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In From the Cold

A Comprehensive 10-Year Plan to End Long-Term Homelessness in the
Bismarck-Mandan Area

January 2008 – December 2018

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Ten Year Plan to End Homelessness

Letter to our Community

December 2007

Dear Residents of Bismarck and Mandan:

Greetings on behalf of the Steering Committee and stakeholders who have developed a 10-year plan designed to abolish long-term homelessness in our community. The plan, which is entitled "In from the Cold," is a direct result of the leadership efforts of our mayors John Warford and Ken LaMont. Earlier this year, they established our Steering Committee, and put a planning process in place that has included over 40 community leaders.

The last seven months have been an incredible education for all of us. We have some of the most incredible individuals who have given so unselfishly of themselves to help those who are suffering from homelessness in our community. The plan we've developed offers a "no nonsense" solution. It is based on a philosophy of "housing first," whereby the focus is on providing permanent, supportive housing for the long-term homeless in the Bismarck-Mandan area. The plan calls for a redirection of our resources, our attitudes and our strengths. The completion of the plan is merely the beginning of our work. Now, we need to implement the strategies, goals and action steps.

We feel the united excitement and the strong will to end long-term homelessness in the Bismarck-Mandan area. Much of the credit belongs to our mayors and stakeholders for having the courage to make homelessness a priority. On behalf of the Steering Committee, we thank them for their vision and their efforts. It's time to roll our sleeves up and get to work on what will be one of the most demanding endeavors, yet rewarding accomplishments for our community.

Respectfully submitted,
Bismarck-Mandan Steering Committee to End Long-Term Homelessness

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University of Mary

Brenda Kriedeman
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Cities of Bismarck and Mandan

Title page:

Executive Summary

Executive Summary

In the Spring of 2007, the mayors of Bismarck and Mandan, John Warford and Ken LaMont, established a Steering Committee to develop a plan addressing the needs of people experiencing long-term homelessness in our community.

The planning process encompassed seven months, multiple meetings, and the active involvement of over 40 community leaders and volunteers. The plan which follows provides a road map for abolishing long-term homelessness in the Bismarck and Mandan area over a 10-year period (2008-2018).

Framing the Issue:

According to a point-in-time survey conducted on January 25, 2007, it is estimated that nearly 250 people are homeless on any given day in Region 7, an area including Bismarck-Mandan and other communities within about a 60-mile radius of the capital city. Of this number of homeless people, approximately 50 are considered to be long-term homeless on any given day in Region 7.

Based on these survey findings, it is estimated that upwards to twice as many individuals fit into the description of long-term homeless over the course of a year in Region 7. In other words, during calendar year 2007, approximately 100 individuals (representing 78 households) were considered to be long-term homeless. This annual need is projected to grow over a 10-year period to include an estimated 167 individuals (representing 130 households) by 2018.

This plan is designed to address the needs of the long-term homeless population in the Bismarck and Mandan area. Although the solutions put forth in this plan will ultimately benefit all homeless people in the area, the strategies are primarily designed to eliminate long-term homelessness in our community.

The following is the definition for long-term homeless as described by the North Dakota Interagency Council on Homelessness (ICH), and as adopted by the cities of Bismarck and Mandan:

Long-term homeless is defined as an individual or a family with a disabling condition who has been homeless continuously for at least one year or four or more times in the last three years.

The long-term homeless in our area represent about 20% of the total homeless population. Studies from across the nation have shown that the long-term homeless account for a disproportionate use of system resources. The often-cited cost-analysis conducted by Drs. Culhane and Kuhn on the New York City and the Philadelphia homeless systems showed that long-term homeless

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individuals represent a small percentage of the total homeless population, yet they use 50% of the total resources expended on homelessness.

Focusing our efforts on eliminating long-term homelessness makes the most effective use of our scarce system resources. Furthermore, it is unacceptable for a progressive community to turn away from the social injustice of long-term homelessness. Disability and poverty should not sentence someone to a life of long-term homelessness.

In order to abolish long-term homelessness in the Bismarck and Mandan area over a 10-year period, we will need to identify housing and service supports for 167 people, which equates to 130 households.

As stated previously, these numbers are based on data gathered in the 2007 North Dakota Point in Time survey. The estimates assume that no more than 10 percent of the current population will be added to the community's long-term homeless population each year.

The following table summarizes the demographic and disability characteristics of the population that is the focus of this plan.

Region 7 Estimate of “Long-term” Homeless Need

Source: 2007 Point in Time Survey (Long-term Homeless)

Type of Household	LONG-TERM HOMELESS Baseline*		Additions to LONG-TERM HOMELESS population after baseline		10 Year Total		
	People	HH	People	HH	People	HH	HH - % of Total
Individual – Adult	62	62	42	42	104	104	80%
Individual - Youth (<age 21)	2	2	0	0	2	2	2%
Families - with child <18	26	8	18	6	44	14	11%
Families - no children	10	6	7	4	17	10	8%
Total	100	78	67	52	167	130	100%

Our community will successfully end long-term homelessness assuming the program that is developed is attractive to and adopted by the long-term homeless population. This is not a situation where our community can mandate change. People must choose to go down a different path than any they've taken before.

Ten Year Plan to End Homelessness

The cities of Bismarck and Mandan will identify success by three measurements.

- 1) The number of long-term homeless individuals and families living in the Bismarck and Mandan area will decline and essentially be zero by 2018.
- 2) By 2018, unscheduled demand for crisis and institution-based services by individuals who could be classified as long-term homeless will decline by eighty (80) percent.
- 3) The community will also analyze data collected in the State's Homeless Management Information System (HMIS) to measure an individual's usage of the system (client-level outcomes). The intention is to quantify improvements in housing stability and personal income for the "long-term" homeless population who have moved in to permanent housing versus those who have not moved in to permanent housing.

* The current baseline represents a doubling of the number of long-term homeless people on any given day in the Bismarck and Mandan area as estimated by the 2007 point-in-time survey.

Identifying Needs, Gaps & Trends:

Understanding the needs, service gaps and trends relating to homelessness in the Bismarck and Mandan community is an important part of the problem solving process. The following facts and figures have been gleaned from the statewide point-in-time survey of homeless people conducted by the North Dakota Coalition for Homeless People (NDCHP) on January 25, 2007.

- Across the State, over 850 people are homeless on any given day. Region 7 represents 28% of the total homeless population, and an estimated 23% of the total long-term homeless population in the state of North Dakota.
- The percentage of long-term homeless in Region 7 with a history of substance abuse (82%) is nearly double the rate of the total homeless population (42%).
- The primary reasons for homelessness among the long-term homeless population include: substance abuse, poor money management, and inability to afford rent.
- When asked "where did you spend last night," one out of three (33%) of the long-term homeless in Region 7 stated they stayed in transitional housing. Twenty one percent (21%) reported staying in an emergency shelter, whereas 13% reported staying in a hotel and 13% reported staying outdoors.

Cities of Bismarck and Mandan

- When asked how long they have been homeless, the average for a long-term homeless person in Region 7 is one year, compared to a state average of 2 years. Additionally, more than half (56%) of the long-term homeless in Region 7 have been homeless four or more times in the last three (3) years.
- When asked to identify their sources of income, the most frequent response (56%) among long-term homeless in Region 7 was “from a job.” The second highest response related to family/friends (21%). Food stamps (13%) and other government assistance programs represented the remaining responses (18%).
- Culturally sensitive outreach is important considering that a high percentage of the region’s long-term homeless are from minority racial groups (52%).
- Over half (51%) of the long-term homeless in Region 7 indicated that they have a criminal record. An additional 15% stated that they had been discharged from a psychiatric hospital in the past.
- An estimated 1 in 10 people in poverty (10%) are likely to experience homelessness each year. This represents over 1,350 people in Region 7.
- An average homeless person in Region 7 makes \$200 per month. As a result, they are not able to afford an efficiency unit or one bedroom apartment which typically costs approximately \$400 per month.

Strategies & Benchmarks:

Like many other cities across the nation, Bismarck and Mandan have adopted the “Housing First” model for addressing long-term homelessness in our community. This model has proven to be the most effective and efficient way to help long-term homeless individuals get off the streets and into housing.

The “Housing First” approach is simple – provide permanent supportive housing for the long-term homeless. Over a 10-year period, this will mean creating 130 additional permanent, supportive housing units to address the needs of the homeless in our community.

For the most part, homelessness in the Bismarck and Mandan area is an invisible problem. Most residents of the community would be shocked to learn that upwards to 250 people are homeless in our region on any given day, of which over one third (34%) of our homeless population is under the age of 18.

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An estimated twenty percent of these people are considered long-term homeless, meaning they have a disabling condition, and have been continuously homeless for at least one year or four or more times in the last three years.

The various causes that inhibit a community such as ours from effectively responding to the needs of the long-term homeless include:

- Shortage of short-term, interim housing
- Shortage of supportive, permanent housing
- Inadequate service capacity
- Inadequate resources for discharge planning from public systems
- Difficulty in accessing mainstream community resources
- Fragmented systems of care
- Investment in stop-gap measures rather than permanent solutions
- Difficulties in engaging the long-term homeless population in the solution

Solving the problem of long-term homelessness in Bismarck and Mandan will require an ongoing, collaborative effort by the entire community. The 10-year plan to end long-term homelessness will require changing the way our community views and responds to homeless individuals and families.

The primary goal of the plan will be to connect a homeless person to permanent housing at the point of first contact, or as soon as possible thereafter. Services will be coordinated between the housing provider and the service provider who is working with the tenant.

Throughout the planning process, the Steering Committee and stakeholders focused on three strategic areas of emphasis: Housing, Supportive Services and Prevention.

Through a series of four (4) community planning meetings, the participants discussed the pertinent issues and identified goals relating to each of the following strategic areas of emphasis:

- 1) Housing
- 2) Services
- 3) Prevention

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Strategic Areas of Emphasis:

1. Housing Matters:

- Increase the availability of permanent supportive housing units.
- Improve the ability to pay for housing among the area's long-term homeless population.

2. Service Matters:

- Enhance the quality and delivery of supportive services.
- Enhance collaboration and coordination among area service providers and other stakeholders to improve the overall delivery of services.

3. Prevention Matters:

- Enhance the availability of prevention services.
- Conduct education, market research and advocacy efforts.

Benchmarks:

Participants in the planning process were also asked to identify benchmarks that could be used to measure results and track progress. Here is a sampling of the benchmarks:

- Develop a minimum of 13 permanent supportive housing units on an annual basis.
- Seek and secure a “start up” fund to implement the plan.
- At least 90% of providers will utilize the HMIS system within the first year.
- Establish a committee within the 1st year to create a single point of entry.
- In 10 years, the cost to support the long-term homeless will be equal to or less than that of short-term homelessness.

Ten Year Plan to End Homelessness

Implementation & Action Plans:

In order to successfully implement the strategic plan to end long-term homelessness in the Bismarck-Mandan community, an operational and financial infrastructure will need to be established. The infrastructure will include a process for approving the plan, leading the efforts, coordinating task forces, securing funding and measuring outcomes.

Infrastructure Development:

1. Secure input and approval of the 10-year plan.
 - Seek input from the stakeholder group.
 - Seek input from consumers who have experienced long-term homelessness.
 - Secure a resolution by the cities of Bismarck and Mandan to adopt the 10-year plan as recommended, and appoint a steering committee to monitor and report progress.
2. Designate an entity to assume the lead role in implementing the 10-year plan.
 - Establish a steering committee to lead the efforts.
 - Hire staff and/or a consultant to organize the efforts.
 - Establish task forces to implement the action plans.
3. Secure funding to support the 10-year plan.
 - Seek funding from federal, state, county and city sources.
 - Work with United Way to establish a community fund to support the core operations of the 10-year plan.
 - Seek funding through various sources (e.g. local agencies, Medicaid Infrastructure Grant (MIG) and Comprehensive Employment Systems (CES), the Bremer Foundation, Fannie Mae, major corporations, areas businesses, etc.).
 - Create a charitable program whereby individuals and organizations (e.g. faith-based communities, area businesses and others) can sponsor an individual or family who is homeless and in need of permanent housing assistance.

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Step 4: Collect and report data relating to long-term homelessness in the Bismarck and Mandan area.

- Monitor data gathered from the point-in-time survey conducted each year by the North Dakota Coalition for Homeless People (NDCHP).
- Encourage participation and support of the State's new HMIS software relative to tracking client outcomes.

Action Plans:

The last phase of the community-based planning process involved the development of action plans for each of the three key areas of strategic emphasis: Housing (availability and financial matters), Services (quality and collaboration matters), and Prevention (availability and outreach matters).

The action plans include a listing of the 36 goals to be accomplished as part of the 10-year plan. Each goal is further described based on the following criteria:

- The current status of the goal
- Proposed actions to be accomplished
- Organizations that should be involved in advancing each goal

The action plans are designed to assist the Steering Committee and stakeholders with implementing of the plan in the first 2-3 years of operation. The action plans will require establishing various task forces to advance the initiatives and report progress on an ongoing basis.

Conclusion:

Ending long-term homelessness in 10 years will require tremendous effort, cooperation and commitment of resources. To achieve our goal, we will need to improve relationships and partnerships among governmental agencies, service providers, shelters, faith communities and other organizations by leveraging available funding for permanent supportive housing and by taking steps to address each household's systemic needs as they are ready to address them.

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The Planning Process

Community Meetings

The cities of Bismarck and Mandan initiated a planning process in the Spring of 2007 to address the needs associated with long-term homelessness. The process included:

- Establishing of a Steering Committee
- Identifying and involving stakeholders
- Conducting a series of community planning meetings
- Hiring a consulting firm to coordinate the meetings and write the plan

Four (4) community meetings were held as a means of framing the issue, identifying the need and developing strategies to address the problem.

