FM COALITION TO END HOMELESSNESS

THE 2022 STATE OF HOMELESSNESS

IN THE FARGO–MOORHEAD METRO AREA

A REPORT OF THE FM COALITION TO END HOMELESSNESS
IN COLLABORATION WITH UNITED WAY OF CASS-CLAY

United Way
United Way of Cass-Clay

Report released June 28, 2022

ABOUT THE FM COALITION TO END HOMELESSNESS

For more than 30 years, the FM Coalition to End Homelessness (the Coalition) has been working to address the concerns surrounding homelessness in the Fargo-Moorhead Metro. In response to a growing concern for a local rise in homelessness, four local emergency shelters came together in 1989 to form the Fargo-Moorhead Coalition for Homeless Persons to improve service delivery. As the Coalition became a forum for discussion about the particular circumstances related to working with those experiencing poverty and homelessness, the Coalition grew to include other organizations serving homeless and low-income populations. The Coalition's purpose was to coordinate and improve service delivery in the most humane and efficient manner possible, and it grew to become an active force to provide, expand, and obtain new services. In 2007, the Coalition became a 501(c)(3) nonprofit corporation, hired its first director, and became the key leader in the implementation of the City of Fargo's Ten-Year Plan to End Homelessness.

Today, more than 70 partners from service areas related to housing, physical and behavioral health, recovery, law enforcement, community action, disability, and veterans' issues, as well as faith-based groups and individual community members concerned about homelessness, come together with a unified mission: working in partnership to find permanent solutions to prevent and end homelessness in Fargo, Dilworth, Moorhead, and West Fargo. Through unified advocacy, partner education and trainings, and community and regional collaboration, the Coalition strives to fulfill its mission and live up to its current name and make homelessness rare, brief, and one-time for individuals and families in this community.

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For the purpose of this report, we will refer to our geographic location as Fargo-Moorhead Metro (FM Metro). In 2020, the most recent data available, the US Census Bureau's American Community Survey (ACS) estimates the population for the Fargo-Moorhead Metropolitan Statistical Area at 243,966 individuals (ACS 2020 5-Year Estimates).

This includes the population in Cass County, North Dakota, and Clay County, Minnesota, who are primarily located in the cities of:

- Dilworth, MN
- Fargo, ND
- Moorhead, MN
- West Fargo, ND

Throughout this report, we will use FM Metro as our general location, or specifically Cass County, ND, and Clay County, MN, if there is a difference based on the state boundaries. Additionally, some of the data and processes included in this report are by established Continuums of Care (CoCs). A CoC is a regional planning body of stakeholders designed to promote a shared commitment to the goal of ending homelessness.

CoC planning includes:

- Gathering and analyzing information to understand homelessness in the region;
- Understanding and supporting compliance with HUD and other funders;
- Implementing strategic plans to end homelessness based on data;
- Operating a regional Coordinated Entry System;
- Measuring results of regional planning and performance; and
- Prioritizing limited resources.

The West Central Minnesota CoC includes the following counties: Becker, Clay, Douglas, Grant, Pope, Otter Tail, Stevens, Traverse, Wadena, and Wilkin, along with the White Earth Reservation. It is one of ten CoCs in the state of Minnesota.

PLANNING AND ADVOCACY ORGANIZATIONS

The FM Coalition to End Homelessness (the Coalition) is a principle leader for ending homelessness in the FM Metro and serves as the official North Dakota Region 5 Coalition, the six-county southeastern part of the state. The Coalition is in close partnership with the West Central Minnesota CoC and North Dakota CoC as a platform for cross-border collaboration between our metro's four cities, two counties, and two states.
www.fmhomeless.org

The Minnesota Coalition for the Homeless (MCH) is a public policy and advocacy organization working to ensure statewide housing stability and economic security. Working with partners across the housing continuum in direct service to state agencies, MCH generates policies, community support, and local resources for housing and services to end homelessness in Minnesota. www.mnhomelesscoalition.org

The West Central Minnesota CoC is tasked with developing, implementing, aligning, and monitoring regional planning related to preventing and ending homelessness. Through broad collaboration and planning, the CoC utilizes data, training, information sharing, and planning meetings to move towards making homelessness in West Central MN rare, brief, and one-time.
www.homelesstohoused.com

The North Dakota Coalition for Homeless People (NDCHP) brings together partners across the state for advocacy and public education in ending homelessness in the state. NDCHP's vision is for North Dakota to have safe, decent, and affordable housing that is available to all.
www.ndhomelesscoalition.org

The North Dakota CoC is tasked with developing, implementing, aligning, and monitoring regional planning related to ending homelessness. The CoC is composed of representatives of relevant public and private organizations that come together to plan for and provide a homeless response system that is dedicated to preventing and ending homelessness in the state of North Dakota. North Dakota Housing Finance Agency is the collaborative applicant for the North Dakota CoC.
ndcontinuumofcare.org

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MESSAGE FROM THE EXECUTIVE DIRECTOR

June 28, 2022

After two long years of providing service through COVID-19, it seems as though there is a light at the end of the tunnel. The past year, our Coalition partners and the people they serve have continued to show the kind of ingenuity, resiliency, and collaborative energy that has been demonstrated in our community time and time again in the face of adversity. While we are still sifting through the impacts of COVID-19 on our community, one thing is for certain and that is the need for continued dedication to prevent and end homelessness. Our 70+ partners have lived out this dedication over the last year and continued to provide robust services to the people they serve all while facing things such as worker shortages and COVID-19 outbreaks. The Fargo Moorhead Coalition alongside our partners, plan to continue moving the needle towards making homelessness rare, brief, and a one-time experience while also addressing the unique needs of our cross-border community members. Through the last year, the continued importance of working in Coalition has remained clear. Together problems get solved. Together silos are eliminated. Together new systems are constructed. Together we can end homelessness.

A key area of focus is on education. The Coalition has identified the need for effective, evidence-based, culturally informed training for our community. Having well trained and highly educated service providers is vital to preventing and ending homelessness. This report illuminates the continued need of educating each other and the community about the issues we face including racial disparities, co-occurring conditions, and domestic violence. The past year has illuminated unmet needs that re- quire more funding, changes in policy, and shifts in some priorities. Allow this report to serve as a gateway to an educational journey and be challenged to continue seeking information that encourages the elimination of systemic barriers and positively influences social justice.

In the meantime, contributors have sought to provide notation and insights when possible, and analysis and reflection will continue.

In partnership,

Alexa Dixson-Griggs
Executive Director

FM COALITION TO END HOMELESSNESS

The purpose of this document is to provide our community with a comprehensive report of available data related to homelessness in the FM Metro. This report was created by a task force of professionals working in and in support of the homeless response system. All data, information, and content of this report were compiled using available community data to the best of the task forces ability. Use of this report and data included should be for informational purposes only, provided that it is not modified or altered in any way and proper credit is given to the FM Coalition to End Homelessness.

The writers have made the decision to lay out this report in four sections:

Who are our neighbors experiencing homelessness in our community?

What are the needs of those experiencing homelessness in our community?

What are we doing as a community to address homelessness?

What is next for our community?

In each section, you as the reader should have a better understanding to the answer for each question posed. Additional information can be found in the Appendixes related to the data sources and references used in the creation of this report, as well as definitions for some of the terms used throughout the report and additional r esources available.

The FM Coalition to End Homelessness is committed to providing accurate, up-to-date local data that will help our community truly work towards ending homelessness. Please visit our website for the most recently available information and data: https://www.fmhomeless.org/data.

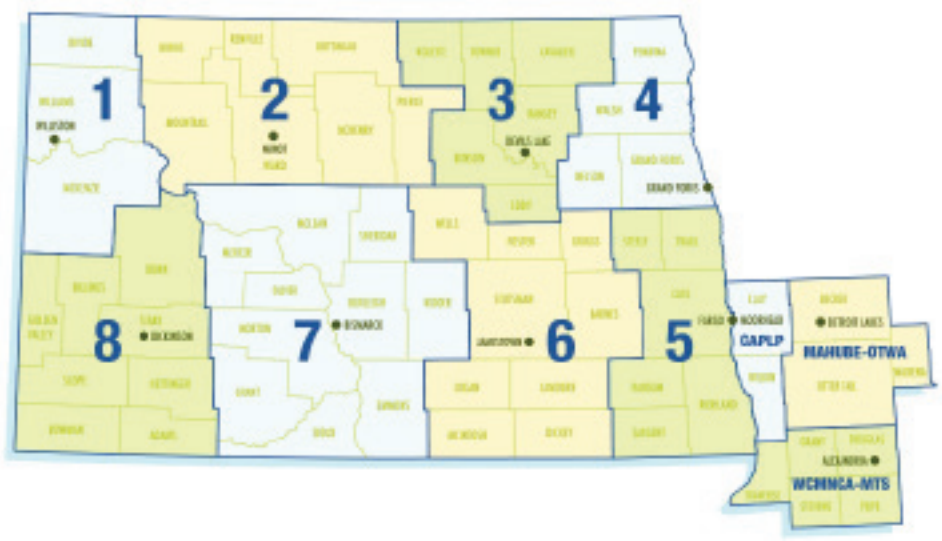
WHO ARE OUR NEIGHBORS EXPERIENCING HOMELESSNESS IN OUR COMMUNITY?

ESTIMATE OF THE NUMBER OF INDIVIDUALS EXPERIENCING HOMELESSNESS

To estimate the number of individuals experiencing homelessness in our community on any given night, we need to look at the estimates of those:

- sheltered in emergency shelter and transitional housing programs
- staying in a place that is not a regular or permanent place to stay, such as outdoors, in a car, vacant building, or a place of business, and
- doubled up with a friend or family member on a temporary basis because they have nowhere else to go.

For this section, we will be looking at Region 5 in North Dakota and the West Central Continuum of Care in Minnesota.



Below is an overview of the housing inventory count, which provides a snapshot of the number of individuals homeless service programs can serve at any given time. For more on available programs and services, see the section entitled "What are we doing as a community to address homelessness?".

The annual inventory data shows that on any given night in 2020, 1,654 beds were available for persons who were experiencing homelessness in our region.

Project Type	Region 5- ND	West Central CoC	Both
Emergency Shelter	179	90	269
Transitional Housing	76	109	185
Rapid Re-Housing	43	142	185
Permanent SupportiveHousing	275	650	925
Other Permanent Housing	9	48	57
Overflow Emergency Shelter	0	33	33
Total	624	1072	1,654

Every year, a Point-In-Time count is conducted in January to get a snapshot of who is experiencing homelessness on any given night in our region. This data shows us that an estimate of those experiencing homelessness in the North Dakota and West Central MN CoC.

In addition, we can estimate, through the Emergency Shelter Bed Prioritization list, which is managed in partnership by all Emergency Shelters that there were a total of 856 single men seeking shelter, 524 single women seeking shelter, 224 families with children, and 7 married couples with no children who sought shelter throughout 2021. These numbers include the data from the point in time count.

The quantity of those currently doubled up continues to be a much more difficult number to gather, as those individuals are often the most unseen. As of Spring 2022, 650 students were identified as homeless in our metro school districts. Of which, 66% were doubled up which includes in the sheltered and unsheltered count. See section on "Youth" below for further breakdown.

