

Report on Homelessness in North Dakota 2010



North Dakota Coalition for Homeless People
Statewide Point-in-Time Survey and Study of Homelessness
January 27, 2010



Acknowledgements

The North Dakota Coalition for Homeless People (NDCHP) would like to acknowledge the hundreds of volunteer hours contributed by the Continuum of Care Needs Assessment Committee, the network of regional homeless coalitions, and the many caseworkers and staff of local agencies in conducting the 2010 Statewide Point-in-Time Survey of Homeless People. The Coalition also thanks the many homeless individuals and families who provided valuable information that will be used to improve the delivery of housing and services in our communities. The high level of participation across the state in providing the information for this report ultimately guides local communities, reservations, and the state of North Dakota in addressing the social tragedy of homelessness.

Definition of Terms

To assist our readers, definitions are provided for the following terms used throughout this report:

<p>Literally Homeless - People who stay in emergency shelters or transitional housing. This category also includes unsheltered homeless people who sleep in places not meant for human habitation (for example: streets, parks, abandoned buildings, dumpsters, subway tunnels) and who may also use shelters on an intermittent basis.</p>
<p>Precariously Housed - People who are at imminent risk of becoming literally homeless at any time. They may be temporarily doubled up with friends or relatives, or staying in a motel when they accumulate enough money for a room.</p>
<p>Overall Homeless - In this report the overall homeless population includes both the literally homeless and the precariously housed.</p>
<p>Chronically Homeless - An unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more, or who has experienced at least four episodes of homelessness within the past three years. To be considered chronically homeless, person must have been sleeping in a place not meant for human habitation and /or in emergency shelter during that time.</p>
<p>Long-Term Homeless - Includes chronically homeless individuals and also includes families that have been homeless (lacking a permanent place to live) for a year or more, or has had four or more episodes of homelessness in the last three years. In addition, the person or family member has a disabling condition which limits their activities of daily living. This group does not exclude families who are temporarily living doubled up and not in a position to contribute to the household.</p>

Data Collection

The 2010 Point-in-Time Survey was distributed to organizations including emergency shelter providers, transitional housing providers, social services agencies, community action agencies, human service centers, housing authorities, healthcare providers, emergency food pantries, soup kitchens, faith-based organizations, and law enforcement agencies.

Data Preparation, Analysis, and Report Production

This report was produced in collaboration with the talented staff of:

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Key Findings

PURPOSE

The purpose of this study is to assess the extent of homelessness in the state of North Dakota and to identify the most common characteristics of homeless people, the primary reasons for homelessness, and the most important basic service needs of homeless people in our state.

The comprehensive data collected with this survey provides information that will:

- Increase awareness of homelessness in our communities;
- Support policy change and funding;
- Help community partners (service providers, policy makers, etc.) to better understand homelessness and to work together to solve homeless issues;
- Assist local officials and homeless providers to develop strategic plans for providing housing and services needed in their communities;
- Assist the North Dakota Interagency Council on Homelessness, the North Dakota Coalition for Homeless People, and Regional Homeless Coalitions in their work to end long-term homelessness in North Dakota.

METHODOLOGY

The 2010 Point-in-Time Survey was distributed on January 27, 2010 to North Dakota agencies that typically have contact with people who are homeless. The survey mailing list included agencies that provide housing for the homeless, social services agencies, community action agencies, human services centers, law enforcement agencies, healthcare providers, emergency food pantries, soup kitchens, housing authorities, and faith-based organizations.

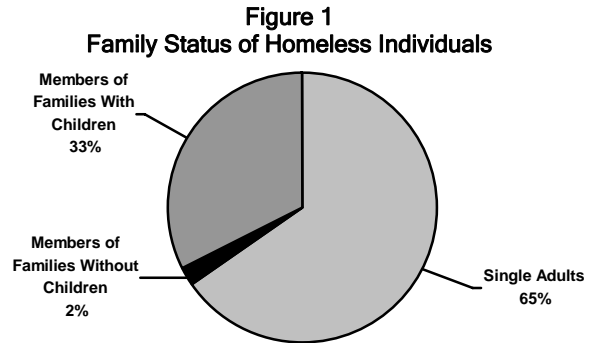
Survey teams in eight regional jurisdictions coordinated the canvassing of their areas. The survey of sheltered and unsheltered homeless was conducted on January 27, 2010 in accordance with guidelines issued by the U.S. Department of Housing and Urban Development. In completing surveys, agency staff provided direct assistance to homeless people as needed. The results of the surveys are unduplicated counts. A federally accepted definition of who should be considered homeless was given to each surveyor. Information relating to demographics, education, employment, income, common characteristics, and service utilization was collected.

HOMELESS POPULATION

On January 27, 2010, 799 residents of North Dakota were identified as literally homeless: 599 adults, 168 children, and 32 persons whose age was unknown. Included in this count were 522 unaccompanied adults, 82 families with minor children, and 7 families without minor children.

A young adult between eighteen and twenty-one head 50 of the households; the other 531 households were headed by someone over twenty-one. (The age of 30 heads of household was unknown.)

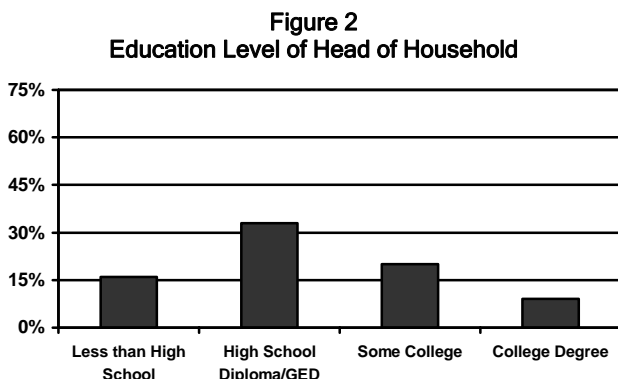
Among the 799 homeless individuals were 522 single adults (65%), 260 members of families with minor children (33%), and 17 members of families without youth (2%). (Figure 1)



On the night of the 2010 Point-in-Time Survey, over half (56%) of the homeless households were staying in an emergency shelter, with most (39%) of the others staying in transitional housing. A smaller number (4%) were unsheltered, sleeping in abandoned buildings, automobiles or outdoors and 7 households (1%) slept elsewhere or didn't indicate where they had stayed the previous night. Five of the people in the unsheltered group were members of families with minor children, 5 were members of families without minor children and 19 were unaccompanied adults.