Planning Meeting #1:	Framing the Issue Held Thursday, July 21, 2007
Planning Meeting #2:	Identifying Gaps, Issues & Trends Held Thursday, August 16, 2007
Planning Meeting #3:	Determining Strategies & Benchmarks Held Thursday, October 25, 2007
Planning Meeting #4:	Finalizing & Implementing the Plan Held Thursday, November 28, 2007

The first two meetings were coordinated and facilitated by the Consensus Council. The final two meetings were coordinated and facilitated by Agency MABU. Agency MABU also worked with the Steering Committee to write the 10-year strategic plan.

Steering Committee

The Steering Committee met on a regular basis to guide the development of the plan. Implementation and progress reporting will be coordinated in conjunction with the cities of Bismarck and Mandan, along with the various organizations represented by the Steering Committee members and other stakeholders.

Nancy Kleingartner Steering Committee, Chair University of Mary	Tom Regan Missouri Slope Areawide United Way	Brenda Kriedeman Salvation Army/ Welcome House
Gary Heaton Aid Inc.	Mark Heinert Youthworks	Sue Redman City of Bismarck
Mike Zainhofsky Burleigh Co. Housing Authority	Susan Martin Ruth Meier's Hospitality House	Sheri Baker United Tribes Technical College

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Stakeholders

Over 40 community leaders, volunteers and other prominent stakeholders were invited to participate in the community planning process. Stakeholders included:

<p>Keith Witt Bismarck City Police Dept.</p> <p>Steve Saunders Robin Werre Bis/Man Transit</p> <p>Mark Landis Burleigh County Veterans Services</p> <p>Royce Schultze Dakota Center for Independent Living</p> <p>Shari Doe Burleigh County Social Services</p> <p>Carrol (Meyers) Dobler Medcenter One Foundation</p> <p>Kelly Leben Burleigh County Sheriff's Department</p> <p>Mona Hurt Bis-Man Apartment Assoc.</p> <p>Dennis Bullinger Mandan Police Dept.</p> <p>Vonnie Ereth Burleigh County Public Health</p> <p>Brandi Powell KFYR-TV</p> <p>Heidi Pratt West Central Human Service Center</p>	<p>Ron Otto Morton County Veterans Services</p> <p>Patty McKenzie Doreen Eichele Dacotah Foundation</p> <p>Brenda Christensen Andrea Werner Community Action Program</p> <p>Suzy Shook Aladdin Realty</p> <p>Joyce McDowall Diocese of Bismarck</p> <p>Diane Zainhofsky Abused Adult Resource Center</p> <p>Dan Sweeney Bismarck Police/Fire Chaplain</p> <p>Bob Nordvall Bismarck Inter Faith</p> <p>Carrie Grosz Bismarck Public Schools</p> <p>Tony Spilde Bismarck Tribune</p> <p>Mary Magnusson North Dakota Coalition for Homeless People</p> <p>Tami Decoteau Bismarck Human Relations Committee</p> <p>Robyn Schmalenberger North Dakota Department of Corrections</p>	<p>Stacy Gieser/ Amy Nelson Fair Housing of the Dakotas</p> <p>Dr. Jeff Hostetter Susan Thompson UND Family Practice</p> <p>Susan Helgeland Mental Health Am. of ND</p> <p>Shannon Spotts Custer Health</p> <p>Ken Gerhardt Morton County Social Services</p> <p>Terry Kraft State Farm Insurance</p> <p>Sister Barb Weber St Alexius Medical Center</p> <p>Vince Gillette/Nate Beal Sioux County Social Services</p> <p>Peg Haug Job Service of North Dakota</p> <p>Tim Sauter/ Lynden Ring West Central Human Service Center</p> <p>Mayor Ken LaMont City of Mandan</p> <p>Mayor John Warford City of Bismarck</p> <p>Jane Martin ND Housing Finance Agency</p> <p>Kathleen Kelly Mandan Public Schools</p>
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Framing the Need

Long-term Homeless Defined

The following is the definition for long-term homeless as described by the North Dakota Interagency Council on Homelessness (ICH), and as adopted by the cities of Bismarck and Mandan:

Long-term homeless is defined as an individual or a family with a disabling condition who has been homeless continuously for at least one year or for 4 times or more in the last three years.

The North Dakota ICH definition includes individuals and families who are currently living “doubled up” with friends and family.

Federal efforts focus on ending “chronic,” not necessarily “long-term” homelessness. The distinction between the federal and locally adopted definition is subtle but important. For example, “chronic” homelessness excludes families - it deals with individuals only.

In Bismarck and Mandan, we do not believe it is appropriate to exclude a person with a disabling condition and an extended period of homelessness from service simply because they are not traveling alone. Furthermore, the locally adopted definition will not exclude someone from being considered “homeless” if they are living “doubled up” with friends or family at the time a survey is taken. This allowance is particularly important for families who, of necessity, are less likely to live on the street and more likely to “couch-surf” than someone who is traveling without children.

Both the federal and local definitions of long-term homelessness indicate a “disabling condition” as a required element. A disabling condition is defined as:

- Physical, mental or other health conditions that limit the kind or amount of work you can do or that limit your daily activities.
- Conditions that interfere with memory or daily decision making.

When analyzing local survey data, a disabling condition may include mental illness, substance abuse, developmental disability and chronic medical conditions.

Why End Long-Term Homelessness?

The system that serves homeless people is designed to help facilitate a transition from a state of acute housing crisis to more independent, stable living. The continuum of emergency shelter, transitional housing, and permanent housing is generally very effective and works for the majority of the homeless population. However, there is a portion of the homeless population that is extremely difficult to house.

This group, which locally represents about 20% of the local homeless population, is considered “long-term homeless.” Studies from across the nation have shown that the long-term homeless account for a disproportionate use of system resources. The often-cited cost-analysis conducted by Drs. Culhane and Kuhn on the New York City and Philadelphia homeless system showed that chronically homeless individuals (10% of their homeless population) used 50% of the total resources expended on homelessness.*

Using this evidence as a guide, the federal government in 2002, began asking communities across the country to make every effort to end chronic homelessness in their community. The cities of Mandan and Bismarck decided to take steps to end long-term homelessness here because:

- The traditional system that serves the homeless does not appear to be particularly successful for this group, as evidenced by their repeated and extended periods of homelessness.
- Scarce system resources are being disproportionately used by a relatively small portion of the population. National research shows that most of the homeless have significant physical and mental health problems which are often exacerbated by their homelessness; this population tends to use emergency medical care to treat the myriad of health issues that they are experiencing. **
- Bismarck and Mandan are home to nearly a fourth of the long-term homeless in the state of North Dakota and should, therefore, be integrally involved and contributing to statewide efforts to end homelessness.

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- It is unacceptable for a progressive community to turn away from the social injustice of long-term homelessness – disability and poverty should not sentence someone to a life of long-term homelessness.

* “Patterns and determinants of public shelter utilization among homeless adults in New York City and Philadelphia,” D. Culhane and R. Kuhn. *Journal of Policy Analysis and Management*, 1998, 17(1):23-43.

** *Blueprint for Change: Ending Chronic Homelessness for Persons with Serious Mental Illness and Co-occurring Substance Use Disorders*, (SAMHSA 2003), p. 14. As an example, “the University of California San Diego Medical Center followed fifteen chronically homeless inebriates and found that, over eighteen months, those fifteen people were treated at the hospital’s emergency room 417 times, and ran up bills that averaged a hundred thousand dollars each.” (From: “Million-Dollar Murray”, Malcolm Gladwell. *The New Yorker* (February 13, 2006).

The Overall Goal

In order to abolish long-term homelessness in the Bismarck and Mandan area by 2018, we will need to identify housing and service supports for 130 households. This number is based on data gathered in the 2007 North Dakota Point in Time survey, which was conducted by local agencies on January 25, 2007.

The actual point-in-time count was converted into an annual estimate using the methodology established by the Corporation for Supportive Housing in “Estimating the Need”. The goal assumes that no more than 10 percent of the current population will be added to the community’s long-term homeless population each year.

Region 7 Estimate of Need

Source: 2007 Point in Time Survey (Long-term Homeless)

Type of Household	LONG-TERM HOMELESSNESS Baseline *		Additions to LTH after baseline		10 Year Total		
	People	HH	People	HH	People	HH	HH - % of Total
Individual – Adult	62	62	42	42	104	104	80%
Individual - Youth (<age 21)	2	2	0	0	2	2	2%
Families - with child <18	26	8	18	6	44	14	11%
Families - no children	10	6	7	4	17	10	8%
Total	100	78	67	52	167	130	100%
Type of Disability							
Serious Mental Illness		30		21		51	39%
Chemical Dependency		64		45		109	84%
Dual Diagnosis (SMI/CD)		18		13		31	24%
Chronic Medical Condition		24		17		41	32%
Developmental Disability		12		8		20	15%
More than one disability		30		21		51	39%
Other Characteristics							
Status as Veteran		0		0		0	0%
Criminal Background		40		28		68	52%
Poor Rental History (eviction)		20		14		34	26%
Bad credit		32		22		54	42%
Discharged from Medical Facility (Hosp or Psych)		22		15		37	28%

* The current baseline represents a doubling of the number of long term homeless on any given day in the Bismarck and Mandan area as estimated by the 2007 point-in-time survey.

Ten Year Plan to End Homelessness

The data is further broken down to identify specific tenant profiles to help in better identifying the amount and types of resources needed.

Table/Graph #1: Profile of Respondent Characteristics

Profile of Potential Tenants

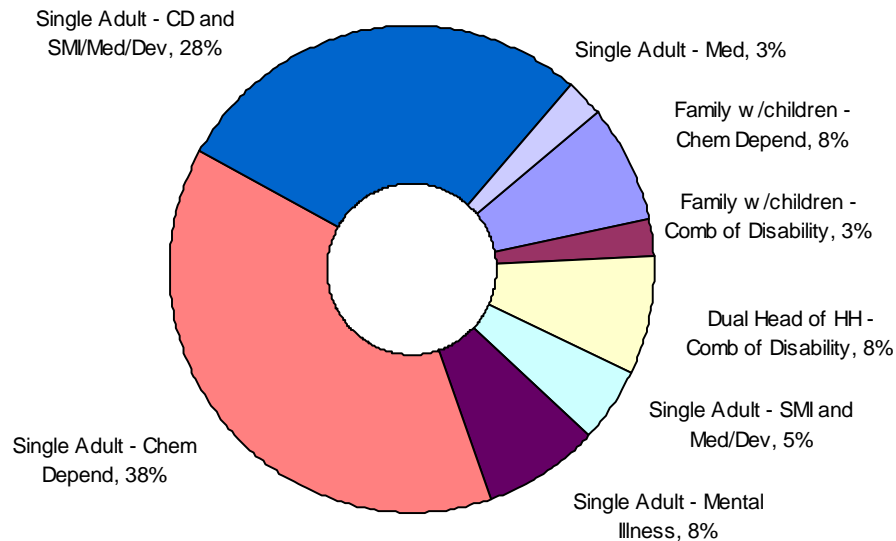
Household type and respondent characteristics (long-term homeless)

Tenant Profiles	2007 Region 7
Family w/children - Chemical Dependency	8%
Family w/children - Comb of Disability	3%
Dual Head of HH - Comb of Disability	8%
Single Adult - SMI <u>and</u> Med/Dev	5%
Single Adult – Mental Illness	8%
Single Adult - Chemical Dependency	38%
Single Adult - CD <u>and</u> SMI/Med/Dev	28%
Single Adult – Med	3%

100%

2/3 of potential LTH tenants are single adults with chemical dependency issues and 28% have at least one other disabling condition

Analysis of 2007 Point in Time survey, Region 7



Key to abbreviations:

CD = chemical dependency P = people
 SMI = serious mental illness HH = Households
 Dual Diagnosis = SMI & CD
 Background = criminal, rental history, or bad credit

Success Defined

Our community will successfully end long-term homelessness assuming the program that is developed is attractive to and adopted by the long-term homeless population. This isn't a situation where we can mandate change – people must choose to go down a different path than any that they have taken before.

The cities of Bismarck and Mandan will identify success by three measurements.

- 1) The number of long-term homeless individuals and families living in the Bismarck and Mandan area will decline and essentially be zero, by 2018.

2007 Baseline: 100 long-term homeless in Bismarck/Mandan

2013 Goal: 50 long-term homeless in Bismarck/Mandan

2018 Goal: 0 long-term homeless in Bismarck/Mandan

- 2) By 2018, unscheduled demand for crisis and institution-based services by individuals who could be classified as “long-term homeless” will decline by 80 percent. The “system” includes emergency shelter, hospital emergency rooms and psychiatric wards, county jail and State penitentiary, the State Hospital, and detox. Baseline statistics on the type of system level outcomes described above are not available as of the writing of this plan. Efforts to establish a baseline will begin with plan adoption and should be complete by 2009.
- 3) The community will also analyze data collected in the state HMIS system to measure an individual's usage of the system (client-level outcomes). The intention is to quantify improvements in housing stability and personal income for the long-term homeless population who have moved in to permanent housing versus those who have not moved in to permanent housing.

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Title page:

Needs, Gaps & Trends

Needs, Gaps & Trends

The North Dakota Coalition for Homeless People (NDCHP) conducted a statewide point-in-time survey of homeless people on January 25, 2007.

North Dakota is separated into eight (8) planning regions. The following analysis provides critical facts and figures relating to homelessness needs, gaps and trends for Region 7. The data for Region 7 includes information gathered from Burleigh, Emmons, Grant, Kidder, McLean, Mercer, Morton, Oliver, Sheridan and Sioux counties.

