THE 2023 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

FM COALITION TO END HOMELESSNESS

United Way of Cass-Clay

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 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 73 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 principal 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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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 force's ability. Use of this report and data included should be for informational purposes only, if 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 resources 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.vv

MESSAGE FROM THE EXECUTIVE DIRECTOR

July 17, 2023

I am pleased to present the 2023 State of Homelessness Report for the Fargo – Moorhead Metro Area.

This past year, there was a continued need for pandemic transition response and the labor shortages response. Our partners have done this balancing act exceptionally well, as demonstrated by the number of programs, trainings and collaborations described in our annual report. Our partners important work has continued to identify risk factors for those experiencing homelessness. They have collected data on youth, young adults, and seniors. All of which all have continued to increase in 2023. Through this work, we provide data to turn into action for our partners, decision makers, state, local, tribal, public health professionals, and the community.

The Fargo–Moorhead Coalition to End Homelessness aims for the continued refining of our long-standing practices so we can better respond to homelessness in our area. The primary goals are:

- Advocacy
- Collaboration
- Education
- Data

Partners have fully embraced these goals in our work plans. In this report, you will read about our work to improve accessible and timely communications. Partners worked collaboratively with one goal in mind: Ending Homelessness. This work is

hard, and we are leaning into it:

- We continue to improve our timely evaluation of data.
- Our work with obtaining evidence based best practices in education and training curriculum.
- Collaboration with persons with lived experience, being in the decision making, funding and policy process.
- The Coordinated Access, Referral, Entry, & Stabilization System (CARES).

Our community partners and elected officials demand that we are actionable, collaborative, communicative, and participate in building a strong response to make homelessness a rare, brief, and one-time event. That response is equitable and inclusive for all, embraces healthcare approaches, and is based on the premise that affordable housing is a Human Right.

As you read the report, you will see that our partners are up to the challenge. Their passion, belief, and hard work, through consistent monitoring of homelessness response system and system performance measures, proves this. We can reach our vision of making homelessness rare, brief, and one-time event.

Moving Forward,

John Campbell
Executive Director

FM COALITION TO END HOMELESSNESS

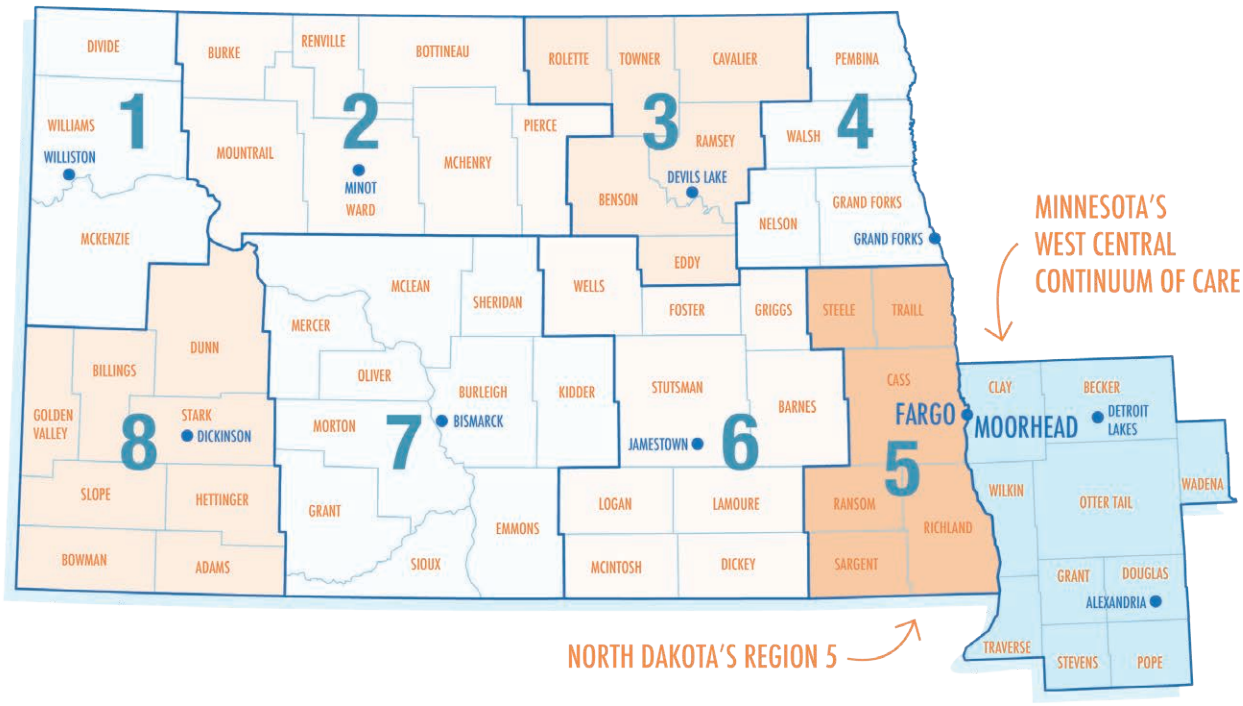
WHO ARE OUR NEIGHBORS EXPERIENCING HOMELESSNESS IN OUR COMMUNITY?

ESTIMATE 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?".

Project Type	ND–Region 5	West Central CoC	Both
Emergency Shelter	241	109	350
Transitional Housing	44	100	144
Rapid Re-Housing	57	93	150
Permanent Supportive Housing	222	649	871
Other Permanent Housing	6	119	125
Overflow Emergency Shelter	0	61	61
Total	570	1,131	1,701

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 an estimate of those experiencing homelessness in the North Dakota and West Central MN CoC.

Sheltered	961
Unsheltered	91
Safe Haven	0
Total	1,052

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 1,861 single men seeking shelter, 709 single women seeking shelter, 298 families with children, and 46 married couples with no children who sought shelter throughout 2022. 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. 373 students were identified as homeless in our metro school districts. See section on "Youth" below for further breakdown.