Pulling this all together, on any given night, there are 957 individuals estimated to be experiencing homelessness in the ND/West Central region.

This is consistent to last year's estimate of 1,022 individuals estimated to be experiencing homelessness in the FM Metro. While we must rely on an estimate for this number, the rest of this report includes more details and data collected on those in our community that received services to overcome their crisis and resolve their homelessness.

Sheltered	454
Unsheltered	74
Safe Haven	429
Total	**957**

DEMOGRAPHICS OF INDIVIDUALS AND HOUSEHOLDS EXPERIENCING HOMELESSNESS

According to data available in the Homeless Management Information System (HMIS), in 2021, 3,554 individuals received homeless services either in Cass County, ND, or Clay County, MN. This is an increase of 424 people served from the previous year. Clay county served an additional 452 individuals and Cass County served 28 less than in 2020.We need to acknowledge there is a level of duplication in these numbers as Minnesota and North Dakota do operate in separate information systems; for example, if an individual received services in both Fargo and Moorhead, they would be counted twice in the data below.

A majority of individuals experiencing homelessness are working-age adults, with 65% of those who received services being between the ages of 18 and 54. Additionally, of those served, roughly 21% were children under the age of 18 and 14% were older adults ages 55 and above.

Ages	Clay	Cass	Total	
Under 5	182	59	241	7%
5 to 12	261	74	335	9%
13 to 17	122	34	156	4%
18 to 24	139	178	317	9%
25 to 34	322	389	711	20%
35 to 44	357	396	753	21%
45 to 54	231	306	537	15%
55 to 61	124	184	308	9%
62+	61	119	180	5%
Don't know or refused	0	0	0	0%
Did not collect	0	16	16	0%
Total	1,799	1,755	3,554	

When looking at gender along with age, adult males make up the majority of the homeless population at 51%. Overall, 61.5% of the total homeless population identify as male, with 37.6% as female. Additionally, 23 individuals identify as transgender, 5 individuals identify as no single gender, and a total of 4 people didn't know, refused to answer, or the data was not collected. Males served in 2021 decreased by 3% and increased for females by 3%.

Gender by Age	Male	Female	Transgender	No Single Gender	Questioning	Client Doesn't Know/Client Refused	Data Not Collected
Adults	1,819	955	23	5	0	1	3
Percent of Total	51%	27%	1%	0%	0%	0%	0%
Children	358	374	0	0	0	0	0
Percent of Total	10%	11%	0%	0%	0%	0%	0%
Total	2,177	1,329	23	5	0	1	3
Percent	61.5%	37.6%	0.7%	0.1%	0.0%	0.0%	0.1%

In 2021, just over half of individuals who received homeless services identified their race as White, showing a significant racial disparity that exists among the homeless population compared to the general population in the FM Metro. As of 2020, US Census American Community Survey (ACS) estimates show 87% of the total population identify as white alone. With 20% of the homeless population identifying as Black or African American and 19% identifying as American Indian, we can see significant racial disparities as these populations are overrepresented compared to the general population. Local census data shows that 83% of the population in Fargo are white, 8% black, and 1% Native American (Fargo Census). Moorhead's census shows 87% white, 5% black, and 2% Native American (Moorhead Census). To see how these disparities affect our homeless delivery system in depth, refer to the equity reports on page 37.

Race	Total	Percent of Total
White	1,814	51%
Black or African American	718	20%
Asian	13	0%
American Indian or Alaska Native	689	19%
Native Hawaiian or Other Pacific Islander	16	0%
Multiple races	269	8%
Client Doesn't Know/ Client Refused	16	0%
Data Not Collected	19	1%
Total Persons	3,554	

Additionally, 10% of individuals experiencing homelessness identify their ethnicity as Hispanic/Latino. This is 1% increase from the previous year. Again, this is an over-representation compared to local data showing Hispanic/Latinos making up 3.2% of the population in Fargo and 4.6% in Moorhead.

Ethnicity	Total	Percent of Total
Non-Hispanic/Non-Latino	3,170	89%
Hispanic/Latino	353	10%
Client Doesn't Know/Client Refused	5	0%
Data Not Collected	26	1%
Total Persons	3,554	

The 3,554 individuals served throughout 2021, make up a total of 2,690 separate households. A vast majority (87%) of the households do not include children. Although, the number of households served with children increased by 1% compared to 2020.

Household Type	Total	Percent of Total
Singles: Adults without children	2,344	87%
Families: Adults with children	328	12%
Youth: Youth only, no adults, with or without their own children	2	0%
Unknown Household Type	16	1%
Total Households	2,690	

Youth

Youth homelessness is often harder to track. According to data available in HMIS and adjacent databases, in 2022, 457 youth received homeless services either in Cass County, ND, or Clay County, MN. These are young adults 24 years old or younger, living without parents or guardians and may be parenting themselves.

Age	Total	Percent of Total
Age 12-17	41	11%
Age 18-24	407	89%
Unknown/Missing	9	.01%
Total Persons	457	

Unlike the general homeless population, youth are more diverse in their gender identity, with 51% identifying as male. In addition to 43% identifying as female, 5% identifying as transgender and, 1% as no single gender.

Gender	Total	Percent of Total
Male	229	51%
Female	194	43%
No Single Gender	14	1%
Transgender	23	5%
Total Persons	457	

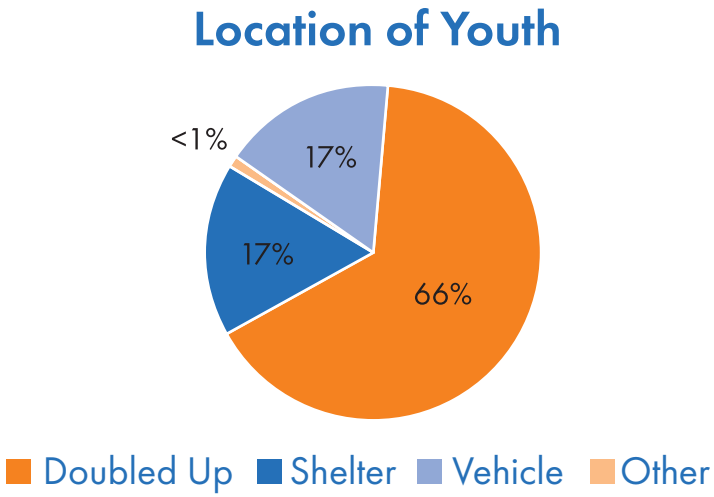
*7 Youth identify with more than one gender, 4 youth did not have data collected on gender identity

Of the 457 youth served in 2021, 45% of youth are parents themselves and between the ages of 18 and 24 years old.

Youth are assessed for housing services utilizing a specialized tool geared towards those under 24 years of age. Within this assessment, 56% of youth answered that their lack of housing was because of an unhealthy relationship, either at home or elsewhere (emotional, physical, psychological, or sexual).

Fargo, Moorhead, and West Fargo Homeless School Liaisons began tracking data on the total youth experiencing homelessness in the school systems. In the 2021-2022 school year, there was an estimate of 650 children from pre-k -12th grade experiencing homelessness. Additionally, 21% of these youth were also parents. This data was not cross-referenced with the above data due to multiple reporting systems so there is possible duplication.

Grade of Youth	
Pre-K	98
K-5	239
6-8	154
9-12	154
Total Youth	650



At the time of data collection, a majority of youth were doubled up, followed up staying in a shelter or other non-permanent housing (often times this is a hotel or motel), and a small number of students were staying in a vehicle. Due to language on what is considered literally homeless, students who are doubled up often times do not quality for homeless services. By collecting data on doubled up youth, we are able to advocate for the needs of a niche population often times missed by typical programming.

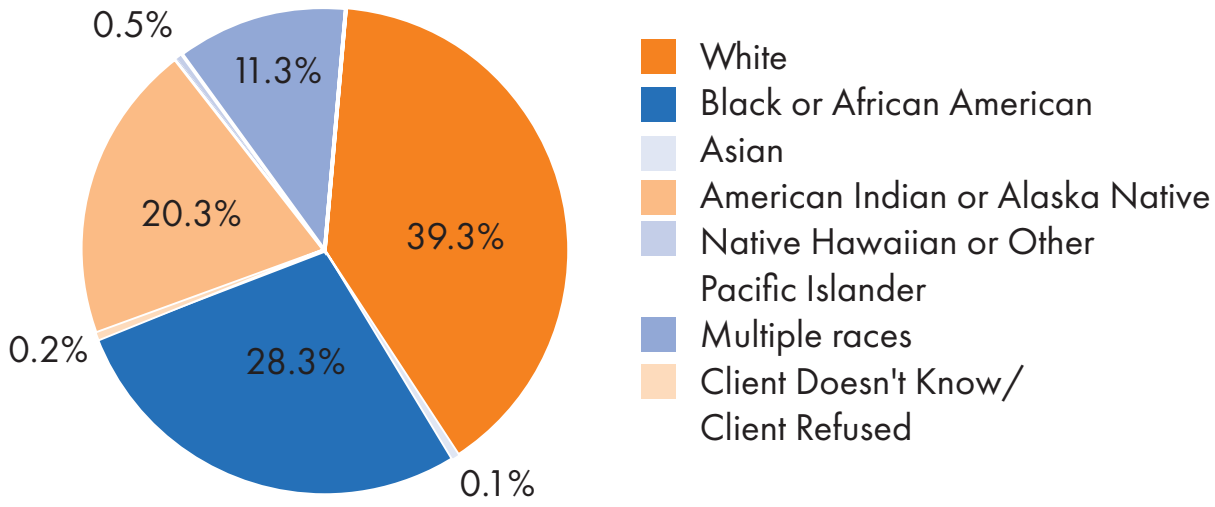
Families

According to data available in HMIS, in 2021, 1,156 individuals made up family households led by an adult who received homeless services either in Cass County, ND, or Clay County, MN. These 1,156 make up 328 unique family units. With 63% of those served in these households children under age 18. Additionally, there were 6 individuals age 55 or above included in these family units.

Age	Total	Percent of Total
Age 0-4	239	21%
Age 5-12	335	29%
Age 13-17	153	13%
Age 18-24	62	5%
Age 25-34	195	17%
Age 35-44	133	11.5%
Age 45-54	33	3%
Age 55-61	6	0.5%
Age 62 and above	0	0%
Client Doesn't Know/Client Refused	0	0%
Data Not Collected	0	0%
Total Persons	1,156	

Racial disparities are seen at a higher rate when we look at families experiencing homelessness than the total homeless population. Only 39.3% of individuals who received homeless services identified their race as White. As aforementioned, when looking at the racial composition in the Fargo-Moorhead metro, we see people of color represent less than 20% of the population while families experiencing homelessness are over 60% people of color.

Race	Total	Percent of Total
White	454	39.3%
Black or African American	327	28.3%
Asian	1	0.1%
American Indian or Alaska Native	235	20.3%
Native Hawaiian or Other Pacific Islander	6	.5%
Multiple races	131	11.3%
Client Doesn't Know/Client Refused	2	0.2%
Data Not Collected	0	0%
Total Persons	1,156	



The 5-year estimates from the US Census American Community Survey (ACS), there are a total of 58,291 families in the FM Metro with 29,319 families having children under the age of 18. Showing that 1% of families with children in our community received services to end homelessness (Census Estimates). It is worth noting there are a number of factors that leads our group to believe this does not encompass all families with children experiencing homelessness or fearful they will become homeless.