Statewide, surveys were submitted from 45 different agencies. In Region 7, nine agencies participated in the survey process.

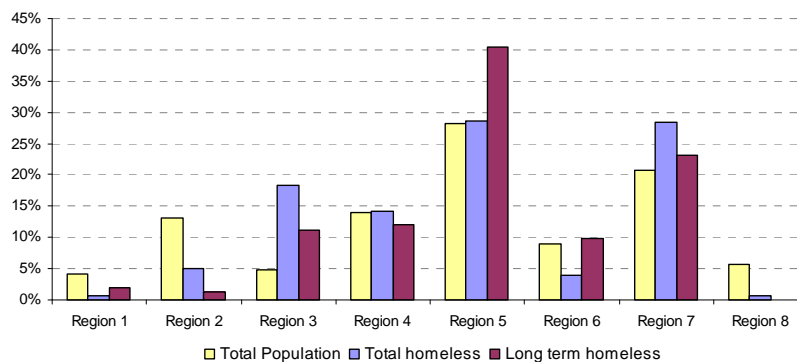
Distribution of homeless and population by regions in North Dakota

Source: 2007 Point in Time Survey (homelessness) and US Census (2005 population estimate)

Count	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Total
<i>Total Population</i>	27,025	83,277	30,363	89,009	180,076	57,504	132,680	36,743	636,677
<i>Total homeless</i>	6	44	159	124	249	35	247	5	869
<i>Long-term homeless</i>	4	3	24	26	87	21	50	-	215
Percent									
<i>Total Population</i>	4%	13%	5%	14%	28%	9%	21%	6%	
<i>Total homeless</i>	1%	5%	18%	14%	29%	4%	28%	1%	
<i>Long-term homeless</i>	2%	1%	11%	12%	40%	10%	23%	0%	

Region 7's homeless population is slightly higher than its proportion of the state population, with 21% of the population overall and 28% of the homeless

Population distribution by region, 2007 ND Point in Time survey, 2005 Census Population Estimate



Ten Year Plan to End Homelessness

Table/Graph #2: The Number of Homeless in Region 7

Nearly 250 people are homeless on any given night in Region 7, of which 34% of the total is represented by children under the age of 18.

Number of Homeless Sheltered/Unsheltered

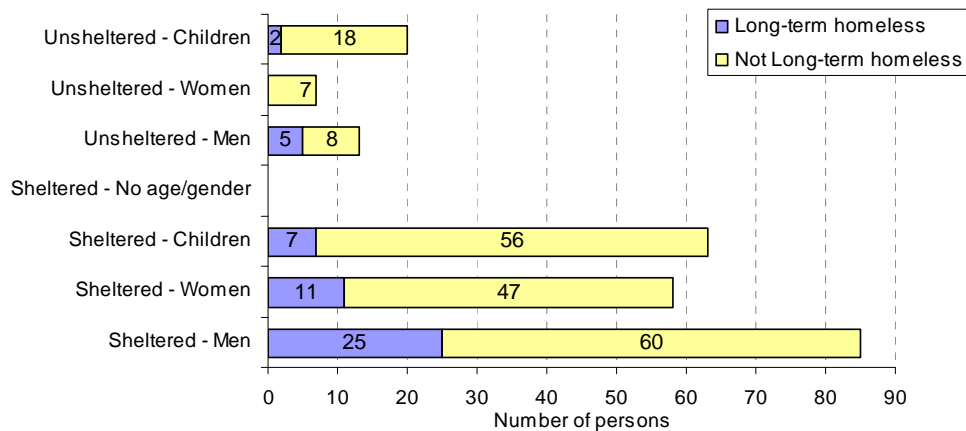
Question: "Where did you spend last night?", "What is the age/gender of those in your family?"

	2007		
	Region 7		
	Long-term homeless	Not Long-term homeless	Total
Sheltered - Men	25	60	85
Sheltered - Women	11	47	58
Sheltered - Children	7	56	63
Sheltered - No age/gender	0	0	0
Unsheltered - Men	5	8	13
Unsheltered - Women	0	7	7
Unsheltered - Children	2	18	20
Unsheltered - No age/gender	0	1	1
Total	50	197	247
	<i>Survey n=</i>	<i>50</i>	<i>197</i>
			<i>247</i>

The overwhelming majority (83%) are housed in sheltered facilities. The remainder (17%) reported having spent the night in an unsheltered location. While the percentage is relatively low, the ramifications are significant considering that the survey was conducted in the middle of winter on January 25, 2007.

Approximately 250 homeless people live in Region 7 on a given night

*Location and gender/age by status as long term homeless, 2007 ND
Point in Time survey*



Cities of Bismarck and Mandan

Table/Graph #3: The Number of “Long-term” Homeless in Region 7

Across the State, over 850 people are homeless on any given night. Region 7 represents 28% of the total homeless population, and an estimated 23% of the total “long-term” homeless population in North Dakota.

Homeless Population by Long-term Status

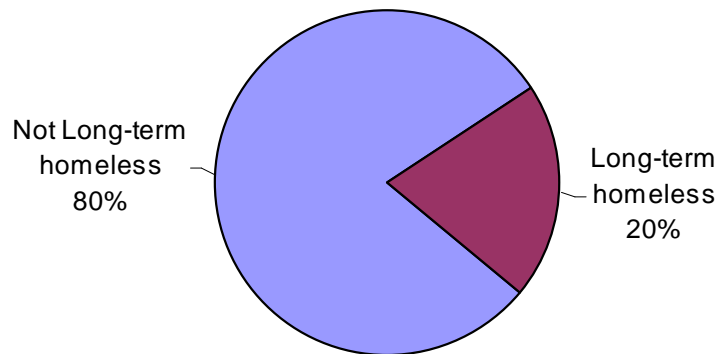
Questions: # times homeless in last 3 yrs, length of time homeless, characteristics indicating "disabling condition"

	2007	
	Region 7	ND
Not Long-term homeless	197	654
Long-term homeless	50	215
	247	869
Survey n=	247	869

Of the nearly 250 people who are homeless on any given night in Region 7, approximately 50 (1 in 5) are considered to be “long-term” homeless.

One in five homeless in Region 7 can be considered "long term homeless"

*Homeless population by chronic status, Region 7, 2007 ND
Point in Time survey*



Ten Year Plan to End Homelessness

Table/Graph #4: Housing Challenges

Housing challenges are generally more severe for the long-term homeless. For example, the percentage of long-term homeless in Region 7 with a history of substance abuse (82%) is nearly double the percentage of the total homeless population (42%).

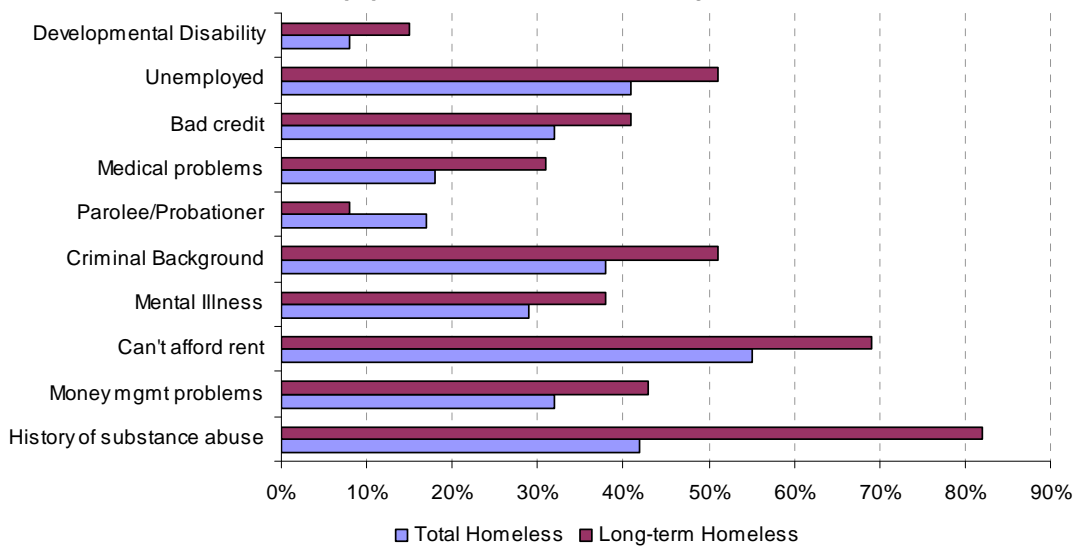
Characteristics of Homeless Population – Housing Challenges

Characteristics where respondent indicated "This affects me."

	2007			
	Region 7		North Dakota	
	Total Homeless	Long-term Homeless	Total Homeless	Long-term Homeless
History of substance abuse	42%	82%	45%	51%
Money mgmt problems	32%	43%	55%	62%
Can't afford rent	55%	69%	33%	44%
Mental Illness	29%	38%	32%	50%
Criminal Background	38%	51%	32%	39%
Parolee/Probationer	17%	8%	42%	73%
Medical problems	18%	31%	22%	41%
Bad credit	32%	41%	7%	13%
Unemployed	41%	51%	24%	32%
Developmental Disability	8%	15%	8%	5%
Survey n=	146	39	605	187

Housing challenges are generally more severe for the long term homeless - in Region 7 the number of long term homeless with a history of substance abuse is 40% higher than the total population

Characteristics of homeless pop, 2007 ND Point in Time survey



Cities of Bismarck and Mandan

Table/Graph #5: Reasons for Homelessness

The primary reasons for homelessness among the long-term homeless population include: substance abuse, money management, can't afford rent and unemployment.

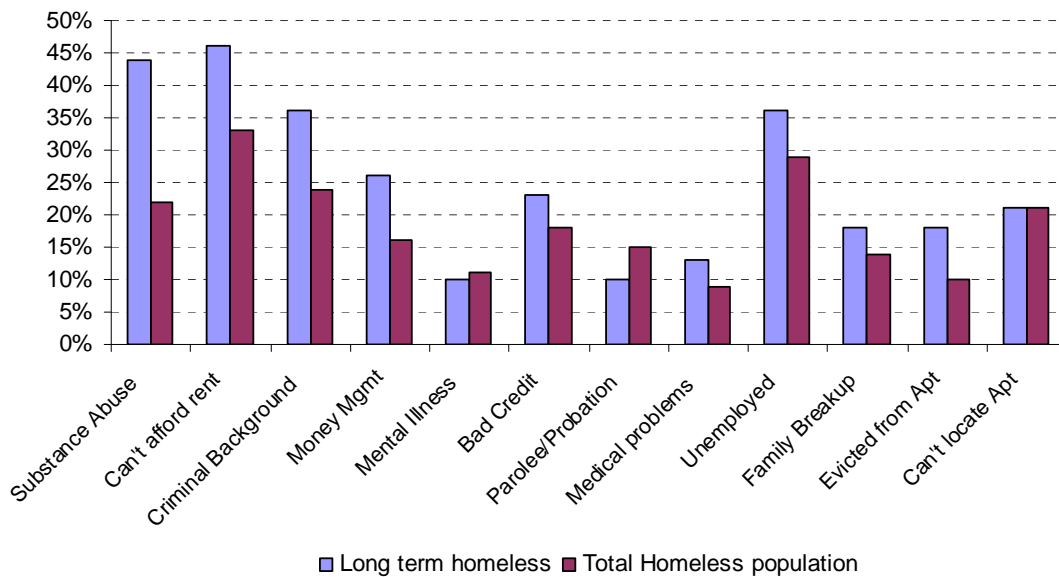
Reasons for Homelessness

Question: Characteristics where respondent indicated "Reason(s) for my homelessness"

	2007			
	Region 7		North Dakota	
	Long-term homeless	Total Homeless population	Long-term homeless	Total Homeless population
Substance Abuse	44%	22%	41%	32%
Can't afford rent	46%	33%	34%	30%
Criminal Background	36%	24%	13%	12%
Money Mgmt	26%	16%	43%	26%
Mental Illness	10%	11%	24%	17%
Bad Credit	23%	18%	25%	16%
Parolee/Probation	10%	15%	13%	12%
Medical problems	13%	9%	7%	6%
Unemployed	36%	29%	17%	12%
Family Breakup	18%	14%	5%	6%
Evicted from Apt	18%	10%	15%	15%
Can't locate Apt	21%	21%	9%	13%
Survey n=	39	146	187	605

More than 40% of long term homeless households identify substance abuse and/or being unable to afford rent as contributing to their homelessness

Response to "Reason for my Homelessness", 2007 ND Point in Time survey



Cities of Bismarck and Mandan

Table/Graph #7: Duration and Frequency of Homelessness

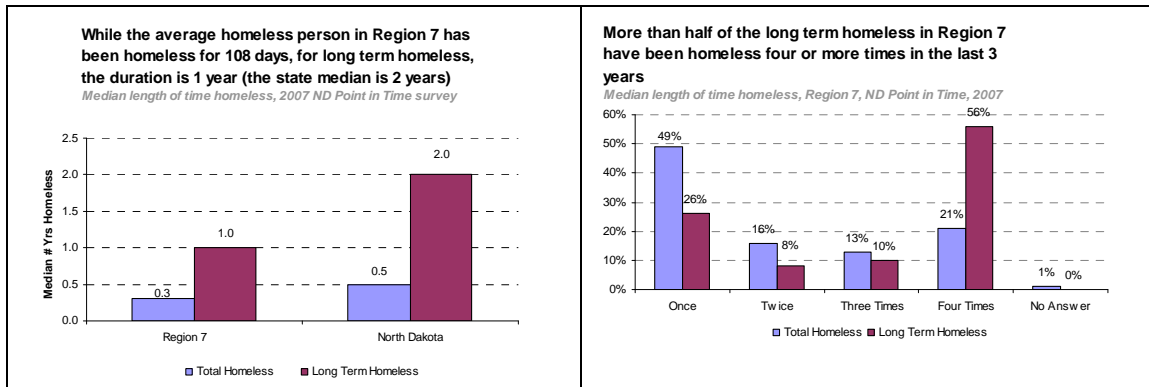
When asked how long they have been homeless, the average for a long-term homeless person in Region 7 is one year, compared to a state average of 2 years. Additionally, more than half (56%) of the long-term homeless in Region 7 have been homeless four or more times in the last 3 years.