Among the homeless adults for whom gender was known, men (64%) outnumbered women (36%) nearly two to one. Though a majority of the homeless population is white (59% compared to 91% in the state overall), many racial minorities are overrepresented when compared North Dakota's overall population. One in four homeless persons are American Indian (24% compared to 5% overall), 10.4% is black (compared to 1% overall), 0.6% is Asian (compared to 1% overall), and 2.4% is of another race (compared to 2% overall). Information on race was not available for 4.1% of the individuals. (Overall state population numbers are based on the U.S. Census Bureau's 2005-2007 American Community Survey estimates.)

The overall average age of a homeless adult was 39.6 years. However, men tended to be older (42.0 years) than women (35.3 years). Furthermore, unaccompanied adults are typically older than those who have family members with them (41.5 years compared to 30.5 years). The average homeless child in North Dakota is 5.9 years old.



Only 16% of homeless heads of household have less than a high school education. One in three (33%) have a high school diploma or GED, one-fifth (20%) attended some college and 9% are college graduates. (Figure 2)

Twelve percent of the households came to the community in which they were surveyed within seven days of the survey and were already homeless before they came to that community.

Frequency and Length of Homelessness

Overall, the homeless population reported living in shelters, transitional housing or on the streets for an average of 1.7 years. The median length of a current homeless episode was 0.5 years, which means just as many had been homeless for six months or less as had been homeless for six months or longer. (Table 1)

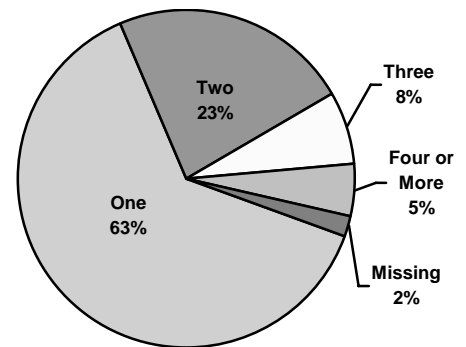
Equally as important as how long individuals have been without a permanent home is how often they have been in this situation. This was the first episode of the homelessness in the past three years for a majority (63%) of the responding households. About one in four (23%) had been homeless once before now, 7% had been homeless twice before and 5% had experienced homelessness four or more times in the past three years. (Two percent of the households did not report how many times they had been homeless.) (Figure 3)

Table 1
Length of Homelessness

	Number of Households*	Average Length of Time	Median Length of Time
Overall (100%)	586	1.7 years	0.5 years
Homeless for a year or longer (38%)	222	4.1 years	2.0 years
Homeless for a month to a year (50%)	292	4.1 months	3.0 months
Homeless for less than a month (12%)	72	12.0 days	10.0 days

*Information regarding length of homelessness was not provided for 25 households.

Figure 3
Homeless Episodes in Past 3 Years



Veterans

Ninety-nine (16%) of the homeless households were headed by someone who identified themselves as a veteran. Within those households were five families, four of which included children under 18. Nearly three-fourths of those households (72%) were living in Region 5. Compared to non-veterans, veterans were homeless for a longer period of time (median of 0.8 years vs. 0.4 years). Homeless veterans were more likely than non-veterans to have attended college (38% vs. 27%) and less likely to have less than a high school diploma (5% vs. 18%).

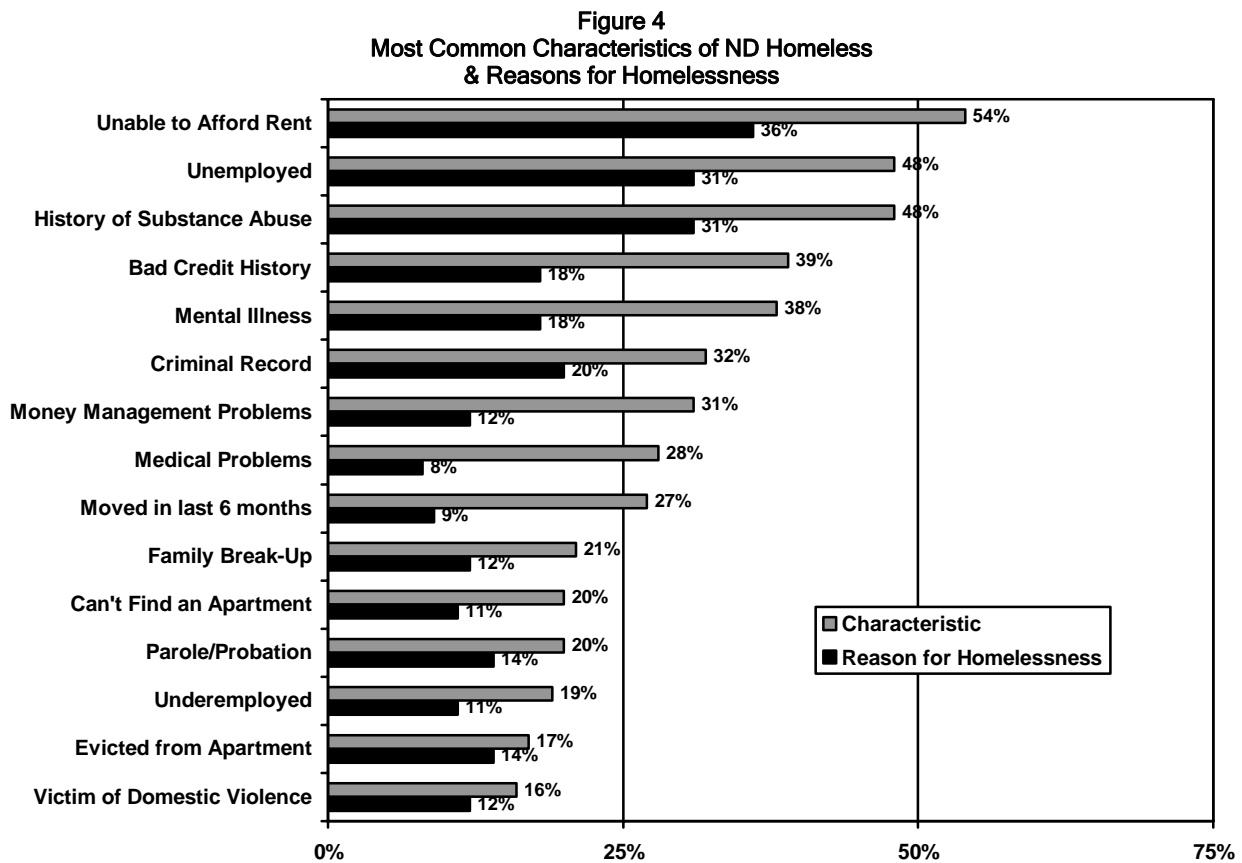
Veterans were more likely to have medical problems (43% vs. 26%), have come to their current community in the last six months (37% vs. 25%), or be unable to afford rent (64% vs. 52%). They were less likely to be parolee/probationers (11% vs. 21%), victims of domestic violence (8% vs. 18%), or homeless due to a criminal record (11% vs. 21%).