Chronically Homeless

Individuals who are considered chronically homeless are typically more vulnerable and have significantly higher barriers, meaning they require more support services and longer-term support to be successful in ending their continued homelessness situation.

To be classified as chronically homeless, individuals must meet all the following:

- Currently be experiencing homelessness
- Be homeless for at least one year during the current episode OR homeless for less than one year in the current episode, but homeless at least four times in the previous three years
- Disabled (those who have a physical, mental, or other health condition that limits the kind of work they can do OR those who have a physical, mental, or other health condition that makes it hard for them to bathe, eat, get dressed, get in and out of bed or chair, or get around by themselves)

In HMIS, 29% (972) of individuals served in 2021 were considered chronically homeless. They make up 25% of all the households served. We have seen a rising trend in serving chronically homeless households since the inception of this report, and this year was no different with a 4% increase in chronically homeless households served compared to 2020.

Like the overall homeless population, a majority of the chronically homeless individuals are working-age adults. Of the individuals who are considered chronically homeless, 74% are between the ages of 18 and 54, with only 9% under 18. Aging adults are classified as chronically homeless at a higher rate compared to the general homeless population, with 17% of the chronically homeless population age 55 or older (compared to 14% of the general homeless population).

Age	Total	Percent of Total
Age 0-17	86	9%
Age 18-24	70	7%
Age 25-34	189	19%
Age 35-44	251	26%
Age 45-54	208	21%
Age 55-61	96	10%
Age 62 and above	71	7%
Client Doesn't Know/ Client Refused	0	0%
Data Not Collected	1	0%
Total Persons	972	

Like the general homeless population, a majority (67.7%) of the chronically homeless identify as male, followed by 30.8% identifying as female. Ten individuals who are considered chronically homeless identify as transgender, 4 identified as having no single gender, and 1 Individual refused to answer or didn't know.

Gender	Total	Percent of Total
Male	658	67.7%
Female	299	30.8%
No Single Gender	4	0.4%
Questioning	0	0.0%
Transgender	10	1.0%
Client Doesn't Know/ Client Refused	1	0.0%
Total Persons	972	

Overall, the chronically homeless population increased once again by 133 people in 2021. There are no definitive reasons as to why this number is increasing. Speculation includes an increased focus on youth and family homelessness, COVID, and lack of support services.

Year	Total	Change Year over Year
2018	658	
2019	720	62
2020	839	119
2021	972	133

Overall, the 972 individuals served throughout 2021 and considered chronically homeless make up a total of 865 separate households. A vast majority (95%) of the households do not include children.

Household Type	Total	Percent of Total
Singles: Adults without children	821	95%
Families: Adults with children	43	5%
Youth: Youth only, no adults, with or without their own children	0	0%
Unknown Household Type	1	0%
Total Households	865	

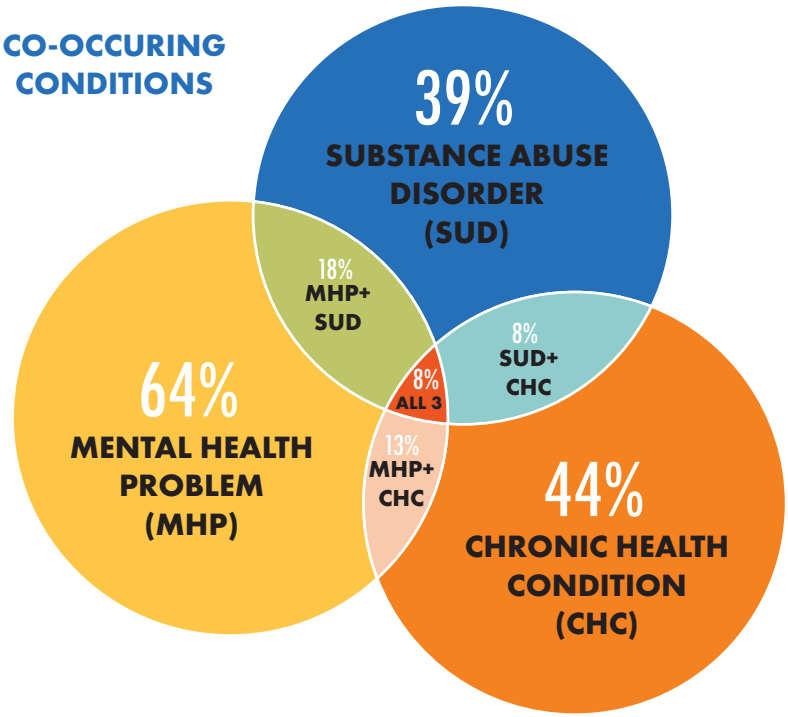
Health Conditions & Co-occurring Conditions

Physical health, mental health, and substance abuse are significant concerns and barriers among the people experiencing homelessness in our community. According to data available in HMIS, an estimated 44% of the individuals served in 2021 have a disability of long duration. This includes any ongoing disability, continued, or for an indefinite duration.

Of individuals diagnosed with a disability:

- 44% have been diagnosed with a chronic health condition, physical disability, or developmental disability.
- 64% have been diagnosed with a mental health disorder.
- 39% have a substance abuse disorder (to either drugs, alcohol or both).

Often individuals experiencing homelessness also experience co-occurring conditions. When looking at those who reported being diagnosed with a chronic health condition, serious mental health problem, and/or substance abuse disorder, 38% of respondents have been diagnosed with more than one of these conditions, and 8% report all three.



This year's data is very much in line with data from 2019. Last year's data for 2020 showed a fairly significant decrease in diagnosed disabilities. We suspect this is more to do with access to services and treatment rather than a true decrease in individuals experiencing these conditions.

Overall, most individuals with a chronic health condition, substance abuse disorder, mental health disorder, or a combination of these conditions in our community are housed. Individuals experiencing homelessness are not experiencing their housing crisis because of these conditions alone – rather it is due to a unique combination of experiences, traumas, lack of support networks, and access to services or supports. This section is included to highlight the fact that many individuals in our homelessness response system need access to additional services, in addition to housing support. Moving from homeless to housed looks different for each individual and each household and often includes many other aspects of our community social services network.

Prior Living Arrangements

In HMIS, shelter and supportive housing programs in the FM Metro collect information regarding prior living arrangements for individuals who entered services. In 2021, of those starting services, over half (52%) of individuals stated they were homeless, meaning they were staying at a shelter, transitional housing, or place not meant for human habitation.

Another 10% of individuals came from an institutional setting, including psychiatric hospital/facility, substance abuse facility, hospital, jail, prison, long-term care facility, or halfway house. 11% percent identified they were living in their own apartment or home with or without subsidies or support, and 20% were staying with a friend or family member.

Prior Living Arrangements - All Clients	Total	Percentage
Homeless	1,466	52%
Institutional Settings	292	10%
Permanent Housing/Own/Rental	323	11%
Doubled Up (Staying with Friends or Family)	551	20%
Hotel or Motel without Voucher	146	5%
Client Doesn't Know/Refused	9	0%
Data Not Collected	37	1%
Total	2,824	100%

As a community, we are very concerned with the percentage of individuals and families entering homelessness from permanent housing/rentals. This intensifies when we look at families with children and youth experiencing homelessness.

With families entering services, 27% are coming from permanent housing, previously living in their own apartment or home with or without subsidies or support. This is a significant increase compared to the overall population.

Prior Living Arrangements - Families	Total	Percentage
Homeless	186	43%
Institutional Settings	8	2%
Permanent Housing/ Own/Rental	117	27%
Doubled Up (Staying with Friends or Family)	93	22%
Hotel or Motel without Voucher	22	5%
Client Doesn't Know/Refused	0	0%
Data Not Collected	3	1%
Total	429	100%

With youth experiencing homelessness, we see an increase in the percentage of individuals previously doubled up or staying with friends or family prior to entering homelessness, 28% compared to 22% with the general homeless population.

Prior Living Arrangements - Youth	Total	Percentage
Homeless	147	48%
Institutional Settings	22	7%
Permanent Housing/ Own/Rental	30	10%
Doubled Up (Staying with Friends or Family)	87	28%
Hotel or Motel without Voucher	10	3%
Client Doesn't Know/Refused	1	0%
Data Not Collected	9	3%
Total	306	100%

Prior Experiences

According to data collected in HMIS, of the 3,554 individuals served, 2,824 individuals entered programming or began receiving services in 2021. 29% (827 individuals) of these new entries had a history of Domestic Violence. We must acknowledge 8% of individuals who entered services throughout 2021 did not have data collected on their domestic violence history, while missing data this is an improvement compared to previous years.

Of those with a history of Domestic Violence, 28% identified fleeing domestic violence as the reason for their current homeless situation.

Domestic Violence History	Total	Percent of Total
Fleeing Domestic Violence	231	28%
Not Fleeing Domestic Violence	527	64%
Client Doesn't Know/ Client Refused	5	1%
Data Not Collected	64	8%
Total Households	827	100%

This data does not capture the full impact and history of violence for many individuals experiencing homelessness. Violence may often be the primary reason why someone is experiencing homelessness but may not have been reported as the immediate cause. Additionally, research shows for many chronically homeless individuals, one of their first times experiencing homelessness but may not be reported as the immediate cause. Additionally, research shows for many chronically homeless individuals, one of their first times experiencing homelessness was as a victim of violence. However, this is not captured in this data as it only reflects their current episode of homelessness.

According to agency-specific data, 86% of the individuals who stay with YWCA of Cass Clay (YWCA) are seeking services due to violence. The YWCA experienced a 7% single-year increase in domestic violence calls, likely due to pandemic-related impacts that have put additional pressure on abusive relationships.

Of those who had been assessed for housing programs utilizing the VI-SPDAT tool, 21% of participants responded that their current period of homelessness had been caused by an experience of emotional, physical, psychological, sexual, or other types of abuse, or by any other trauma they have experienced. This is a drop from 58% in 2019. In addition, approximately 10% of people experiencing homelessness, who were assessed for housing services, identified that they had been attacked or beaten up since be- coming homeless. Again, this number is dramatically lower compared to 34% in the previous year. There is no clear explanation as to this change, however it may be related to circumstances of the pandemic, including data collection. Future analysis is needed.

WHAT ARE THE NEEDS OF THOSE EXPERIENCING HOMELESSNESS IN OUR COMMUNITY?

INCOME, EMPLOYMENT, AND EDUCATION

Income and employment data were collected for the 2,806 adults served throughout 2021. Income and sources were collected at the start of their services along with when they exited services (Leavers) or at an annual checkpoint if they remained in services (Stayers).

In 2021, 44% of individuals who started services had a known source of income (one or more).

Number of Adults with Income	Start		Stayers		Leavers	
Total Adults	2806		831		1975	
1 or More Source of Income	1226	44%	51	6%	505	26%

Below is a breakdown of cash income sources.