Median length of time homeless

Question: "How long have you been homeless? (Years, Months, Days)"

	2007	
	Region 7	North Dakota
Total Homeless	0.3	0.5
Long-term Homeless	1.0	2.0

Frequency of Homelessness				
Question: "How many times have you been homeless in the last 3 yrs?"				
	2007			
	Region 7		North Dakota	
	Total Homeless	Long-term Homeless	Total Homeless	Long-term Homeless
Once	49%	26%	45%	36%
Twice	16%	8%	19%	10%
Three Times	13%	10%	10%	5%
Four Times	21%	56%	21%	48%
No Answer	1%	0%	4%	1%
Survey n=	146	39	605	187



Ten Year Plan to End Homelessness

Table/Graph #8: Source of Income

When asked to identify their sources of income, the most frequent response (56%) among long-term homeless in Region 7 was “from a job.” The second highest response related to family/friends (21%). Food stamps (13%) and other government assistance programs (e.g., Medicaid, SSI and TANF) represented the remaining responses (18%).

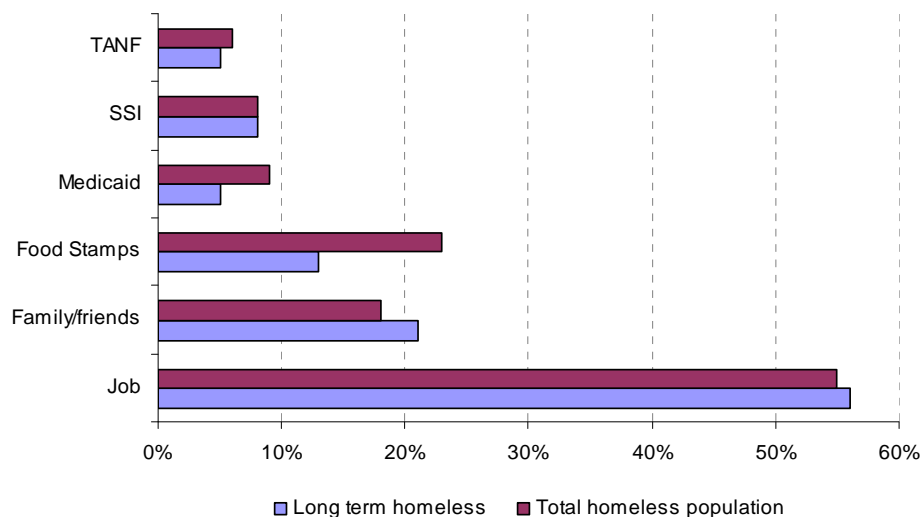
Source of Income

Question: Sources of Income

	2007			
	Region 7		North Dakota	
	Total homeless population	Long-term homeless	Total homeless population	Long-term homeless
Job	55%	56%	46%	43%
Family/friends	18%	21%	16%	16%
Food Stamps	23%	13%	23%	12%
Medicaid	9%	5%	7%	7%
SSI	8%	8%	8%	12%
TANF	6%	5%	7%	3%
Survey n=	146	39	605	187

Employment is the most common source of income for Region 7's long term homeless population

Source of income, 2007 ND Point in Time survey



Cities of Bismarck and Mandan

Table/Graph #9: Services Received in Last 30 Days

The long-term homeless population in Region 7 tends to access services at similar rates to the entire homeless population in the region.

Services Received in last 30 days

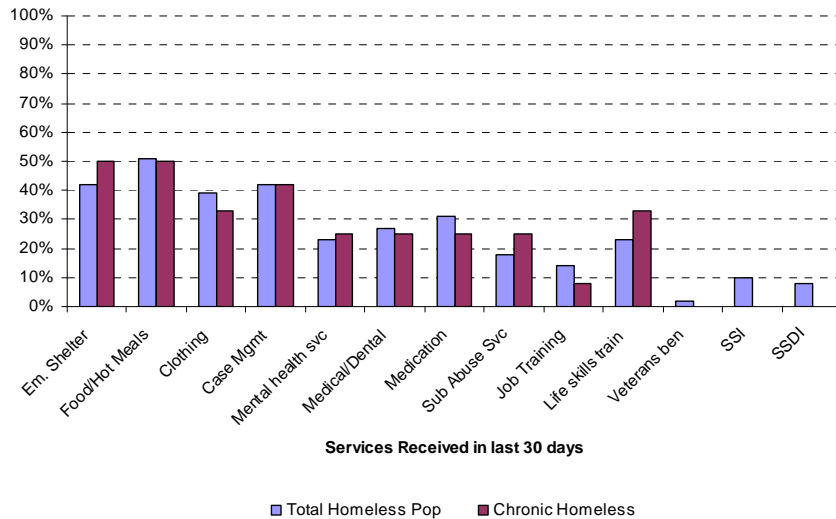
Question: "In the last month, which services have you received?"

	2007			
	Region 7		North Dakota	
	Total Homeless Pop	Long-term Homeless	Total Homeless Pop	Long-term Homeless
Emergency Shelter	42%	50%	49%	84%
Food/Hot Meals	51%	50%	55%	75%
Clothing	39%	33%	43%	69%
Case Mgmt	42%	42%	39%	34%
Mental health svc	23%	25%	27%	19%
Medical/Dental	27%	25%	23%	15%
Medication	31%	25%	29%	24%
Sub Abuse Svc	18%	25%	22%	36%
Job Training	14%	8%	16%	14%
Life skills train	23%	33%	13%	8%
Veterans ben	2%	0%	2%	4%
SSI	10%	0%	7%	5%
SSDI	8%	0%	4%	6%

Survey n= 146 12 605 80

Even though the chronic homeless access services at the same rate as the entire homeless population, they are less likely to achieve any sort of sustained housing stability.

Svc utilization for total/chronic homeless pop, Region 7, 2007 ND Point in Time



Ten Year Plan to End Homelessness

Table/Graph #10: Race and Ethnic Characteristics

Culturally sensitive outreach is important considering that a high percentage of the region's long-term homeless are from minority racial groups.

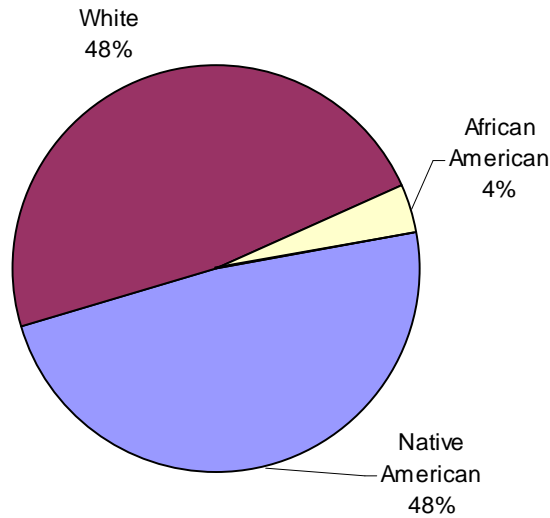
Composition of homeless population by race and chronic status

Question: Race of survey respondent/family members

	2007			
	Region 7		North Dakota	
	LTH	Total Pop	LTH	Total Pop
Native American	48%	45%	34%	42%
White	48%	52%	57%	49%
African American	4%	3%	4%	4%
Other	0%	0%	5%	5%
	100%	100%	100%	100%
Survey n=	39	146	187	605

Culturally sensitive outreach is important - 52% of the region's long term homeless are from minority racial groups

2007 ND Point in Time Survey, Region 7



Cities of Bismarck and Mandan

Table/Graph #11: Discharge from Institutional Settings

Over half (51%) of the long-term homeless in Region 7 indicated that they have a criminal record. An additional 15% stated that they had been discharged from a psychiatric hospital in the past.

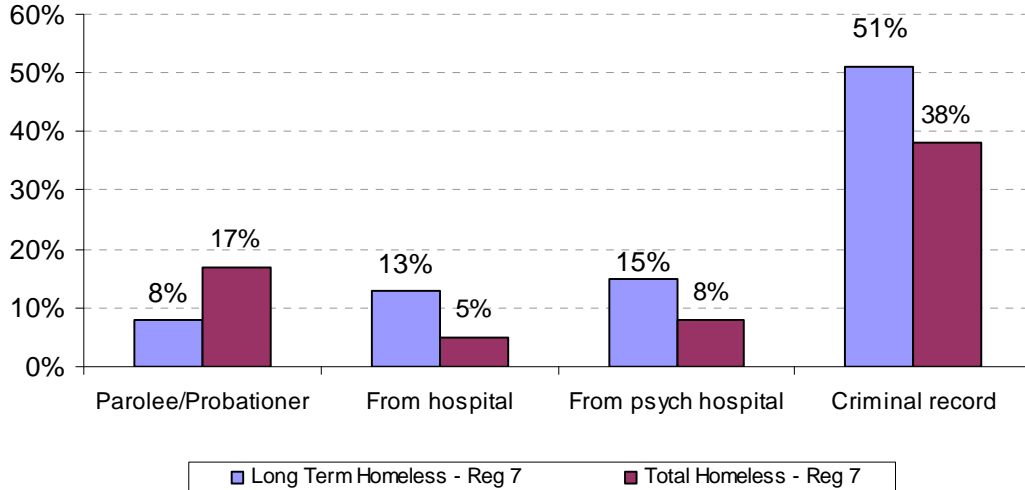
Incidence of Discharge from Institutional settings

Characteristics where respondent indicated "This affects me"

	2007			
	Region 7		North Dakota	
	LTH	Total Pop	LTH	Total Pop
Parolee/Probationer	8%	17%	5%	8%
From hospital	13%	5%	6%	5%
From psych hospital	15%	8%	14%	8%
Criminal record	51%	38%	32%	24%
Survey n=	39	146	187	605

Ex-offenders represent a significant discharge-related issue for Region 7

Characteristics of long term homeless population, Region 7, 2007 ND
Point in Time survey



Ten Year Plan to End Homelessness

Table/Graph #12: Poverty Status

An estimated 1 in 10 people in poverty (10%) are likely to experience homelessness each year. This represents over 1,350 people in Region 7 and over 7,300 people in the State.

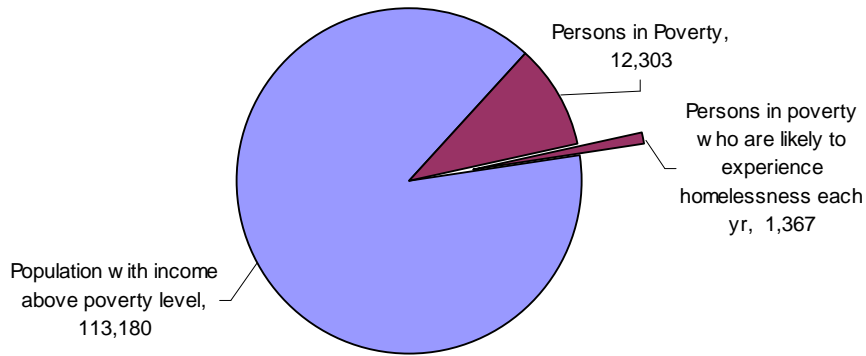
Poverty and likely incidence of homelessness: "Front Door" to Homelessness

Source: 2000 Census, P1 & P87 (population), Corporation for Supportive Housing (distribution)

	2000	
	Region 7	North Dakota
Population with income above poverty level	113,180	568,743
Persons in Poverty	12,303	66,111
Persons in poverty who are likely to experience homelessness each year	1,367	7,346

P82: Total persons in Poverty 13,670 73,457
P1: Total Population 126,850 642,200

Approximately 10% of people living in poverty will experience homelessness in any given year
2000 Census Poverty statistics, Region 7



Cities of Bismarck and Mandan

Table/Graph #13: Affordability Gap

An average homeless person who makes \$200 per month is not able to afford a typical efficiency unit or one bedroom apartment which costs approximately \$400 per month.