Veterans were also less likely than non-veterans to have received food stamps (11% vs. 34%), life skills training (9% vs. 24%), transportation (26% vs. 43%), help from family or friends (10% vs. 22%), or Medicaid (4% vs. 17%). Compared to non-veterans, they were more apt to have received food/hot meals (81% vs. 67%), medical/dental care (55% vs. 33%), and medication (55% vs. 32%). Veterans were twice as likely as non-veterans to name housing assistance (29% vs. 15%) as one of the most important services to help in obtaining housing.

Common Characteristics

Financial hardship and substance abuse are the two most commonly shared challenges among the homeless in North Dakota. Half (54%) reported they were unable to afford rent, which one would assume is related the high number that was either unemployed (48%) or underemployed (19%). Bad credit (39%) and/or money management problems (31%) further exacerbate this problem. (Figure 4)

In addition to financial difficulties, substance abuse, health issues and criminal records were also fairly commonplace within the homeless population. One out of two (48%) homeless persons had a history of substance abuse, 32% had a criminal record and 20% were parolees or probationers. Health issues, such as mental illness (39%) and medical problems (28%) were also widespread, as were family problems such as a family break-up (21%) or domestic violence (16%). Being new to the community (27%), unable to find an apartment (20%), and/or eviction (17%) were other prevalent issues within the homeless population. (Figure 4)



Reasons for Homelessness

The characteristics most pervasive among the homeless population were also the most commonly identified causes of homelessness: an inability to afford rent (36%), unemployment (31%), and substance abuse (31%). Other frequently cited reasons for homelessness included a criminal record (20%), bad credit history (18%), and mental illness (18%). (Figure 4)

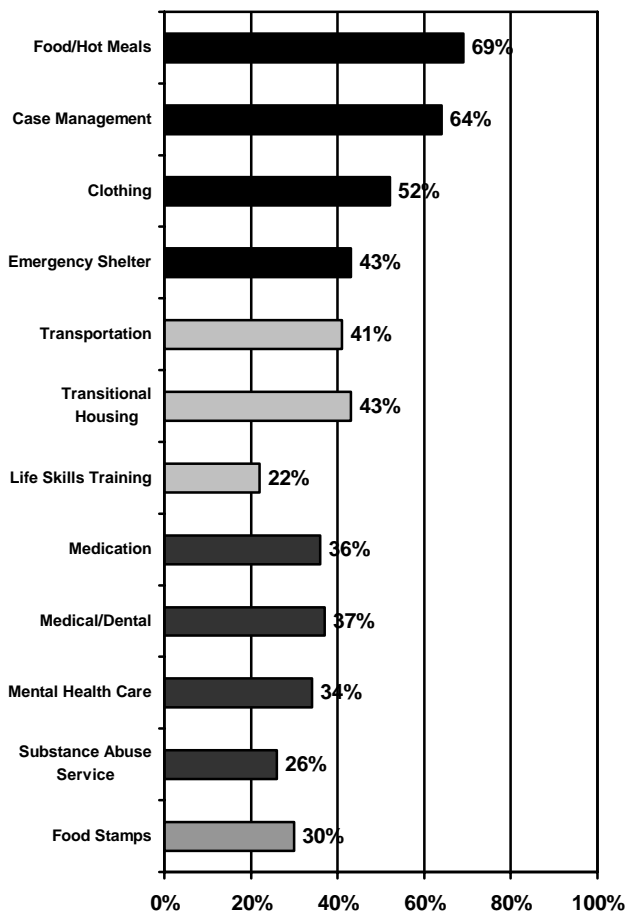
Sources of Income

Forty percent of the homeless in North Dakota receive income from a job and 29% receive food stamps. Other sources of income included family or friends (20%), Medicaid (15%), and Social Security (10%). Smaller numbers of homeless individuals rely on SSI (7%), TANF (4%), child support (4%), asking for money on the street (3%), selling blood/plasma (3%), veteran's benefits (3%), general assistance (2%), unemployment benefits (2%), and/or pensions (1%).

Service Utilization

The services most apt to have been used by the homeless population were those that met their basic needs: food/hot meals (69%), case management (64%), clothing (52%), and emergency shelter (43%). Stabilizing assistance, such as transitional housing (43%), transportation (41%) and life skills training (22%), was also frequently used by homeless persons. (Figure 5)

Figure 5
Services Received in Past Month



Health-related services were used by roughly one in three homeless individuals: 37% received medical/dental care, 36% received medication, and 34% received mental health care. Services related to substance abuse (26%) were also frequently utilized. (Figure 5)

Overall, services classified as mainstream resources were less likely to be used by homeless individuals. While food stamps were received by almost one-third (30%) of respondents, other mainstream resources were used much less frequently. (Figure 5)

The type of services homeless persons were most likely to be waiting for was stabilizing services. Twenty-four percent indicated they were waiting for permanent housing, 12% were waiting for housing planning, and 10% were waiting for job training or placement. Furthermore, the stabilizing services of permanent housing (17%) and transportation (11%) were the services most commonly cited as being difficult to access. (Figure 5)

Forty percent of the homeless individuals did not provide an answer regarding what they felt would be most helpful in obtaining housing. Those that did offer a response were most apt to name housing assistance (17%), a job or a better job (12%), affordable housing (7%), transportation (7%), case management (7%), and rent deposit/1st month rent paid (7%).

PRECARIOUSLY HOUSED POPULATION

In addition to the 799 individuals identified as literally homeless, another 327 people in North Dakota were precariously housed on the night of the Point-in-Time Survey. Staying in motels or with friends or family, they were in imminent danger of becoming homeless. This at-risk group contained 168 households, which included 79 men, 106 women, 132 children, and 10 persons for whom age and/or gender was not known.

The precariously housed were twice as likely as the literally homeless to have family with them. While one-third (31% vs. 65%) of those staying with others were unaccompanied adults, 65% (vs. 33%) were living in families with children, and 3% (vs. 2%) were living in families without children. (Figure 6)

More than half (55%) of the precariously housed population was American Indian and only 33% were white. This was a stark difference from the literally homeless, where 59% are white and 24% are American Indian.

