* and *causes* serious health conditions. People who are homeless are more likely to suffer from a chronic or acute illness than the general public.

> According to the 2006 Wilder Research Study, **35%** of the homeless in NW Minnesota reported having a **chronic physical health condition**, including diabetes, asthma or other chronic lung or respiratory problem, high blood pressure, chronic heart or circulatory problems and others.

Living conditions of the homeless make it difficult for them to adhere to self-care regimens. Their lack of permanent housing makes them more susceptible communicable diseases, results in limited access to nutritious foods, increases the risk for injury due to higher rates of abuse, and exacerbates other health problems due to high levels of stress (Health Care for the Homeless Clinicians' Network 2004).

Untreated health conditions limit the type of work these clients can take, thereby decreasing their self-sufficiency and productivity.

> Physical health conditions ranked as the #2 barrier to employment for the NW Minnesota homeless who were without a job (Wilder Research 2007).

The 2006 Wilder Study found that of those who reported an illness or condition in the last year **62%** had received healthcare. Even for those who receive treatment, their care can be delayed or interrupted due to the mobility of these clients and/or the limitations of the health care system (Health Care for the Homeless Clinicians' Network 2004).

Homeless clients reported the following as the top reasons for not getting care: 1. No transportation (38%); 2. No money or insurance (37%) (Wilder Research 2007).

> In NW Minnesota, **24%** of the homeless reported that they had *no medical insurance coverage* (Wilder Research 2007). In some cases, they do not get care they need until a crisis emerges, and then they make a visit to the Emergency Room.

In a NW Minnesota CoC survey (2007), homeless clients reported a lack of dental care as one of the most common gaps in services, citing that area dental clinics do not accept Medical Assistance (MA). The entire NW Minnesota region is designated as a Health Professional Shortage Area in Dental Care (Minnesota Department of Health Office of Rural Health & Primary Care 2008). Efforts are underway in Bemidji to

open a clinic that would serve MA patients and other low-income people. A similar clinic recently opened in Grand Forks, North Dakota. Although transportation will be an obstacle for those needing dental care in more remote areas, this is a positive step toward better dental care for the homeless.

"Medical and dental problems keep people from being able to seek and keep employment."--- *Service Provider at NW MN Input Meeting*

Exploring Ways to Address Physical Health Issues

Case management and outreach can improve health outcomes and continuity of care for the homeless (Health Care for the Homeless Clinicians' Network 2004). Cost savings could be realized if the health problems of the homeless are managed and do not elevate to the chronic level or lead to expensive Emergency Room visits.

Fixing structural issues such as healthcare insurance coverage or addressing rural healthcare challenges are major undertakings that require wide participation within communities, across the region, and across the nation.

Addictive Disorders

The homeless population has a significantly higher rate of addiction than the general population. When looking at the figures below, note that homeless surveys rely on self-reporting of addictive disorders, and therefore, likely represent an undercounting of the actual rate.

- **21%** of Minnesota's homeless adults recently have been diagnosed with an alcohol abuse disorder. That compares to the estimated statewide rate of 8% for all Minnesota resident adults.
- **19%** of Minnesota's homeless adults have been diagnosed with a drug abuse disorder. (Wilder Research 2007)

As with untreated mental illness, untreated addictions can make it difficult for clients to remain housed. Conversely, treating someone with an addiction is less likely to result in long-term success if that person is does not have stable housing during their care and/or after-care.

Rural areas face unique barriers to addressing addiction issues of the homeless. Small towns lack anonymity, so clients may resist treatment or sobriety support group participation. Area service providers reported insufficient access and availability to treatment and aftercare in the region. And finally, sobriety support groups such as Alcoholics Anonymous are not available in all NW Minnesota communities.

"We see clients leaving treatment without anything, basically starting all over." *Input Meeting participant*

Exploring Ways to Address Addiction Issues

More aftercare and treatment options are needed, as well as stable, permanent housing for those with past or current addiction issues.

Dual Diagnoses

Some homeless adults experience dual or multiple health disabilities, meaning that they have some combination of chronic health issues, substance abuse, and/or serious mental health issues.

> 15% of Minnesota's homeless population reported both a chronic health condition and serious mental illness. 19% had both a mental health and substance abuse problem.12% had a mental health issue, a chronic health condition, AND substance abuse problems (Wilder Research 2007).

Dual diagnosis makes the path toward client self-sufficiency more challenging. Case managers must help locate appropriate services for more than one issue. Mental health issues can interfere with a client's adherence to treatment for addiction and addictions can cause or exacerbate physical health issues. NW Minnesota service providers report a shortage of treatment and after-care options that meet the special needs of those with a dual diagnosis.

Exploring Ways to Address Dual Diagnosis

Case management is critical for homeless people with dual diagnosis, as the web of services needed is more complex. Case managers can monitor the client's progress and compliance with the course of their treatment(s). Once again, better access and availability to treatment and aftercare is needed. Finally, placement in supportive housing would increase the likelihood that this group will successfully rise above their dual diagnoses to become more productive and stable.

Lack of Education and Job Skills

Education ranked 5th when unemployed homeless people in NW Minnesota identified their biggest barriers to employment.

Homeless Population: Highest Grade Level Completed

GM=Greater Minnesota (outside the Metro area); MN=statewide figure

GRADE LEVEL	NW Region	GM	MN
8th Grade or less	**6%**	5%	5%
Some High School	**30%**	23%	23%
GED	**7%**	12%	12%
High School Graduate	**34%**	35%	34%
More than High School	**24%**	26%	27%

Source: Wilder Research 2007

The table above shows that 36% of the homeless in the region had not attained a high school degree or GED, a rate that is 8% higher than that of the homeless in Greater Minnesota and statewide. The homeless have an uphill climb when competing for jobs in the state—only 12% Minnesota's general population over age 25 lacks a high school degree or GED (U.S. Census 2000).

Three counties in the region have student drop-out rates higher than the state average–Beltrami, Hubbard, and Mahnomen. Beltrami County's rate is the highest in the state at 5% (Children's Defense Fund Minnesota 2007).

In addition to a comparably lower level of education, the homeless have a history of higher needs within the school system.

- **32%** of the homeless in NW Minnesota received Special Education services while in school. That figure is significantly higher and costlier than Greater Minnesota (27%) and the state (24%).

- Statewide, **one in five** young people who were homeless had problems associated with a past head injury. These problems could include headaches, concentration or memory issues, lack of understanding, excessive worry, and difficulties sleeping or getting along with others. (Wilder Research 2007)

Data shows that a parent's level of education is linked to the future income of their children. Consider the figures below:

- **75%** of low-income families in Minnesota had parents without a high school degree, compared to only **5%** of all Minnesota families.

- In **43%** of *low-income* families in Minnesota, the parents' highest level of education was a high school degree. In Minnesota's *general* population, only **16%** of parents reported that a high school degree was their highest level of education. (National Center for Children in Poverty 2007)

If this generational trend continues, the low income population's lack of education will perpetuate the cycle of poverty and homelessness. Conversely, increasing the level of education of today's homeless could lift the next generation out of these tragic outcomes.

Exploring Options to Address Lack of Education and Job Skills

What needs to be done to break this cycle of generational poverty and homelessness that stems—at least in part—from a lack of education? Vital connections need to be made between the homeless and GED programs, skills training opportunities, and work force center services. Utilizing these programs is sometimes challenging due to the distances that some clients must travel. For instance, Park Rapids residents must travel to Bemidji (45 miles one way) or Detroit Lakes (40 miles one way) to get to a Workforce Center. Increased accessibility or, at the very least, coordination of education and job search services through case management is in order.

On a broader level, state and local level efforts could focus on decreasing drop-out rates, addressing the special education needs of homeless children, providing better outreach to homeless parents regarding mandated public school services for their children, and providing low-income students with opportunities for higher education.

Institutional Placement

The homeless experience high rates of prior placement in institutional settings. Consider the regional data below.

Correctional Facilities*

55% of NW MN homeless males had served time in a correctional facility
33% of NW MN homeless females had served time in a correctional facility
**Including juvenile detention center, county jail or workhouse for more than 1 month, and state or federal prison.*
Note: Males were most likely to have been held in a county facility, and females were most likely to have spent time in a juvenile center.

Other Institution Types

36% had lived in a drug or alcohol treatment center
26% in a group home
25% in a foster home
21% in a mental health facility
19% in a halfway house
7% in an Indian boarding school

Discharge planning is a process that should occur prior to release from these institutions. It involves helping clients obtain housing, income, and other supportive services in advance of their exit.

Of those who left a correctional facility in the last 12 months prior to the 2006 Wilder Study:
64% were homeless when they *entered* the facility
46% were without a stable housing when they *left*

Of those who left institutions other than correctional facilities:
65% were homeless when they *entered* the facility
57% were without stable housing when they *left* the facility

Of the NW Minnesota homeless population who left these institutions during a recent 6-month period, only about half said they received help finding a stable place to live. Although that figure is ten percentage points higher than the statewide figure, it is hardly sufficient. Only 39% of males indicated they received housing placement assistance while 65% of females reported receiving such help (Wilder Research 2007). This gender discrepancy was common in Greater Minnesota and statewide as well and may be a function of the higher percentage of males coming from halfway houses and drug and alcohol treatment facilities rather than a gender-based issue.

Exploring Ways to Address Institutional Placement Issues

With such high percentages of people leaving these institutions without stable housing, improved discharge planning must be addressed. Barriers that are impeding discharge planning progress must be clearly identified and collaborative efforts must be made to address those barriers, including obtaining additional funding if needed. This effort to improve discharge planning and its results would most logically be led by the entities that run the various institutions. Other stakeholders such as the homeless service providers, landlords, and others would be needed at the table.

Equally important are programs aimed at prevention, case management, and re-housing. Investing in these strategies would save dollars by increasing family and individual stability and decreasing the likelihood that expensive institutional placements will be needed again.

Credit and Housing History

At Input Meetings in the region, service providers noted that restoring client credit and overcoming poor housing history or a lack of housing history were major challenges when trying to assist clients.

In the 2006 Wilder Study, NW Minnesota homeless people reported the reasons why they were having difficulty getting or keeping housing.

- 45% identified “credit problems”
- 30% identified “no local rental history”
- 10% identified “court eviction”

In a related trend, foreclosure rates have skyrocketed, causing a high demand for mortgage counseling and homelessness prevention efforts.

Exploring Ways to Address Credit and Housing History Issues

Education and prevention efforts are the primary tools mentioned to address this issue. Once again, case management plays a key role.

Case managers connect clients to financial management programs and credit repair counseling; however, there is little funding for these services. It is also important to note that some clients lack the mental capacity to digest and apply all that is needed to manage their money and therefore, they require ongoing assistance. While financial management skills are important, the coursework must go hand-in-hand with efforts to increase client income, as poverty is a root cause of homelessness.