Cash Income Sources	Start	Stayers	Leavers
Earned Income	382	19	487
Unemployment Insurance	26	1	19
Supplemental Security Income (SSI)	281	55	295
Social Security Disability	211	37	265
VA Service - Connected Disability Compensation	55	2	114

Breakdown of cash income sources, continued:

Cash Income Sources	Start	Stayers	Leavers
VA Non-Service Connected Disability Pension	17	3	63
Private Disability Insurance	2	0	12
Worker's Compensation	0	0	3
Temporary Assistance for Needy Families (TANF)	78	9	34
General Assistance (GA)	198	16	81
Retirement Income from Social Security	33	3	31
Pension or retirement income from a former job	10	5	18
Child Support	35	8	34
Alimony and other spousal support	1	0	9
Other Source	22	10	41

Below is the breakdown of cash income ranges for all adults on a monthly basis.

Breakdown of Monthly Income	Start		Stayers		Leavers	
No Income	1,409	50%	27	3%	983	50%
$1 - 150	152	5%	0	0%	72	4%
$151 - $250	81	3%	3	0%	41	2%
$251 - $500	95	3%	8	1%	61	3%
$501 - $1000	404	14%	19	2%	274	14%
$1001 - $1500	166	6%	9	1%	124	6%
$1501 - $2000	89	3%	8	1%	67	3%
$2001+	136	5%	1	0%	122	6%
Client Doesn't Know/Refused	3	0%	1	0%	41	2%
Data not collected	271	10%	1	0%	228	12%
Adult stayers not yet required to have an annual assessment			485	58%		
Adult stayers without required annual assessment			267	32%		
Total Adults	2,806		831		1,975	

In 2020, the federal poverty guidelines were set as a single adult making $12,880 annually or about $1,073 per month. Noting most individuals experiencing homelessness are not in family units, you can see that 75% are below that ~$1,000 per month threshold. Additionally, if we factor in family units, a family of four making $26,500 per year or less is within the 2021 poverty guidelines – this is roughly $2,208 per month (aspe.hhs.gov).

In addition to employment and cash income, data is collected on non-cash benefits individuals are receiving. A majority of individuals when starting and leaving services had no sources of non-cash benefits.

Non-Cash Benefit Sources	Start		Stayers		Leavers	
No Sources	1,571	56%	18	2%	1187	60%
1 + Source(s)	1010	36%	59	7%	591	30%
Client Doesn't Know/ Client Refused	4	0%	0	0%	2	0%
Data Not Collected/Not stayed long enough for Annual Assessment	221	8%	754	91%	195	105%
Total	2,806		831		1,975	

Of those who receive non-cash benefits, most are enrolled in Supplemental Nutrition Assistance Pro- gram or SNAP (previously known as Food Stamps).

Type of Non-Cash Benefit Source	Start	Stayers	Leavers
Supplemental Nutrition Assistance Program (SNAP)	984	39	578
Supplemental Nutrition Program for Women, Infants, and Children (WIC)	87	4	27
TANF Child Care Services	3	0	0
TANF Transportation Services	6	0	3
Other TANF-Funded Services	6	1	5
Other Source	35	32	31

For more details on the benefits programs included in this section along with benefit eligibility, please visit:

- Cass County, ND Human Services Website: https://www.casscountynd.gov/our-county/human-services/economic-assistance-division
- Clay County, MN Social Services Website: https://claycountymn.gov/207/Financial-Assistance-Services

STABILITY VS. SUSTAINABILITY

Individuals experiencing homelessness in our community face many barriers to sustainability or the ability to lead a stable life. One of the most significant barriers to sustaining housing continues to be affordability. Low-income renter households face challenges present within poverty constructs, including attaining and maintaining livable-wage employment, securing safe and stable housing, poor credit and/or rental histories, access to transportation, etc. These factors consistently are self-identified as reasons individuals experience homelessness.

According to 5-year estimates by the Census Bureau, as of 2020, in the FM Metro 44% of occupied housing units are rented. Rent prices and low income are causing many renters to be cost burdened. This is when housing costs require more than 30% of a household's income each month. 41% of renters in our community are considered cost burdened. This is significantly higher than those who own them home at 13% (Census Estimates).

The rate of cost burdened households changes drastically based on the household's income. Below is a breakdown of those who are housing cost burdened by income level.

Percentage of households who are housing cost burdened by income level	Overall		Owners		Renters	
Less than $20,000	11,633	92%	1,907	85%	9,726	93%
$20,000 to $34,999	7,503	62%	1,625	49%	5,878	67%
$35,000 to $49,999	3,616	31%	1,556	33%	2,060	29%
$50,000 to $74,999	2,260	12%	1,570	16%	690	7%
$75,000 or more	1,170	3%	954	3%	216	3%
Total Housing Cost Burdened Households	26,182	26%	7,612	13%	18,570	41%

To better understand the connection between Fair Market Rent, Income, and Affordability according to the National Low Income Housing Coalition's "Out of Reach 2021" report consider this:

Minimum Wage: $7.25/hr. *Fair Market Rent (Fargo): one-bedroom = $712; two-bedroom = $873*

- A minimum wage earner can afford rent of $377/month, OR, the earner must work 76 hours a week to afford a modest 1-bedroom rental unit at Fair Market Rent ($712/month).
- In order to afford a one-bedroom at Fair Mark Rent and avoid being housing cost burdened, an individual must earn $13.69/hour; $16.79 to afford a two-bedroom.
- An individual receiving Supplemental Security Income (SSI) payments of $794/month will spend nearly 90% of their income towards a one-bedroom Fair Market Rent unit.

For more information on our region's access to affordable housing, check out:

- Affordable Housing Needs Analysis for Downtown Fargo, North Dakota
  https://download.fargond.gov/0/fargo_affordable_housing_study_draft.pdf

- The National Low Income Housing Coalition's "Out of Reach" report: https://reports.nlihc.org/oor

- Minnesota Housing Partnership "State of the State's Housing" report for Clay County: https://www.mhponline.org/images/stories/images/research/coprofs/2019/Clay.pdf

PUBLIC HOUSING ASSISTANCE

Public Housing Agencies (PHA's) are the largest mainstream providers of affordable housing for local communities. In Cass and Clay Counties, three PHA's have made it part of their mission to prioritize families experiencing homelessness and people with disabilities for housing resources. Fargo Housing & Redevelopment Authority (FHRA), Moorhead Public Housing (MPHA), and Clay County HRA (CCHRA) are all active participants in the Coordinated Access, Referral, Entry, and Stabilization (CARES) System and work towards the goals of ending family, youth, veteran, and chronic homelessness in our region. More details about the CARES System can be found in the next section, "What are we doing as a community to address homelessness?".

In 2020, the United States Department of Housing and Urban Development (HUD) allowed PHA's to apply for additional Mainstream Housing Choice Vouchers, commonly called Section 8 vouchers. These vouchers are meant to target adults with disabilities who are experiencing homelessness, initialization, or housing insecurities. Due to their work in showing the great need for additional affordable housing resources in our community, FHRA and CCHRA were able to apply for and were awarded new vouch- ers for Cass and Clay counties. This was the largest new allotment of vouchers given to CCHRA since its inception. The amount awarded FHRA and CCHRA together was larger than those awarded to other larger metropolitan areas across the nation.

In 2020:

- Moorhead Public Housing reported 87% of new admissions were exiting homelessness.
- Fargo HRA had 85% new admissions listed as previously being homeless throughout their programs.
- Clay County HRA served 299 households in their homeless programs and reported 87% of new admissions to Housing Choice Vouchers had experienced homelessness.

In 2021:

- Moorhead Public Housing reported 68% of new admissions into units owned by MPHA were exiting homelessness, while 100% of vouchers administered by MPHA were exiting homelessness
- Moorhead Public Housing increased their housing stock by adding 22 units

Even with the new vouchers and units, waiting lists for these programs remain long. The waiting lists for tenant- based Housing Choice Vouchers at FHRA and CCHRA are both closed, as the waiting list grew too extreme for new applications. Those on the list can expect to wait two or more years before receiving vouchers. Other site-based programs such as Public Housing or units for people who are elderly and/or disabled have various waiting lists, with larger units for families having the longest.

NEEDS ASSESSMENT

A community wide needs assessment is conducted in both Cass County and Clay County every 2 years. Most recently, the assessments were completed in 2020.

Clay County, MN:

Results indicated the top contributor to respondents' housing crisis was not being able to afford their rent (57%). Poor credit was the second-highest contributor to their current housing crisis (41%%). Mental health symptoms, criminal history barriers, and substance use were also noted as causes to a current housing crisis.

When asked what would help the most to solve the current housing crisis, the top four responses were utility assistance (76%), mental health services (72%), help with housing search (72%), and ongoing case management or other support services (71%) Respondents were able to check all that applied. Participants responded that case management supports and rent assistance would be most helpful in order to maintain housing.

Seven of the 58 (12%) respondents stated that they faced discrimination related to race or sexual orientation which affected their ability to find or maintain housing.

The provider survey was sent out via an online surveying tool to the Housing Advisory Committee made up of homeless service providers, the FM Coalition to End Homelessness, and various community partners.

- Providers overwhelmingly knew where to go if they had a client facing a housing crisis (93%).
- Providers felt that staff knowledge and friendlessness is what is working best about accessing and assessment for services.

Additionally, a survey was administered via phone for past clients served by Clay County homeless/homeless prevention programs in 2020. 94% of responding individuals indicated the assistance they received helped to stabilize their housing crisis. Rental assistance, utilities, and deposit assistance were stated as being the most helpful to resolving the housing crisis.

Throughout the surveys, multiple themes emerged showing a significant need for affordable housing opportunities in our community. Also of note, there is a commonly identified need for supportive services to help find housing, mediate with landlords, and navigate employment and mental health/substance use services.

Cass County, ND:

In 2020, the Community Action Partnership of North Dakota partnered with North Dakota State University and the local Community Action Agencies to complete a comprehensive community needs assessment of low-income people in North Dakota. This needs assessment was unique as it was conducted both before and during the COVID-19 pandemic.

Housing is the most frequently mentioned need category by the survey respondents, and under this category, rent deposits, rent payments, renter/tenant rights and responsibilities education, and/or more monthly rental assistance programs are the top priority for people in the Cass County. Affordable housing development and affordable homes for purchase were frequently mentioned.

The second priority for Cass County residents is employment-related support, which includes finding a job and higher-paying jobs with benefits.

The third priority is dental insurance or affordable dental care and income and asset-building support. These include help with financial issues such as divorce problems, child support, issues with utilities, and budget and credit counseling.

Other needs identified as high priority included job training, paying for education, utility assistance, youth activities in the community, food, and vehicle repair assistance.

Qualitative data was collected through focus groups and phone surveys throughout the survey time period. Each person surveyed was asked six questions relating to poverty and its impact. Most of those surveyed identified lack of education, program restrictions, and lack of programs to address the cliff effect as the main causes and conditions of poverty in our community. When identifying what keeps families in poverty, lack of access to supports and resources to provide education and skills training for overcoming generational poverty was highlighted. Most didn't have an answer for what our community would look like if there was not poverty, but consensus that the community would be greatly improved without poverty.

Ideas for supporting people to achieve outcomes to eliminate poverty included education, expansion of program eligibility, employment access and supports, and skills training.