Figure 6
Family Status of Precariously Housed Individuals

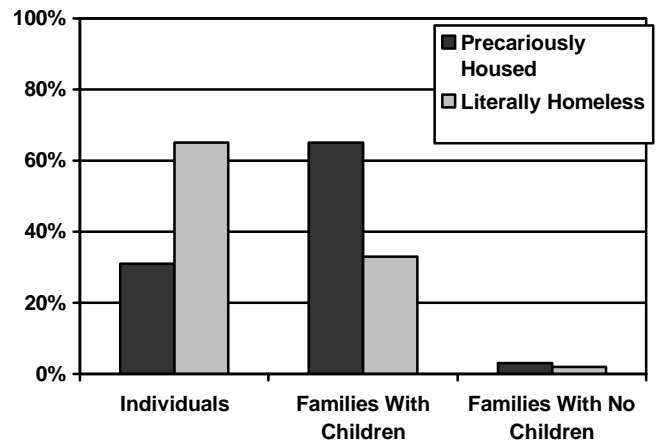
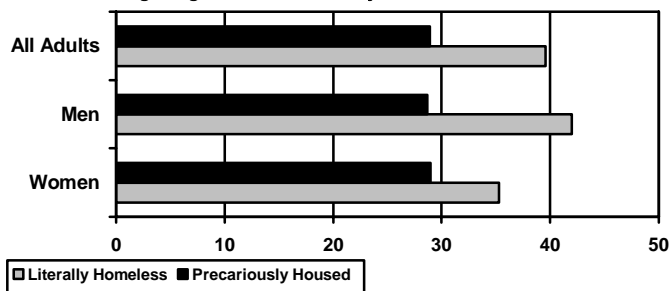


Figure 7

Average Age of Precariously Housed Adults



Compared to the literally homeless, the precariously housed population was much younger (28.9 years vs. 39.6 years). This was especially pronounced among men (28.7 years vs. 42.0 years), though it was also present among women (29.0 years vs. 35.3 years). Over one-fourth (30% vs. 8%) of the precariously housed households were headed by someone 21 or younger. (Figure 7)

Only 15% of the precariously housed households were headed by someone with less than a high school education; a majority (63%) had at least a high school diploma or GED. One in four (23%) of the households were headed by someone who had attended college, including 7% who were college graduates. (The education level of 22% of the individuals was not known.)

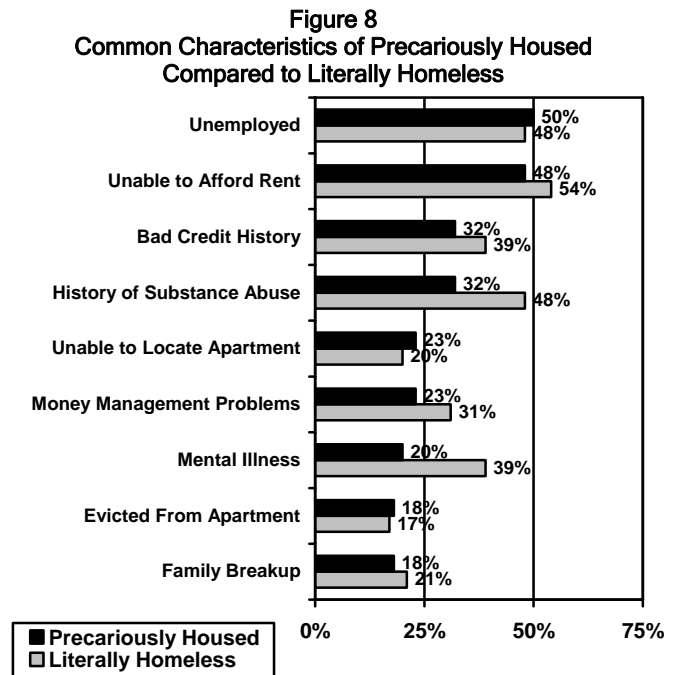
Compared to the literally homeless, the precariously housed were less likely to have a job (24% vs. 40%), but more likely to receive help from family or friends (46% vs. 20%).

Overall, while the precariously housed population's frequency of homelessness is comparable to that of the literally homeless, the length of their homeless episodes has been somewhat longer. Those who were doubled up or living in a motel were without a home for an average of 2.5 years (vs. 1.7 years) with a median of 0.7 years (vs. 0.5 years). Sixty-three percent (vs. 63%) have only been homeless once in the last three years, 15% (vs. 23%) have been homeless twice, 9% (vs. 7%) have been without a permanent home three times and 5% (vs. 5%) have been homeless four or more times.

Common Characteristics & Reasons for Homelessness

Like the literally homeless, the precariously housed population's most commonly shared characteristics were also the most common reasons for their homelessness: an inability to afford rent and unemployment. Half (50%) of the precariously housed population was unemployed and just as many (48%) were unable to afford rent. A history of substance abuse (32%) and bad credit (32%) were also common issues, as were money management problems (23%), being unable to find an apartment (23%), eviction (18%), and a family break-up (18%). Compared to the literally homeless, the precariously housed were less likely to have a mental illness (20% vs. 39%), medical problems (9% vs. 28%), moved in last six months (8% vs. 27%), a criminal record (15% vs. 32%), history of substance abuse (32% vs. 48%), be a parolee/ probationer (7% vs. 20%), or be underemployed (8% vs. 19%). (Figure 8)

The inability to afford rent (34%) and unemployment (33%) were the most common reasons for the precariously housed to not have a permanent home of their own. These reasons were also common among the literally homeless, though a history of substance abuse was also prevalent among the literally homeless and it was not as common among the precariously housed (17% vs. 31%).



Service Utilization

As has been seen in the past, the precariously housed population received fewer services than did the literally homeless. The services they utilized most commonly included: food stamps (36%), food/hot meals (25%), case management (23%), transportation (23%), clothing (22%), mental healthcare (18%), medication (18%), medical/dental (15%), housing planning (14%), and substance abuse services (13%). Of these, case management, clothing, food/hot meals, medical/dental, and substance abuse services were utilized more than twice as often by the literally homeless than they are by the precariously housed. Other services that were used significantly more often by the literally homeless included emergency shelter, life skills training, medication, mental health care, storage, transitional housing, and transportation. For services, such as emergency shelter and food/hot meals, we can assume this is due to assistance received from the people with whom they are staying. However, the disparity present for other services demands another explanation. Since the precariously housed weren't any more likely than the literally homeless to report a difficulty in accessing services, it would seem the precariously housed either don't know the services are available or they don't see their situation as serious enough to require outside assistance. (Table 2)