Case managers can play an important role in avoiding evictions by teaching clients better communication skills and mediating relations between clients and landlords. It is difficult to fund the case manager time needed to address this issue. Sometimes Northwest Legal Services assists clients where potentially unlawful evictions are being pursued, but this support is limited.

Many stakeholders in the region expressed a need for programs that teach clients home maintenance skills and tenant responsibilities. When clients put these skills to use, they build a better relationship with the landlord and a better housing history.

Transportation

Transportation barriers contribute *significantly* to housing instability in this region. This was a major issue cited in the CoC client interviews, Wilder Research Study, and at Input Meetings organized to create this plan.

In this sparsely populated, large geographical region, reliable and affordable transportation is essential when seeking a job, searching for housing, keeping medical appointments, holding a job over the long term, attending job training, and maintaining a household.

Rising fuel costs have put a strain on *all* household budgets, but for families in poverty that budget strain means basic needs might not be met and housing becomes more precarious. Service providers report that the need for gas vouchers has surged in recent years. They also noted that fuel costs for case management and other travel have “eaten up” a larger portion of their organizations’ budgets, leaving less funding for direct services.

Clients with personal transportation often own older model vehicles. Their wages do not allow them to set aside money for future repairs. When the vehicle requires a major repair that is unaffordable, the client can no longer get to work or appointments reliably.

> Transportation ranked as the #1 barrier to employment for the NW Minnesota homeless who were without a job (Wilder Research 2007).

While most counties in the region offer public transportation in some form, clients and service providers cited problems with reliability and limited routes. Clients noted that they couldn't rely on public transportation to consistently get them to work on time and to make stops at places such as their child care provider. Those who worked on weekends or evenings had no public transportation option in most counties. Some clients accepted sub-standard housing because that was the only affordable option with reasonable access to public transportation.

"Many people lose jobs because they lack affordable or reliable transportation." *Input Meeting participant*

In Mahnomen County, a significant segment of the population commutes to work in Detroit Lakes due to the greater availability of jobs there. Many of them rely on public transportation; however, the busses do not run on weekends and weeknights, which limits the employment options for these workers if they do not have a vehicle for personal use. Relocating to Detroit Lakes would mean higher housing costs, a burden that these lower-wage workers cannot afford.

"I mostly rely on friends and family to get me to work. I sometimes use the bus, but it's unreliable. Sometimes I ride a bike, but I'm pregnant, so that's not really safe". *–Formerly NW MN homeless client now in Transitional Housing*

Exploring Ways to Address the Transportation Issue

Transportation is the key to productivity, wellness, housing stability, and self-sufficiency, especially in a rural region. Some potential strategies to address this issue include:

- Increased funding for gas vouchers and funding to assist with car repairs
- Funding case management to help to clients work through transportation challenges.

Efforts requiring broad participation:

- Expansion of transportation services and efforts to increase reliability of transportation
- Increased awareness among business owners of workforce transportation challenges—potentially collaborate with counties to improve transportation systems

Child Care

Participants in the NW Minnesota Input meetings cited a lack of affordable, accessible child care as a barrier to clients finding the stable employment and housing.

Affordability is an issue due to the gap between wages in the region and day care costs. In 1998, the U.S. Department of Health and Human Services defined child care affordability as 10% or less of total income. Minnesota families making $20,000 or less per year are spending out-of-pocket an average of 28% of their income on child care. Child care subsidies are available to low-income parents, but the co-pay requirements are prohibitive to some families. Fully 1/3 of families eligible but not receiving the child care subsidy were not aware that this benefit existed (Wilder Research 2005). In most counties, there is a waiting list to receive this assistance.

Accessibility is the second challenge with child care. The entry level positions for which many homeless clients are qualified require second and third shift, weekend hours, and/or varying hours.

This region faces a severe shortage of childcare during those timeframes. Reportedly, some childcare is available for shift workers in Warroad, but this is by no means the norm. Infant care during any hour is in shortage, as is short-term drop-off care. Reimbursement rates for child care subsidy programs are lower than what some day care providers can accept, given their rising costs. That means fewer providers are accepting families whose payments are linked to a subsidy.

National welfare reform has led to changes in Minnesota Family Investment Program (MFIP) that were designed to get more parents in the workforce. This move increased the need for child care. That increased demand has not been met by an adequate increase in licensed providers.

Exploring Ways to Address Child Care Issues

Strategies for addressing this issue lie largely in the hands of our elected leaders. Suggestions include:

- an increase in child care subsidy reimbursements to match the true costs for daycare providers
- a decrease co-pay amounts for subsidized child care to make them affordable to low-income, working families
- creation of child care options for infants and during off-hours such as weekends and evenings.

Access to quality, affordable daycare stabilizes housing, increases productivity, enhances family wellness, and helps children develop emotionally, socially, and academically.

Cost of Utilities

"Rising home heating costs, along with high prices at the pump and in our grocery stores, are forcing families to make some hard decisions—including doubling up with friends and family."
---Input Meeting Participant

According to a Tri-Valley Opportunity Council survey of vendors, during a six-week period in 2008, the cost of fuel oil shot up 55 cents per gallon. In April 2008, the cost to fill a 300 gallon propane tank was about $630. Filling a 200 gallon fuel oil tank cost about $725.

> Minnesotans living below 50% of the federal poverty guideline spent nearly half their income on energy expenses (Children's Defense Fund Minnesota 2007).

In our frigid region where poverty rates are high, energy assistance funding can help prevent homelessness. However, the federal funding for this program is inadequate to meet the need. Only about 3 out of 10 qualifying households in Minnesota receive this assistance. Almost all of those households served have an elderly or disabled resident or a child under age 18 in the home. In 2003, the average amount received only covered about 25% of a household's annual energy bill. Families sacrifice their health by not purchasing medication, not seeking medical care, and buying less food so that they can pay for heat and keep their housing (Children's Defense Fund Minnesota 2007).

Exploring Ways to Address the Cost of Utilities

Increasing energy assistance and weatherization funding would definitely prevent future cases of homelessness in this region. Numerous studies have shown that increases in these programs yield economic benefits to state economies, improved property values, and energy cost savings for residents (Children's Defense Fund Minnesota 2007). This issue is largely in the hands of elected leaders, particularly at the federal level, but advocacy is needed for a federal funding increase to occur.

Shortage of Rental Subsidies (Vouchers) and Public Housing

When income isn't sufficient to afford housing, **rental subsidies** or **vouchers** are used to bridge the gap. Various studies have proven that rental subsidies prevent homelessness for individual families, even families with severe challenges. Extensive research has also demonstrated that vouchers can help move the homeless out of the shelter system and into stable, permanent housing that they will sustain (Homelessness Research Institute 2008).

In NW Minnesota where the housing affordability gap is significant, the demand for housing vouchers is far greater than the availability. Homeless people who are qualified to receive rental subsidies can place their names on waiting lists, but the wait can be long.

According to the 2006 Wilder Study:

- **39%** of the homeless in NW Minnesota were on a waiting list for rental assistance.
- **6 months** was the average amount of time the homeless had been on a waiting list.
- **22%** of those *not* on a waiting list had tried to submit their name, but the list was *closed.*

Bemidji HRA reported that their current wait time for Section 8 vouchers is approximately two years. They opened the Section 8 waiting listing in December 2007 after purging names of those who did not respond to a mandatory update mailing. The list opened on a day with blizzard-like weather, yet 297 people reported to the HRA office to sign up for the waiting list. Incidentally, half of those people reported their current status as "homeless." The wait time for Bemidji HRA's public housing for families also stands at a couple of years. Singles looking for public housing may wait from one month to one year.

When families maintain their housing with rental subsidies they use fewer costly services. The Family Reunification Program studied families for whom a lack of adequate housing was the major cause of their children's **out-of-home placement.** The families in the study were homeless on the streets or in shelters when the program provided a rental subsidy and supportive services to them. A year later, 88% of them were still stably housed with their children (Homelessness Research Institute 2008).

The Homeless Families Program demonstrated that high-risk, homeless families could attain housing stability when given a voucher even if case management services were not implemented evenly among clients. Eighty-five percent of the high-risk families in their study were still stably housed after 18 months of rental subsidy receipt (Homelessness Research Institute 2008).

Those who receive rental subsidies can escape the scourge of substandard housing. To be eligible for rent paid in part by a subsidy, a unit must pass a housing inspection.

Exploring Ways to Address the Shortage of Rental Subsidies

Advocating for an increase in funding for vouchers is the logical conclusion. Vouchers are a proven investment. Rental subsidies stabilize housing for individuals and families, reducing their need for expensive crisis services.

Programs in the region must continue to apply for long-term homeless vouchers available through Minnesota Housing. Eligibility for these vouchers extends to those who are doubled up, which, as the report notes, is a common scenario in NW Minnesota.

Substandard Housing

Participants in Input Meetings expressed a common concern about the living conditions and safety of the region's housing stock. Historically, poor housing quality has been a top concern for rural America. The impact on the health and well-being of those living in substandard housing is of concern.

> Approximately 7% of rural homes were substandard according to the 2003 American Housing Survey (U.S. Census Bureau and HUD 2004).

Housing providers in NW Minnesota reported problems finding units fit for participation in the rental subsidy programs. Aging rental housing is starting to opt out of the subsidized housing programs.

Living in substandard housing is clearly not a healthy or humane situation. Low-income homeowners lack the funds needed to make improvements on their property. Laws that call for certain upgrades in septic systems or wells before a home can be sold are not affordable to low-wage workers. Low-income renters experience increases in rent when improvements are made, making that property unaffordable to them.

As substandard housing units are removed from the affordable housing inventory for any reason, then other *affordable* housing options must be developed to avoid overcrowding and homelessness.

Lack of Emergency Shelter and Permanent Affordable Housing

Each year, the NW Minnesota CoC does a Housing Inventory to count all homeless beds in the region. The demand for Emergency Shelter is great, as is evidenced by the chart on page 27 showing that more than 866 people were turned away from three NW Minnesota Emergency Shelters in one year.

Permanent housing, with and without supportive services, is also found to be lacking. An adequate supply of permanent housing is the key to making the Housing First Model successful, ensuring that periods of homelessness will be minimized because families and individuals can be re-housed rapidly.

Foreclosure Trends

Home foreclosures are on the rise throughout the nation, including in Minnesota. Greater Minnesota's annual foreclosure rate is projected to more than triple from 2005 to 2008 (HousingLink 2008). In Beltrami County, there were 19 foreclosures in 2005 that reached the final stage of the foreclosure process—the sheriff's sale. In 2007, 73 Beltrami County properties reached foreclosure. In only the *first quarter* of 2008, there were 26 foreclosures completed with untold numbers of foreclosures at some earlier stage in the process (Beltrami County Recorder's Office 2008). Clearwater County had only 4 foreclosures in 2005 but is projected to end 2008 with a total of 20 (HousingLink 2008).