WHAT ARE WE DOING AS A COMMUNITY TO ADDRESS HOMELESSNESS?

CARES: OUR HOMELESS RESPONSE SYSTEM

HUD defines coordinated entry as a coordinated process developed to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed for, referred, and connected to housing and assistance based on their strengths and needs. To end homelessness, we need to reduce the number of individuals entering our system, rapidly rehouse individuals who do become homeless, and support stability to help those at-risk remain stably housed.

The Coordinated Access, Referral, Entry, & Stabilization (CARES) System is the name of our region's approach to the Department of Housing and Urban Development (HUD) mandate that each Continuum of Care (CoC) operate a Coordinated Entry System. CARES coordinates prevention, diversion, emergency shelter, supportive housing, and stabilization services in the North Dakota and West Central MN Continuum of Care regions.

CARES strives to manage our limited system resources in a streamlined, transparent, planful, data-driven, equitable, and consumer-centered manner. The CARES system starts when a person seeks crisis services (ACCESS), first attempting to prevent homelessness, when possible, through connection with main- stream and prevention resources and identification of each individuals' strengths. If homelessness cannot be pre-vented, persons are prioritized for emergency shelter and supportive housing programs based on vulnera-bility, client choice, eligibility, and program openings (ASSESSMENT/ASSIGNMENT). The most vulnerable households are assisted with navigation services. Support services are available for those offered supportive housing to assist with identifying and achieving goals to help them obtain and retain stable housing (STABILIZATION).

CARES also coordinates data collection and reporting to provide current demographic, need, and trend data on homelessness. This data is valuable for system planning and analysis, including equity analysis, distribution of resources to agencies and households seeking services, measuring the effectiveness of services and programs, and identification of trends and housing needs by type and population. Recently, both CoCs committed to transitioning how data is entered into Homeless Management Information System (HMIS) to improve data accuracy and usability.

PRESSURE ON OUR SYSTEM

This report includes an overview of each part of the CARES System and our community's response to ending homelessness. To achieve this ambitious goal, each part of our system and each partner needs to focus on reducing the total number of individuals in our system.

Over the past 10 years, our system has effectively worked to add hundreds of new supportive housing units and enhanced our system entry to more quickly and fairly assess and house those who become homeless. Additionally, we have focused on identifying supports and connections to stabilize house- holds once re-housed. However, no matter how effective we become at helping people exit homeless- ness and become stably housed, we cannot end homelessness completely without stopping new families and individuals from becoming homeless in the first place.

Unfortunately, data over the past five years have shown an increase in the number of persons becoming homeless. Therefore, CARES is implementing enhanced Access to reduce new entries into our homeless response system by using a new triage tool and added Access Navigator staff to more effectively divert more persons from unnecessarily becoming homeless. This step is proven to help reduce both those needing shelter and long-term supportive housing by providing linkage to mainstream, community, and natural resources and by prioritizing one-time and short-term prevention assistance to those who would become homeless if not for the assistance. This helps more efficiently use our limited homelessness resources (by targeting less costly services and highest needs households and not serving those who could have otherwise resolved their crisis) and reduces the likelihood of increased trauma often associated with becoming homeless.

The chart below reflects data collected on our system inflow (entries into homeless programs) and out- flow (exits from homeless programs). As you can see, in 2021 the rate of system inflow began continued to increase, at a rate similar to 2019. The decrease of pressure on the system in 2020 could potentially be due to the eviction moratoriums and additional COVID-19 emergency resources.

Year	Inflow (Entries)	Outflow (Exits)	System Flow
2017	2,249	2,056	+193
2018	2,517	2,118	+399
2019	2,591	2,166	+425
2020	2,607	2,569	+38
2021	2,824	2,374	+450

This data is limited in that it does not differentiate between successful and non-successful exits from homeless programs. It also does not reflect Youth & Domestic Violence providers. What this information does show is while more individuals and families are exiting homelessness, an even greater number are entering homelessness.

Definitions for each type of program type:

Emergency Shelter:

- Offers temporary shelter (lodging) for homeless households. Any facility in which the primary purpose of which is to provide a temporary shelter for the homeless in general or for specific populations of the homeless and which does not require occupants to sign leases or occupancy agreements.

Transitional Housing (TH):

- Participants must enter into a lease agreement (sublease or occupancy agreement) for at least one month. Leases must automatically renew upon expiration, except with prior notice by either party, up to a max of 24 months.
- Participants receiving rental assistance may be required to live in a specific structure.
- Support services must be available during entire participation in TH.
- HUD definition: A project that is designed to provide housing and appropriate supportive services to homeless persons to facilitate movement to independent living.

Rapid Re-Housing (RRH):

- Provides short-term to medium-term assistance (up to 24 months).
- Lease between households and landlord.
- Households able to select their unit.
- Providers can restrict the maximum length of financial assistance but not the length of time in the unit.
- Support services must be offered during entire participation in RRH.
- HUD definition: A form of permanent housing that is short-term (up to 3 months) and/or medium-term (for 3 to 24 months) tenant-based rental assistance, as necessary to help a homeless individual or family, with or without disabilities, move as quickly as possible into permanent housing.

Permanent Supportive Housing (PSH):

- Long-term housing.
- Homeless households with a member who has a disability.
- Support services provided that are designed to meet the needs of participants.
- HUD definition: Community-based housing without a designated length of stay in which formerly homeless individuals and families live an independently as possible.

Other Permanent Housing (PH):

- Long-term housing not otherwise considered PSH or RRH.
- PH Housing with Services provides long-term housing and supportive services for homeless persons but does not limit eligibility to persons with a disability.
- PH Housing Only projects provide long-term housing for homeless persons but do not make supportive services available as part of the project.

PREVENTION/DIVERSION

The CARES Homeless Prevention Project (HPP) is a collaborative effort between CAPLP, FM Coalition to End Homelessness, FirstLink, Presentation Partners in Housing, SENDCAA, The Salvation Army, and the YWCA. The goal of the HPP is to ensure low-barrier access for homeless prevention and shelter diversion services in line with coordinated entry.

Those eligible for homeless prevention and diversion services include individuals or families experiencing homelessness and those on the verge of homelessness. Households at the highest risk of extending a period of homelessness or becoming homeless without intervention are prioritized for services provided among the CARES HPP partners.

In 2021, individuals in crisis contacted a housing crisis line coordinated by FirstLink in Cass County, ND and CAPLP in Clay County, MN to complete a housing crisis screening. The purpose of the screening being to gather details about the housing crisis, assess and mitigate the risk of homelessness, and triage households for connection to the most appropriate and rapid resolution response possible. These rapid resolution responses include progressive engagement activities ranging from very light touch guidance/resources to temporary financial assistance and housing stabilization services, to assistance finding new housing to avoid homelessness and emergency shelter entry.

Like in 2020, additional 'once in a lifetime' State and Federal funding resources provided in response to the pandemic increased capacity to serve an even broader number of households experiencing homelessness or on the verge of becoming homeless. The additional funding provided additional staff among CARES HPP partners, allowing the project to ramp up capacity to meet the needs. While it is expected that these additional funding opportunities will decrease over the next year, the FM Metro is committed to collaborating to sustain the effective and efficient homeless prevention response system.

In 2021, 2,367 households (including approximately 6,154 individuals) were screened for homeless prevention services. Without an upstream response system like the CARES HPP to provide critical time interventions to avoid homelessness, even greater pressure, and demand on an already overburdened homeless response system would occur.

	Cass County, ND	Clay County, MN	Total Households
Households Screened	1,684	683	2,367
Households on verge of homelessness at time of call	1,095	474	1,569
Households experiencing homelessness at time of call	589	209	798

It is impossible to predict with 100% certainty the number of households in crisis who will become homeless without intervention. The greatest identifier of risk to experience homelessness is a previous experience of homelessness. As high as 76% of households screened in 2021 reported at least one experience of homelessness in their lifetime. It is crucial that homeless prevention and diversion resources exist in the homeless response continuum in order to stop the cycle of homelessness. Additionally, with less than 5% of households screened reapplied for assistance, we believe this demonstrates the effectiveness of our community's response to those at-risk or experiencing homelessness.

SHELTER ENTRY

In 2021, 1,380 individuals, 7 adult couples without children, and 224 families inquired about seeking shelter at one of the FM Metro's emergency shelters.

Household Type	Number
Single Male	856
Single Female	524
Families with Children	224
Married/Couple without Children	7
Total Households	1,611

In total, this was a decrease of 342 households (both singles and family units) compared to 2019.

This data is tracked through the Shelter Entry List, which is a list shared by all the emergency shelters in the FM Metro and was designed to get the most vulnerable people experiencing homelessness a shelter bed when spaces become available. Prior to this coordinated process, those in the community who were searching for a shelter bed would have to check each shelter daily to see if there was any avail- ability. This prevented some of the most vulnerable in our community from getting a shelter bed, while those with more resources were able to access shelter.

Of the 1,953 unique households seeking services, 57% only sought shelter once throughout 2020. The remaining households sought shelter multiple times throughout the year.

Number of Times Households Sought Shelter	Number of Households	Percentage
Sought Shelter	1,112	76.0%
Sought Shelter 1 Time	387	16.4%
Sought Shelter 2 Times	189	5.3%
Sought Shelter 3 Times	114	1.8%
Sought Shelter 4 Times	67	0.4%
Sought Shelter 5 Times	33	0.1%
Sought Shelter 6 Times	19	0.0%
Total Households Who Sought Shelter in 2020	1,953	

There were 4,769 calls made from individuals or households seeking information about sheltering or 39% were able to receive services and a shelter bed. Only 20 households were diverted, or able to find an alternative place to stay rather than entering an emergency shelter. As of the last two weeks in 2020, there were 41 individuals. The remaining households have dropped off the Shelter Bed List either because shelter staff was unable to contact them, or they were no longer in need of a shelter bed.

As part of the coordinated entry process, households seeking shelter are screened for vulnerabilities and needs. Of those households who sought shelter in 2020:

- 45% self-reported having a disabling condition
- 39% women reported fleeing domestic violence situations

COORDINATED ASSESSMENT

Households who present as homeless are assessed for appropriate homeless interventions to assist with their current crises. The tool used to assist with assessing those who are homeless is the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT). A VI-SPDAT is a survey administered to individuals who meet the United States Department of Housing and Urban Development's (HUD) definition of homeless. Under the HUD definition, a person is homeless if they are living in a place not meant for habitation, in an emergency shelter, in transitional housing, or exiting an institution where they currently reside and were homeless before entering. Individuals can also complete a VI-SPDAT if they do not meet these definitions but are fleeing domestic violence, are a veteran, or youth. The VI-SPDAT is used to determine risk and assist with the prioritization of services for individuals who are experiencing homelessness. There are also specific VI-SPDAT tools utilized for families with children and single youth.

Once an assessment is complete and it is identified which housing program is appropriate, individuals and families are placed on the HMIS Priority List to await a housing program opening. The following chart is the breakdown of the Cass County, ND, and Clay County, MN, list as of the end of 2021.