Table 2
Services Received in Past Month

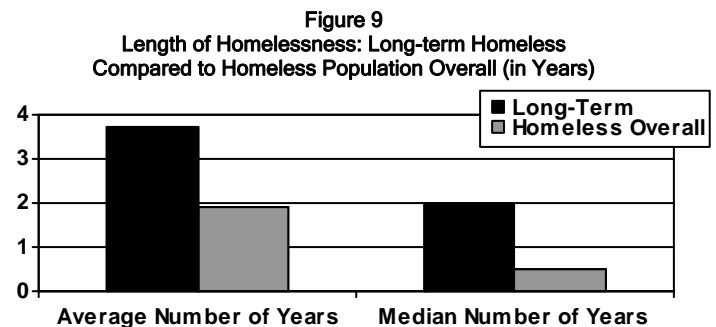
Service	Precariously Housed	Literally Homeless
Case management	23%	64%
Clothing	22%	52%
Emergency shelter	8%	43%
Food stamps	36%	30%
Food/hot meals	25%	69%
Life skills training	3%	22%
Medical/dental	15%	37%
Medication	18%	36%
Mental healthcare	18%	34%
Substance abuse services	13%	26%
Transitional housing	3%	43%
Transportation	23%	41%

LONG-TERM HOMELESSNESS

One in four (25%) homeless individuals in North Dakota were contending with long-term homelessness, which means they had a disabling condition and had either been homeless for at least a year or had been homeless four or more times in the past three years. Of the 277 individuals this definition applied to, 223 were adults, 42 were children, and no age was provided for 12.

Length of Homelessness

By definition, the primary difference between the long-term homeless and the overall homeless population is how long and how frequently they have been without a permanent residence. Among the long-term homeless, the average length of a homeless episode was 3.7 years, with a median of 2.0 years. The average episode overall lasted 1.9 years, with a median of 0.5 years. (Figure 9)



Such a difference did not exist in regard to how often the long-term homeless versus overall homeless population experienced homelessness in the past three years. Many (69% vs. 63%) had one episode, 15% had two episodes (vs. 22%), 3% had three episodes (vs. 7%), and 12% had four or more episodes (vs. 5%).

Demographic Differences

Compared to the overall homeless population, the long-term homeless were more likely to be male (70% vs. 58%), more likely to be staying in transitional housing (51% vs. 31%), and less likely to be accompanied by a family member (9% vs. 20%). The long-term homeless were also somewhat older on average (40.8 yrs vs. 37.0 yrs) than overall homeless. Sources of income for the long-term homeless were virtually identical to those of the overall homeless. (Table 3)

Table 3
Demographics of Long-Term Homeless

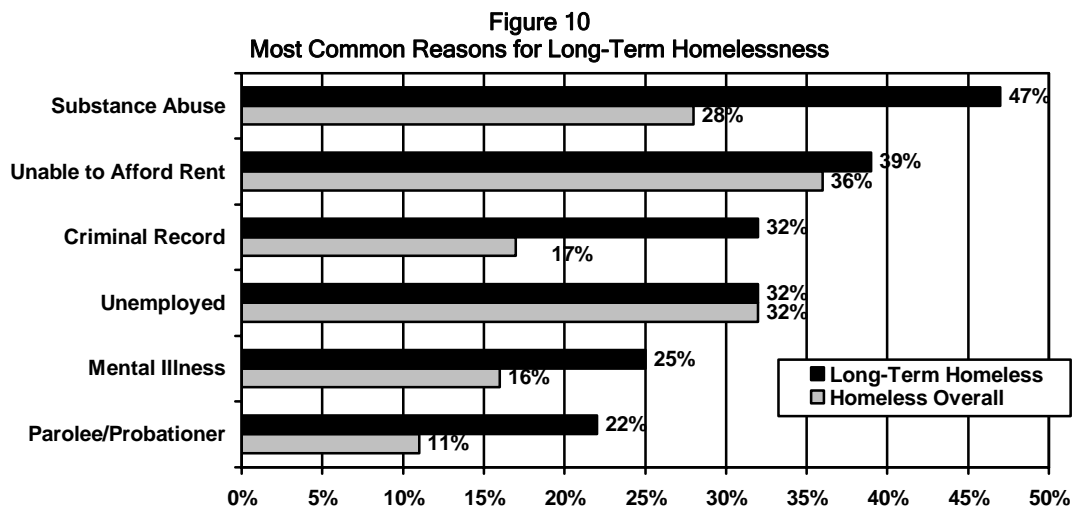
	Long-Term Homeless	Homeless Overall
Transitional housing	51%	31%
Doubled up/precariously housed	11%	22%
Emergency shelter	37%	45%
Unsheltered	1%	3%
Male	70%	58%
Female	30%	41%
Gender unknown	0%	1%
Unaccompanied adult	91%	80%
With family	9%	20%
White	57%	52%
American Indian/Alaskan Native	31%	33%
Other/Missing	12%	16%
High school diploma or less	66%	60%
Post secondary	26%	27%
Missing	7%	13%
Average age of adults	40.8 yrs	37.0 yrs

Common Characteristics

In order to be classified as long-term homeless, an individual must be affected by one of the following disabilities: a history of substance abuse (70% vs. 45% overall), mental illness (49% vs. 35%), medical problems (40% vs. 24%), developmental disability (9% vs. 6%), or HIV/AIDS (0% vs. 0%). Due to this requirement, the prevalence of these characteristics tended to be much greater among the long-term homeless than the homeless overall. Money management problems (42% vs. 29%), criminal records (47% vs. 29%) and being a parolee/probationer (30% vs. 17%) were also more common within the long-term homeless population.

Reasons for Long-Term Homelessness

Similar to the overall homeless population, the long-term homeless most frequently attributed their situation to substance abuse (47% vs. 28% overall), an inability to afford rent (39% vs. 36%), and/or unemployment (32% vs. 32%), though substance abuse was more of an issue among the long-term homeless. The long-term homeless were also more likely than the overall homeless population to cite having a criminal record (32% vs. 17%), mental illness (25% vs. 16%) and being a parolee/probationer (22% vs. 11%) as causes of their homelessness. (Figure 10)