Affordability Gap

Source: 2007 HUD FMR (Burleigh and Morton County)

	2007		
	Affordable Rent by Income	Efficiency - FMR	1 Bedroom - FMR
SSI	\$0	\$412	\$431
Avg Homeless person	\$164	\$412	\$431
1 person at Poverty level	\$200	\$412	\$431
	\$337	\$412	\$431
	\$0	\$412	\$431

**Table formatted to facilitate graphing below

FMR: Fair Market Rents

Assumptions: "Affordable Rent by Income"

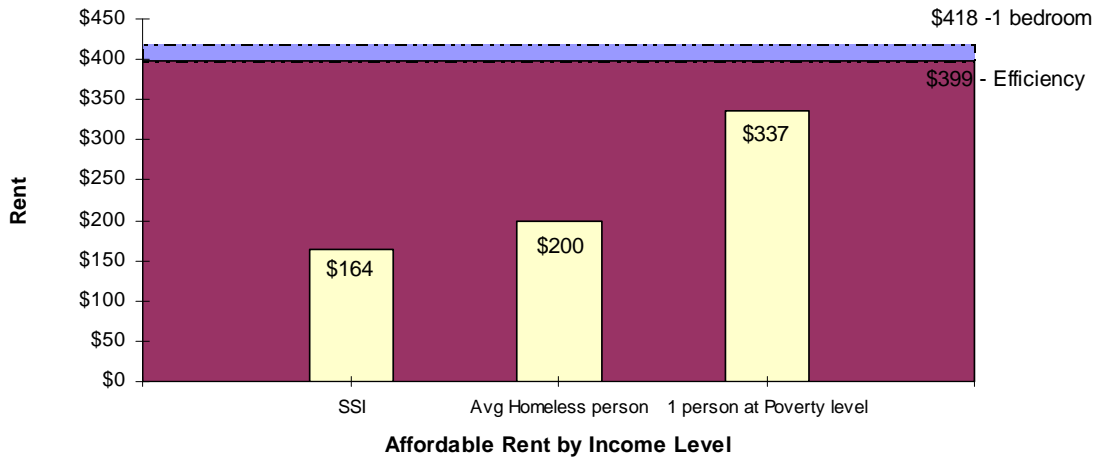
SSI Threshold - 30% of typical monthly payment in ND

Avg Homeless Person Threshold - Mean rent reported as "affordable" by homeless in Fargo Moorhead (2003)

1 Person at Poverty Level - 30% of monthly income for a 2 person household (1 adult, 1 child)

The gap between a homeless person's ability to pay & typical market rents puts most metro area housing units out of reach

Fair market rent & ability to pay, HUD 2006 FMR and 2003 FM Wilder Research survey



Ten Year Plan to End Homelessness

Title page:

Strategies & Benchmarks

The Approach

Like many other cities across the nation, Bismarck and Mandan have adopted the “Housing First” model for addressing long-term homelessness in our community. This model has proven to be the most cost effective and efficient way to help long-term homeless individuals get off the streets and into housing.

The “Housing First” approach is simple – provide permanent supportive housing for the long-term homeless. Over a 10-year period, this will mean creating 130 new, permanent housing units.

"Housing First" is a radical departure from the “continuum” model currently used in the Bismarck and Mandan area. Under the “continuum” model, homeless individuals try to find space in a shelter. The next step is often transitional housing before eventual placement in permanent housing. The focus has been on stabilizing the individual with a variety of services before securing permanent housing placement.

The "Housing First" model emphasizes immediate placement of the individual in permanent supportive housing, and then provides the services, on site, necessary to stabilize the individual and keep them housed. This model has been endorsed by the Federal U.S. Interagency Council on Homelessness (USICH), the National Alliance to End Homelessness (NAEH), and by most other cities that have written their long-term homelessness plans.

The “Housing First” model includes:

- A comprehensive prevention approach, helping those identified as at risk of losing their homes to stay in housing.
- Short term “interim housing” designed to move a homeless individual or family into permanent housing as soon as possible.
- An adequate supply of long-term housing to meet the needs of those who are homeless, as well as those at risk.
- A range of supportive services, including case management, mental health services, substance abuse services, employment and training, and child care for those with special needs.

The “continuum” model, while effective for some forms of homelessness, is not effective for addressing the unique needs of the long term homeless population. For example, the cost to provide emergency shelter is more expensive than the cost to provide permanent supportive housing. Since long-term homeless people utilize emergency shelter services on an ongoing and repeated basis, they are better served by permanent housing solutions, thus opening up emergency shelter beds for others with more temporary needs.

Problem & Causes

For the most part, homelessness in the Bismarck and Mandan area is an invisible problem. Most residents of the community would be shocked to learn that upwards to 250 people are homeless in our region on any given day, of which over one third (34%) of our homeless population is under the age of 18.

An estimated twenty percent of these people are considered “long-term” homeless, meaning they have a disabling condition, and have been continuously homeless for at least one year or for 4 or more times in the last three years.

Unfortunately, homeless people are often shunned, ignored or even ridiculed by society. The conventional wisdom suggests that someone who is in such a situation probably deserves to be homeless due to their poor choices in life. However, people become homeless for many numerous reasons and find it difficult, if not impossible, to escape the grip of this crisis without assistance from a caring community.

The various causes that inhibit a community such as ours from effectively responding to the needs of the long-term homeless include:

- Shortage of short-term, interim housing
- Shortage of supportive, permanent housing.
- Inadequate service capacity
- Inadequate resources for discharge planning from public systems
- Difficulty in accessing mainstream community resources
- Fragmented systems of care
- Investment in stop-gap measures rather than permanent solutions
- Difficulties in engaging the long-term homeless population in the solution

Solutions

Solving the problem of long-term homelessness in Bismarck and Mandan will require an ongoing, collaborative effort by the entire community. The 10-year plan to end long-term homelessness will require changing the way our community views and responds to homeless individuals and families.

The primary focus of the plan will be to connect a homeless person to permanent housing at the point of first contact, or as soon as possible thereafter. Services will be coordinated between the housing provider and the service provider who is working with the tenant.

Through a series of four (4) community planning meetings, the Steering Committee and stakeholders discussed the pertinent issues and identified goals relating to each of the following strategic areas:

Housing Matters (Availability):

Increase the availability of permanent supportive housing units.

Goal #1: Increase the availability of short term, interim housing units until such time as an adequate number of permanent supportive housing units are available.

Goal #2: Convert existing housing units into permanent supportive housing units.

Goal #3: Build new housing to be designated as permanent supportive housing units for people afflicted by long-term homelessness.

Goal #4: Establish a single-point-of-entry and 24/7 “drop in” center for anyone experiencing homelessness or at risk of being discharged into homelessness.

Goal #5: Establish eligibility criteria for placing an individual or a family into a supportive permanent housing unit.

Goal #6: Establish a HUD-based, “safe haven” housing option in the community.

Goal #7: Create a community crisis response plan to open public facilities (e.g. recreation centers, schools, churches, etc.) as overflow shelters in extreme weather conditions.

Ten Year Plan to End Homelessness

Housing Matters (Financial):

Improve the ability to pay for housing among the area's long-term homeless population.

Goal #8: Make rent subsidies and vouchers more available to long-term homeless individuals and families.

Goal #9: Provide targeted, employment placement for anyone receiving housing assistance through the long-term homeless plan.

Goal #10: Help long-term homelessness tenants gain and maintain eligibility for mainstream supports (e.g. SSI, SSDI, TANF, food stamps, Medicaid, Medicare, etc.)

Goal #11: Increase the availability of payee and financial management services to focus on maintenance of housing stability.

Goal #12: Advocate for the creation of a transitional jobs program for people experiencing homelessness in the Bismarck and Mandan area.

Goal #13: Establish a fund to provide start up resources to tenants participating in the long-term homelessness plan.

Goal #14: Support the creation of additional, affordable rental units that are at or below the fair market rents values as determined annually by HUD.

Goal #15: Advocate for changes that enable people in poverty to increase their personal income without immediately decreasing their public assistance benefits. (e.g., limit housing costs to a maximum of 30% of total income).

Service Matters (Quality):

Enhance the quality and delivery of supportive services.

Goal #16: Explore the feasibility of establishing a detoxification program and/or implementing a "harm reduction" model to address the needs of people suffering from substance abuse. The program could offer various levels of treatment (e.g., full, intermediate and emergency detoxification).

Goal #17: Develop a case management system to address the needs of anyone placed into a permanent supportive housing unit.

Goal #18: Provide supportive services to address the primary disabling conditions and housing challenges often associated with long-term homelessness.

Cities of Bismarck and Mandan

Goal #19: Develop and provide dedicated resources to house individuals discharged from psychiatric care institutions.

Goal #20: Establish innovative ways to support the unique needs of youth afflicted by long-term homelessness.

Goal #21: Work to provide affordable transportation services for members of long-term homeless households.

Service Matters (Collaboration):

Enhance collaboration and coordination among area service providers and other stakeholders to improve the overall delivery of services.

Goal #22: Support existing efforts to conduct an inventory of supportive services to identify current capacity, resources, gaps and unnecessary duplication of services relating to homelessness.

Goal #23: Educate the service providers and other stakeholders about the resources available to address long-term homelessness in the Bismarck and Mandan area.

Goal #24: Enhance networking and communication among service providers, area businesses, tribal entities and other stakeholders.

Goal #25: Enhance the coordination between West Central Human Services and the Veteran's Administration (VA) to provide enhanced service for veterans.

Prevention Matters (Availability):

Enhance the availability of prevention services.

Goal #26: Develop a landlord-tenant program.

Goal #27: Enhance the re-entry program that requires discharge planning from prisons and other public institutions to help individuals "at risk" of homelessness make the transition back into society.

Goal #28: Make services and resources more accessible and responsive to people who are at risk or currently experiencing long-term homelessness.

Goal #29: Connect health care providers with resources and work with them to develop protocols to prevent people from being discharged into homelessness.

Goal #30: Establish a coordinated team of trained outreach volunteers and/or staff to work with law enforcement officials to proactively move people off the streets and into housing.

Ten Year Plan to End Homelessness

Goal #31: Expand the use of pre-arrest diversion and post-booking diversion options to prevent unnecessary incarceration for people who are homeless, including community, mental health and/or drug courts to address non-violent offenses or serious mental illness.

Prevention Matters (Outreach):

Conduct education, market research and advocacy efforts.

Goal #32: Seek to enhance the public's awareness, understanding and support for abolishing long-term homelessness in our community.

Goal #33: Encourage and support efforts of the North Dakota Coalition for Homeless People to conduct a statewide annual conference on homelessness.

Goal #34: Support the statewide efforts of the North Dakota Coalition for Homeless People in developing a legislative agenda to address issues of homelessness.

Goal #35: Provide all publicly-funded agencies and housing providers with training relating to anti-discrimination laws and cultural sensitivity pertaining to the unique needs of homeless people and other vulnerable populations (e.g., minorities, veterans and people with disabilities, etc.).

Goal #36: Seek input and advice from people who have experienced and overcome homelessness in order to enhance the effectiveness of the efforts to abolish long-term homelessness.

BENCHMARKS

Participants in the planning process were asked to identify at least three benchmarks that could be used to measure results and track progress. Here is a summary of the benchmarks:

Housing Solutions

- Benchmark #1: Develop a minimum of 13 permanent supportive housing units on an annual basis for 10 years.
- Benchmark #2: Assess the current number of short term, interim housing units and determine the additional number of units needed to meet the current demand among long-term homeless people our in area.
- Benchmark #3: Seek and secure a “start up” fund to implement the plan.

Supportive Services Solutions

- Benchmark #4: At least 90% of providers will input data into the Homeless Management Information System (HMIS) within the first year of implementing the 10-year plan.
- Benchmark #5: Create a manual for integrated inter-agency collaboration within the first year of the plan.
- Benchmark #6: Increase the number of case managers to correlate with the annual increase in permanent supportive housing units. As a general benchmark, establish a maximum case load of 10-15 long term homeless people per case worker.

Prevention Solutions

- Benchmark #7: Establish a committee within the first year to create a single point of entry into the system. The service should ultimately be staffed by professionals (e.g. case workers, support staff and fund manager).
- Benchmark #8: In 10 years, the cost to support the long-term homeless will be equal to or less than that of short term homelessness.
- Benchmark #9: Assess perceptions relating to homelessness as a means of establishing a benchmark for future planning purposes.

Ten Year Plan to End Homelessness

Title page:

Implementation & Action Plans

Implementation & Action Plans

In order to successfully implement the strategic plan to end long-term homelessness in the Bismarck-Mandan community, an operational and financial infrastructure will need to be established. The infrastructure will include a process for approving the plan, leading the efforts, coordinating task forces, securing funding and measuring outcomes.

Infrastructure Development:

1. Secure input and approval of the 10-year plan.

- Seek input from the stakeholder group.
- Seek input from consumers who have experienced long-term homelessness.
- Secure a resolution by the cities of Bismarck and Mandan to adopt the 10-year plan as recommended, and appoint a steering committee to monitor and report progress.

2. Designate an entity to assume the lead role in implementing the 10-year plan.

- Establish a steering committee to lead the efforts.
- Hire staff and/or a consultant to organize the efforts.
- Establish task forces to implement the action plans.

3. Secure funding to support the 10-year plan.

- Seek funding from federal, state, county and city sources.
- Work with United Way to establish a community fund to support the core operations of the 10-year plan.
- Seek funding through various sources (e.g. local agencies, Medicaid Infrastructure Grant (MIG) and Comprehensive Employment Systems (CES), the Bremer Foundation, Fannie Mae, major corporations, area businesses, etc.).
- Create a charitable program whereby individuals and organizations (e.g. faith-based communities, area businesses and others) can sponsor an individual or family who is homeless and in need of permanent housing assistance.

Ten Year Plan to End Homelessness

Step 4: Collect and report data relating to long-term homelessness in the Bismarck and Mandan area.

- Monitor data gathered from the point-in-time survey conducted each year by the North Dakota Coalition for Homeless People (NDCHP).
- Encourage participation and support of the State's new HMIS software relative to tracking client outcomes.

Action Plans:

The last phase of the community-based planning process involved the development of action plans for each of the three key areas of strategic emphasis: Housing (availability and financial matters), Services (quality and collaboration matters), and Prevention (availability and outreach matters).

The action plans include a listing of the 36 goals to be accomplished as part of the 10-year plan. Each goal is further described based on the following criteria:

- The current status of the goal
- Proposed actions to be accomplished
- Organizations that should be involved in advancing each goal

The action plans are designed to assist the Steering Committee and stakeholders with implementation of the plan in the first 2-3 years of operation. The action plans will require establishing various task forces to advance the initiatives and report progress on an ongoing basis.

Housing Matters (Availability)

Increase the availability of permanent supportive housing units.