Household Type	Cass County, ND	Clay County, MN	Totals
Singles: Adults without Children	362	245	607
Youth Singles: Age 18-24 without Children	66	31	97
Families: Adults with Children	13	105	118
Youth Families: Youth with Children	0	14	14
Missing Household Type	0	14	14
Totals	441	409	850

This data was collected in HMIS, and both North Dakota and Minnesota have a coordinated assessment report which collects these assessment referrals. Due to protection regulation, Domestic Violence providers are unable to use HMIS. This includes data from YWCA of Cass-Clay (YWCA) and Youthworks. The data provided by YWCA and Youthworks from a separate report was integrated with these numbers.

From this list, we can see there are more families identified and assessed in Clay County, MN. Minnesota has additional homeless programs which consider individuals who are doubled up as homeless. These programs often times accept those who are considered "long-term homeless." Since Minnesota assesses those who are doubled-up and because families are more likely to be in these situations, this may explain why there are more families in Clay County, MN. North Dakota does not have any programs for doubled up households; therefore, these individuals are not assessed in North Dakota.

Breaking down the data into quarters, we are looking at how many clients/households entered our homeless response system and how many exiting. For Q1, we had a total of 266 clients on the Priority List. Out of that 266, 22 households exited with 52 households entering, leaving 30 households. In Quarter 2, 78 households exited our homeless response system while 52 households entered. 256 clients were on the list for quarter 3. We had 54 clients/households enter and 49 exit. In our last quarter, we had a total of 266 clients on the list with 45 exiting and 61 entering.

Quarter	Total on List	Entries by Quarter	Exits by Quarter	Change by Quarter
1st Quarter 2021	707	117	147	-30
2nd Quarter 2021	596	101	131	-30
3rd Quarter 2021	561	134	101	33
4th Quarter 2021	477	126	128	-2

COORDINATED ENTRY

When a housing provider has an opening in a program, they will request a referral of a family or individual on the Priority List. The Systems Specialist for the West Central MN CoC, who is employed by the FM Coalition to End Homelessness, and the ND CoC Coordinator is responsible for making these referrals and maintaining the Priority List for the FM Metro. The Systems Specialist and CoC Coordinator accepts requests and pulls referrals from the Priority List, guided by the program's eligibility as well as the Prioritization Policies from CARES. The referrals are taken from the list and given to the housing provider. The housing provider then contacts the household and offers them entry into the housing program.

The West Central CoC recently conducted a major data clean-up effort that resulted in a significant de- crease in the number of persons on our Priority List. Having accurate data is essential to CoC planning and helps ensure clients are served more rapidly. The North Dakota CoC conducted a similar process in July 2020.

The West Central MN CoC was recently awarded funding from HUD that will allow for the expansion of Coordinated Entry data management and training. This role will help the CoC ensure data remains accurate and current, as well as provide a more accurate understanding of the demand for homeless services at a more detailed level.

EQUITY OF OUR SYSTEM

As mentioned in the demographic overview of those receiving services throughout 2021, homelessness disproportionately impacts people of color and those who identify as Hispanic. Parts of our system cause individuals and families of color barriers to receiving services to help best resolve their housing crisis and current episode of homelessness. Equity in our system is something we focus on as a community.

The West Central CoC conducted an Equity Review in 2020. For more details on how this study was conducted or key findings, visit: https://www.homelesstohoused.com/homeless-information-data

Overall, this study found for individuals experiencing homelessness in West Central MN (including Clay County, MN):

- Persons of color had a disproportionately lower number of entries into transitional and permanent housing.
- Race played little role in who got into the sheltering system.
- Overall, the likelihood of a positive or negative leave from a homeless program does not appear to be related to the following variables: race, ethnicity, or gender.
- Persons who have experienced domestic violence are statistically likely to experience a more positive leave.
- Persons over age 50 are statistically more likely to experience a negative leave.
- Native Americans/Alaskans have a slightly higher likelihood of returning to homelessness

Based on the 2020 review, an emphasis on equitable systems have been a priority for both the ND and WC CoC. As of 2021, equity reports are as follows:

West Central Minnesota:

Who Experiences Homelessness?

White	African American	American Indian	All Other Races	Total
528	108	145	92	873
60%	12%	17%	11%	

Hispanic	Non-Hispanic	Missing/DK/R	Total
80	771	22	873
9%	88%	3%	

Who gets into crisis housing?

White	African American	American Indian	All Other Races	Total
120	35	45	23	223
54%	16%	20%	10%	

Hispanic	Non-Hispanic	Missing/DK/R	Total
17	202	4	223
8%	91%	1%	

Who Gets into Permanent Housing?

White	African American	Native American	All Other Races	Total
193	51	100	31	375
51%	14%	27%	8%	

Hispanic	Not Hispanic	Total
31	344	375
8%	92%	

Who Returns to Homelessness?

White	African American	Native American	All Other Races	Total
183	54	86	28	351
52%	15%	25%	8%	

Hispanic	Not Hispanic	Total
32	323	355
9%	91%	

EXIT DESTINATION

One vital data point the CoCs and FM Coalition to End Homelessness utilize to monitor projects and system performances is exit destinations of clients leaving services. The goal is to increase the percentage of individuals who leave homeless programs (street outreach, emergency shelter, transitional housing, rapid re-housing, or permanent housing) and exit to positive destinations versus temporary destinations, institutional settings, or other destinations.

While the CoCs track outcomes by program type (see the next section for more details and more system metrics), listed below are the 2021 cumulative outcomes for all program types operating in Cass and Clay counties, as well as the definitions of each destination category.

This first graph shows all exit destinations for all client populations. We would like to note that outcomes for individuals exiting permanent housing are typically much higher than those exiting shelter or out- reach, which leads to the average shown below. Of all the exits, across our entire Homelessness Response System, only 29% exited to a permanent destination.

Exit Destination - All Clients	Total	Percentage
Permanent Destinations	687	29%
Temporary Destinations	839	35%
Institutional Settings	85	4%
Other Destinations	131	6%
Client Doesn't Know/Refused	106	4%
Data Not Collected	526	22%
Total Individuals	2,374	

Families are noted for having significantly higher rates of a positive exit from a homeless program. This is likely due to an ongoing effort in our community to end family homelessness. This effort includes prioritized funding to end youth and family homelessness.

Exit Destination - Families	Total	Percentage
Permanent Destinations	398	64%
Temporary Destinations	145	24%
Institutional Settings	20	3%
Other Destinations	49	8%
Client Doesn't Know/Refused	0	0%
Data Not Collected	8	1%
Total Individuals	617	

While only 23% of youth exited to permanent destinations, it is worth noting in this case temporary destinations may be successful as well.

Exit Destination - Youth	Total	Percentage
Permanent Destinations	78	23%
Temporary Destinations	88	46%
Institutional Settings	10	5%
Other Destinations	4	2%
Client Doesn't Know/Refused	10	5%
Data Not Collected	36	19%
Total Individuals	193	

Exit destination definitions:

- Permanent Destinations include houses or apartments that are owned or rented by clients with or without any form of subsidy, rental by clients in a public housing unit, permanent supportive housing programs for formerly homeless persons, or living with family or friends on a permanent basis.
- Temporary Destinations include emergency shelter, transitional housing programs for homeless persons, hotel or motel, place not meant for habitation (a vehicle, abandoned building, bus/train/subway station/airport, or anywhere outside), or living with family or friends on a temporary basis.
- Institutional Settings include foster care homes or group home, psychiatric hospital or other psychiatric facility, substance abuse treatment facility or detox center, hospital or other residential non-psychiatric medical facility, jail, prison, juvenile detention facility, or long-term care facility or nursing home.
- Other Destinations include residential project or halfway house with no homeless criteria, deceased, or other.

OUTCOME REPORTS

HUD, with the updated McKinney-Vento Homeless Assistance Act (the Act), views the local homeless response as a coordinated system as opposed to homeless programs and funding sources that operate independently in a community. To facilitate this perspective, the Act now requires communities to measure their performance as a system, in addition to analyzing performance by specific projects or project types.

The CoCs are required to annually report on and establish targets and goals related to the following six measures:

1. Length of Time Homeless (LOT): Reduce the LOT of persons who are homeless.
2. Returns to Homelessness: Reduce the number of persons returning to homelessness after exiting any homeless program. Measured by all programs and for those who were permanently housed.
3. Number of Homeless: Reduce the total number of persons who are homeless, measured by the unduplicated number in all programs and the number counted during the annual point-in-time count.
4. Change in Income: Increase the earned and total (earned and benefits) income of those in homeless supportive housing. This measure calculates data by leavers (those who have exited a program) and stayers (those still in the program at the annual reporting period).
5. New Entries: Decrease the number of persons entering homelessness programs who are new to the system.
6. Permanent Housing Exits and Retention: Increase the number of persons exiting any homeless program (outreach, emergency shelter, transitional housing) to permanent housing and the number of persons retaining or exiting permanent housing after entering permanent housing

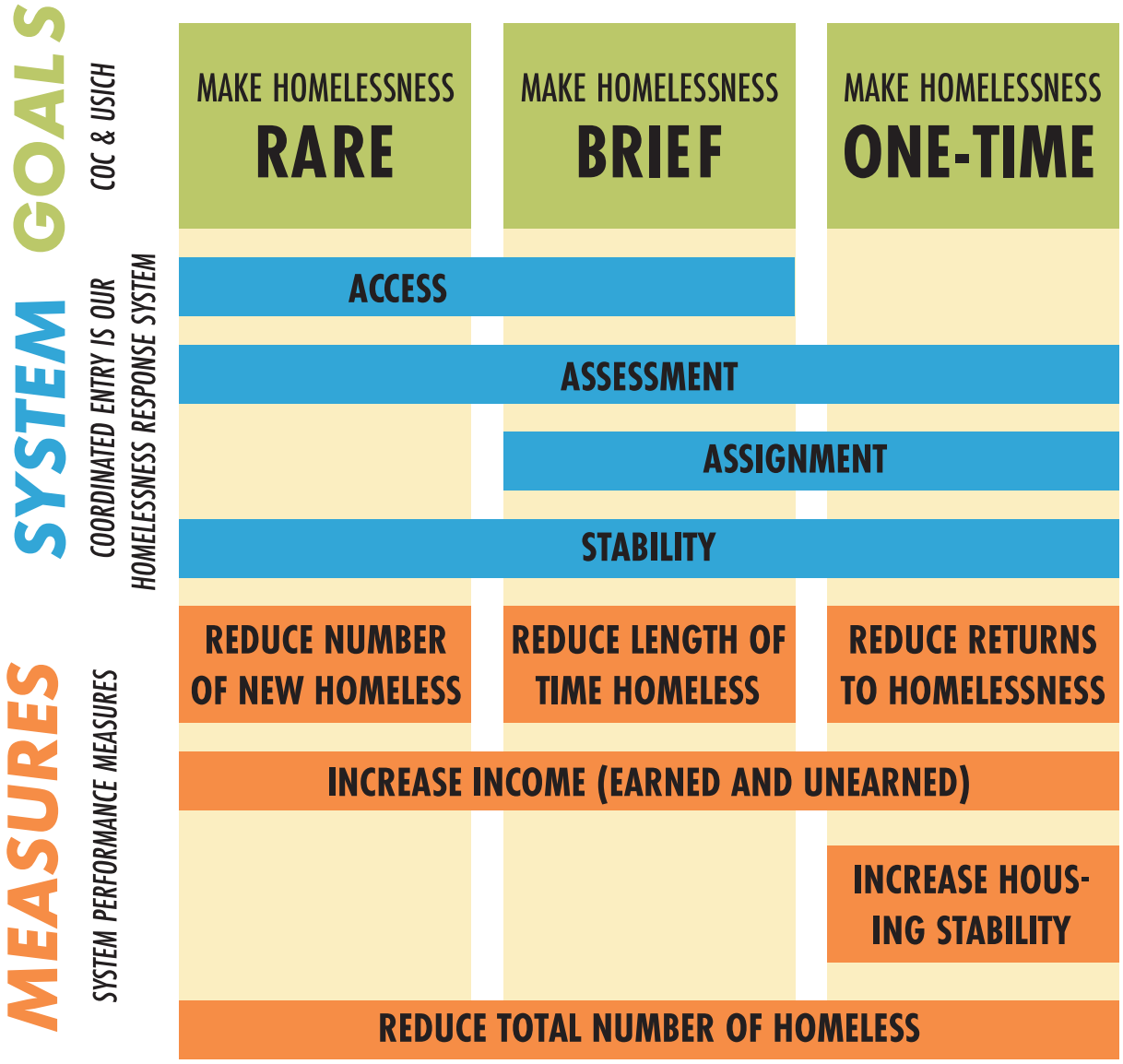
The System Performance Report only uses data entered into HMIS and reports data for the entire CoC. Currently, data cannot be accurately broken down by county or specific communities.