Pulling this all together, on any given night, there are 1,052 individuals estimated to be experiencing homelessness in the ND/West Central region.

This is consistent to last year's estimate of 957 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.

DEMOGRAPHICS OF INDIVIDUALS AND HOUSEHOLDS EXPERIENCING HOMELESSNESS

According to data available in the Homeless Management Information System (HMIS), in 2022, 3,398 individuals received homeless services either in Cass County, ND, or Clay County, MN. This is a decrease of 156 people served from the previous year. Clay county served 238 less individuals and Cass County served 82 more than in 2021.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 68% of those who received services being between the ages of 18 and 54. Additionally, of those served, roughly 18% were children under the age of 18 and 14% were older adults ages 55 and above.

Ages	Clay	Cass	Total	
Under 5	148	65	213	6%
5 to 12	231	47	278	8%
13 to 17	104	27	131	4%
18 to 24	120	214	334	10%
25 to 34	283	423	706	21%
35 to 44	305	443	748	22%
45 to 54	196	312	508	15%
55 to 61	110	172	282	8%
62+	64	120	184	5%
Don't know or refused	0	2	2	0%
Did not collect	0	12	12	0%
Total	1,561	1837	3398	100%

When looking at gender along with age, adult males make up the majority of the homeless population at 53%. Overall, 61.7% of the total homeless population identify as male, with 37.3% as female. Additionally, 21 individuals identify as transgender, 8 individuals identify as no single gender, 1 identify as questioning, and a total of 6 people didn't know, refused to answer, or the data was not collected. This data is relatively consistent with the previous year.

Gender by Age	Male	Female	Transgender	No Single Gender	Questioning	Client Doesn't Know/Client Refused	Data Not Collected
Adults	1,796	931	21	7	1	1	5
Percent of Total	53%	28%	1%	0%	0%	0%	0%
Children	291	330	0	1	0	0	0
Percent of Total	9%	10%	0%	0%	0%	0%	0%
Unknown Age	2,087	1,261	21	8	1	1	5
Total	61.70%	37.30%	0.60%	0.20%	0.00%	0.00%	0.10%
Percent	64.5%	34.7%	0.4%	0.2%	0.2%	0.0%	0.1%

In 2022, 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 2022, the US Census estimates show 82.5% of the total population identify as white alone in Fargo and 86.5% in Moorhead. With 20% of the homeless population identifying as Black or African American and 20% 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 82.5% of the population in Fargo are white, 8% black, 4% Asian, 3.7% two or more races, and 1% Native American (Fargo Census). Moorhead's census shows 86.5% white, 6.5% black, 2.7% are two or more races, 2% Asian, and1.5% 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	1,689	50%
Black or African American	691	20%
Asian	16	0%
American Indian or Alaska Native	684	20%
Native Hawaiian or Other Pacific Islander	25	1%
Multiple races	259	8%
Client Doesn't Know/ Client Refused	5	0%
Data Not Collected	29	1%
Total Persons	3,398	

Additionally, 10% of individuals experiencing homelessness identify their ethnicity as Hispanic/Latino. Again, this is an over-representation compared to local data showing Hispanic/Latinos making up 3.2% of the population in Fargo and 4.7% in Moorhead.

Ethnicity	Total	Percent of Total
Non-Hispanic/Non-Latino	3,008	89%
Hispanic/Latino	351	10%
Client Doesn't Know/Client Refused	6	0%
Data Not Collected	33	1%
Total Persons	3,398	

The 3,398 individuals served throughout 2022 make up a total of 2,658 separate households. A vast majority (88%) of the households do not include children.

Household Type	Total	Percent of Total
Singles: Adults without children	2,352	88%
Families: Adults with children	289	11%
Youth: Youth only, no adults, with or without their own children	3	0%
Unknown Household Type	14	1%
Total Households	2,658	

Youth

Youth homelessness is often harder to track. According to data available in HMIS and adjacent databases, in 2022, 373 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	23	6%
Age 18-24	328	88%
Unknown/Missing	22	6%
Total Persons	365	

Unlike the general homeless population, youth are more diverse in their gender identity, with 49% identifying as male. In addition to 40% identifying as female, 4% identifying as transgender and, 3% as no single gender.

Gender	Total	Percent of Total
Male	182	49%
Female	149	40%
No Single Gender	10	3%
Transgender	15	4%
Questioning	1	>0%
Missing	16	4%
Total Persons	373	

Of the 373 youth served in 2022, 8% of youth are parents themselves and between the ages of 18 and 24 years old. Of the youth served, 17% disclosed being chronically homeless, 62% disclosed having a disabling condition, and 15% disclosed being a survivor of domestic violence. It is important to note that these demographics are more than likely significantly higher in rates present in the group as this information is often times not shared.

Race	Total	Percent of Total
American Indian, Alaska Native, or Indigenous	118	32%
Asian or Asian American	2	1%
Black, African American, or African	106	28%
Native Hawaiian or Pacific Islander	6	2%
White	193	52%
Missing	1	>0%
Total Persons	373	

**Some youth identified with more than one race.*

The 5-year estimates from the US Census American Community Survey (ACS) show 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). Factors like stigma, discrimination, and limited services, lead our group to believe not all families are considered into data. The American Community Survey (ACS) only accounts the families that participated in the survey.

Families

According to data available in HMIS, in 2022, 1,009 individuals made up family households led by an adult who received homeless services either in Cass County, ND, or Clay County, MN. These 1,009 make up 390 unique family units. With 61% 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	211	21%
Age 5-12	278	28%
Age 13-17	130	13%
Age 18-24	78	8%
Age 25-34	154	15%
Age 35-44	121	12%
Age 45-54	28	3%
Age 55-61	6	1%
Age 62 and above	3	0%
Client Doesn't Know/ Client Refused	0	0%
Data Not Collected	0	0%
Total Persons	1,009	

Racial disparities are seen at a higher rate when we look at families experiencing homelessness than the total homeless population. Only 41% 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 almost 60% people of color.