Goal	What Is The Current Status?	What Still Needs To Be Done?	Who Needs To Be Involved?
<p>#1: Increase the availability of short term, interim housing units until such time as an adequate number of permanent supportive housing units are available.</p> <p>This could include transitional housing and emergency shelter units.</p>	<ul style="list-style-type: none"> - There are not enough short term units currently available for families. - Existing units are available at Ruth Meier's (Welcome House), and through Burleigh County. - Pride also has transitional units for people with chemical dependency. - Burleigh County Housing is planning to offer a RFP to build a 27-bed unit in early 2008. The plan is to convert the facility to transitional housing. The facility won't use subsidies. It will need 24/7 staffing. The goal is to work with existing service providers to for staffing and service support. It could be a safe haven facility. Could use CDBG funds to renovate. 	<ul style="list-style-type: none"> - Assess the current capacity of short term, interim housing units available for long-term homelessness, and quantify the number of additional units needed. - Develop a program in collaboration with area hotels to address the immediate needs for short term, interim housing. Funding support may be available from Red Cross and the Salvation Army. Offer participating hotels a break on city taxes. The Welcome House has a start on a program such as this. - Seek additional low income tax credits. - Create transitional housing that doesn't have federal dollars attached to it. Then transition into subsidized housing for men, women, children, families, etc 	<ul style="list-style-type: none"> - Shelter providers: <ul style="list-style-type: none"> * Youthworks * Pride * Ruth Meier's * The Dacotah Foundation - Partner with area businesses and community organizations including, but not limited to: <ul style="list-style-type: none"> Bismarck-Mandan Apartment Assoc., Burleigh County Housing, AID, Inc., Salvation Army, Red Cross, area builders and contractors, social service agencies, non-profits, habitat for humanity, etc.

Ten Year Plan to End Homelessness

Goal	What Is The Current Status?	What Still Needs To Be Done?	Who Needs To Be Involved?
<p>#2: Convert existing housing units into permanent supportive housing units.</p>	<p>As of January 2008, there isn't any current activity occurring relative to this goal.</p> <p>The Dacotah Foundation's building is ¾ empty. Consider converting the facility to permanent housing units. Get labor and materials donated. Kirkwood investors own the building.</p>	<ul style="list-style-type: none"> - Convert existing emergency shelter and/or transitional beds into permanent housing units as deemed appropriate. - Provide incentives to owners of rental properties to convert a portion of their existing units to affordable housing units for long-term homelessness. - Advocate for modifying city codes/ordinances as a means of reducing the costs associated with converting existing rental units into long-term homeless units. - Buy and convert older rental units (e.g. up to 10 units) or older commercial properties into permanent housing units. However, be careful not to put too many homeless people in one area or housing facility. This may require re-zoning and retrofitting the facilities to meet city codes. 	<p>Ruth Meier's Hospitality</p> <p>Burleigh and Morton County Housing</p> <p>The Dacotah Foundation</p> <p>Bismarck-Mandan Apartment Assoc.</p> <p>City building inspection departments</p>

Cities of Bismarck and Mandan

Goal	What Is The Current Status?	What Still Needs To Be Done?	Who Needs To Be Involved?
<p>#3: Build new housing to be designated as permanent supportive housing units.</p>	<p>- Burleigh County Housing recently opened a 4-unit facility and designated one unit for permanent supportive housing. They have applied for HOME and federal home funding support.</p> <p>- Morton County Housing provides tenant-based vouchers. They don't own facilities like Burleigh County does.</p>	<p>- Provide incentives to developers and investors for building rental properties that designate a percentage of units to long-term homeless (e.g., income tax credits, bonus points for LIHTC and HOME funds, etc.).</p> <p>Note: LIHTC is already doing this to encourage the set aside of units for homelessness.</p> <p>- Explore the feasibility of building additional community-based, affordable housing units for long-term homelessness (e.g., blocks of 12-16 units).</p> <p>- Partner with area organizations to build additional affordable housing units.</p> <p>- Publicly recognize builders and developers who support these efforts.</p>	<p>Burleigh County Housing</p> <p>Morton County Housing</p> <p>Builders and developers</p> <p>Habitat for Humanity</p> <p>UTTC</p> <p>All agencies providing services relating to homelessness.</p>

Ten Year Plan to End Homelessness

Goal	What Is The Current Status?	What Still Needs To Be Done?	Who Needs To Be Involved?
<p>#4: Establish a single-point-of-entry and 24/7 “drop in” center for anyone experiencing homelessness or at risk of being discharged into homelessness.</p>	<p>- Ruth Meier’s is open at nights for individuals need placement.</p>	<p>- Explore the merits of establishing the new 27-bed facility being built through Burleigh County Housing as a 24//7 drop in center.</p> <p>- Workers need to be knowledgeable on whom to call for placement.</p>	<p>All service providers</p> <p>Police</p> <p>Churches</p>
Goal	What Is The Current Status?	What Still Needs To Be Done?	Who Needs To Be Involved?
<p>#5: Study if there is a need to establish eligibility criteria for placing an individual or a family into a supportive permanent housing unit.</p>	<p>- A program for children experiencing homelessness is currently available through the Bismarck Public Schools system.</p>	<p>- Assure that people experiencing LT homelessness can get into housing first before having to meet restrictive criteria.</p> <p>- Study other programs across the nation to determine eligibility criteria.</p>	<p>All service providers and agencies need to develop the criteria.</p>

Cities of Bismarck and Mandan

Goal	What Is The Current Status?	What Still Needs To Be Done?	Who Needs To Be Involved?
<p>#6: Establish a HUD-based “safe haven” housing option in the community.</p>	<p>- A safe havens option is currently not available in our community. Safe havens offer a residence to people with mental illness (and/or other disabilities) who have been unwilling or unable to participate in other housing and services. The initial goal of such a facility is to engage residents in living in the Safe Haven; the ultimate goal is to facilitate access to permanent housing and services.</p>	<p>- Explore the merits of merging this initiative with the 24/7 housing facility and service.</p> <p>- Seek grant funding from the Department of Housing and Urban Development. Each year, HUD identifies grant awardees who provide very low cost housing, known as safe havens.</p> <p>- Study what is being done relative to safe haven housing in other communities.</p>	<p>HUD (state office)</p> <p>Cities</p> <p>Service providers</p> <p>Substance abuse and mental health providers</p> <p>Mental Health America of ND</p> <p>Protection and advocacy groups</p> <p>Churches and Hospitals</p> <p>Major corporations as possible sponsors or funding sources (e.g., Burger King, Space Aliens, etc.)</p>
Goal	What Is The Current Status?	What Still Needs To Be Done?	Who Needs To Be Involved?
<p>#7: Create a community crisis response plan to open public facilities (e.g. recreation centers, schools, churches, etc.) as overflow shelters in extreme weather conditions, especially during winter months.</p>	<p>- No formal plan exists; however, organizations are prepared to work together on an as needed basis.</p>	<p>- Develop a task force to create a response plan.</p> <p>- Communicate the plan to the media and community residents.</p>	<p>Ministerial Assoc.</p> <p>Civic center</p> <p>Motels/hotels</p> <p>Schools</p> <p>Service providers</p> <p>Red Cross</p> <p>Homeless coalition</p> <p>Emergency mgmt.</p> <p>Cities and parks</p>

Ten Year Plan to End Homelessness

Housing Matters (Financial)

Improve the ability to pay for housing among the area's long-term homeless population.

Goal	What Is The Current Status?	What Still Needs To Be Done?	Who Needs To Be Involved?
<p>#8: Make rent subsidies and vouchers more available to long-term homeless individuals and families.</p>	<ul style="list-style-type: none"> - The Burleigh County Housing Authority and Community Action provide Shelter + care vouchers. - Ruth Meier's has project and building based vouchers. - There are waiting lists for most existing programs; however, there isn't as long a wait in Morton county. - The Salvation Army and churches provide some financial support for covering the cost of hotels on occasion. <p>AID, Inc. helps with emergency rent, utilities, food and medications as their dollars allow.</p>	<ul style="list-style-type: none"> - Obtain funding for additional Shelter Plus Care (S+C) vouchers. - Expand HOME-funded (HUD), tenant-based assistance vouchers for rent and security deposits (especially for long term homeless families). - Pursue access to Section 8 vouchers for tenants who are currently excluded. - Pursue access to Continuum of Care (COC) funding for rent subsidies (especially for adult long-term homeless individuals). - Increase the dollar level of existing voucher programs. 	<p>City and county housing authorities typically administer most programs for housing assistance.</p> <p>AID, Inc.</p> <p>Community Action</p> <p>Ruth Meier's – Horizon building</p> <p>HUD</p> <p>State homeless coalition to address this from the state and federal level.</p>

Cities of Bismarck and Mandan

Goal	What Is The Current Status?	What Still Needs To Be Done?	Who Needs To Be Involved?
<p>#9: Provide targeted, employment placement for anyone receiving housing assistance through the long-term homeless plan.</p>		<p>Refer to service action plan.</p>	
Goal	What Is The Current Status?	What Still Needs To Be Done?	Who Needs To Be Involved?
<p>#10: Help long-term homeless tenants gain and maintain eligibility for mainstream supports (e.g. SSI, SSDI, TANF, food stamps, Medicaid, Medicare, etc.)</p>		<p>Refer to service action plan.</p>	

Ten Year Plan to End Homelessness

Goal	What Is The Current Status?	What Still Needs To Be Done?	Who Needs To Be Involved?
<p>#11: Increase the availability of payee and financial management services to focus on maintenance of housing stability.</p>	<ul style="list-style-type: none"> - GAPS provides a payee service in the Bismarck area. - The Village in Fargo has an excellent counseling program. 	<ul style="list-style-type: none"> - Work with existing services providers to offer credit counseling and increase financial literacy among people experiencing homelessness. 	<p>GAPS</p> <p>The Dacotah Foundation</p>
Goal	What Is The Current Status?	What Still Needs To Be Done?	Who Needs To Be Involved?
<p>#12: Advocate for the creation of a transitional jobs program for people experiencing homelessness in the Bismarck and Mandan area.</p>	<ul style="list-style-type: none"> - Local job service offices are available to assist with jobs placement. - The better the economy, the better the opportunity for jobs. 	<ul style="list-style-type: none"> - Work with job placement providers to discuss the need and develop a response plan. - Work with targeted employers that have ongoing needs for workers (fast food, retail, service, energy, manufacturing, etc.) - Tie the transitional jobs program to housing support. (e.g., must work in order to get support) 	<p>Job Service (spot jobs)</p> <p>Community and Career Options</p> <p>ND Dept. of Human Services (VR and RCS)</p> <p>Labor Ready</p> <p>Chamber</p>

Cities of Bismarck and Mandan

Goal	What Is The Current Status?	What Still Needs To Be Done?	Who Needs To Be Involved?
<p>#13: Establish a fund to provide start up resources to tenants participating in the long term homelessness plan.</p>	<p>- Some slush fund dollars are available through various agencies to cover furniture, clothing, and other basic items.</p>	<p>- Create a fund to help tenants cover security deposits, as well as to pay landlords for damages to units.</p> <p>- Deposits could be returned to the fund.</p>	<p>Apartment Association</p> <p>AID, Inc.</p> <p>Jeans Day funds</p> <p>United Way</p> <p>Private donations</p> <p>Agencies</p>
Goal	What Is The Current Status?	What Still Needs To Be Done?	Who Needs To Be Involved?
<p>#14: Support the creation of additional, affordable rental units that are at or below the fair market rents values as determined annually by HUD (e.g. 2007 Fair Market Rents for Burleigh/Morton Counties: Efficiency: \$412, and 1 bedroom: \$431).</p>	<p>- Some out-of-state developers are looking at building some low income rental units (new development).</p> <p>- Burleigh County recently increased the fair market rents from 40% to 50%. (includes utilities)</p>	<p>- Make more units available and provide higher subsidies.</p> <p>- The city needs to consider offering tax breaks or other incentives to reduce the cost to purchase land or renovate existing units (e.g. tax increment financing).</p> <p>- Explore renovating existing buildings. Don't use federal funds.</p>	<p>Builders and developers</p> <p>Cities (zoning)</p> <p>Non-profits</p> <p>Housing authorities</p> <p>- Explore the possibility of securing gaming revenue (state and tribal).</p>

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Goal	What Is The Current Status?	What Still Needs To Be Done?	Who Needs To Be Involved?
<p>#15: Advocate for changes that enable people in poverty to increase their personal income without immediately decreasing their public assistance benefits. (e.g., limit housing costs to a maximum of 30% of total income).</p>	<p>- Discretionary housing authority is available through counties as part of their voucher programs.</p>	<p>- Study existing federal laws to determine what can be changed in relation to disability, SSI, TANF, etc.</p> <p>- Apply for waivers.</p>	<p>Cities and counties</p> <p>ND Department of Human Services</p> <p>Seek funding from the tobacco settlement.</p>

Service Matters (Quality)

Enhance the quality and delivery of supportive services.