North Dakota CoC

Measures	2015 Baseline Performance	2016 Baseline Performance	2017 Baseline Performance	2018 Baseline Performance	2019 Baseline Performance	2020 Baseline Performance	2021 Baseline Performance
1. Length of time homeless	205 days ES 192 days ES + TH	350 days ES 360 days ES + TH	405 days ES 339 days ES + TH	71 days ES 81 days ES + TH	55 days ES 71 days ES + TH	48 days ES 69 days ES + TH	41 days ES 55 days ES + TH
2. Number of persons returning to homelessness once housed	11% in PH in 2 years 18% Total in 2 years	23% in PH in 2 years 18% Total in 2 years	18% in PH in 2 years 18% Total in 2 years	14% in PH in 2 years 25% Total in 2 years	12% in PH in 2 years 20% Total in 2 years	33% in PH in 2 years 25% Total in 2 years	20 % in PH in 2 years 24% Total in 2 years
3. Number of total homeless	3,650 HMIS 1,305 PIT	3,477 HMIS 923 PIT	3,057 HMIS 1,089 PIT	2,547 HMIS 542 PIT	3,500 HMIS 557 PIT	2,029 HMIS 541 PIT	2,231 HMIS 548 PIT
4. Change in income	18% Stayers 25% Leavers	20% Stayers 25% Leavers	23% Stayers 37% Leavers	31% Stayers 26% Leavers	42% Stayers 38% Leavers	50% Stayers 30% Leavers	46% Stayers 32% Leavers
5. Number of new persons entering homelessness	2,790	2,184	2,059	2,066	1,566	1,481	1,485
6. Number of persons retaining permanent housing or exiting to perm. housing	32% All 87% PH	32% All 88% PH	29% All 99% PH	34% All 94% PH	39% All 90% PH	39% All 93% PH	72% All 90% PH

West Central Minnesota CoC

Measures	2015 Baseline Performance	2016 Baseline Performance	2017 Baseline Performance	2018 Baseline Performance	2019 Baseline Performance	2020 Baseline Performance	2021 Baseline Performance
1. Length of time homeless	36 days ES 72 days ES + TH	36 days ES 78 days ES + TH	34 days ES 83 days ES + TH	44 days ES 112 days ES + TH	37 days ES 120 days ES + TH	37 days ES 138 days ES + TH	37 days ES 129 days ES +TH
2. Number of persons returning to homelessness once housed	8% in PH in 2 years 6% Total in 2 years	6% in PH in 2 years 6% Total in 2 years	6% in PH in 2 years 8% Total in 2 years	5% in PH in 2 years 8% Total in 2 years	5% in PH in 2 years 8% Total in 2 years	6% in PH in 2 years 10% Total in 2 years	8% in PH in 2 years 10% Total in 2 years
3. Number of total homeless	1,220 HMIS 242 PIT	1,215 HMIS 211 PIT	1,047 HMIS 215 PIT	938 HMIS 246 PIT	978 HMIS 216 PIT	1,027 HMIS 223 PIT	1128 HMIS 186 PIT
4. Change in income	35% Stayers 50% Leavers	41% Stayers 42% Leavers	40% Stayers 47% Leavers	45% Stayers 50% Leavers	40% Stayers 64% Leavers	38% Stayers 35% Leavers	36% Stayers 44% Leavers
5. Number of new persons entering homelessness	881	1,081	927	824	985	845	958
6. Number of persons retaining permanent housing or exiting to perm. housing	54% All 91% PH	53% All 91% PH	43% All 94% PH	40% All 92% PH	38% All 95% PH	29% All 95% PH	35% All 92% PH



Ultimately, to achieve our community's goals of making homelessness rare, brief, and one-time, we need to monitor our homeless response system through these system performance measures.

WHAT DOES ENDING HOMELESSNESS LOOK LIKE?

Reasons people find themselves without a home will always exist. But with enough affordable housing in our community, increased employment and income, equity in services and programs, and coordinated service delivery systems, we can make homelessness rare, brief, and one-time for individuals and families in our community—virtually ending long-term homelessness. How do we do that? Our Coalition of service providers, funders, and community members advances our mission through advocacy, education, and collaboration. Our Coalition stands strong that this vision can become a reality.

WHAT IS NEXT FOR OUR COMMUNITY?

The FM Coalition continues to move forward in strategy and implementation of organizational and community wide goals. The focus will continue to be on ending homelessness for youth and families with children. Our 2022-2023 planning and implementation includes:

- Increased policy and resource advocacy including a focus on awareness of homeless data and issues for local elected leaders as part of a comprehensive policy and funding strategy to advance our mission.
- Expand already robust education and training programs to better equip Coalition partners as a strategic move to elevate the effectiveness of ending homelessness efforts.
- Evaluate and improve upon the ongoing implementation of comprehensive diversion and prevention systems and strategies.
- Improve upon access to shelter entry and implementation of a singular access point for those seeking shelter.
- Continue developing specific strategies concerning youth and child homelessness.
- Renewed focus on developing strategies to address larger societal and systemic issues such as race, income inequality, and food insecurity.
- Strengthening partnerships with city, county and state partners in North Dakota and Minnesota.

Our Coalition remains committed to aligning resources and programs to create opportunities for people to thrive so that everyone in Fargo-Dilworth-Moorhead-West Fargo has a safe place to call home.

Data Highlight: VA Spotlight

The Fargo VA Homeless Veterans Team covers all of North Dakota, sixteen counties in Minnesota and a small county in South Dakota, for a total of 109 thousand square miles of catchment area.

In 2008, the team consisted of three full-time staff and served approximately 500 Veterans that year. The mortality rate among this cohort was 30 percent. This was unacceptable. This was the year the Secretary of the VA declared that we would end Veteran homelessness.

Since that time the team has grown to include:

- 22 full time staff located from Bemidji to Williston, Dickinson to Grand Forks... all across the area.
- 275 permanent housing placement sites throughout the catchment
- 30 bed transitional housing facility (Project HART)
- Programs specific to Native American Veterans in Turtle Mountain and White Earth
- The VA has contracted through Community Action – North Dakota, and MACV in Minnesota to provide Supportive Services for Veterans and Families (SSVF), providing cash assistance to Veterans who are low income with VA funding.
- Veterans Justice Outreach – Providing diversion to those who have conditions we treat, and providing transitional assistance from Jail or prison back into the community for those who are not appropriate for diversion
- Homeless specific employment programs
- In August of 2020 we opened the Community Resource and Referral Center (CRRC) in downtown Fargo providing a one-stop shop for most needs of Homeless Veterans, to include a full-time medical team trained in the unique and complex needs of Homeless Veterans. Veterans can make an appointment or just walk-in and be seen.
- We contract with Clay County detox for Veterans services there, as well.

We are very close to achieving "Functional Zero." What does that mean? It's actually three pretty simple measures:

1. Provide immediate shelter, when desired. Any Veteran can access immediate emergency shelter through our contracts or through use of SSVF funding for shelter/hotel placement.
2. We offer all Veterans housing first, using a harm reduction philosophy, and do so within 14 days of contact.
3. If they accept a housing offer, we have them under lease within 90 days. This could be supported housing with case management, light touch assistance with locating housing without an on-going subsidy, or "Shallow subsidy" housing assistance through SSVF. We also provide case management to Veterans residing in Cooper House in Fargo or LaGrave on 1st in Grand Forks.

The Fargo VA Homeless Team has been recognized by the VA as a leader in ending homelessness, with awards from the Secretary of the VA and other agencies.

These programs have resulted in the following outcomes:

- We serve about 1200 unique individuals each year
- The mortality rate among homeless Veterans in our region has dropped to 1 percent. That's not a typo... One Percent, even during Covid. Always remember... Housing IS Health Care!

Why haven't we declared Functional Zero already?

The criteria are very stringent and are monitored by the US Interagency Council on Homelessness (USICH). The VA never declares Functional Zero... that must be done by USICH and the local CoC. We have, in any given week, about 30 Veterans who are homeless in the region. There are 5 to 6 Veterans who face intense challenges in obtaining housing and have not been housed within the 90 day requirement. We are trying very hard to get those Veterans housed and meet the USICH guidelines.

The most important thing to remember is that teamwork has been one of the most important factors. We have been supported and assisted by many local and state-wide agencies in order to come this far.

We are so grateful to everyone in the CoC, housing authorities, Veterans Services Officers, and all of the myriad agencies involved in the local and State Coalitions. While our two Minnesota CoC's have already declared Functional Zero, we are SO CLOSE to declaring FZ in North Dakota, and are hopeful we can make it yet this year... but time will tell.

Partner Highlight: Intersection of Hunger, Homelessness, and Poverty

Our ability to thrive is determined by where we live, what school we go to, how close the nearest grocery store is, and what our genetics say. These social determinants of health are the features that shape our environment and guide a wide range of health, opportunity, and quality of life outcomes. Food security and access to nutritious foods are some of these key factors that influence our neighbors' whole health and long term outcomes. But we know that food and nutritional insecurity doesn't live in a vacuum. We must leverage community collaboration to address the intersectionality of the barriers to opportunity our neighbors are facing.

The Cass Clay Hunger Coalition (CCHC) activates the collective impact our membership from over 40 local organizations working to improve the health, wellness, and the livelihoods of those living in Cass and Clay counties. Organizations include the FM Coalition to End Homelessness, school nutrition programs, local businesses, healthcare partners, charitable feeding organizations, community services, local non-profit groups, and many more passionate partners. While the CCHC has existed in various forms for over a decade, 2018 marked the launch of the CCHC as it operates today: a coalition built on a foundation of intentionality on equity, a commitment to focusing on the root causes of hunger, and increasing access to food and other services. By starting with the understanding that our community members are facing complex systems and structural barriers to opportunity, we believe that our community succeeds when collaboration is a cornerstone of these social and human services.