Homeless service providers already report seeing "a new type of clientele" walk through their doors. These clients are either going through a foreclosure or have already lost their home. It is hard to predict precisely how many of these households will become homeless. Funding for foreclosure counseling and homelessness prevention assistance (such as FHPAP dollars) will be critically needed to avoid a rise in homelessness.

8 Specific Homeless Sub-Populations

"I just need someone to give me a chance and help until I get on my feet again."— *Homeless person surveyed by CoC*

Participants at the *Heading Home Northwest Minnesota* Input Meetings identified certain homeless sub-populations for which they had particular concern. The groups most commonly mentioned throughout the region were:

- Unaccompanied youth and young adults
- Children
- Victims of domestic violence
- Native American and Latino populations
- Veterans
- Ex-offenders

Each of these sub-populations have particular challenges that seemed worthy of special focus in this section of the plan.

Unaccompanied Youth and Young Adults

Participants at each of the NW Minnesota Input Meetings reported that unaccompanied **youth** (defined as under age 18 in the Wilder Study) and **young adults** (defined as ages 18–21 in the Wilder Study) are a significant portion of the region's homeless population. Keying in on their needs is a major focus of this plan and a smart investment for our society.

"We are finding more and more young people who are on the streets, doubled up with friends or living in vehicles." ---*CAP agency homeless service provider in NW MN region*

Note that it is especially difficult to quantify this highly mobile population that tends to double up or avoid identifying themselves as homeless. The Wilder Research Study of Homelessness found 16 unaccompanied youth under age 18 in NW Minnesota who were homeless on the survey date.

The percentage of homeless young adults in NW Minnesota is significantly higher than both the state and Greater Minnesota figures for this sub-population. See the chart below.

Percentage of the Homeless by Age

AGE RANGE	**Percentage of NW MN Homeless Population**	Percentage of **Greater MN** Homeless Population	Percentage of **Statewide** Homeless Population
Ages 18–21	**26%**	14%	13%
Ages 21–29	**22%**	21%	18%

Source: Wilder Research 2007

Segments of the young homeless are referred to as "thrownaway" youth, who have either been abandoned by their family or told to leave home. Others are runaway youth. Making contact with this sub-population requires intense outreach, as they are inclined to couch-hop (double up), move frequently, and are unaware of the services that might help them.

Below is just a sampling of the many impacts of homelessness on youth—impacts that have a myriad of human costs and financial consequences for the community.

High rate of past placement in institutions, lack of successful discharge planning

- About 40% of Minnesota's homeless youth/young adults had been separated from their families and placed in foster care or with another relative (Wilder Research 2007). This compares to 3% rate of foster care placement for children in the general population (The National Center for Family Homelessness 1999, 2002).
- 42% of homeless MN youth/young adults had a history of delinquency that led to placement in a correctional facility (Wilder Research 2007).
- ¼ of Minnesota's homeless youth who had recently been in foster care or a correctional facility did not have housing upon their release (Wilder Research 2003).

Young parenthood (high pregnancy rate)

- 13% of homeless Minnesota youth had a child of their own.
- 38% of Minnesota homeless young adults had children. **49%** of homeless *female* young adults have children (Wilder Research 2006).
- Unaccompanied homeless girls in Minnesota were 17 times more likely to have been pregnant than the general MN youth population (Wilder Research 2006).
- Teen pregnancy is a predictor of lifelong poverty—especially for women.

Physical, sexual abuse

- Unaccompanied, homeless youth were 4 times more likely to have been physically abused than the general MN youth population.
- 39% of female and 16% of male youth/young adults in MN had been sexually abused.
- 30% of MN homeless youth/young adults had stayed in an abusive relationship because they did not have another housing option (Wilder Research 2005).

Mental health issues

- 49% of MN homeless youth/young adults reported a significant mental health issue.
- 29% of MN homeless young adults reported having to see a health professional for their mental health issue.
- 1/3 of homeless MN youth/young adults had considered suicide and 21% had attempted suicide (Wilder Research 2005).

Substance use

- Homeless youth in Minnesota were five times more likely than other MN youth to have been treated for alcohol or drug problems.
- About 1/3 of the young adults and youth homeless reported using either alcohol or other drugs within a week of the Wilder Survey in 2003.

Physical health

- Over 1/3 of homeless youth and nearly 1/3 of homeless young adults in Minnesota reported at least one chronic health condition.

High drop out rate in the Northwest MN region (see p. 43 of this report)

Disproportionate representation by race

- In Greater Minnesota, 47% of youth and young adult homeless were people of color. (Wilder Research 2007)

Young people often cannot fathom just how drastically the decisions they are making today will impact their lives. They don't grasp that it is hard to find housing after spending time in jail or having credit problems, that it is nearly impossible to find a job without a high school degree or a living wage job without advanced training, or that a teen pregnancy is a strong predictor of lifelong poverty. Sadly, these homeless youth lack the adult guidance that steers most young people toward better decisions.

Exploring Ways to Help Homeless Youth and Young Adults

In the complex web of family and personal problems that these young people have often experienced, it is difficult for them to sort out how to put their lives back on track. Unaccompanied youth and young adults need a comprehensive continuum of housing and services. This would include outreach and supportive transitional or permanent housing with case management. An extended period of transitional housing, beyond the 24-month limit, would be advisable.

Beyond outreach, housing, and case management, investments should focus on education for prevention of pregnancy, supports to ensure high school graduation or GED completion, treatment and aftercare for substance abuse and mental health issues, parent education, skills training for money management and independent living, and job seeking and vocational training. The earlier the intervention for each homeless young person, the better.

In addition, institutions that house these young people need work toward building systems that successfully prepare youth for a productive adult life, including, but not limited to, better discharge planning.

Participants in the region's Input Sessions also were interested in a renewed emphasis on consumer education coursework in our schools. They saw a need to increase the money management skills of today's youth and help students build a practical knowledge of responsible saving and spending.

Conclusion

It is difficult to imagine these young people adapting to the demands of their adult world without intervention that stabilizes their housing and addresses the impact of their turbulent childhood and periods of homelessness. Investing in homeless young people will pay off—likely more so than for any other sub-group.

"If we could break the youth homeless cycle they may not become the adult homeless population." --- *Homeless service provider, NW MN CAP agency*

Children

Almost one in four homeless adults reported that they had their first episode of homeless when under the age of 18. In NW Minnesota, **81 children** accompanied by their parents were homeless during the Wilder Research survey in October 2006.

Impact of Homelessness on Children

Physical health implications

Homeless children--

- Get sick twice as often as other children.
- Experience twice as many ear infections
- Are four times as likely to be asthmatic
- Experience twice as many hospitalizations
- Have higher rates of low birth weight and need special care following birth four times more often as children whose parents earn more than $35,000 per year
- Go hungry at a rate twice that of other children.
- Are seven times more likely to be anemic (iron deficient)
- Are six times more likely to experience stunted growth.
  (National Center for Family Homelessness 1999)

Academic and Other Developmental Impacts

- Homeless children have twice rate of learning disabilities than other children
- 75% of homeless children perform below grade level in reading. 72% perform below grade level in spelling and 54% perform below grade level in math.
- Homeless children have three times the rate of behavioral and emotional problems.
- Homeless children have six times as many speech and stammering problems (Family Housing Fund, 1999; The National Center for Family Homelessness 1999).
- In Minnesota, 41% of homeless parents with school-aged children had at least one child with learning difficulties or other school-related problems. 22% said that one of their children had an emotional or behavioral problem, which is three times the figure for the general population (Wilder Research 2007).
- More than half of homeless children have fallen behind in elementary school by two or more years according to an achievement test analysis. Delays such as this are linked to high drop-out rates as students move into secondary school (Family Housing Fund 1999).
- Homelessness is directly linked to unhealthy behaviors in children such as difficulty attaching to others, aggression, overt anger toward parents, passivity, depression, low self-esteem, indifference to school, difficulty maintaining peer relationships (Family Housing Fund 1999).

The number one predictor of whether someone will become homeless as an adult is whether they were homeless as a child (Wilder Research 2004).

Exploring Ways to Help Homeless Children

Permanent Supportive Housing (PSH) is needed for homeless families with children. Because PSH units are in short supply, rapid re-housing is difficult. As families search for permanent housing, they turn to Emergency Shelters (ES), but the region has a very limited number of shelter beds. In fact, many communities have no ES. The existing Emergency Shelters in the region have strong ties to the other homeless resources in the region, which is helpful in stabilizing homeless families.

Prevention is also a key strategy. By preventing incidences of family homelessness, the high cost of reversing a child's academic, developmental, mental, and physical setbacks after periods of homelessness can be avoided.

Victims of Domestic Violence

Participants in local Input Meetings identified victims of domestic violence as an underserved population with complex needs. In a national survey, domestic violence was the second most commonly stated reason for a family's homelessness (National Alliance to End Homelessness 2007).

- Homeless women in Greater Minnesota were more likely to be fleeing abuse than those from the Metro area (GM: **35%** as compared to Metro Area: **30%)**.
- **45%** of homeless women statewide said that they had stayed in an abusive relationship because that was their only option for housing .
  (Wilder Research 2007)

Victims of domestic violence often lack control over their family's financial resources and are completely cut off when they leave their abuser. They may lack the skills or work experience to get a job that will cover their housing and other basic needs. Both their mental and physical health may have deteriorated. Many suffer from major depression, panic attacks, anxiety, and/or substance abuse. They may be cut off from friends and relatives and be fearful for their safety and that of their children.

"There is a lack of housing for domestic abuse victims and their families. They need housing that is safe, affordable, immediate, and doesn't require waiting on a list." *---Input Meeting participant*

Exploring Ways to Help Homeless Domestic Violence Victims

Those who are fleeing abuse need immediate shelter and protection, a long-term housing solution, a support network, and services to address any mental or physical health issues. The Emergency Shelter system should help connect these survivors to affordable housing options. Survivors also need assistance with increasing their incomes so that they do not return to their abuser due to financial distress.

Native American and Latino Populations

Input meeting participants expressed concern for our area's Native American and Latino populations, as they are facing higher rates of homelessness.

- **35%** of the NW MN homeless population was *Native American*, while only **7%** of the region's general population is Native American.
- **9%** of the NW MN homeless population is *Latino* while only **1.8%** of the region's population is Latino.
  (Wilder Research 2007; U.S. Census Bureau People Quick Facts 2005 and 2006)

In 2006, Wilder Research collaborated with tribal representatives to conduct an extensive survey of homeless and near-homeless people on six Minnesota reservations, including Red Lake, White Earth, and Leech Lake—all of which are located, at least partially, within the NW Minnesota region.