Goal	What Is The Current Status?	What Still Needs To Be Done?	Who Needs To Be Involved?
#16: Explore the feasibility of establishing a detoxification program and/or “harm reduction” model. The program could offer various levels of treatment (e.g., full, intermediate and emergency detoxification).	<p>-Exploration</p> <p>*thought needs to be given to drugs other than alcohol, how will illegal or prescription drug abuse be handled</p> <p>*there are facilities in Fargo that allow a certain number of drinks per hour, a place to detox</p> <p>*given a name that isn’t negative</p>	<p>*this idea can be a hard sell to the community</p> <p>*thought must be put in to how to address this with the media and communicate the intentions to the community</p> <p>*the place must be safe</p> <p>*set up for feasibility</p>	<p>- West Central</p> <p>- Heartview</p> <p>- Law Enforcement</p> <p>-Homeless shelter providers</p> <p>- Facility managers</p> <p>-Fargo, ND</p> <p>- Hospitals</p> <p><i>Other notes:</i></p> <p>-thought of as a radical idea = hard sell</p>
Goal	What Is The Current Status?	What Still Needs To Be Done?	Who Needs To Be Involved?
<p>#17: Develop an intake system to address the case management needs of anyone placed into a permanent supportive housing unit.</p> <p><i>Other notes:</i></p> <p>HMIS – standardized data, not the process behind it – this is what we need</p> <p>Intake is standardized, but carry-out is different</p>	<p>HMIS is currently available</p> <p>Not every place offers the same services</p>	<p>- Establish a standardized process and criteria for admitting individuals and families into the long-term homeless case management system.</p> <p>- Hire and designate case managers and case aides to provide supportive services to anyone placed in a permanent supportive housing unit.</p>	<p>All agencies currently doing intake</p>

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Goal	What Is The Current Status?	What Still Needs To Be Done?	Who Needs To Be Involved?
<p>#18: Provide supportive services to address the primary disabling conditions and housing challenges often associated with long-term homelessness such as:</p> <ul style="list-style-type: none"> - Criminal records and failed background checks - Unemployment - Financial needs (e.g. money management, bad credit, benefits, etc.) - Family challenges (e.g., break up, child support, etc.) <p><i>Other notes:</i> This is another cost for the agency – cost of background checks</p>	<p>There is a severe shortage of case aids on the support side</p> <p>Sex-offender housing is being provided – transitional housing</p>	<p>Peer mentorship program</p> <p>Community support on a large scale</p> <p>Funding for formalized training and educational opportunities</p> <p>Make use of existing programs</p> <p>More aware of what’s available</p> <p>Getting people to the service offerings</p>	<p>The Village</p> <p>AARC</p> <p>Community Action</p> <p>Bismarck Food Pantry</p> <p>Anyone providing formalized housing</p> <p>Youth Works</p> <p>Professional volunteers</p> <p>The colleges – UTTC, UofM, BSC</p> <p>Whoever does the background checks –BCI/Law enforcement</p>
Goal	What Is The Current Status?	What Still Needs To Be Done?	Who Needs To Be Involved?
<p>#19: Develop and provide dedicated resources to house individuals discharged from psychiatric care institutions.</p> <ul style="list-style-type: none"> -concerns about floaters - this is more so prevention – so hospitals know how to handle these cases - what about refusal to comply? 	<p>Are current facilities operating under a certain discharge criteria</p> <p>ACS/West Central</p> <p>Alternative crisis center</p> <p>Arbor House</p> <p>Dakota Foundation</p>	<p>Some don’t meet qualifications for current facility</p> <p>Develop a transitional plan for quick discharge</p> <p>Need more contact w/ individuals</p>	<p>ACS</p> <p>West Central</p> <p>Arbor House</p> <p>Dakota Foundation</p> <p>Hospitals</p> <p>Psych units (in&out)</p> <p>Human Service Center</p>

Cities of Bismarck and Mandan

Goal	What Is The Current Status?	What Still Needs To Be Done?	Who Needs To Be Involved?
<p>#20: Establish innovative ways to support the unique needs of youth afflicted by long-term homelessness.</p> <p><i>Other notes:</i> Identified youth as being 16-22</p>	<p>Youth Works AARC YES Bismarck and Mandan schools have all taken an active role</p> <p>Street outreach Drop in welcome</p> <p>Provide places to wash clothes and/or get supplies</p>	<p>Mandatory education requirement (drop-out age)</p> <p>Greater need for family support</p> <p>No more shelters</p> <p>Research about laws/funds</p> <p>Emancipation law for ND</p> <p>Credit law protecting parents from using minor's social number to gain/destroy credit</p> <p>Identity theft and financial abuse protection</p>	<p>Legislators State coalition Lobbying groups</p> <p>YES Youth Works</p>

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Goal	What Is The Current Status?	What Still Needs To Be Done?	Who Needs To Be Involved?
<p>#21: Work to provide affordable transportation services for members of long-term homeless households.</p> <p><i>Notes:</i> Transportation and housing are closely tied</p>	<p>Transit/CAT</p> <p>MPO</p>	<p>What are the federal regulations?</p> <p>Should be a strong push for non-motorized</p> <p>Move to less auto-oriented. Fixed transit route</p> <p>Housing in relation to transportation available.</p> <p>Agreed rate for all. Advocate for eligibility to include long-term homelessness as a qualification</p> <p>Communicate with transit</p> <p>Address hours of availability</p> <p>Funding research</p> <p>Provide non-motorized modes of transportation</p>	<p>IMPO</p> <p>Transit/CAT</p> <p>City planning & Development</p> <p>DOT</p>

Service Matters (Collaboration)

Enhance collaboration and coordination among area service providers and other stakeholders to improve the overall delivery of services.

Goal	What Is The Current Status?	What Still Needs To Be Done?	Who Needs To Be Involved?
<p>#22: Support existing efforts to conduct an inventory of supportive services to identify current capacity, resources, gaps and unnecessary duplication of services relating to homelessness.</p>	<p>The annual continuum of care initiative is conducting the inventory.</p>	<p>Reach out more for federally funded programs</p> <p>GAPS analysis</p> <p>Utilize public entities</p> <p>Make all inclusive</p>	<p>Coalition</p> <p>Native American organizations</p>
Goal	What Is The Current Status?	What Still Needs To Be Done?	Who Needs To Be Involved?
<p>#23: Educate the service providers and other stakeholders about the resources available to address long-term homelessness in Bismarck and Mandan.</p>	<p>Homeless coalition in place</p> <p>United Way</p> <p>211</p>	<p>Need a paid director/coordinator</p> <p>Expand the lists dissemination</p> <p>Emergency services directory</p> <p>Share Network</p>	<p>Coalition</p> <p>Churches</p> <p>Mental Health America of ND - 211</p> <p>United Way</p>

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Goal	What Is The Current Status?	What Still Needs To Be Done?	Who Needs To Be Involved?
<p>#24: Enhance networking and communication among service providers, area businesses, tribal entities and other stakeholders.</p> <p>Note: There is a need to combine goals 23&24 as they addressed much of the same issues #24 is what needs to be done for #23.</p>		<p>Broadening and increasing the membership</p> <p>Invite others</p> <p>Having meetings at other facilities</p> <p>Membership drive/campaign</p> <p>Publicize meetings</p> <p>Keep being productive</p>	<p>Coalition</p> <p>Businesses and professionals</p> <p>Community</p>
Goal	What Is The Current Status?	What Still Needs To Be Done?	Who Needs To Be Involved?
<p>#25: Enhance the coordination between West Central Human Services and the Veteran's Administration to provide enhanced service for veterans.</p>	<p>Disproportionate # of veterans</p> <p>There is currently coordination going on for this</p> <p>Doesn't seem to be a major issue at this time for this region</p>		

Prevention Matters (Availability)

Enhance the availability of prevention services.

Goal	What Is The Current Status?	What Still Needs To Be Done?	Who Needs To Be Involved?
#26: Develop a landlord-tenant program.	<ul style="list-style-type: none"> - Community Action program - ND Apartment Association (rights booklets) - Bismarck/Mandan Apartment Association (rights booklets) - City of Mandan provides free background checks for property owners - Fair Housing Authority (only handles discrimination cases) 	<ul style="list-style-type: none"> - Educate rental property owners, managers and tenants about the rights and responsibilities of the long-term homelessness. - Coordinate and provide 24-hour crisis assistance for housing providers - Develop a publicly-supported fund to indemnify rental property owners and service providers against excessive losses associated with tenant's compliance with lease terms. - Identify rental property owners willing to rent to homeless individuals and families, and develop partnerships to mitigate the risk. - Provide long-term homeless tenants with assistance relating to disputes with landlords. (e.g. eviction, lease termination, property damage, increasing costs, etc.) - Provide supportive services to anyone at risk of being evicted from their home and cast into homelessness. 	<ul style="list-style-type: none"> - Apartment Associations (ND and Bis/Man) - Community Action (Hotline provider, Community Action, etc.). City, county and state government - Apartment Associations (ND and Bis/Man) - Fair Housing Authority - Case managers - Social service organizations - West Central Human Services Center - Aid, inc, - Case managers - Emergency services - West Central Human Services Center

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Goal	What Is The Current Status?	What Still Needs To Be Done?	Who Needs To Be Involved?
<p>#27: Enhance the re-entry program that requires discharge planning from prisons and other public institutions to help individuals “at risk” of homelessness make the transition back into society.</p>	<p>Prison re-entry program</p> <p>Bismarck Transition Center</p> <p>Center, Inc.</p> <p>Salvation Army</p> <p>Prison After-Care</p> <p>Youth Correctional Center</p> <p>NOTE: These organizations/programs cater to people with certain circumstances (e.g., Salvation Army is only for sex offenders).</p>	<p>Secure funding</p> <p>Provide education</p> <p>Expansion of current programs</p> <p>Increase staff</p>	<p>Current organizations</p> <p>City and state funds</p> <p>ND Coalition for Homeless People</p> <p>Single point of entry</p>

Cities of Bismarck and Mandan

Goal	What Is The Current Status?	What Still Needs To Be Done?	Who Needs To Be Involved?
#28: Make the “system” more accessible and responsive to people who are at risk or currently experiencing long-term homelessness.	<p>Project Homeless Connect</p> <p>211 Hotline</p> <p>- Advocate the use of the 211 help line as a community resource, and provide current information about the long-term homeless single point of entry process.</p>	<p>- Support the creation of an ombudsman and advocacy program.</p> <p>- Support the establishment of an Urban Indian Center/Community Health Center</p> <p>- Create and publish a guide with available social services (use United Way guide as starting point). Work on wider distribution.</p>	<p>- Service agencies</p> <p>- Increased staff</p> <p>- Dakota Foundation</p> <p>- UND School of Medicine</p> <p>- State and Federal funding</p> <p>- Service organizations</p> <p>- Chamber of Commerce</p> <p>- ND Homeless Coalition</p> <p>- United Way</p> <p>- Job Service</p> <p>- Hospitals</p>
Goal	What Is The Current Status?	What Still Needs To Be Done?	Who Needs To Be Involved?
#29: Connect health care providers with resources and work with them to develop protocols to prevent people from being discharged into homelessness.	- Individual basis (case workers, social services)	<p>Create single point of entry</p> <p>Pre-planning and follow-up with discharge</p> <p>Coordinate and pool funding</p>	<p>Medical centers</p> <p>Social services</p> <p>West Central Human Service Center</p>

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Goal	What Is The Current Status?	What Still Needs To Be Done?	Who Needs To Be Involved?
#30: Establish a coordinated team of trained outreach volunteers and/or staff to work with law enforcement officials to proactively move people off the streets and into housing.	Individual basis (case workers, social services) Youthworks Bismarck Public Schools (Carrie's Kids) Churches Jails	Create single point of entry Coordinate faith organizations Educate public / create awareness	Law enforcement Service organizations Youthworks Case workers Colleges and universities
Goal	What Is The Current Status?	What Still Needs To Be Done?	Who Needs To Be Involved?
#31: Expand the use of pre-arrest diversion and post-booking diversion options to prevent unnecessary incarceration for people who are homeless, including community, mental health and/or drug courts to address non-violent offenses or serious mental illness.	None. Individuals are either sent to prison, ER or detox	Increase staff Visit with drug court on current criteria for acceptance Establish single point of entry	Human service organizations West Central Human Service Center Case managers Prison personnel Drug court Law enforcement Detention centers ERs both medical centers

Prevention Matters (Outreach)

Conduct education, market research and advocacy efforts.

Goal	What Is The Current Status?	What Still Needs To Be Done?	Who Needs To Be Involved?
<p>#32: Seek to enhance the public's awareness, understanding and support for abolishing long-term homelessness in our community.</p>	<p>Kick off for awareness (Coalition)</p> <p>Inspire Magazine</p> <p>City Magazine</p> <p>National Hunger and Homeless Week (Nov 12 – 16)</p>	<p>- Educate the public about the needs relating to the long-term homelessness, and address negative attitudes that may exist toward homeless people.</p> <p>- Work with the area media to inform the public about the issues and needs relating to long-term homelessness in our community.</p>	<p>Develop grass roots efforts</p> <p>Public relations personnel – develop campaign</p> <p>Schools</p> <p>Steering Committee</p> <p>Tribune</p> <p>TV/Radio outlets</p>
Goal	What Is The Current Status?	What Still Needs To Be Done?	Who Needs To Be Involved?
<p>#33: Encourage and support efforts of the North Dakota Coalition for Homeless People to conduct a statewide annual conference on homelessness.</p>	<p>The conference has faded in last few years</p> <p>Currently mostly for networking</p>	<p>Convince local agencies to become involved on state level</p> <p>Hold state conference in Bismarck</p> <p>Focus on developing a legislative agenda.</p>	<p>Public</p> <p>Service organizations</p> <p>Members of Coalition (state and local)</p>

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Goal	What Is The Current Status?	What Still Needs To Be Done?	Who Needs To Be Involved?
#34: Support the statewide efforts of the North Dakota Coalition for Homeless People in developing a legislative agenda to address issues of homelessness.	SEE GOAL #33		
Goal	What Is The Current Status?	What Still Needs To Be Done?	Who Needs To Be Involved?
#35: Provide all publicly-funded agencies with training relating to anti-discrimination laws and cultural sensitivity pertaining to the unique needs of homeless people and other vulnerable populations (e.g., minorities, veterans and people with disabilities, etc.).	Done by state Computer-based training	Establish the most effective way to train the agencies Funding Establish training into orientation for new employees	United Way Chamber of Commerce Related agencies Hospitals City employees
Goal	What Is The Current Status?	What Still Needs To Be Done?	Who Needs To Be Involved?
#36: Seek input and advice from people who have experienced and overcome long-term homelessness.	People have been identified to review plan and share concerns	Engage these people to become involved	Steering committee People who have experienced homelessness

Cities of Bismarck and Mandan

Title page:

Conclusion

Conclusion

For those individuals and families in our community who are struggling with long-term homelessness, the current system does not work. The community must either adopt a new approach to serving this population or simply accept long-term homelessness as a reality for some of the most vulnerable among us.