There are four pillars that provide the foundation for the CCHC and frame the work that the coalition is committed to.

Food Insecurity: Food insecurity is a household's inability to provide or access enough food for every person to live an active, healthy life. To reach our vision where everyone in our community knows where their next meal is coming from, we know that organizations, helpers, and service providers play an important role in elevating food security screenings as an integral part of any service they provide. Screening individuals create opportunity for service providers to connect their clients with the appropriate resources to meet their needs.

The Intersection of Hunger & Health: Nutrition and health are intricately tied. We know that when an individual or household struggles to access enough food they:

- Might choose inexpensive, low quality, less healthful foods
- Experience chronic stress about where they will get their next meal
- Choose between paying for food and paying for medicine or healthcare

The CCHC is committed to building community awareness to recognize hunger as a health crisis. Our coalition has started by analyzing current practices and policies in organizations and social services which has culminated in a guiding framework that individuals, schools, businesses and others can look to when taking action. The framework can be found here.

Food Access: Building a system that supports equitable food access means ensuring everyone has food that meets their unique food preferences, cultural, dietary, and nutritional needs when and where they need it most. We've seen success in supporting new and existing emergency food programs. Through collaborative opportunities and innovation we've participated as lead partners in new delivery programs, re-allocation of surplus food in schools for food insecure students, and even neighborhood-based services that support diverse communities.

Awareness & Engagement: It's essential that our whole community understands the prevalence and reality of hunger in Cass and Clay counties. We host educational events, build awareness on social media, and create opportunity for individuals and organizations to learn about food insecurity in our area.

In review of preliminary data from the Great Plains Food Bank's study of the charitable hunger-relief network in spring 2022, we are able to begin unpacking the challenges individuals face at the intersection of hunger and homelessness. The study included respondents who were visiting a charitable food site on the day of the survey. About 16% were experiencing homelessness, living in a shelter, transitional housing, or temporarily with a friend or family member. And of those, nearly 27% were unable to work due to a disability, making financial stability and housing difficult. And 60% of individuals experiencing homelessness who responded to the study were also facing at least one chronic disease.

Data like this is a critical first step in understanding how community-driven collaboratives like the Cass Clay Hunger Coalition and FM Coalition to End Homelessness can work upstream to reduce poverty and its substantial, cascading outcomes. Addressing hunger and homelessness in silos is an incomplete solution to the deeper and more complex challenges our neighbors are facing. Embedded in equity, with a willingness to find creative solutions, the Cass Clay Hunger Coalition is committed to a hunger-free future for our neighbors who call this community home.

This report was created by a task force of professionals working in and in support of the homeless response system. All data, information, and content of this report were compiled using available community data to the best of the task forces ability. Use of this report and data included should be for informational purposes only, provided that it is not modified or altered in any way and proper credit is given to the FM Coalition to End Homelessness.

The FM Coalition to End Homelessness is committed to providing accurate, up-to-date local data that will help our community truly work towards ending homelessness. Please visit our website for the most recently available information and data: https://www.fmhomeless.org/data. Please contact us at 701-936-7171 if you have any questions, suggestions, or comments on this report.

APPENDIX 1:
DATA SOURCES, REFERENCES, AND RESOURCES

Main data sources as they appear:

Homeless Management Information System (HMIS) is the database that many state and federal funders require to be utilized by all homeless service providing agencies and programs.

United States Census Bureau Data is the leading source of quality data about the nation's people and economy. https://data.census.gov/cedsci/

Community Action Needs Assessments were completed by CAPLP and SENDCAA, respectively, in the form of surveys, focus groups, and interviews. In Clay County, MN, the survey for people currently seeking housing services was administered to anyone that presented to CAPLP offices between the predetermined dates of Community Action Needs Assessment "November 9th–November 20th, 2020. A total of 58 surveys were collected in Clay County." The North Dakota community needs assessment is available at https://www.capnd.org/programsandinitiatives/statewide-needs-assessment.html. The Cass County report is available by request.

Shelter Entry List is the list shared by all the shelters in the FM Metro designed to get the most vulnerable people experiencing homelessness a shelter bed when shelter bed spaces become available.

Coordinated Entry Priority List is the active list of households who present as homeless who have been assessed for appropriate homeless interventions utilizing the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SDPAT) to await a housing program opening.

West Central Minnesota CoC Equity Review is a summary of three separate equity reviews compiled by the West Central Minnesota CoC.

References as they appear:

United States Census Bureau, ACS Demographics and Housing Estimates, 2019: ACS 1-Year Estimates Data Profiles. Retrieved from https://data.census.gov/cedsci/table?g=310M500US22020&d=ACS%20 1-Year%20Estimates%20 Data%20Profiles&tid=ACSDP1Y2019.DP05&hidePreview=true

United States Census Bureau, Financial Characteristics, 2019: ACS 5-Year Estimates Subject Tables. Retrieved from https://data.census.gov/cedsci/table?q=Financial%20Characteristics&tid=ACSST1Y2019.S2503

Safe Housing Partnership, Understanding the Intersections. Retrieved from https://safehousingpartnerships.org/intersection

Office of the Assistant Secretary for Planning and Evaluation, 2019 Poverty Guidelines. Retrieved from https://aspe.hhs.gov/2020-poverty-guidelines

Cass County, ND Human Services Website:
https://www.casscountynd.gov/our-county/human-services/economic-assistance-division

Clay County, MN Social Services Website: https://claycountymn.gov/207/Financial-Assistance-Services

The National Low Income Housing Coalition's "Out of Reach" report: https://reports.nlihc.org/oor

Minnesota Housing Partnership "State of the State's Housing" report for Clay County:
https://www. mhponline.org/publications/1168-state-of-the-state-s-housing-2022

West Central Minnesota CoC Equity Review:
https://www.homelesstohoused.com/homeless-information-data

McKinney-Vento Homeless Assistance Act:
https://www.hudexchange.info/resource/1715/mckinney-vento-homeless-assistance-act-amended- by-hearth-act-of-2009/ and https://www.hmismn.org/minnesota-dashboards

APPENDIX 2: KEY TERMS AND DEFINITIONS

For the purpose of this report, **homeless** refers to people who lack a fixed, regular, and adequate night-time residence, including those whose residence is a shelter or transitional housing program, those living in unstable and non-permanent situations, and those forced to stay on a temporary basis with a family member because they have no other place to stay, specifically:

- **Sheltered** includes individuals who are sheltered in emergency shelter and transitional housing programs.
- **Unsheltered** includes individuals who are staying in a place that is not a regular or permanent place to stay, such as outdoors, in a car, vacant building, or a place of business.
- **Doubled up** includes individuals who are staying or living with a friend or family member on a temporary basis because they have nowhere else to go.

Chronically homeless includes individuals who meet all of the following:

- Currently experiencing homelessness,
- Been homeless for at least one year during the current episode OR homeless for less than one year in the current episode, but homeless at least four times in the previous three years, and
- Disabled (those who have a physical, mental, or other health condition that limits the kind of work they can do OR those who have a physical, mental, or other health condition that makes it hard for them to bathe, eat, get dressed, get in and out of bed or chair, or get around by themselves).

Continuum of Care is a regional planning body of stakeholders designed to promote a shared commitment to the goal of ending homelessness.

Functional Zero is that point when a community's homeless services system is able to prevent homelessness whenever possible and ensure that when homelessness does occur, it is rare, brief and one-time.

For the purpose of this report, **exits out of homelessness** are defined by the individuals' destination once they leave services:

- **Permanent Destinations** include houses or apartments that are owned or rented by clients with or without any form of subsidy, rental by clients in a public housing unit, permanent supportive housing programs for formerly homeless persons, or living with family or friends on a permanent basis.
- **Temporary Destinations** include emergency shelter, transitional housing programs for homeless persons, hotel or motel, place not meant for habitation (a vehicle, abandoned building, bus/train/subway station/airport, or anywhere outside), or living with family or friends on a temporary basis.
- **Institutional Settings** include foster care homes or group home, psychiatric hospital or other psychiatric facility, substance abuse treatment facility or detox center, hospital or other residential non-psychiatric medical facility, jail, prison, juvenile detention facility, or long-term care facility or nursing home.
- **Other Destinations** include residential project or halfway house with no homeless criteria, deceased, or other.

Individuals with a disability of long duration are those who have any disability that is ongoing, continued, or for an indefinite duration.

Individuals with a chronic health condition are those who have been diagnosed with a chronic health condition, physical disability, or developmental disability.

Individuals with a mental health problem are those who have been diagnosed with a mental health condition or disorder.

Individuals with a substance abuse disorder are those who have an addiction to alcohol, drugs, or both types of substances.

Long-Term Homeless includes individuals, unaccompanied youth, or families with children who lack a permanent place to live continuously for a year or more or at least four times in the past three years. Time spent in an institutional care or correctional facility shall be excluded when determining the length of time a household has been homeless except in the case where an individual was in a facility for fewer than 90 days and was homeless at entry to the facility.

- Doubled Up/Couch Hopping: Doubled up or couch hopping is considered an episode of homelessness if a household is doubled up with another household (and duration is less than one year) and couch hops as a temporary way to avoid living on the streets or in an emergency shelter.
- Transitional Housing (TH): Time spent in transitional housing is a neutral event. It is not considered time housed or time homeless when determining LTH eligibility.
- Institutions: Time spent in an institutional care (treatment, hospital, foster care, etc.) or correctional facility (jail or prison) is a neutral event. It is not considered time housed or time homeless except in the case where an individual was in a facility for fewer than 90 days and was homeless at entry to the facility. That time can be considered time homeless

Youth Homelessness includes young adults 24 years old or younger, living without parents or guardians and may be parenting themselves, who lack a fixed, regular, and adequate night-time residence, including those whose residence is a shelter or transitional housing program, those living in unstable and non-permanent situations, and those forced to stay on a temporary basis with a family member because they have no other place to stay.

Project Type Definitions

Shelter:

- Offers temporary shelter (lodging) for homeless households.

Transitional Housing (TH):

- Participants must enter into a lease agreement (sublease or occupancy agreement) for at least one month. Leases must automatically renew upon expiration, except with prior notice by either party,

up to a max of 24 months.
- Participants receiving rental assistance may be required to live in a specific structure
- Support services must be available during entire participation in TH.

Rapid Re-Housing (RRH):

- Provides short-term to medium-term assistance (up to 24 months).
- Lease between household and landlord.
- Household's able to select their unit.
- Providers can restrict max length of financial assistance but not length of time in unit.
- Support services must be offered during entire participation in RRH.

Permanent Supportive Housing (PSH):

- Long-term housing.
- Homeless household with a member who has a disability.
- Support services provided that are designed to meet the needs of participants.

Other Permanent Housing (PH):

- Long-term housing is not otherwise considered PSH or RRH.
- PH Housing with Services provides long-term housing and supportive services for homeless persons but does not limit eligibility to persons with a disability.
- PH Housing Only projects provide long-term housing for homeless persons but do not make
- supportive services available as part of the project.

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FM COALITION TO END HOMELESSNESS

United Way

United Way of Cass-Clay