The key findings of that study show:

- High level of economic distress
- Lower levels of individual distress when compared to survey of statewide homeless
- High levels of doubling up and overcrowding (tied to cultural tradition of helping extended family members in distress). However, 98% of those interviewed would have preferred moving out of doubled up situation and into their own housing.

- Substandard housing conditions (no electricity, running water, a flush toilet or central heat) were reported by 15% of those surveyed who were doubled up.
- Shortage of housing on the reservations
  (Wilder Research "Homeless and Near-Homeless People on Northern MN Indian Reservations" 2006)

No such study has been undertaken to analyze Latino homelessness in this region. Service providers noted that when working with this population language barriers require skillful outreach and assessment of needs.

Exploring Ways to Address Concerns for Native Americans and Latinos

Fair housing law, employment law, and lending law forbid discrimination on the basis of race or ethnicity and must be enforced. Cultural awareness and respect are essential to build relationships and find solutions that will help *all* people escape the tragedy of homelessness in our region. In a related side note, the White Earth Band of Ojibwe is developing a culturally based chemical dependency and mental health treatment program for Native America youth—located in Bemidji. This program will address some of the key issues that can lead to homelessness later in life.

Veterans

Veterans make up a notable portion of the homeless population, especially within the male homeless population. In 2006:

- 15% of the homeless in Greater Minnesota were veterans
- 28% of homeless men in Greater Minnesota were veterans (Wilder Research 2007)

Many of their needs stem from their time in the armed services. In 2006, 40% of homeless veterans in Greater Minnesota reported having service-related health problems. Nearly half of them reported mental health issues. Providers note that dual diagnosis of mental and physical health or chemical dependency issues is not uncommon with homeless veterans, making their needs more complex. Despite this high level of need, the existing system of resources and support doesn't seem to be connecting with the homeless veteran population.

- Only 34% of the homeless veterans in NW MN reported having contact with County Veterans' Services Officer in the last 12 months. (This includes spouses and widow or widowers of veterans as well as veterans themselves.)
- NONE of the NW MN homeless veterans were currently receiving any veterans' benefits when the Wilder Study was conducted in 2006 (Wilder Research 2007).

"We are now serving the largest percentage of veterans that this agency has seen in years." --- *Input Meeting participant*

About 1/3 of the veterans asking for assistance during the Wilder Study served from 1964–1975. Service providers note that these Vietnam-era veterans are not eligible for all the same programs as those who have served more recently.

"Older vets, particularly those of the Vietnam era, would benefit from programs to address mental health needs, chemical health issues, and other concerns. Many of these older veterans continue to struggle alone." ---*NW Minnesota Housing Program Director*

Service providers in the more remote counties of the region noted that Veteran's Administration (VA) medical care is not easily accessible. Transportation to the larger, more comprehensive Minneapolis or Fargo VA medical facilities is available only when it can be scheduled in advance. With the high cost of gas and the impairments this population faces, transportation assistance is crucial.

In all likelihood, the number of veterans with precarious housing situations will rise in coming years as soldiers return from conflicts overseas. What message is sent when those who serve our country return to find themselves without shelter?

Exploring Ways to Help Homeless Veterans

Service providers in NW Minnesota expressed a need to learn more about resources available to veterans. These providers seek a stronger link with Veteran's Services and better coordination and referral. More outreach is needed, along with housing, case management, and services to address mental, physical and addiction issues and to increase income of veterans.

Ex-Offenders

An **ex-offender** is someone who was held at any of the following correctional facilities: a juvenile detention center, county jail or workhouse for a month or more, or a state or federal prison. The 2006 Wilder Research Study showed a sharp increase in the percentage of ex-offenders in the state's homeless population. In 1997, this grouping only accounted for 27% of the state's homeless. That figure has steadily risen in the last 10 years.

Percentage of Ex-Offenders in the Homeless Population (Wilder Research 2007)

NW MN:	43%
Greater MN:	49%
Statewide:	47%

Predominantly, this population is male, especially when looking at the figures for state and federal prisoners. In NW Minnesota:

- Over 90% of those who had served time in a state or federal prison were men.
- 18% of the male homeless population in our region had served time in a state of federal prison.
- 52% percent of the male homeless population had served in a county jail or workhouse for a month or more.
  (Wilder Research 2007)

Dual or multiple diagnoses of mental health, chronic physical health issues, and addictive disorders are not uncommon for this population. This adds to the complexity of their needs.

In NW Minnesota, of those who left a correctional facility in the last 12 months:

- 64% were homeless when they entered the facility
- 54% reported that they did NOT have a stable place to live when they left the facility

Finding suitable housing for felony or habitual ex-offenders is especially challenging. Housing and Redevelopment Authorities (HRAs) differ to some extent on the criteria that determines whether an ex-offender is eligible for housing programs. In some cases, the federal government dictates that criteria. Suffice it to say, that the felon or habitual offender is often ineligible for housing programs,

particularly if their offense was meth-related. Some ex-offenders are not welcome in their previous home due to safety concerns of family. Their need for support and mentorship is especially high at this time. Their criminal record limits their employability, and they are unlikely to have the training or education required for living wage jobs. Discharging them to the community of origin without stable housing and support can lead them back to the social circle that surrounded them before their arrest.

"Homeless people, especially those with mental illnesses and co-occurring substance use disorders, are arrested more often, incarcerated for longer periods, and released without adequate discharge plans" ---*National Health Care for the Homeless Council, "Keeping Homeless People Out of the Justice System"* 2004.

The cost of repeat offending by the homeless adds up for taxpayers and further complicates any efforts to help the individual find housing or employment upon release. How can this cycle be broken?

Exploring Ways to Help Homeless Ex-Offenders

Input Meeting participants from across the region cited a severe lack of supportive housing for ex-offenders. More effective discharge planning from state and county facilities is also needed. The Northwest 8 program, part of the Mental Health Initiative in eight counties of the region, houses ex-offenders with a mental health diagnosis for up to six months. This is one program that is making an attempt to work with ex-offenders as they seek stable housing. Links to training and education services are crucial, as are efforts to redirect ex-offenders to interventions like drug and alcohol treatment or mental health services, which can decrease the likelihood that they will be arrested again.

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ACTION PLAN

Heading Home Northwest Minnesota

Broad Goals

1. End long-term homelessness in Northwestern Minnesota in 10 years
2. Prevention of homelessness

Strategies

1. Build **COMMUNITY AWARENESS** about homelessness in NW MN
2. Create additional **EMERGENCY, SUPPORTIVE HOUSING AND AFFORDABLE HOUSING** opportunities while preserving existing housing options
3. Improve **SUPPORTIVE SERVICE** availability, coordination, and results
4. Provide effective, coordinated **OUTREACH** to the homeless
5. Improve **DISCHARGE PLANNING**
6. Improve **DATA** on regional homelessness

Action Items

Under each strategy Action Items are identified. Potential partners, tasks, goals and benchmarks are also listed.

Action Items may involve:

- steps taken by Northwest Minnesota Continuum of Care (NW MN CoC) as a whole
- a smaller partnership of agencies working on a specific project (such as the Long-Term Homeless grant recipients)
- steps taken by individual agencies within the region
- steps taken by the three Family Homeless Prevention and Assistance Program (FHPAP) advisory groups
- efforts by the wider communities and citizens
- policy and funding decisions at the Congressional, state, county or local government level

Other Notes on Action Items:

- On some issues, Action Items call for further exploration and networking with partners before a decision can be made about a specific "next step."
- This Action Plan doesn't contain all possible solutions. It represents best practices and ideas that emerged from regional partners in response to the gaps and barriers to ending long-term homeless.
- During the implementation phase, there will be opportunities for groups to share information about their local ideas and efforts that aren't specifically listed in this Action Plan.

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STRATEGY 1
Build community awareness about homelessness in NW Minnesota

Background

- The success of this plan will depend on developing broad support. Sharing information about barriers and potential solutions with our leaders, business community, faith communities, and the general public will help build knowledge about homelessness in NW MN. The goal is to motivate individuals to action and support for local projects that will help end homelessness.
- The hidden nature of rural homelessness makes it difficult for communities to recognize that this is a problem in our region.
- It is difficult for homeless providers to find time to plan and carry out awareness campaigns.

Focus

- *Heading Home NW MN* will be published and its contents will be shared with the public and elected officials.
- The Heading Home Coordination Group (HHCG) will develop a community awareness plan that is reviewed and revised annually. HHCG will share that plan with the NW MN CoC and encourage local participation.
- Information from *Heading Home NW MN* and future progress reports will be the primary resource for developing the message. Having this information on hand will be a time-saving tool for local agencies that want to build community awareness.
- Elected leaders and business leaders will be targeted audiences for specific information.

Action Items **Strategy 1**	**Potential Partners** *Lead Entity	**Breakdown of Tasks**	**Benchmarks and Goals**
1. Publicize the release of *Heading Home NW MN* and share key information with regional public and leaders	*NW MN CoC Coordinator -CoC 10-Year Plan Consultant -Working Group -NW MN CoC members	-Identify media contacts -Create core message for the public -Disseminate message -Set up opportunities to present *Heading Home NW MN* to community leaders and elected officials	Release information **November 2008** Presentation of *Heading Home NW MN* to community leaders and elected officials: Winter/Spring **2009**

Action Items **Strategy 1**	**Potential Partners** *Lead Entity	**Breakdown of Tasks**	**Benchmarks and Goals**
2. Publicize progress on Action Items of this plan annually	*Heading Home Coordination Group (HHCG) -NW MN CoC members -FHPAP Advisory Groups	-Review and record Action Plan progress at all meetings of the HHCG -Create message that will be shared regarding progress	**Annual** release of information during Homeless Awareness Week (second week in November)
3. Develop a community awareness plan to regularly educate NW MN about regional homeless issues	*Heading Home Coordination Group -NW MN CoC -FHPAP Advisory Committees -Community advocacy groups -Regional Housing Advisory Group (RHAG)	-Identify target audiences, message, media contacts -Recruit community awareness champions and NW MN CoC members to help implement the community awareness plan strategies. -Build neighborhood support for and involvement in proposed new housing projects	Heading Home Coordination Group creates, reviews, and revises a community awareness plan **annually** completed by **summer or early fall** meeting. HHCG shares community awareness message and potential strategies for local efforts at NW MN CoC meeting **annually** in **early fall.** HHCG releases community awareness messages to regional media **at least annually** "Community Awareness" is established as a standing agenda item for HHCG and NW MN CoC meetings **beginning in 2008**
4. Create greater awareness among elected leaders and other decision makers about homeless issues. Encourage their support for wise investments and policies such as affordable housing, living wage jobs, homeless prevention, public transportation, adequate child care, and supportive housing.	*Heading Home Coordination Group -FHPAP Advisory Groups -NW MN CoC -Community advocacy groups -Regional Housing Advisory Group	Identify opportunities to share specific information with elected leaders and other decision makers	**Annual** community awareness plans contain information that will be shared with decision makers. Opportunities to reach community leaders and elected officials are identified and carried out **annually.**

STRATEGY 2:
Create additional emergency, supportive housing and affordable housing opportunities while preserving existing housing options.