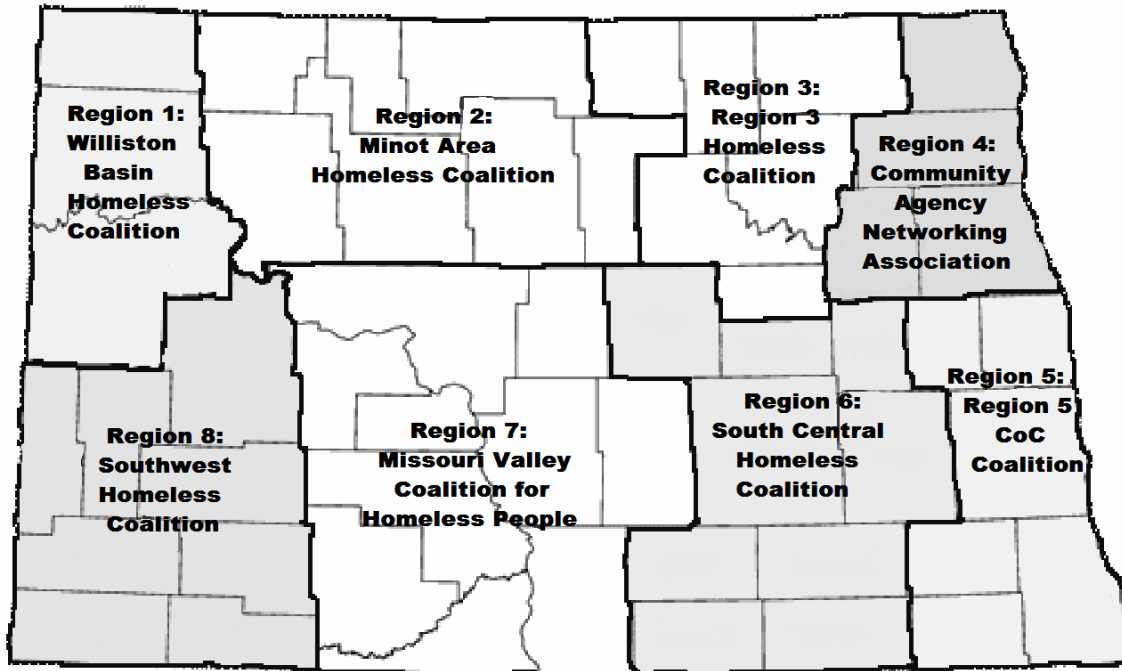


Utilization of Services

Compared to the general homeless population, the long-term homeless were more likely to have received case management (76% vs. 55%), clothing (58% vs. 45%), food/hot meals (80% vs. 60%), life skills training (33% vs. 18%), medical/dental services (41% vs. 32%), medication (45% vs. 32%), mental health care (39% vs. 30%), substance abuse services (36% vs. 23%), transitional housing (52% vs. 34%) and transportation (48% vs. 37%). There are no significant differences between the long-term homeless and the general homeless population in regard to difficulty accessing services, or services considered most beneficial in obtaining housing.

REGIONAL DIFFERENCES

North Dakota is divided into eight planning regions, as illustrated in the map below. Differences between the homeless populations of each region are noted in this section. Unless otherwise noted, findings in this section pertain to the overall homeless.



The number of homeless individuals and households in each of the eight regions are as follows:

Table 4
Homeless in North Dakota by Region

	Adults	Children	Total Individuals	Total Households	Literally Homeless	Long-Term Homeless
Region 1	6	5	19*	13	14	3
Region 2	35	22	59*	37	54	6
Region 3	101	33	138*	96	22	16
Region 4	73	34	111*	75	85	18
Region 5	280	60	347*	284	327	111
Region 6	39	1	47*	46	45	18
Region 7	230	142	378*	209	225	100
Region 8	23	3	27*	19	27	5
Total - ND	787	300	987*	779	799	277

*Age is missing for 39 individuals: 8 from Region 1, 2 from Region 2, 4 from Region 3, 4 from Region 4, 7 from Region 5, 7 from Region 6, 6 from Region 7, 1 from Region 8.

Precariously Housed Population

Regions 3 and 7 had more of an issue with precariously housed individuals than did the rest of the state. Not only did they have a higher than average proportion of precariously housed individuals, they also had a much higher than average number of precariously housed individuals. Nearly half (47%) of the survey respondents who were precariously housed lived in Region 7 and one-third (35%) lived in Region 3, where precariously housed individuals made up 84% of the homeless population. The higher numbers of precariously housed individuals is presumably due in part to increased efforts to locate respondents. Within Region 7, the higher numbers may also be attributed to the larger numbers of homeless in Bismarck. In Region 3, the large number of precariously housed individuals seems to be caused by a lack of easily accessible emergency and transitional shelters. (Figures 11 and 12)

Figure 11
Proportion of Precariously Housed to Homeless Population Overall by Region

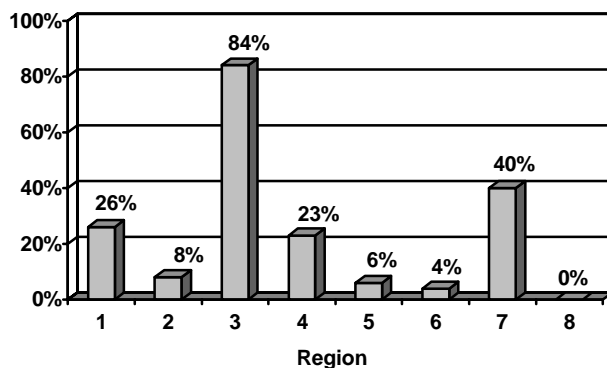
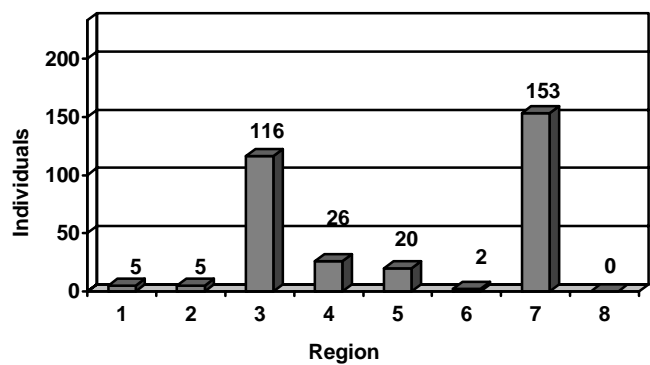


Figure 12
Count of Precariously Housed Homeless by Region



Long-Term Homelessness

Long-term homelessness was most prevalent in Regions 5, 6 and 7. Region 6 had the largest proportion of long-term homeless in the state, meaning the homeless there were more apt to be considered long-term than were the homeless in other regions. The actual number of long-term homeless was highest in Regions 5 and 7, which included 40% and 36%, respectively, of the state's long-term homeless. The higher numbers are partially due to the large numbers of homeless in Fargo and Bismarck. (Figures 13 and 14)

Figure 13
Proportion of Long-Term Homeless to Overall Homeless Population by Region