Race	Total	Percent of Total
White	409	41%
Black or African American	263	26%
Asian	5	0%
American Indian or Alaska Native	204	20%
Native Hawaiian or Other Pacific Islander	5	0%
Multiple races	123	12%
Total Persons	1,009	

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 in a shelter or place not meant for human habitation
- 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, 30% (985) of individuals served in 2022 were considered chronically homeless. They make up 38% 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 13% increase in chronically homeless households served compared to 2021.

Like the overall homeless population, many chronically homeless individuals are working-age adults. Of the individuals who are considered chronically homeless, 75% are between the ages of 18 and 54, with only 9% under 18.

Age	Total	Percent of Total
Age 0-17	86	9%
Age 18-24	70	7%
Age 25-34	218	22%
Age 35-44	263	27%
Age 45-54	192	19%
Age 55-61	100	10%
Age 62 and above	56	6%
Total Persons	839	

Like the general homeless population, a majority (69.7%) of the chronically homeless identify as male, followed by 28.9% identifying as female. Eleven individuals who are considered chronically homeless identify as transgender, and 2 identified as having no single gender.

Gender	Total	Percent of Total
Male	687	69.7%
Female	285	28.9%
No Single Gender	2	0.2%
Questioning	0	0.0%
Transgender	11	1.1%
Total Persons	985	

Overall, the chronically homeless population increased once again by 13 people in 2022, although at a much lower rate than previous years. 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
2022	985	+13

Overall, the 985 individuals served throughout 2022 and considered chronically homeless make up a total of 886 separate households. A vast majority (95%) of the households do not include children.

Household Type	Total	Percent of Total
Singles: Adults without children	843	95.00%
Families: Adults with children	42	5.00%
Youth: Youth only, no adults, with or without their own children	1	0.00%
Unknown Household Type	0	0.00%
Total Households	886	

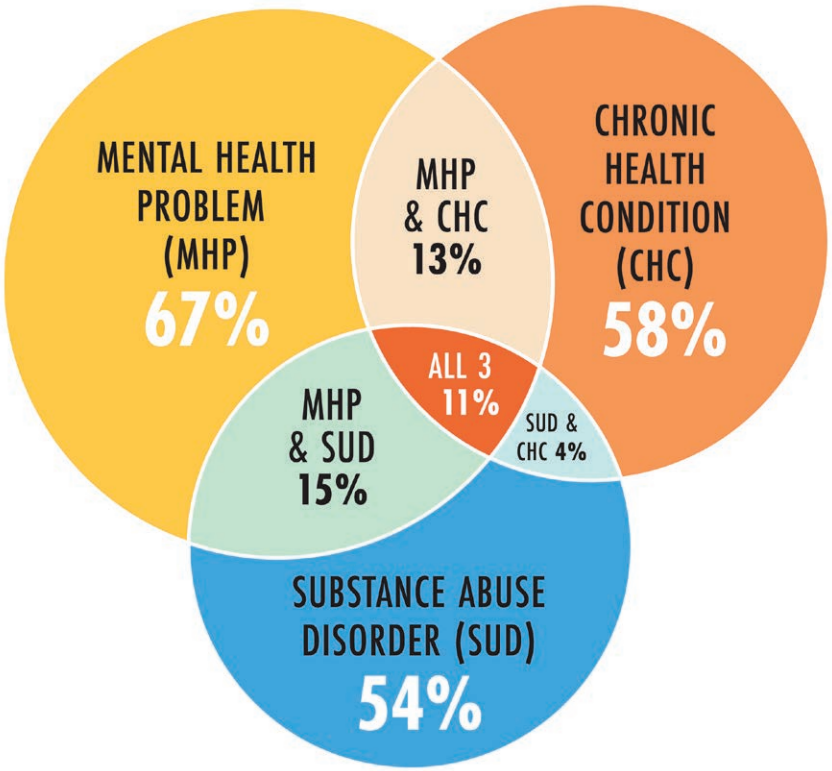
Health Conditions & Co-occurring Conditions

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 43% of the individuals served in 2022 have a disability of long duration. This includes any ongoing disability, continued, or for an indefinite duration.

Of individuals diagnosed with a disability:

- 58% have been diagnosed with a chronic health condition, physical disability, or developmental disability.
- 67% have been diagnosed with a mental health disorder.
- 54% 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, 36% of respondents have been diagnosed with more than one of these conditions, and 11% report all three.



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 experienc-

ing 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 2022, of those starting services, under half (45%) 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. 12% percent identified they were living in their own apartment or home with or without subsidies or support, and 21% were staying with a friend or family member.

Prior Living Arrangements - All Clients	Total	Percentage
Homeless	1,264	45%
Institutional Settings	289	10%
Permanent Housing/Own/ Rental	346	12%
Doubled Up (Staying with Friends or Family)	581	21%
Hotel or Motel without Voucher	126	5%
Client Doesn't Know/ Refused	4	0%
Data Not Collected	169	6%
Total	2,779	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, 28% 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	163	42%
Institutional Settings	7	2%
Permanent Housing/ Own/Rental	108	28%
Doubled Up (Staying with Friends or Family)	84	22%
Hotel or Motel without Voucher	23	6%
Client Doesn't Know/Refused	0	0%
Data Not Collected	5	1%
Total	390	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, 30% compared to 21% with the general homeless population.