Background

- This strategy is an essential piece of the overall plan.
- Effective implementation of the Housing First Model requires an adequate number of affordable open-market and Permanent Supportive Housing (PSH) units.
- This region lacks sufficient Permanent Supportive Housing (PSH) and affordable housing.
- *Heading Home Minnesota* (the state plan) estimated a need to place an additional 4,000 households in the state in PSH. With 3% of the long-term homeless residing in NW MN, that would mean an addition of 120 units in this region.
- Transitional Housing (TH) is more appropriate than PSH in some situations. There is a shortage of TH units in the region.
- Although Emergency Shelter (ES) beds are costly on the operations end, a *severe* need in our region justifies funding some additional beds.
- Existing ES in regional centers such as Bemidji are turning away hundreds of homeless clients annually because the beds are consistently full.
- Motel vouchers are provided in a crisis moment when other shelter cannot be obtained. It is not financially feasible to build Emergency Shelters in all counties, so funding for motel vouchers is essential.
- To obtain housing funds, supportive service dollars will be needed as leverage.
- There is a strong correlation between homelessness during youth and later homelessness as an adult. It would be a wise investment to address this by creating housing options with services for youth and young adults as well as families with dependent children.
- Sub-standard rentals make up too much of the housing stock in this region.

Focus

- Adding and maintaining PSH beds throughout the region.
- Adding TH beds for use in particular situations where this option is more appropriate.
- Adding Emergency Shelter beds at regional center of Bemidji.
- Providing motel vouchers for very short-term housing when and where ES is not available.
- All ES systems will tie clients into case management and other services to reduce length of stay.
- Creating housing options with services for youth and young adults.
- Exploring the role of the region's HRAs as partners in ending long-term homelessness.
- Advocating for additional subsidized housing funds.
- Development and advancement of local housing studies and plans. Moving forward on plans to create affordable housing.

Key: ES=Emergency Shelter; **TH=**Transitional Housing; **PSH=**Permanent Supportive Housing

Action Items **Strategy 2**	**Potential Partners** *Lead Entity	**Breakdown of Tasks**	**Benchmarks and Goals**
1. Seek **RENEWAL** funding for: Permanent Supportive Housing and Transitional Housing projects currently funded through HUD CoC Exhibit 1 process.	*NW MN CoC Coordinator -Violence Intervention Project -Bi-County Cap -Bemidji HRA -Tri-Valley -Crookston HRA -NW MN CoC members	-CoC monitor that the funded programs maintain performance standards determined by the NW MN CoC -Programs comply with HUD requirements and submit necessary materials for program renewal.	**Maintain 2007 PSH Beds funded by HUD Exhibit 1** **Annually** request renewal funding for these beds: Permanent Supportive Housing 14 beds Transitional Housing 5 beds Submit 1-year renewal requests for: Shelter Plus Care 11 beds
2. Seek **RENEWAL** funding for: Permanent Supportive Housing beds funded outside of the CoC HUD Ex. 1 process	-Hubbard Co. HRA -Center of Human Environment	-Seek renewal funding as required -Maintain standards of performance necessary to retain funding	**Funding maintained** for beds NOT funded though CoC HUD Exhibit 1 process Permanent Supportive Housing 19 beds total (2007 housing inventory level)
3. Seek **RENEWAL** funding for: **Transitional Housing beds** that are currently funded outside the CoC HUD Exhibit 1 process	Evergreen Community Services -Care and Share -Headwaters Intervention Center -Tri-Valley Opportunity Council -MAHUBE Community Council -Hubbard Co. HRA -Red Lake Homeless Shelter -Northwest CAP -Inter-County CAP		Funding to be requested as required by funding sources
4. Seek **RENEWAL** funding for: Inventory of Emergency Shelter beds and motel vouchers for emergency housing.	-Evergreen Community Services -Red Lake Homeless Shelter -Care and Share -House of Hospitality -Headwaters Intervention Center for Battered Women -Hubbard County HRA -Equay Wiigamig -Northwoods Coalition for Battered Women -Violence Intervention Project -NW MN CAP Agencies -Salvation Army -People's Church	-Ensure that the ES system connects clients to necessary services and housing	Funding to be requested as required by funding sources

Action Items **Strategy 2**	**Potential Partners** *Lead Entity	**Breakdown of Tasks**	**Benchmarks and Goals**
5. Seek funding to **ADD:** **NEW** Permanent Supportive Housing and Transitional Housing beds through the annual **HUD Continuum of Care application process.**	*NW MN CoC *NW MN CoC Coordinator -HUD: Federal and MN offices -U.S. Congress -Programs interested in submitting pre-application to NW MN CoC for funding new PSH beds. -Programs currently funded through HUD CoC process	**Annually** -Maintain a list of "pipeline" projects for potential consideration in the NW MN CoC project selection process. -Provide CoC outreach and project development assistance to potential housing projects -Seek other funding for supportive services tied to these beds. -Monitor currently funded HUD projects for performance issues that will impact future funding and success of region.	Request funding for at least 4–5 additional beds annually Note: Progress on this step is dependent on whether HUD funding keeps pace with Fair Market Rate increases.
6. Secure funding outside the CoC HUD Exhibit 1 process to **ADD: NEW** Permanent Supportive Housing and Transitional Housing beds in the region FIRST PRIORITIES: Long-term homeless, housing for youth and young adults	*Heading Home Coordination Group (HHCG) -NW MN CoC -Interested programs in region -Minnesota Housing Partnership -MN Dept of Human Services	-Create a list of potential funding sources -Develop private and public partnerships -Advocate for bonding dollars at the state level	List of potential funding sources completed by **Fall 2009.** **Add** 120 TH or PSH units in NW MN by **2018** (Note: When figuring new beds, also include HUD-Exhibit 1 funded beds added after 2007)
7. **Advocate** for a new policy for HUD funding: All current PSH HUD-funded beds will be automatically renewed WITHOUT deducting from the region's Pro-Rata Need (maximum funding that a CoC region can receive during the HUD Exhibit 1 process)	*NW MN CoC Coordinator -NW MN CoC		CoC Coordinator calls for CoC members to advocate during Congressional sessions until the policy is changed.
8. Begin planning and seek funding for: **NEW** Single Room Occupancy (SRO) beds	*Heading Home Coordination Group -NW MN CoC -Interested programs in region		

Action Items **Strategy 2**	**Potential Partners** *Lead Entity	**Breakdown of Tasks**	**Benchmarks and Goals**
9. Begin planning and seek funding for: **NEW** transitional living program beds for youth under age 18 who are displaced from their homes	*Evergreen Community Services -Other interested programs		Seek funding when sources are identified
10. **Increase** the **Emergency Shelter family bed capacity** of Ours to Serve House of Hospitality by building a new facility.	*Ours to Serve House of Hospitality -NW MN CoC -Headwaters Regional Development Commission (HRDC)	-Complete shelter design. -Gain site control. -Launch capital campaign to build on funds already secured. -Break ground	Increase family bed capacity to 26 beds (current capacity is 6 beds). Construct a facility that utilizes green technology such as solar power to reduce energy costs Set up a system to connect ES clients to supportive services (current long-term homeless grant dollars would fund this)
11. Explore duplicating a faith-based model of delivering emergency shelter throughout the region (such as the new Servants of Shelter program in Bemidji)	*Servants of Shelter -NW MN CoC -FHPAP Advisory Groups -Faith community		Representative of Servants of Shelter invited to speak at NW MN CoC meeting **in 2009 or 2010.** **NW MN CoC** members assess whether the Servants of Shelter model could be duplicated in other parts of the region and discuss next steps.
12. Seek funding for revitalization of existing rental housing.	*CAP agencies -NW MN CoC		Seek funding within timeline of funding source
13. Create (where not already in existence) and monitor progress on **housing plans or studies** for each county within the region.	*Heading Home Coordination Group -Northwest MN Foundation -NW MN CoC -Regional Development Commission -Minnesota Housing -CAP agencies -Regional Housing Advisory Group (RHAG)	-Determine which counties or cities within the NW MN region have published a housing study or plan. -Encourage local planning and direct interested parties to funding source -Monitor and promote action and updates on these plans/studies	2009--Complete information gathered on which counties ave housing plans or studies All portions of the region covered by a housing plan or study by 2018 Annually measure the affordable housing gap based on progress on local housing plans.

Action Items Strategy 2	Potential Partners *Lead Entity	Breakdown of Tasks	Benchmarks and Goals
14. Examine HRA policies and resources for potential solutions and advocacy issues that would impact this 10-Year plan's success	*NW MN CoC -NW MN HRAs	-Develop NW MN CoC's knowledge of HRA policies, programs, priorities, and challenges--how and why they vary from agency to agency. -Explore ideas to collaborate on solutions and advocacy issues to target that would impact the plan's success	HRAs invited to participate as presenters during NW MN meetings in 2009 List of ideas to explore collaboratively written in **2010**. Explore ideas with decision makers at HRAs
15. Explore HRA levy option	*NW MN CoC -NW MN HRAs -Hubbard County levy option committee member -Regional Housing Advisory Group	Invite a speaker to address this topic at NW MN CoC meeting	Gather information about this option at NW MN CoC meeting in **2009**
16. Research and maximize use of landlord tax incentives to make housing more affordable. Specifically research state Low Income Rental Classification (reduced tax rate for those owning low-income housing)	*Regional Development Commissions -Regional Housing Advisory Group -NW MN CoC -MN Housing Finance -Heading Home Coordination Group		Information gathered and shared with RHAG, CoC, Heading Home Advisory Group

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STRATEGY 3
Improve supportive service availability, coordination, and results

Background

- In recent years, HUD has moved sharply away from funding supportive services in favor of housing projects. CoCs are penalized in competitive funding if their request does not strongly emphasize housing.
- Supportive services are an essential component in prevention of homelessness and housing stability.
- Supportive service funding is needed to leverage dollars for federal funding.