A Region wide Effort

Our community plan to end long-term homelessness is intended to be part of a region wide solution – not “the” solution. The Bismarck and Mandan community is in the center of a larger area that needs to address homelessness in a coordinated fashion and is just one community in a state that must address both rural and urban homelessness. With deliberate and active collaboration, this plan can become part of a fabric of ideas that will truly affect the lives of the long-term homeless living in our communities.

The Dollars and Sense of Change

It is up to policy makers and community leaders from across the region to bring these ideas forward. Some parts of this plan will be easier to implement than others. With concerted effort and a re-direction of some existing resources, paying for housing is probably a surmountable issue.

Connecting support services to people in housing is, however, a much larger challenge. So why act? Looking beyond altruistic motives, the financial incentive for action is compelling. There are dozens of cost/benefit studies that have been conducted around the nation to determine the ultimate “cost effectiveness” of permanent supportive housing. At best, the savings are substantial and at worst, the cost of housing someone is about equal to the cost of allowing their homelessness to continue.

A Collaborative Process

Ending long-term homelessness in ten years will require tremendous effort, cooperation and commitment of resources. To achieve our goal, we will need to improve relationships and partnerships among governmental agencies, service providers, shelters, faith communities and other organizations by leveraging available funding for permanent supportive housing and by taking steps to address each household’s systemic needs as they are ready to address them.

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Appendix

Guiding Principles - Appendix A

1. Long-term homelessness does not have to exist in our community.

- Vulnerable individuals can be helped.
- Community must place a priority on people with serious mental illness because of unique and persistent need.

2. We must develop a “solution” that is attractive to the target audience.

The “housing crisis” for the long-term homeless population living in the area exists because they are:

- Unable to pay for housing (low wage job, unemployed or unemployable because of disability).
- Unable to stay housed (substance abuse, mental illness with inconsistent use of medications, etc.)
- Unable to access housing (criminal background, bad credit, poor rental history)
- Uninterested in engaging with the service system as it is currently defined (“following the rules”)

To change, we must not develop another need-based model but instead, create a demand-based model that offers the housing options our target tenants want. Housing options/programs must be attractive to the long-term homeless population – you cannot mandate participation and expect it to succeed.

3. New money is powerful but scarce and hard to find. Most change comes from old money used in new ways.

A study funded by the Charles and Helen Schwab Foundation noted:

“...previous research shows that any successful effort to end homelessness must include a combination of services, income supports and housing.”

“The same research tells us that the most important but underutilized source of income, housing and services to people who are homeless or at risk for homelessness are government funded programs designed to meet the needs of low income people (“mainstream systems”).” *

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We cannot rely on new programs and new dollars to solve the problem at hand. The federal budget picture certainly dictates this approach. Instead, if we expect to succeed, everyone involved must be committed to evaluating their own system to find creative new ways of shifting thinking that will allow existing resources to be used in new ways.

* Holes in the Safety Net: Mainstream Systems and Homelessness, Charles and Helen Schwab Foundation, February 2003, page i.

Glossary of Terms – Appendix B

ACCESSIBLE HOUSING – A home where an individual can do what they need and desire to do as independently as possible, regardless of any physical or mental disability.

ACT MODEL – Assertive Community Treatment is a team treatment approach designed to provide comprehensive, community-based psychiatric treatment, rehabilitation, and support to persons with serious and persistent mental illness such as schizophrenia.

AFFORDABLE HOUSING – Housing for which the occupant is paying no more than 30 percent of his or her income for gross housing costs, including utilities.

AT-RISK POPULATIONS - Victims of domestic violence; children in families as well as unaccompanied youth (with or without their own children) and youth who have recently aged out of foster care and the delinquency system; individuals recently discharged from prison; individuals recently discharged from hospitals; veterans; people with alcohol or drug problems; mentally ill individuals; reunifying families; linguistic minorities; lesbian/gay/bisexual/transgender individuals; immigrants; senior citizens; and other vulnerable groups.

AMI – The area median income (AMI) is used to determine the eligibility of applicants for both federally and locally funded programs. It sets the maximum limit that a household can earn to be eligible for programs. Income limits are calculated for specific geographic areas based on HUD estimates of median family income with adjustments for family size.

BEST PRACTICES - Strategies, activities, or approaches that have been shown through research and evaluation to be effective and/or efficient.

CASE MANAGEMENT – Intensive and coordinated assistance is provided to single adults and families to address the issues leading to homelessness and the activities necessary for establishing self-sufficiency and independence.

CHRONIC HOMELESSNESS – A chronically homeless person is an unaccompanied disabled individual who has been continuously homeless for over one year in frequent intervals.

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CDBG – The Community Development Block Grant Program (CDBG) was authorized by the Housing and Community Development Act of 1974. CDBG provides eligible metropolitan cities, and urban counties (called "entitlement communities"), and states with annual direct grants to revitalize neighborhoods, expand affordable housing and economic opportunities, and/or improve community facilities and services, principally to benefit low- and moderate-income persons.

CSH – The Corporation for Supportive Housing (CHS) is a national organization that makes supportive housing understood, available, and effective. CSH provides high-quality advice and development expertise; makes loans and grants to supportive housing sponsors; and works to reform public policy to make it easier to create and operate supportive housing.

CSBG – The Community Service Block Grant program (CSBG) provides States and recognized Indian Tribes with funds to provide a range of services to address the needs of low income individuals to ameliorate the causes and conditions of poverty. The CSBG is administered by the Division of State Assistance in the Office of Community Services (OCS) of the U.S. Department of Health and Human Services.

CONTINUUM OF CARE - A community plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency. It includes action steps to end homelessness and prevent a return to homelessness.

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) - The United States Department of Housing and Urban Development is charged with increasing homeownership, supporting community development and increasing access to affordable housing free from discrimination.

DISCHARGE PLANNING – A process designed to help individuals move appropriately from one system or level of care to another or to independence.

DUALLY DIAGNOSED — Dual diagnosis refers to the co-occurrence of mental health disorders and substance abuse disorders (alcohol and/or drug dependence or abuse).

EMERGENCY SHELTER – Defined by the U.S. Department of Housing and Urban Development as “Any facility the primary purpose of which is to provide temporary or transitional shelter for the homeless in general or for specific populations of the homeless.”

EPISODIC HOMELESSNES — Episodic homelessness affects approximately 10% of homeless persons and applies to a person who experiences periodic incidents of homelessness, generally for short periods of time.

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FMR — The Fair Market Rents (FMR) are schedules published in the Federal Register establishing maximum eligible rent levels allowed under the Section 8 rental assistance and other HUD housing financing programs by geographic area.

EXTREME HOUSING COST BURDENS – Generally defined as a situation in which a household spends more than 50 percent of its income for housing costs.

FEDERAL INTERAGENCY COUNCIL ON HOMELESSNESS — Congress established the Interagency Council on Homelessness in 1987 with the passage of the Stewart B. McKinney Homeless Assistance Act. The Council is responsible for providing Federal leadership for activities to assist homeless families and individuals.

HARM REDUCTION MODEL - Harm reduction is a philosophy of public health, intended to be a progressive alternative to the prohibition of certain potentially dangerous lifestyle choices. The central idea of harm reduction is the recognition that some people always have and always will engage in behaviors which carry risks, such as casual sex, prostitution, and substance abuse. The main objective of harm reduction is to mitigate the potential dangers and health risks associated with the risky behaviors themselves. Another objective of harm reduction is to reduce harm associated with, or caused by, the legal circumstances under which the behaviors are carried out.

HOPWA — The Housing Opportunities for Persons with Aids (HOPWA) Program was established by HUD to address the specific needs of persons living with HIV/AIDS and their families. HOPWA makes grants to local communities, states, and nonprofit organizations for projects that benefit low income persons medically diagnosed with HIV/AIDS and their families.

HOME — HUD's HOME program provides block grant funds to local governments and states for new construction, rehabilitation, acquisition of affordable housing, assistance to homebuyers, transitional housing and tenant-based rental assistance.

HOMELESS —According to the Stewart B. McKinney Act, 42 U.S.C. § 11301, et seq. (1994), a person is considered homeless who "lacks a fixed, regular, and adequate night-time residence and; and... has a primary night time residency that is: (A) a supervised publicly or privately operated shelter designed to provide temporary living accommodations... (B) an institution that provides a temporary residence for individuals intended to be institutionalized, or (C) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings." 42 U.S.C. § 11302(a) The term "'homeless individual' does not include any individual imprisoned or otherwise detained pursuant to an Act of Congress or a state law." 42 U.S.C. § 11302(c)

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HOMELESSNESS - According to the federal Department of Housing and Urban Development (HUD), homelessness is the experience of sleeping in a place not meant for human habitation (e.g., the streets or an emergency shelter), or residing in an emergency shelter, transitional housing, or other supportive housing program.

HOUSING FIRST — The Housing First model moves homeless participants from the streets immediately into permanent housing. With stable housing and supportive treatment services, program participants are better able to focus on the core mental and physical issues that led them to homelessness.

LONG-TERM HOMELESSNESS - (As defined by the ND Interagency Council on Homelessness) An individual or a family with a disabling condition who has been homeless continuously for at least one year or more than four times in the last three years. The ICH definition does not exclude people who are currently living “doubled up” with friends/family, people precariously housed in motels or those in transitional housing.

MEDICAID — Medicaid is a program that pays for medical assistance for certain individuals and families with low incomes and resources. This program became law in 1965 and is jointly funded by the Federal and State governments to assist States in providing medical long-term care assistance to people who meet certain eligibility criteria. Medicaid is the largest source of funding for medical and health-related services for people with limited income.

OVERCROWED HOUSING CONDITIONS – A situation in which households exceed the legally mandated number of residents per square footage.

PEOPLE LIVING IN PUBLIC PLACES — People who are living in places not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

PERMANENT HOUSING - Affordable housing which may be either rental or homeownership and which has no mandated limitation on length of stay.

PERMANENT SUPPORTIVE HOUSING - Long-term, community-based housing with supportive services that enables special needs populations to live as independently as possible in a permanent setting. The supportive services may be provided by the organization managing the housing or coordinated by the applicant and provided by other public or private service agencies. Permanent housing can be provided in one structure or several structures at one site or in multiple structures at scattered sites.

POINT-IN-TIME SURVEY — The North Dakota Coalition for Homeless People (NDCHP) annually conducts a "count" of the homeless population in North Dakota at a specific point in time.

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SAFE HAVEN - Safe Havens offer a residence to people with mental illness (and/or other disabilities) who have been unwilling or unable to participate in other housing and services. The initial goal of the Safe Haven is to engage residents in living in the Safe Haven; the ultimate goal is to facilitate access to permanent housing. Safe Havens must hold these two goals in balance. The engagement process, service program, policies and procedures, staffing patterns, and building design must be developed with both goals in mind. This chapter describes an approach to facilitate the transition of hard-to-engage homeless people with serious and persistent mental illness who are living in Safe Havens to other housing settings.

SECTION 8/HOUSING CHOICE VOUCHERS - Rental assistance subsidies that enable a household to pay only 30 percent of their income for rent and utilities. The voucher covers the remaining housing costs. This program is funded by HUD and usually administered by local housing authorities.

SHELTER PLUS CARE – A program is designed to provide housing and supportive services on a long-term basis to the hard-to-reach homeless population with disabilities and their families who are living in places not intended for human habitation or in emergency shelters.

SRO — Single Room Occupancy housing units are an affordable housing option for very low income and homeless individuals and are typically single room units with a bed, small refrigerator, and a microwave.

SELF-SUFFICIENCY STANDARD — The Self-Sufficiency Standard is a measure of income adequacy that calculates how much money working adults need to meet their family's basic needs without subsidies. Unlike the federal poverty line, this approach is tailored to each family, varying with size and composition, as well as being geographically specific and including work expenses.

SUBSIDIZED HOUSING - Housing that has financial support to make it more affordable to lower income households. That financial subsidy may come in the form of funds to offset development or pre-development costs, or assistance to pay for rental or operating subsidies.

SUPPORTIVE HOUSING – Housing with services that enable participants to live more independently than they would otherwise be able to do. The type of services depends on the needs of the residents. Services may be short term, sporadic, or ongoing indefinitely.

SUPPORTIVE SERVICES – Services such as case management, medical or psychological counseling and supervision, childcare, transportation, and job training provided for the purpose of facilitating the independence of residents.

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TRANSITIONAL HOUSING — Transitional housing is designed to provide housing and appropriate supportive services to homeless persons and families and has the purpose of facilitating the movement of individuals and families to independent living within a time period that is set by the project owner before occupancy. This typically represents temporary housing with services where individuals or families live for between 6 months and 2 years. During that time they receive case management services that prepare the household for independent living.

**Adapted from: Philadelphia's Ten-Year Plan To End Homelessness: Creating Homes, Strengthening Communities, and Improving Systems - October 2005*

Acknowledgements – Appendix C

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Ken LaMont

Mayor of Mandan

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City of Fargo – 10-year Plan to End Long-Term Homelessness

City of Denver - 10-year Plan to End Long-Term Homelessness

City San Francisco - 10-year Plan to End Long-Term Homelessness

How to Help – Appendix D

If you would like to volunteer, please contact:

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If you would like to provide financial assistance, please send contributions to:

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