Prior Living Arrangements - Youth	Total	Percentage
Homeless	137	44%
Institutional Settings	29	9%
Permanent Housing/ Own/Rental	27	9%
Doubled Up (Staying with Friends or Family)	94	30%
Hotel or Motel without Voucher	14	4%
Client Doesn't Know/Refused	0	0%
Data Not Collected	11	4%
Total	306	100%

Prior Experiences

According to data collected in HMIS 2,779 adults entered programming or began receiving services in 2022. 30% (847 individuals) of these new entries had a history of Domestic Violence. We must acknowledge 3% of individuals who entered services throughout 2022 did not have data collected on their domestic violence history.

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	238	28%
Not Fleeing Domestic Violence	559	66%
Client Doesn't Know/ Client Refused	11	1%
Data Not Collected	39	5%
Total Households	827	100%

The data in this report does not capture the full impact of the history of violence, for individuals that are experiencing homelessness. Violence may often be the primary reason why someone is experiencing homelessness but is not reported as the immediate cause of their homelessness. Research shows for many chronically homeless individuals, one of their first times experiencing homelessness was due to being a victim of violence and leaving the safety of their home as it was no longer a safe option for them. This is often not captured in the data as it only reflects their current episode of homelessness.

WHAT ARE THE BARRIERS THOSE WHO ARE EXPERIENCING HOMELESSNESS ARE FACING IN OUR COMMUNITY?

INCOME, EMPLOYMENT, AND EDUCATION

Income and employment data were collected for the 2,762 adults served throughout 2022. 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 2022, 43% of individuals who started services had a known source of income (one or more).

Number of Adults with Income	Start (at entry)		Stayers (at assessment)		Leavers (at exit)	
Total Adults	1112		776		1952	
1 or More Source of Income	1153	42%	69	2%	505	28%

Below is a breakdown of cash income sources.

Cash Income Sources	Start	Stayers	Leavers
Earned Income	362	11	261
Unemployment Insurance	5	0	5
Supplemental Security Income (SSI)	286	35	204
Social Security Disability Insurance (SSDI)	36	1	29
VA Service - Connected Disability Compensation	12	0	7
VA Non-Service Connected Disability Pension	9	0	7

Breakdown of cash income sources, continued:

Cash Income Sources	Start	Stayers	Leavers
Private Disability Insurance	2	0	1
Worker's Compensation	0	0	0
Temporary Assistance for Needy Families (TANF)	65	6	32
General Assistance (GA)	195	17	74
Retirement Income from Social Security	29	3	12
Pension or retirement income from a former job	9	0	6
Child Support	23	7	13
Alimony and other spousal support	1	0	0
Other Source	42	4	27

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

Breakdown of Monthly Income Range	Start		Stayers		Leavers	
No Income	1,568	57%	29	5%	1163	60%
$1 - 150	137	5%	2	0%	50	4%
$151 - $250	72	3%	6	1%	33	2%
$251 - $500	70	3%	3	0%	43	3%
$501 - $1000	362	12%	32	5%	250	13%
$1001 - $1500	175	7%	10	1%	129	7%
$1501 - $2000	101	4%	8	1%	77	4%
$2001 +	139	5%	10	1%	29	1%
Client Doesn't Know/Refused	1	0%	0	0%	1	0%
Data not collected	137	5%	0	0%	117	6%
Adult stayers not yet required to have an annual assessment			485	58%		
Adult stayers without required annual assessment			229	29%		
Total Adults	2,762		810		1,952	

In 2021, the federal poverty guidelines were set for a single adult making $12,880 annually or about $1,067 per month. Noting most individuals experiencing homelessness are not in family units, you can see that 80% 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	1,661	60%	29	4%	1,279	65%
1 + Source(s)	983	36%	68	8%	593	30%
Client Doesn't Know/ Client Refused	7	0%	0	0%	5	0%
Data Not Collected/ Not stayed long enough for Annual Assessment	107	4%	713	88%	75	4%
Total	2,762		810		1,952	

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

Type of Non-Cash Benefit Source	Start	Stayers	Leavers
Supplemental Nutrition Assistance Program (SNAP)	966	65	584
Supplemental Nutrition Program for Women, Infants, and Children (WIC)	58	5	27
TANF Child Care Services	5	1	1
TANF Transportation Services	4	0	3
Other TANF-Funded Services	3	1	1
Other Source	45	38	27

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

As part of the Everyone Counts Survey conducted in October 2018, respondents currently experiencing homelessness were asked about their education and employment. Almost two-thirds (63%) of respondents had at least a high school diploma or some level of college education.

Educational Attainment	Total	Percentage
8th grade or less	10	4.12%
Some high school but did not finish 12th grade	78	32.10%
12th grade (high school graduate)	69	28.40%
Some college but no degree	49	20.16%
Completed any college degree (2-year Associate or higher)	36	14.81%
Refused	1	0.41%
Don't know	0	0.00%
Total Individuals Surveyed	243	100%

Additionally, while in grade school, 31% of individuals surveyed had an Individualized Education Plan or required some level of Special Education.

While 48% of adults entering services this past year had some level of income and 34% were enrolled in non-cash benefits, they still experienced a housing crisis that resulted in them becoming homeless. In later sections of this report, there are more details on additional barriers to housing that many individuals experience, along with how our system works to help move these individuals from homelessness to housing regardless of income or employment.

BARRIERS TO SUSTAINABILITY

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.

Individuals experiencing housing instability in our community face a multitude of barriers. One of the most significant barriers to sustaining housing continues to be available and affordable housing stock. According to the National Low Income Housing Coalitions 'Out of Reach' report (2022), in Cass County, ND 48% of occupied households were renter households, while 33% of Clay County, MN occupied households were renter households. The low vacancy rate results in tumultuous competition among renters for units that are affordable and suitable, and also creates an environment for housing providers to be more selective about who is approved.