- Delivering an effective system of supportive services requires wide participation of many agencies, departments, leaders, and community groups working together. Partners include homeless service providers, county social services, medical facilities, Veteran's Services, state supportive services programs, school districts, churches, and many more.
- Case management is an essential component of this plan. Case managers identify individual client needs and then link clients to services and resources that will address those needs. This could include housing placement, mental health referrals, chemical dependency treatment, financial management training, legal assistance, energy assistance, first and last month rent funds, security deposits, landlord mediation, and much more. The goal of case management is to move the client toward a higher level of self-sufficiency.
- The success of case management can be hindered by larger community and regional issues such as lack of transportation or mental health services. These issues require wider participation to make progress.
- Maintaining an accurate list of supportive services available in the region is time-consuming and often the list becomes inaccurate quickly.

Focus

- Building effective supportive services network, achieving outcomes related to:
- -housing placement
- -stable employment or other income
- -treatment of health issues (mental, physical, addictions)
- -increasing self-sufficiency
- -achieving housing stability
- Emphasizing a need for sufficient level of case management services region wide
- Giving priority to prevention services as a wise investment in rural areas
- Increasing successful client outcomes by reducing the barriers within the homeless services arena
- Increasing successful client outcome by addressing barriers in the larger community systems and creating stronger partnerships (for example, with landlords)
- Special focus on youth and young adults, long-term homeless, veterans, and victims of domestic violence.
- Promoting networking at existing regional groups (CoC, FHPAP, others) to share information about available resources.
- Evaluating whether the traditional system of social services is as accessible and effective as possible, then exploring ideas for improvement.
- Making wise investments that strengthen the system, strengthen people, and strengthen our communities.

Action Items **Strategy 3**	**Potential Partners** *****Lead Entity	**Breakdown of Tasks**	**Benchmarks and Goals**
1. Expand the current knowledge and use of the **Housing First Model** in the region *NOTE: Since 2006, NW MN CoC members receiving long-term homeless funding from the MN Department Human Services have used the Housing First Model.*	*FHPAP coordinators *NW MN CoC coordinator *Department of Human Services grant recipients—Marcia Otte, Lead -NW MN homeless service providers -HRAs -Housing placement staff -Tribal entities -MN Department of Human Services	-Identify how Housing First is best implemented in rural areas and how it is currently being implemented in NW MN programs -Identify rural client profiles for which Housing First might not be the best practice -Implementation of adapted model -Measurement of success, identification of barriers	Housing First Model presentation by DHS grant recipients at CoC monthly meeting no later than April 2009. NW MN CoC will discuss, research and identify what works when implementing Housing First in rural areas. Throughout the region, a rural model of Housing First will be implemented by homeless services agencies.

Action Items **Strategy 3**	**Potential Partners** *****Lead Entity	**Breakdown of Tasks**	**Benchmarks and Goals**
	-Veteran's Services		FHPAP groups will report fiscal year data on: 1) Success in re-housing families without a day of homelessness. 2) Minimizing length of homelessness 3) Eliminating repeat episodes of homelessness. FHPAP groups will discuss and report on client and systemic barriers to rapid re-housing and efforts to overcome these barriers.
2. Seek to increase the capacity of **case management services** in the region	*Current DHS grant recipients—Marcia Otte, lead -NW MN CoC members -Homeless services providers -School districts -Mental health facilities -Private foundations -Tribal entities -Regional Emergency Shelters -County, state or federal funding sources -Property management companies	-Advocate for continued long-term homeless services funding from MN Department of Human Service (DHS). -Seek to increase funding for counties currently receiving DHS Long-term Homeless grant dollars. -Increase funding to cover more counties in the region. -Explore other options for funding case management -Strengthen partnerships between mental health agencies and homeless service providers -Link Emergency Shelter households with case management services	All housing units developed through this action plan will include the option for clients to receive case management services Increased DHS funding for case management services. Seek sustainable additional funding from other sources to increase case management services and allow for more comprehensive services for clients with greatest need. Clients receive the comprehensive services needed due to better networking between agencies. Programming, funding in place for case management services at Emergency Shelters
3. Continue monitoring and improving the effectiveness of case management services	*Current DHS grant recipients—Marcia Otte, lead -NW MN CoC members -FHPAP groups -Tribal entities -County social services		DHS grant recipients hold roundtable discussions to establish best practices in case management ("what's working?") with specific client barriers. Findings shared with NW MN CoC to expand these practices.

Action Items **Strategy 3**	**Potential Partners** *****Lead Entity	**Breakdown of Tasks**	**Benchmarks and Goals**
	-Other homeless service providers -HRAs -MN Dept. of Human Services -Veteran's Services -Wilder Research		Homeless service providers monitor barriers reports (HMIS data) Annual discussion of best practices at FHPAP meeting
4. Promote the use of **housing inventory resources** Including: *HousingLink, USDA, Information and Referral (211), Regional Development Commission, HRA, municipalities, county recorders (foreclosure info.) and local Chambers of Commerce*	*FHPAP coordinators *NW MN CoC coordinator -Agencies compiling resource lists		Annually include a reminder about these resources on the FHPAP, CoC agendas Invite participants from agencies that maintain resource lists to attend and present to FHPAP meeting in the next 2 years.
5. Maximize **networking** between various stakeholders to improve communication about the services, procedures, and contact persons for different organizations	*NW MN CoC coordinator *FHPAP coordinators *Current members of CoC and FHPAP -Law enforcement and corrections -Tribal entities -Legal Services -County Social Services -Mental health service providers -Addiction treatment facilities -Elected officials -School district liaisons -Veteran's Services -Hospital and clinic reps -Foster care system reps -Faith-based groups -Information and referral sources	-Expand topics addressed on FHPAP and CoC meetings by inviting special participants to address topics (many of which are outlined in this Action Plan). Encourage participants to continue attending these group meetings. -Regular networking about available services on CoC and FHPAP agendas -Explore teleconferencing with CoC members that cannot travel to monthly meetings -Promote a **"no wrong door"** philosophy where clients are correctly guided to other relevant resources if one agency or organization cannot assist them. Use networking to build knowledge of services available.	Increased active membership in NW MN CoC and FHPAP groups NW MN CoC members actively participating in other networking groups such as: -Community Action Network Association (CANA) -Interagency Partners for Service -Regional Housing Advisory Group Increase in appropriate referrals between networked agencies within the region. "No wrong door" philosophy promoted within the region

Action Items **Strategy 3**	**Potential Partners** *****Lead Entity	**Breakdown of Tasks**	**Benchmarks and Goals**
6. Network with school-based mental health services providers and homeless liaisons in all districts, encouraging FHPAP involvement.	*FHPAP coordinators -School-based homeless liaisons -School-based mental health professionals -FHPAP group members -School district administrators	-Add school-based liaisons and school mental health professionals to FHPAP agenda at least once annually to speak about their needs and find out about what is currently available for resources, how to better coordinate. -Possibly go TO the schools to meet with these individuals if their schedules do not match up well with FHPAP meeting times.	Beginning 2009, add school homeless liaisons and/or school mental health service providers to FHPAP agenda annually. Increased networking, collaboration, and referral between school systems and service providers
7. Offer **tenant and home buyer education** on home maintenance, responsibilities of a renter/owner, and financing with a mortgage.	*Homeless service providers -Tribal entities -County, state or federal funding sources -Private foundations -Landlords and property management companies -Business partners	-Consider curricula such as Rent Wise, Home Stretch.	Seek funding sources for implementation of these educational prevention programs Advocate for funding for mortgage foreclosure prevention counselors that meets the need.
8. Increase availability of **financial literacy** training for youth and young adult clients, adult clients	*Service Providers -County, state or federal funding sources -Tribal entities -Private foundations -Landlords and property management companies -Business partners -School districts -Extension offices -Veteran's services	-Consider Four Cornerstones, FAIM, Home Stretch , Dollar Works, curricula -Human Achievement Performance Academy (HAPA), The Village involvement	Seek and secure funding Monitor results after implementation
9. Identify and work to address specific gaps in homeless and homeless prevention services for **youth and young adults** by learning from lead youth-serving agencies in the region.	*NW MN CoC *Evergreen Community Services *Clearwater Life Center FHPAP groups Tribal entities County government Social services Foster Care School districts		Best practices, barriers to serving youth and young adults identified and shared with partners through CoC, FHPAP, and wider community through other forums. Strengthen the network of partners who can address these gaps and barriers with increased funding and by implementing effective practices

Action Items **Strategy 3**	**Potential Partners** *****Lead Entity	**Breakdown of Tasks**	**Benchmarks and Goals**
	Parole and probation Minnesota Housing Finance Agency MN Dept. of Human Services Faith-based organizations Homeless or formerly homeless youth County collaboratives		throughout the region.
10. Advocate for increased **energy assistance funding, weatherization, heating system repairs, and energy alternative dollars** to prevent homelessness	*Current members of CoC and FHPAP *NW MN CoC coordinator *FHPAP coordinators -Advocacy groups such as the MN Coalition for the Homeless -Tribal entities -County and state elected officials -U.S. Congress -CAP agencies	Network with national and state homeless coalitions for greater impact	Contact elected officials regarding need Conduct outreach and education about available resources
11. Explore alternate, non-traditional county and service provider hours	*NW MN CoC Executive Committee -County government -County social services -MN Department of Human Services -NW MN CoC participants		By 2012, identify a county willing to pilot a program.
12. Workshops offered on "A Framework for Understanding Poverty" (based on research by Ruby Payne, Ph.D.)	*Cindy Pic-Tri-Valley Opportunity Council -NW MN CoC members -School districts -County social services -Faith-based groups including Churches United -Community service clubs	-Seek partners to organize, publicize, and share costs of the presentations -Seek organizations and agencies interested in sending participants -Follow workshop with discussion about how the current homeless service system and community could utilize this information to more effectively addressing homelessness	Hold three workshops in the region

Action Items Strategy 3	Potential Partners *Lead Entity	Breakdown of Tasks	Benchmarks and Goals
	-Corrections and law enforcement -Housing developers -Landlords and property management companies -Elected officials		

STRATEGY 4
Provide effective, coordinated outreach to the homeless

Background

- Outreach involves focused efforts to identify the homeless and connect them to the available services.
- Outreach is needed to bring in homeless populations that are disengaged or fearful of the system, many of which have mental illness or addictions that, if treated, could help stabilize them. This would likely reduce their heavy use of highly expensive emergency services.
- Many agencies within the homeless service system are operating at capacity. In other words, they have plenty of clients. However, the homeless who are typically brought in through outreach efforts are in great need and would be considered a high priority in this plan.
- Currently use existing networks to share information between providers about what services are available and effective.
- **Project Homeless Connect** is a day-long outreach event where people who are experiencing homelessness can go to one designated location. There they will be linked to helpful services such as housing, employment, medical care, mental health care, benefits and legal assistance, eye doctors, haircuts, transportation assistance, and food and clothing. Such events have been held in other areas in Minnesota and a proven national model exists as a guide to planning. Project Homeless Connect efforts require wide participation in the community, including a core group of volunteers.