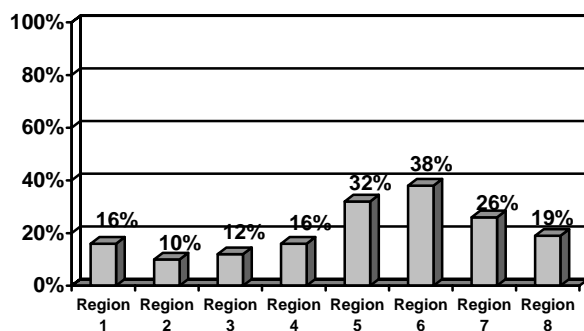
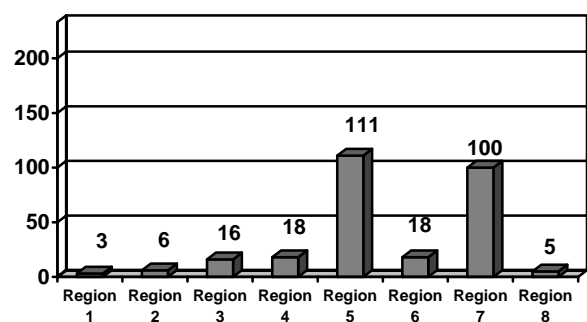


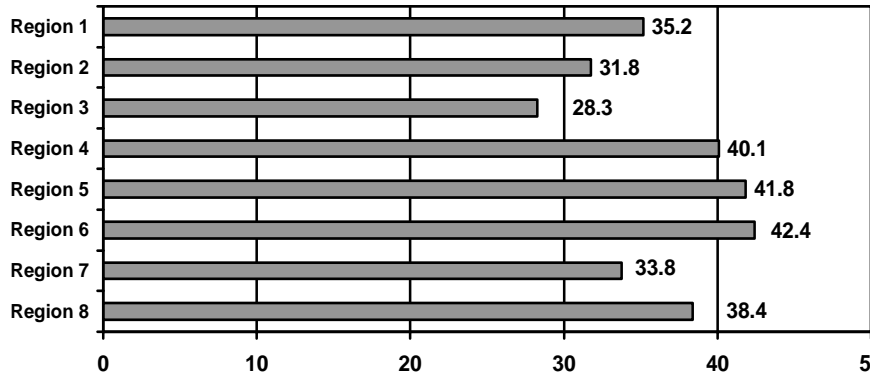
Figure 14
Count of Long-Term Homeless by Region



Demographics

With the exception of Regions 2 (37% men; 63% women) and 8 (43% men; 57% women), men outnumbered women in all of the regions, especially Region 5 (72% men; 28% women). Compared to other regions, the homeless in Regions 6 (77%) and 8 (81%) were more likely to be white, while those in Regions 3 (88%), 7 (35%), and 2 (32%) were more apt to be American Indian, most likely due to tribal land being located in and/or near these areas. The highest percentage of homeless individuals who are Black/African American was in Region 5 (16%). Compared to other regions, the homeless in Region 5 (27%) were more likely to be veterans.

Figure 15
Average Age of Homeless Adults by Region



While homeless individuals in Region 2 tended to be much younger, those living in Regions 4, 5, 6, and 8 were older on average. The homeless households in Regions 3 (34%) and 8 (21%) were more apt to be headed by someone 21 or younger than were the households in other regions. (Figure 15)

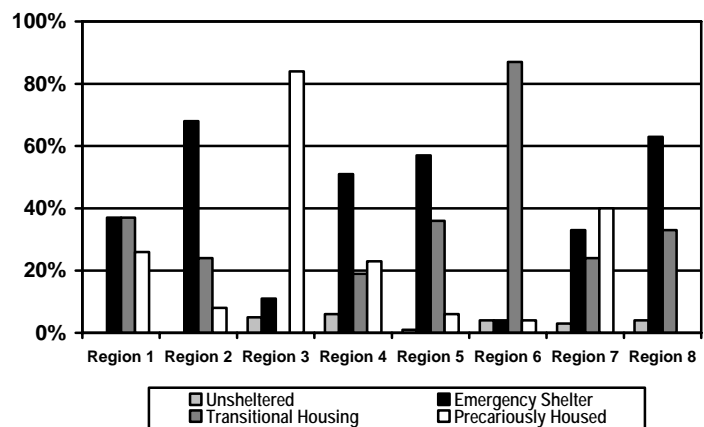
Region 2 (24%) had the highest percentage of homeless heads of household who did not have a high school diploma or GED. The homeless households in Region 5 (37%) were the most likely to be headed by someone who received at least some post-secondary education and those in Region 8 were the most likely to have a college degree. College attendance was least commonly reported by heads of household in Region 1 (0%), though this may be due to the fact that many (69%) didn't provide a response regarding their level of education.

Homeless households are least likely to consist of a family in Region 6 (2%). The proportion of homeless that are children is highest in Regions 7 (38%) and 2 (37%); it is lowest in Regions 6 (2%), 8 (11%) and 5 (17%). The likelihood of homeless households including children under 18 was highest in Region 7 (31%) and lowest in Region 6 (2%).

Emergency shelters are less frequently used by those in Regions 6 (4%) and 3 (11%). Transitional housing is most common among homeless individuals in Region 6 (87%) and least common in Region 3 (0%). Being doubled up occurs much more frequently in Region 3 (84%) than in any other region (Figure 16)

While the frequency of homelessness in Region 3 is lower than in other regions (80% were homeless for the first time, the duration of homelessness is much longer (average of 3.5 years; median of 1.0 years).

Figure 16
Where Slept Last Night by Region



Common Characteristics

Compared to those in other regions, the homeless individuals in Region 1 were more likely to be employed, unable to locate an apartment, suffered a family breakup, have a history of substance abuse or have been evicted. Those in Region 1 were less likely to have money management problems, have recently moved, be unable to afford rent, or be unemployed. Homeless individuals in Region 2 were less likely than others to be new to the community; they were more likely to be unable to locate an apartment, employed, suffered a family breakup, unable to afford rent, or a victim of domestic violence. Those living in Region 3 were less apt to have a mental illness, money management problems, an inability to afford rent or to be new to the community. Family breakups and domestic violence were more common in Region 4, while being unable to locate an apartment was less common. (Table 5)

Homeless individuals in Region 5 were more likely to a history of substance abuse, but less likely to have money management problems or be unable to locate an apartment. The homeless population in Region 6 was less likely to report they had bad credit, were unable to locate an apartment, suffered a family breakup, moved in the last 6 months, were unemployed or were unable to afford rent. Those in Region 6 were more likely to have money management problems, mental illness, a history of substance abuse, been discharged from a psychiatric hospital, or be employed. (Note that the North Dakota State Hospital is located in Region 6.) The homeless individuals in Region 7 were more apt than others to have a history of substance abuse, a criminal record, be a parolee/probationer, or have suffered a family breakup; they were less apt to be unemployed. Region 8's homeless population had a lower incidence of underemployment and inability to pay rent; they had a higher incidence of developmental disability, discharge from a psychiatric hospital, mental illness, domestic violence victims, being unable to locate an apartment, and being new to the community. (Table 5)