The lack of available, affordable, and suitable housing for extremely low-income households (ELI) is

noticeable. ELI households have incomes at or below the poverty guideline, or 30% of the area median income (AMI). Many of these households in our region are living severely housing cost burdened, meaning they are spending more than 30% of their income towards housing costs. Having to put so much more of the household's income towards housing costs leaves much less available for other necessities like food, transportation, childcare, and health care. This dynamic greatly increases the risk households face of evictions, homelessness, and unstable housing.

To illustrate the housing cost burden dynamic, consider the following. A 2-bedroom, say for a single parent family, at Fair Market Rent in Cass County, ND is $859.00 per month. In order to afford that unit and not be housing cost burdened, a renter would need to earn $34,360 annually. However, those at the lowest income level (at or below 30% AMI) are earning $30,150. A renter with Supplemental Security Income (SSI) earned $841/month in 2022. In order to pay for a 1-bedroom unit ($705/month) at Fair Market Rent, the renter is paying more than 84% of the income towards rent alone.

Rental costs are rising faster than the rate of income in this region, as well as across the nation. In 2022, 81% of households in crisis that were screened by the local CARES Homeless Prevention Project had income from one or more sources. They just didn't have enough income to keep up with the costs of housing, especially during times of unexpected employment instability, rising costs of inflation for common goods and services, and the waning off of so many additional resources that were added in the previous two years to support low-income families struggling during the pandemic.

The solution to this crisis is not to watch and wait for these vulnerable households to lose their housing and become homeless. The solution takes the entire community to think creatively and ramp up resources to assist households who are on the verge of losing housing so that they do not become homeless, and receive the support needed to rebound from crisis to housing stability.

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

- National Low Income Housing Coalition's "Out of Reach" Report (2022): https://nlihc.org/oor
- HUD Fair Market Rent: https://www.huduser.gov/portal/datasets/fmr.html
- Vacancy rate information: https://asind.com/process.php?option=com_content&id=2

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 vouchers 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

In 2022:

- Moorhead Public Housing reported 50% of new admissions into units owned by MPHA were exiting homelessness, while 100% of vouchers administered by MPHA were exiting homelessness.
- Clay County HRA served 390 households in their homeless programs and reported 66% or new admissions to Housing Choice Vouchers had experienced homelessness.

- Fargo HRA
  - Cooper House served 52 individuals in the 2022 operating year. At the end of 2022, 34 individuals (65%) were still stably housed.
  - RASHP served 47 households. At the end of 2022, 31 (65%) households were still stably housed.

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 2022-2023.

Cass County, ND

Community Action Partnership of North Dakota (CAPND) partnered with North Dakota State University and the local Community Action Agencies to complete a comprehensive community needs assessment of low-income people in the state of North Dakota. This assessment is extremely important to understand the current needs of our clients and communities. The survey aims to get responses from the low-income population and clients of our agencies, SENDCAA staff members, and community members and partners. Feedback provided from the needs assessment assists with the designing of future programming based on community needs and available services and resources.

Housing is the most frequently mentioned need 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 area. Affordable housing development and affordable homes for purchase were also frequently mentioned.

Other needs identified as high priority in Cass County include employment-related support, which includes finding a job and higher-paying jobs with benefits, job training and paying for education. Additionally, income and asset-building support was identified as a high priority which includes help with financial issues such as divorce problems, child support, issues with utilities, and budget and credit counseling. Access to dental insurance or finding affordable dental care, utility assistance, youth activities in the community, food resources, and vehicle repair assistance were further needs identified in the assessment.

Clay County, MN

Three surveys were completed with three respective targeted populations: 1) community partners, 2) current clients/people that are reaching out for services and 3) a follow up survey from past clients of housing programs. In total 63 surveys were completed. For the partner survey, a Survey Monkey

link was distributed to various email listserves, our local Fargo-Moorhead Homeless Coalition, and the Housing Advisory Board members. For the partner survey, 100% of respondents said they knew where to send people if they were facing a housing crisis. Providers shared feedback on the homeless response system in the community and noted a lack of resources and staff turnover as challenges, and staff knowledge/friendliness as a strength. Respondents identified there is a need for additional supports for people that are searching for housing as well as people that need to be connected to mainstream resources such as Section 8, Food Support, and MFIP.

Current clients receiving housing services were also given a survey to complete online or a community partner offered to interview clients utilizing the survey online link or a paper survey. The survey was open for a two-week period from January 8th, 2023 to January 20th, 2023. Thirty-eight responses were collected for this survey. When asked what created or contributed to the current housing crisis, the top response was that the household couldn't afford the rent. Other top contributors were physical health issues, mental health issues, and loss of a job/income. When asked "What would help you find or keep stable housing?," the top response was resources for past due rent (55%), followed by help getting/keeping a job (32%), budgeting (29%), and ongoing case management/supportive services (21%).

Lastly, we reached out to previously served households to follow up on their current situations. CAPLP reached out to previous housing clients (51 households) that were served and exited during the previous year to follow up on their current housing sitaution and feedback about the program. Eleven surveys were completed in total (22% of all households reached). Many of the phone numbers were out of service or the number had been changed. 100% of the respondents felt that the assistance received helped to stablize their housing situation. Ninety-one percent (91%) of the households served were still housed after exiting the housing program. When asked what was most helpful about the program, 73% (8/11) households shared that help with rent was the most beneficial, followed by help with a rental deposit at 36% (4/11).

Finally, as a Community Action Agency, CAPLP conducts a thorough assessment every three years to identify the causes and conditions of poverty in the communities we serve, which helps to guide strategic planning. The most recent assessment was completed in March of 2022 and includes an assessment and analysis of community strengths, resources, and needs. Methods used to collect the data include a compilation of quantitative and qualitative data collected through a survey of clients, community partners board members and focus groups. Several areas of note were the population growth of Clay County, which has increased by 10.7%. The poverty rate is 11.23%, which is higher than the statewide average of 8.9%. The three highest areas of need identified through the assessment process were high quality/affordable childcare, living wage employment, and affordable housing. The next three highest

needs were coaching/mentoring, reliable transportation, and training/education.