Focus

- Focus on populations who are disengaged, fearful of the system due to mental illness, chemical addition or past criminal history.
- End the cycle of homelessness by focusing on youth who are "thrown away" or run away as well as young adults who need support to increase their self-sufficiency and housing stability.
- Focus on veterans, a population increasing in size and having special needs. May be less inclined to ask for assistance.

Action Steps Strategy 4	Potential Partners *Lead Entity	Breakdown of Tasks	Benchmarks and Goals
1. Increase outreach services for homeless youth and young adults	*FHPAP coordinators FHPAP group *Evergreen Community Services Clear Water Life Center		Increase number of youth and young adults receiving services due to outreach efforts Gain sufficient, sustainable funding for

Action Steps **Strategy 4**	**Potential Partners** *Lead Entity	**Breakdown of Tasks**	**Benchmarks and Goals**
			existing youth/young adult outreach programs Seek funding for additional outreach to youth and young adults in other areas of NW MN
2. Strengthen the communication and sharing of resource information between Veteran's Services and housing/supportive service providers.	*FHPAP coordinators -FHPAP members -County Veteran's Services Officers (CVSOs) -NW MN CoC coordinator -MN Council for Veteran's Assistance	-Actively recruit County Veterans Service Officers to attend FHPAP and CoC meetings. -Schedule presentation date for CVSO to share information annually at FHPAP.	CVSO annual short presentation at FHPAP meetings. Regular participation by County Veterans Service Officers at quarterly FHPAP and/or monthly NW MN CoC meetings. Establish list of Veteran's Services contacts and distribute at FHPAP Increase in referrals between Veteran's Services and supportive service agencies.
3. Hold a Project Homeless Connect event	*NW MN CoC -Mental health agencies -HRAs -CAP agencies -Service providers -Salvation Army -ACLU Bemidji -Community volunteers		Identify a community interested in hosting a pilot Explore existing models for Project Homeless Connect and network with other MN CoCs that have held a Project Homeless Connect event. Establish funding needs, resources. Establish partners needed to carry out plan

STRATEGY 5
Improve discharge planning

Background

- People leaving state and county corrections facilities, health care facilities, mental health facilities, and foster care programs must not be released into homelessness. The goal of discharge planning is to avoid this scenario. The key players in this are at the state and county level.
- HUD forbids funding from their agency to be used to fill the needs of a person discharged from such facilities.
- Better results in discharge planning are needed in order to end long-term homelessness.
- The lack of affordable housing options for ex-offenders is a significant challenge.
- Improving discharge planning is a large undertaking. Additional resources, refined planning, and new partnerships are needed to avoid homelessness for people exiting these systems.
- The key partners involved in discharge planning generally do not attend NW MN CoC meetings and only occasionally attend FHPAP group meetings.

Focus

- The first step is inviting the key players in discharge planning to the table so that a wide group of partners can learn about the discharge protocols that exist and engage in a frank conversation about the barriers that exist when trying to improve discharge planning outcomes.
- Eventually move to supporting efforts to reduce barriers to success in discharge planning. Agency-specific, state and county level leadership will be necessary for this to proceed.

Action Item **Strategy 5**	**Potential Partners** *Lead Entity	**Breakdown of Tasks**	**Goals and Benchmarks**
1. Invite representatives from agencies that do discharge planning to present information about protocol and practice, successes and barriers to NW MN CoC.	*NW MN CoC Coordinator -Foster Care -State of MN Department of Corrections -County corrections -Juvenile corrections -Health care facilities -Mental health care facilities -Chemical dependency centers -Foster Care -Other MN CoCs that have developed discharge plans		Attendance at NW MN CoC meetings by representatives who can address their agency's discharge planning. Target: One agency per year beginning in 2009. Share data from Wilder Study with agencies responsible for discharge planning in NW MN Encourage organized efforts to improve discharge planning success. Active members of FHPAP groups serve as partners if/when organized efforts to improve discharge planning results develop within state and local agencies.

STRATEGY 6
Improve data on regional homelessness

Background

- Most providers enter data into the Homeless Management Information System (HMIS). Wilder Research of St. Paul acts as administrator of the system, working closely with the state of MN and providers to improve the system and its capabilities.
- Given tight funding, it is somewhat of a financial strain for most agencies to implement and participate in HMIS. It also places a strain on the limited time available to enter data at understaffed agencies.
- The state of Minnesota and HUD mandate that homeless providers participate in HMIS in order to receive funding.
- All CoCs participate in the Wilder Research Study on homelessness in Minnesota every three years. CoCs also conduct homeless population counts every two years.
- Good data can guide the shifting of resources and priorities. At present, NW MN CoC is limited in its access to the HMIS data.

Focus

- Focus on improving quality of the data, increasing participation in data gathering, making data more useful at the regional and agency level, accessing funding needed and increasing efficiency.

Action Items **Strategy 6**	**Potential Partners** *Lead Entity	**Breakdown of Tasks**	**Goals and Benchmarks**
1. Continued NW MN CoC representation at the Wilder Research Homeless Management Information System (HMIS) Governing Group quarterly meetings.	* Designated representative of the NW MN CoC -NW MN CoC members -Wilder Research	-Representative communicates local concerns and questions at quarterly meetings and reports back to full CoC. -Work with Wilder Research to improve data quality. -Work with Wilder Research to improve accessibility to regional information.	Advocate for video conferencing for rural representatives. Attendance by designated representative (or substitute) from NW MN CoC at all quarterly meetings. HMIS issues discussed at all NW MN CoC meetings—monthly agenda item. NW MN CoC increases capability to run regional reports on homeless data relevant to this plan's goals.

Action Items **Strategy 6**	**Potential Partners** *Lead Entity	**Breakdown of Tasks**	**Goals and Benchmarks**
2. Agency-level attendance at HMIS user group meetings and formal training sessions	*Wilder Research *All agencies participating in HMIS -NW MN CoC Governing Group Representative		Regular attendance and participation by NW MN CoC member at HMIS Governing Group meetings
3. Increase percentage of agencies entering data into HMIS in NW Minnesota.	*NW MN CoC -NW MN agencies with homeless services or housing -MN Department of Human Services (DHS) -HMIS Governing Group representative	-Seek technical assistance from MN DHS and Wilder Research for agencies new to the system. -Monitor HUD changes in Domestic Violence privacy requirements for HMIS participation.	**2007 HMIS Coverage (Benchmarks--beds participating)** **Emergency Shelter** Individual Beds 87% Family Beds 88% **Transitional Housing** Individual Beds 100% Family Beds 83% **Permanent Housing** Individual Beds 21% Family Beds 100% **Goals:** Annually monitor HMIS participation progress on Housing Inventory charts completed for HUD CoC Exhibit 1 process. 100% coverage in all categories by 2013.
4. Consider annual renewal of HUD funding through CoC Exhibit 1 process in support of HMIS system management by Wilder Research	*NW MN CoC -Wilder Research -HUD	-Include HMIS in Ex. 1 project pipeline list annually	Annual request of HUD Exhibit 1 funding proportional to NW MN CoC usage of HMIS **Benchmark:** $5,289 in 2007
5. Participate in Wilder Research Homelessness Study	*Wilder Research *NW MN CoC Coordinator -NW MN CoC members -Law enforcement	-Send a NW MN CoC representative to technical assistance opportunities offered. Relay best practices to NW MN CoC. -CoC works with state and Wilder to create a plan to conduct survey. Communicate with partners whose participation is necessary. -CoC discusses and records potential	Full participation in 2009, 2012, 2015, 2018 NW MN CoC plan for participation in the study in place by August.

Action Items **Strategy 6**	**Potential Partners** *Lead Entity	**Breakdown of Tasks**	**Goals and Benchmarks**
		improvements for future studies following data collection.	
6. Conduct unsheltered homeless population counts in NW MN every two years. Conduct Office of Economic Opportunity (OEO) Sheltered Survey twice a year.	*NW MN CoC Coordinator -NW MN CoC providers -Law enforcement -Veterans services -HUD -MN Interagency Task Force on Homelessness	-Send a NW MN CoC representative to technical assistance opportunities offered. Relay best practices to NW MN CoC count participants -CoC creates a plan to conduct the count. Communicates with partners whose participation is necessary. -CoC members discuss and record potential improvements for future studies after data collection period.	Full participation by housing and service providers in NW MN in 2009, 2011, 2013, 2015, 2017 (Last week in January). Plan in place by November CoC meeting each year that count occurs.
7. Analyze NW MN data gathered through Wilder Research Study every 3 years.	*Heading Home Coordination Group (HHCG) -Wilder Research -FHPAP -NW MN CoC	-HHCG designates who within the group will review data and create short a report.	Data accessed, reviewed, and shared in a brief comparative report to NW MN CoC at May CoC meeting of the year following study. FHPAP groups and CoC uses report to share information in Community Awareness plan.

Glossary

Affordable housing
Requires a household to pay no more than 30% of their gross income toward housing.

Basic needs
Necessities to live no-frills standard of living, including food, housing, health care, clothing, transportation, and childcare expenses. Does NOT include budget lines for entertainment, skills training, restaurant meals, vacations, emergencies, debt payments, or savings for college or retirement. Developed and used by the JOBS NOW Coalition of Minnesota to do a periodic county-by-county analysis of the cost for various family sizes to meet these expenses.

Beltrami Area Service Collaborative (BASC)
Organization currently coordinating work of the Northwest Minnesota Continuum of Care.

Case management
A system where a case manager is assigned to homeless clients or clients at-risk of homelessness. The essential components include:
- Assessment: work with client to identify strengths, resources, barriers and needs.
- Plan development: individualized with specific outcomes based on assessment
- Connection: linkages to necessary services, treatments and supports
- Coordination: integrate services and assure consistency of service plan by coordinating with service providers involved in the plan
- Monitoring: work with client to evaluate progress and needs and make any necessary adjustments
- Personal advocacy: intercede on behalf of a person or group to ensure access to timely and appropriate services

Chronic homeless
"An unaccompanied homeless *individual* with a *disabling condition* who has either been continuously homeless for a year or more or has had at least four episodes of homelessness in the past three years" (Federal Register, Vol. 68, No. 80, Friday, April 25, 2003. Notices, 21598) [emphasis added].

Chronic health condition
An ongoing, persistent physical or mental health condition of variable severity that may not be curable and requires continuous and/or intermittent management from professionals, self, and/or caregivers. May require adaptation and coping skills to maintain or improve functional status and quality of life. Health-damaging behaviors or environmental conditions are major contributors to the most common chronic diseases.

Community Action Programs (CAPs)
Nonprofit, private organizations established under the Economic Opportunity Act of 1964 to fight America's War on Poverty. Part of the scope of CAP agency work includes direct services to the homeless or near-homeless. Those services include case management, transitional housing, permanent supportive housing, rental assistance programs, financial management coursework, energy assistance and weatherization programs, and more. Governed locally, so the mix of services offered varies somewhat from agency to agency.