Table 5
Characteristics of the Homeless: Significant Differences Between Regions

	More Frequent		Less Frequent	
Bad credit history			Region 6 (9%)	
Can't locate an apartment	Region 1 (69%) Region 2 (51%)	Region 8 (42%)	Region 4 (12%) Region 5 (13%)	Region 6 (4%)
Criminal record	Region 7 (43%)			
Developmental disability	Region 8 (21%)			
Discharged from psychiatric hospital	Region 6 (80%)	Region 8 (21%)		
Employed	Region 1 (46%) Region 2 (30%)	Region 6 (33%)		
Evicted from apartment	Region 1 (31%)			
Family breakup	Region 1 (38%) Region 2 (35%)	Region 4 (27%) Region 7 (28%)	Region 6 (4%)	
History of substance abuse	Region 1 (54%) Region 5 (48%)	Region 6 (54%) Region 7 (55%)		
Mental illness	Region 6 (93%)	Region 8 (89%)	Region 3 (14%)	
Money management problems	Region 6 (67%)		Region 1 (15%) Region 3 (20%)	Region 5 (21%)
Moved in last 6 months	Region 8 (37%)		Region 1 (15%) Region 2 (16%)	Region 3 (7%) Region 6 (13%)
Parolee or probationer	Region 7 (30%)			
Unable to afford rent	Region 2 (81%)		Region 1 (38%) Region 3 (38%)	Region 6 (30%) Region 8 (37%)
Underemployed			Region 8 (0%)	
Unemployment			Region 1 (15%) Region 6 (30%)	Region 7 (39%)
Victim of domestic violence	Region 2 (32%) Region 4 (28%)	Region 8 (26%)		

Primary Reasons for Homelessness

Being unable to locate an apartment was the most common cause of homelessness in Region 1, while an inability to pay rent was the most common reason in Regions 2, 4, and 5. In Region 3, homelessness was most frequently due to unemployment and in Region 7 is most often due to either a criminal record or a history of substance abuse. Mental illness was the most common reason for homelessness in Regions 6 and 8. (Table 6)

Table 6
Reasons for Homelessness: Significant Differences Between Regions

	More Frequent	Less Frequent
Can't locate an apartment	Region 1 (31%) Region 2 (32%)	Region 4 (8%) Region 5 (8%) Region 6 (2%) Region 7 (11%)
Criminal record	Region 5 (19%)	Region 7 (33%)
Developmental disability	Region 8 (21%)	
Discharged from psychiatric hospital	Region 6 (30%)	
Evicted from apartment		Region 1 (0%) Region 6 (2%)
History of substance abuse	Region 5 (35%) Region 7 (33%)	Region 1 (0%)
Mental illness	Region 6 (74%) Region 8 (79%)	Region 1 (0%)
Moved in last 6 months	Region 8 (37%)	
Parolee or probationer	Region 7 (24%)	
Unable to afford rent	Region 2 (54%) Region 5 (43%)	Region 1 (15%) Region 6 (17%)
Unemployment	Region 9 (53%)	Region 1 (15%) Region 6 (4%)
Victim of domestic violence	Region 2 (27%) Region 4 (20%)	Region 8 (21%)

Sources of Income

In comparison to others, Region 6 was the most unique in terms of income sources. Region 5 did not significantly differ from other regions in regard to income sources. (Table 7)

Table 7
Sources of Income: Significant Differences Between Regions

	More Common	Less Common
Family or friends	Region 2 (35%) Region 3 (41%)	Region 7 (44%)
Food stamps	Region 4 (60%)	Region 6 (2%)
Job	Region 1 (69%)	Region 3 (13%) Region 8 (11%)
Medicaid	Region 2 (30%) Region 6 (43%)	Region 8 (37%)
Social Security	Region 1 (23%)	Region 6 (39%)
SSI	Region 6 (39%)	
SSDI	Region 6 (39%)	

Utilization of Services

While the homeless in Region 6 and Region 8 were the most likely to use services, those in Region 3 were the least likely to. (Table 8)

Table 8
Service Utilization: Significant Differences Between Regions

	Used More		Used Less	
Basic Needs:				
Emergency shelter	Region 2 (49%) Region 4 (59%)	Region 5 (45%) Region 8 (47%)	Region 3 (3%) Region 6 (2%)	
Food/hot meals	Region 6 (85%)		Region 1 (23%)	Region 3 (3%)
Clothing	Region 8 (68%)		Region 1 (8%) Region 3 (5%)	Region 6 (33%)
Case management	Region 6 (93%) Region 8 (95%)		Region 2 (41%) Region 3 (18%)	Region 4 (39%)
Healthcare Needs:				
Medical/dental	Region 6 (85%)		Region 1 (8%) Region 3 (13%)	Region 4 (17%) Region 7 (18%)
Mental healthcare	Region 6 (93%)	Region 8 (74%)	Region 3 (11%)	
Medication	Region 6 (83%) Region 8 (58%)		Region 3 (13%) Region 4 (21%)	Region 7 (23%)
Domestic violence services	Region 2 (32%)		Region 1 (0%) Region 3 (1%)	Region 5 (7%) Region 6 (2%)
Substance abuse services	Region 1 (54%)		Region 2 (8%) Region 4 (8%)	Region 8 (5%)
Stabilizing Needs:				
Child care	Region 2 (24%)			
Housing placement	Region 8 (47%)			
Life skills training	Region 6 (48%) Region 7 (32%)	Region 8 (63%)		
Job training/placement	Region 6 (41%)			
Storage			Region 1 (0%) Region 3 (0%)	Region 7 (5%) Region 8 (0%)
Transitional housing	Region 6 (89%) Region 8 (68%)		Region 2 (19%) Region 3 (6%)	Region 4 (16%)
Transportation	Region 6 (89%) Region 8 (74%)		Region 1 (8%)	Region 3 (14%)
Mainstream Resources:				
Food stamps	Region 2 (54%)	Region 4 (56%)	Region 6 (7%)	
SSDI	Region 1 (15%) Region 6 (48%)	Region 8 (21%)		
SSI	Region 6 (74%) Region 8 (21%)			

While the homeless in Regions 2, 7, and 8 were more likely to be waiting for permanent housing, it was less of an issue for those in Regions 1 and 6. Those in Region 8 (32%) were more likely than those in other regions to be waiting for job training/placement.

Difficulty in Accessing Services

The homeless in Region 3 were the most likely to report difficulty in accessing services, which is supported by the low service utilization rates in that region. Those in Region 3 were more likely than others to have trouble accessing clothing (23%), emergency shelter (29%), food stamps (21%), housing planning (21%), job training/placement (31%), relocation assistance (25%) and transitional housing (36%). The homeless in Region 2 were more likely than those in other regions to indicate it was difficult to get permanent housing (43%).