To learn more about the community needs assessment in Clay County please go to: https://caplp.org/reportspublications.html.

In conjunction with completing the Community Needs Assessment, clients were also able to participate in scheduled focus groups to discuss poverty and the impact poverty in our community. Facilitators asked open-ended questions related to poverty to collect qualitative data. Participants 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, participants highlighted the lack of access to support and resources that can provide education and skills training for overcoming generational poverty. Participants were asked for ideas that could support people in achieving outcomes to eliminate poverty which included increased education, expansion of program eligibility, employment access and support, and more skills training. During one focus group it was highlighted that support groups from Moms focusing on wellness and success would be beneficial in personal growth. Focus group participants stated that support groups would allow people to lean on each other, learn from their peers around them, live healthy lifestyles, and be comfortable being a single mom. Group consensus from participants agreed that the community would be greatly improved without poverty.

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 mainstream and prevention resources and identification of each individuals' strengths. If homelessness cannot be prevented, persons are prioritized for emergency shelter and supportive housing programs based on vulnerability, 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.

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. Services may include assessment for permanent supportive housing, rapid re-housing supports, emergency shelter entry, eviction prevention, supportive housing focused case management, links to basic needs resources, housing stabilization planning, and financial assistance.

In 2022, 3,206 households in crisis contacted the housing crisis line coordinated by FirstLink. The purpose of the screening is 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.

In 2022, 2,948 unique households (including approximately 7,664 individuals) were screened, triaged, and connected to appropriate homeless prevention services. The over 24% increase in calls in 2022 indicates a multitude of challenges low income and vulnerable households face in attaining and maintaining housing. Low vacancy rates, increased rent costs, inflation of costs for basic goods and services, maxing out or phasing out of temporary COVID-19 relief funds, lack of affordable housing units, lack of

childcare and other services needed to maintain employment, and more have made it very difficult for vulnerable households to get and keep housing. These challenges and their impacts continue to be monitored so that the system can expand and adjust appropriately to meet the needs by ramping up prevention services and resources. This trend is on par with other communities across the nation and is being addressed at the Federal, State, and local levels. Without an upstream response system like the CARES Homeless Prevention Project 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	2,084	864	2,948
Households on verge of homelessness	1,417	587	2,004
Households experiencing homelessness	667	277	944

SHELTER ENTRY

In 2022, 2,570 individuals, 46 adult couples without children, and 298 families inquired about seeking shelter at one of the FM Metro's emergency shelters. 7 stated other.

Household Type	Number
Single Male	1,861
Single Female	709
Families with Children	298
Married/Couple without Children	46
Other	7
Total Households	2,930

In total, this was an increase of 1,319 households (both singles and family units) compared to 2021.

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 availability. 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.

COORDINATED ASSESSMENT

Households who present as homeless and whose housing crisis cannont be resolved with prevention or mainstream resources are assessed using the Housing Prioritization Tool (HPT). The HPT is administered to help identify each households strengths, barriers, choices, and eligibility.

The HPT is targeted at 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, an emergency shelter, transitional housing, or exiting an institution where they have stayed less than 90 days and were homeless before entering. Individuals can also complete an HPT if they do not meet these definitions but are fleeing domestic violence, are a veteran, or youth. The HPT is used to determine vulnerability and assist with the prioritization of services for individuals who are experiencing homelessness.

Once an assessment is complete households are placed on the Continuum of Cares Priority List. Housing programs then notifiy the Priority List Manager of program openings and select households from the list using a formula that takes into account eligibility, vulnerability, and client choice. The following chart is the breakdown of the Cass County, ND, and Clay County, MN, list as of the end of 2022.

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

The primary data source for this table is from the ND and MN HMIS coordinated assessment report which records assessments and referrals. Due to federal protection regulations, data collected from unaccompanied minors and Victim Service Providers is unable to be entered into HMIS so is collected in a CoC approved alternative database For this report, data from the YWCA and Youthworks was manually integrated into this table.

COORDINATED ENTRY PRIORTIZATION

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 staff are responsible for making these referrals and maintaining the Priority List for the FM Metro. The Systems Specialist and CoC staff are notified of openings from housing providers and pull households from the Priority List to refer to the housing provider. Referrals are guided by the program's eligibility criteria, as well as the CARES Prioritization Policy. 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 decrease in the number of persons on the 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 2022, homelessness disproportionately impacts people who are indigenous, persons of color, and those who identify as Hispanic. While we know that there are societal issues that impact who becomes homeless, we also recognize that there may be aspects of our system that lead to disparities. As such the West Central CoC has created an Advancing Equity Together structure to improve how we monitor and respond to disparities.

Each year since 2019, the West Central CoC has reviewed data for system disparities. The most recent comprehensive Equity Review for the West Central CoC was conducted 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 MN CoC. As of 2022, equity reports are as follows.

	White	African American	American Indian	All Other Races
Who Experiences Homelessness?	56.4%	21.2%	26.3%	4.4%
Who gets into crisis housing?	53.5%	22.2%	26.1%	2.2%
Who gets into Permanent Housing?	61.1%	9.4%	38.9%	3.9%
Who Returns to Homelessness?	56%	24%	11%	8%

	Hispanic	Non-Hispanic	Missing/Don't Know/Refused
Who Experiences Homelessness?	8.5%	89.2%	1.8%
Who gets into crisis housing?	8.4%	89%	2.2%
Who gets into Permanent Housing?	10%	89.4%	0.6%
Who Returns to Homelessness?	91%	9%	0%

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 2022 cumulative outcomes for all program types operating in Cass and Clay counties, as well as the definitions of each destination category.