Community-Based Treatment Model
A decentralized pattern of mental health, mental health care, or other services for people with mental illnesses. Designed to supplement and decrease the need for more costly inpatient mental health care delivered in hospitals. Based in a variety of community settings rather than aggregating and isolating patients and patient care in central hospitals.

Continuum of Care (CoC)
A local or regional system designed to address the critical problem of homelessness through a coordinated, community-based process of identifying needs and building a system to address those needs. The approach is predicated on the understanding that homelessness is not caused merely by a lack of shelter, but involves a variety of underlying, unmet needs—physical, economic, and social. Regular meetings of CoCs across the nation bring various stakeholders to the table for collaboration. Each year CoCs use their collective expertise to apply for nationally competitive federal Housing and Urban Development (HUD) funds. CoCs use local decision-making, prioritizing, and strategic planning to best match available HUD funds to the needs of their region.

Cost burdened
A household putting more than 30% of their income toward their housing, meaning that they will have difficulty meeting other basic needs or dealing with other financial burdens as they arise.

De-institutionalization
Individuals released from an in-patient mental health treatment or custodial setting to receive treatment and support on an out-patient basis. Historic numbers of mentally ill individuals were de-institutionalized following passage of the 1963 Community Mental Health Centers Act.

Discharge planning
The process of preparing a person in an institution for return or re-entry into the community and the linkage of the individual to needed community services and supports.

Doubled up (or Couch Hopping)
To have a temporary living arrangement with family or friends due to lack of means to attain one's own permanent housing. Federal programs do not consider these people to be homeless, although this type of living arrangement is detrimental to physical, mental and developmental health, as well as family relationships.

Dual Diagnosis
Having some combination of more than one chronic physical health issues, substance abuse, and/or serious mental health issues.

Emergency Shelter
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.

Ex-offender
Someone who was held at any of the following correctional facilities: a juvenile detention center, county jail or workhouse for a month or more, or a state or federal prison.

Family Homeless Prevention and Assistance Program (FHPAP)
Program that assists families with children, youth/unaccompanied youth, and single adults who are homeless or are at imminent risk of homelessness. There are three FHPAP project areas covering all counties in NW Minnesota. Established by the Minnesota Legislature in 1993.

Family Supporting Wage
Hourly earnings required to cover the cost of basic needs (see Glossary definition of basic needs). Jobs NOW Coalition of Minnesota periodically analyzes regional economic data to determine the family supporting wage needed for various sizes of families in different regions of Minnesota. Similar to more common term "living wage."

Heading Home Coordination Group (HHCG)
Group to be assembled and charged with overseeing implementation of *Heading Home Northwest Minnesota.*

Hidden homeless
Refers to the tendency of the rural homeless people to live in places where they cannot be seen—in the woods, campgrounds, in cars—largely due to a lack of affordable housing and emergency shelter. A higher rate of rural homeless live doubled up in overcrowded, temporary housing with friends or family—hidden from the wider community but precariously housed. Challenging to quantify number of hidden homeless.

Housing First Model
Based on research showing that clients are more successful if they have permanent housing *while* addressing other barriers such as mental, physical or chemical health issues. Placement in housing is a first priority. Housing is not contingent on compliance with services – instead, participants must comply with a standard lease agreement and are provided with the services and supports that are necessary to help them do so successfully. Housing First can be contrasted with a continuum of housing "readiness," which typically subordinates access to permanent housing to other requirements.

Housing and Urban Development (HUD) [U.S. Department of]
Federal agency with mission to increase homeownership, support community development and increase access to affordable housing free from discrimination. Recent trends in funding by HUD show an increase in housing dollars and decrease in supportive service dollars.

Long-term homeless
An individual or family member lacking a permanent place to live continuously for a year or more or at least four times in the last three years.

Median Family Income (MFI)
The figure that divides income distribution into two equal groups, one having incomes above the figure, and other having incomes below that figure.

Minnesota Community Action Resource Fund (MNCARF)
The fund that received and dispersed Bush Foundation grant to assess needs and write a plan to end long-term homelessness in six Greater Minnesota Continuum of Care regions.

Minnesota Community Action Partnership (MinnCAP)
Made up of member Community Action Programs organizations in communities across Minnesota.

Mobility
Student transfers from school to school. Many transfers result not from deliberate choice but from instability in the family's or student's situation; these may be linked to the lack of safe, decent and affordable housing in certain areas. Studies of student mobility show that students who frequently change schools experience less success at school and have lower graduation rates. Frequent moves during childhood can be associated with delinquency, depression, teen pregnancy, or dropping out of school.

Northwest Minnesota Continuum of Care (NW MN CoC)
Group charged with developing and implementing *Heading Home Northwest Minnesota.* This network of stakeholders meets 10–12 times per year to coordinate, plan, share information, and seek resources to effectively address homelessness in their region. Participants include, for instance: service providers, housing authority representatives, government decision makers, homeless or formerly homeless clients, and housing developers. Includes Beltrami, Clearwater, Hubbard, Kittson, Lake of the Woods, Mahnomen, Marshall, Norman, Pennington, Polk, Red Lake, and Roseau counties. Three Native American reservations lie within the region, including the Red Lake Nation, White Earth Reservation, and a small portion of the Leech Lake Reservation.

Outreach
Engaging homeless persons who are not receiving available supportive services or housing.

Out-of-home placement
Twenty-four-hour substitute care for children placed away from their parents or guardians for more than 24 hours and for whom the local social service agency has supervision and care responsibility. Facilities could include family foster home, group home, treatment foster home or a home licensed as a Foster Residential setting, residential treatment centers, shelter care, or a residential care facility. Chemical dependency treatment facilities that are not based in a hospital would be considered residential care. Temporary child locations providing services that are not considered a placement are respite care, visitation, hospitalization, summer camp, secure detention facilities and secure correctional facilities.

Permanent Supportive Housing (PSH)
Permanent Supportive Housing is one type of supportive housing. It is long-term, community-based housing with supportive services provided. Enables special needs populations to live as independently as possible in a permanent setting. The supportive services may be provided by the organization managing the housing or coordinated by the applicant and provided by other public or private service agencies. Permanent housing can be provided in one structure or several structures, at one site or in multiple structures at scattered sites.

Point-in-Time (PIT) surveys
An organized count of the sheltered and/or unsheltered homeless in a given area. Usually conducted by service providers and others who come in contact with the homeless population. Takes place during an established period of time, often a 24-hour window.

Prevention
Efforts such as providing vouchers for transportation, first and last month’s rent, landlord mediation, or assistance with child care subsidy application forms. A case manager may be assigned to monitor client progress and provide links to services such as mental health counseling, mortgage foreclosure counseling, job skills training or substance abuse treatment. Well-documented as more cost effective than serving the needs of clients who are already homeless.

Project Homeless Connect
Outreach event held at one designated location where the homeless can be linked to or receive services such as housing, employment, medical care, mental health care, benefits and legal assistance, eye doctors, haircuts, transportation assistance, and food and clothing.

Rapid Re-housing
A set of strategies to help families quickly move out of homelessness and into permanent housing, minimizing the negative impacts of longer or more frequent episodes of homelessness and reducing the strain on Emergency Shelters. Typically involves housing search and landlord mediation assistance, short-term or flexible rental assistance, transitional case management services. Consistent with a Housing First approach.

Rental subsidies
Funding provided to help low-income families or individuals pay for leased housing.

Section 8
A federal housing program that provides housing assistance to low-income people. Assistance comes in the form of rental subsidies, limiting the monthly rent payment of the recipient. Public Housing Authorities apply to the U.S. Department of Housing and Urban Development (HUD) for Section 8 funds, which are then provided in accordance with HUD rules and regulations.

Serious and Persistent Mental Illness (SPMI)
A person may be considered to have a serious and persistent mental illness (SPMI) if they have been hospitalized for psychiatric care two or more times in the last two years; have been committed by a court as a mentally ill person; or have significant impairment in functioning due to a specific mental illness diagnosis such as schizophrenia, bipolar disorder, major depressive disorder, or borderline personality disorder and are considered to be reasonably likely for psychiatric hospitalization according to a mental health professional (MN Statute 245.462 subd20).

Severely cost burdened
A household putting more than 50% of gross annual income toward housing.

Supplemental Security Income (SSI)
A federal income supplement program funded by general tax revenues (not Social Security taxes). Designed to help aged, blind, and disabled people who have little or no income by providing financial assistance to meet basic needs for food, clothing, and shelter.

Supportive services
Assistance provided to clients to address their barriers to stable housing. Could include mental health counseling, treatment for addiction, rental subsidies, skill building in budget management, credit counseling, landlord/tenant mediation, housing search assistance, parenting classes, GED classes, job skills training or job search assistance, etc.

Transitional Housing
A type of supportive housing used to facilitate the movement of homeless individuals and families to permanent housing. Up to 24 months of housing with supportive services provided. Supportive services may be provided by the organization managing the housing or coordinated by them and provided by other public or private agencies. Can be provided in one structure or several structures, at one site or in multiple structures at scattered sites.

Vouchers
Rental subsidy provided to low-income people to bridge the gap between local rental rates and income available for housing.

Youth
Definitions vary. Runaway and Homeless Youth Act defines homeless youth as "individuals under age 18 who are unable to live in a safe environment with a relative and lack safe alternative living arrangements, as well as individuals ages 18-21 without shelter." Defined as under age 18 in the Wilder Research Study.

Young adults
Defined as defined as ages 18–21 in the Wilder Research Study. Broader definitions may apply in other circumstances.

Acronym Guide

BASC	Beltrami Area Service Collaborative
CAP	Community Action Program
CoC	Continuum of Care
DHS	Minnesota Department of Human Services
ER	Emergency Room
ES	Emergency Shelter
FHPAP	Family Homeless Prevention and Assistance Program
GED	General Equivalency Degree
GM	Greater Minnesota (outside the Twin Cities metro area)
HHCG	Heading Home Coordination Group
HRA	Housing and Redevelopment Authority
HUD	U.S. Department of Housing and Urban Development
MA	Medical Assistance (Minnesota Medicaid program)
MFI	Median Family Income
MFIP	Minnesota Family Investment Program (state's welfare program)
MN	Minnesota
MNCARF	Minnesota Community Action Resource Fund
NW	Northwest
NW MN CoC	Northwest Minnesota Continuum of Care
TH	Transitional Housing
PIT	Point-In-Time (24-hour period of a survey)
PSH	Permanent Supportive Housing
SPMI	Serious and Persistent Mental Illness
SSI	Supplemental Security Income
VA	Veteran's Affairs