Exit Destination - All Clients	Total	Percentage
Permanent Destinations	508	22%
Temporary Destinations	459	20%
Institutional Settings	92	4%
Other Destinations	50	2%
Client Doesn't Know/Refused	287	13%
Data Not Collected	867	38%
Total Individuals	2,263	

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 22% exited to a permanent destination. This is a 7% decrease from the previous year. About 51% of respondents did not share/data was not collected upon program exit.

Families are noted for having significantly higher rates of a positive exit from a homeless program (62%). 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	294	62%
Temporary Destinations	128	27%
Institutional Settings	6	1%
Other Destinations	12	3%
Client Doesn't Know/Refused	8	2%
Data Not Collected	30	6%
Total Individuals	617	

While only 18% 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	38	18%
Temporary Destinations	48	23%
Institutional Settings	9	4%
Other Destinations	3	1%
Client Doesn't Know/Refused	25	12%
Data Not Collected	87	41%
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 requires CoCs to collect and monitor performance of their homeless response as a coordinated system (viewing all programs from all funding sources collectively) as opposed to just reviewing the performance of individual homeless programs.

The CoCs are required to annually report on and establish targets and goals related to the following six measures. 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 in a homeless permanent housing program.
3. **Number of Homeless:** Reduce the total number of persons who are homeless, measured by the unduplicated number in all persons in HMIS and the number counted during the annual point-in-time count (PIT).
4. **Change in Income:** Increase the earned and total (earned and benefits) income of those in CoC homeless supportive housing programs. 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. Measured by the number of entries of households into HMIS that were not previously entered into HMIS.
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.

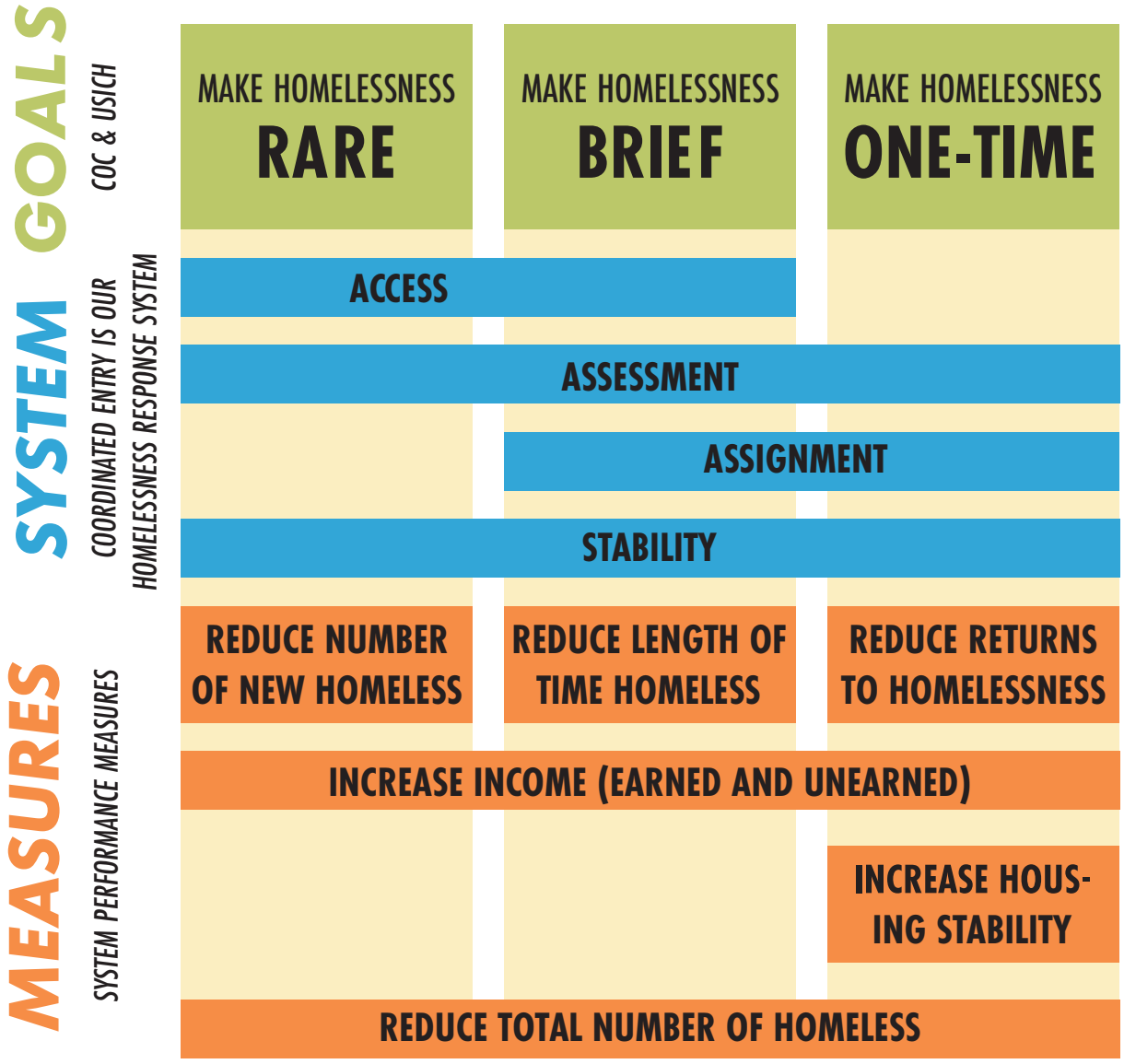
The System Performance Report only uses data entered into HMIS and reports data for the entire CoC. Currently, data cannot be accurately broken down by county or specific communities.

North Dakota CoC

Measures	2015 Baseline Performance	2016 Performance	2017 Performance	2018 Performance	2019 Performance	2020 Performance	2021 Performance	2022 Performance
1. Length of time homeless	205 days ES	350 days ES	405 days ES	71 days ES	55 days ES	48 days ES	41 days ES	53 days ES
	192 days ES + TH	360 days ES + TH	339 days ES + TH	81 days ES + TH	71 days ES + TH	69 days ES + TH	55 days ES + TH	54 days ES + TH
2. Number of persons returning to homelessness once housed	11% in PH in 2 years	23% in PH in 2 years	18% in PH in 2 years	14% in PH in 2 years	12% in PH in 2 years	33% in PH in 2 years	20% in PH in 2 years	10% in PH in 2 years
	18% Total in 2 years	18% Total in 2 years	18% in PH in 2 years	25% Total in 2 years	20% Total in 2 years	25% Total in 2 years	24% Total in 2 years	26% Total in 2 years
3. Number of total homeless	3,650 HMIS	3,477 HMIS	3,057 HMIS	2,547 HMIS	3,500 HMIS	2,029 HMIS	2,231 HMIS	2,454 HMIS
	1,305 PIT	923 PIT	1,089 PIT	542 PIT	557 PIT	541 PIT	548 PIT	610 PIT
4. Change in income	18% Stayers	20% Stayers	23% Stayers	31% Stayers	42% Stayers	50% Stayers	46% Stayers	55% Stayers
	25% Leavers	25% Leavers	37% Leavers	26% Leavers	38% Leavers	30% Leavers	32% Leavers	30% Leavers
5. Number of new persons entering homelessness	2,790	2,184	2,059	2,066	1,566	1,481	1,485	1,718
6. Number of persons retaining permanent housing or exiting to perm. housing	32% All	32% All	29% All	34% All	39% All	39% All	72% All	22% All
	87% PH	88% PH	99% PH	94% PH	90% PH	93% PH	90% PH	92% PH

West Central Minnesota CoC

Measures	2015 Baseline Performance	2016 Performance	2017 Performance	2018 Performance	2019 Performance	2020 Performance	2021 Performance	2022 Performance
1. Length of time homeless	36 days ES	36 days ES	34 days ES	44 days ES	37 days ES	37 days ES	37 days ES	45 days ES
	72 days ES + TH	78 days ES + TH	83 days ES + TH	112 days ES + TH	120 days ES + TH	138 days ES + TH	129 days ES + TH	98 days ES + TH
2. Number of persons returning to homelessness once housed	8% in PH in 2 years	6% in PH in 2 years	6% in PH in 2 years	5% in PH in 2 years	5% in PH in 2 years	6% in PH in 2 years	8% in PH in 2 years	5% in PH in 2 years
	6% Total in 2 years	6% Total in 2 years	8% in PH in 2 years	8% Total in 2 years	8% Total in 2 years	10% Total in 2 years	10% Total in 2 years	9% Total in 2 years
3. Number of total homeless	1,220 HMIS	1,215 HMIS	1,047 HMIS	938 HMIS	978 HMIS	1,027 HMIS	1,128 HMIS	1,291 HMIS
	242 PIT	211 PIT	215 PIT	246 PIT	216 PIT	223 PIT	186 PIT	243 PIT
4. Change in income	35% Stayers	41% Stayers	40% Stayers	45% Stayers	40% Stayers	38% Stayers	36% Stayers	49% Stayers
	50% Leavers	42% Leavers	47% Leavers	50% Leavers	64% Leavers	35% Leavers	44% Leavers	40% Leavers
5. Number of new persons entering homelessness	881	1,081	927	824	985	845	958	1,087
6. Number of persons retaining permanent housing or exiting to perm. housing	54% All	53% All	43% All	40% All	38% All	29% All	35% All	35% All
	91% PH	91% PH	94% PH	92% PH	95% PH	95% PH	92% PH	88% 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 2023-2024 planning and implementation includes:

- Continued policy and resource advocacy, emphasizes awareness of homeless data and education opportunities on issues for local elected leaders as part of a comprehensive policy and funding strategy to advance our mission.
- Evidence based education and best practices training programs to better equip Coalition partners, internationally driven to elevate the effectiveness of ending homelessness efforts.
- Evaluate and coordinate ongoing implementation of comprehensive diversion and prevention systems and strategies.
- Improve access to shelter entry and implementation of a singular access point for those seeking shelter.
- Developing specific strategies concerning youth and child homelessness.
- Renewed vision on developing strategies to address larger societal and systemic issues such as race, income inequality, and food insecurity. Incorporating "Lived experience" to understand, identify and eliminate barriers.
- Collaborative 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:

- We now have 29 full-time staff located from Bemidji to Williston, Dickinson to Grand Forks... across the area. We've been able to add a Homeless occupational Therapist, two peer support positions, and a Housing Specialist.
- We have added more VASH Vouchers and now have 300 permanent housing placement sites throughout the catchment.
- We have retained our 30 bed transitional housing facility (Project HART) through the end of this year, and are hoping to bring on a provider at the beginning of the new Fiscal Year.
- Programs specific to Native American Veterans in Turtle Mountain and White Earth Nations are growing and we now have around 20 participants on Tribal Land.
- 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 have been very close to achieving the 3 measures required to declare Functional Zero:

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 La Grave 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 1,100 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. Veterans who face intense challenges in obtaining housing and have not been housed within the 90 day requirement prevents us from meeting those criteria. In addition, we have not been able to remove all Chronically homeless from the by-name-list for both North Dakota and Minnesota. Additionally, there are many communities where affordable housing stock is critically low.

The VA has added it's first Project Based Vouchers to the new development "Silver Linings" in Moorhead as part of our effort to support the development of affordable housing.

We continue to rally 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 continue to be 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.

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%201-Year%20Estimates%20Data%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.

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 of Cass-Clay