



A PLACE TO LIVE

**A 10-YEAR PLAN TO END HOMELESSNESS
IN JAMESTOWN, NORTH DAKOTA**

DECEMBER 2007

South Central Homeless Coalition Jamestown, North Dakota

On April 11, 2001, an initial meeting was held by several members of the community of Jamestown to formulate an organization that could assist with the needs of the homeless in the Jamestown area. Meetings have continued on a monthly basis. On January 3, 2006, 501 (c) (3) papers of incorporation were filed with the Secretary of State of North Dakota.

The Coalition includes: the Major of the Jamestown Salvation Army Corps; the pastor of the Basilica of St James, the largest church in Jamestown; the local veterans service officer; the executive director of Safe Shelter, a temporary residence for abused or threatened individuals; the Thanks for Caring organization; Stutsman County Social Services; the Jamestown Police Department; Job Service, Jamestown office; Stutsman County Housing Authority; representatives from other churches in Jamestown; the South Central Human Service Center; an Extended Care Coordinator; a Path Homeless Case Manager and several other members of the community.

Jamestown is located at the junction of Interstate 94 and U. S. Highway 281. The location is of significance because it places Jamestown at the crossroads of two major routes across the United States from coast to coast and from Canada to Mexico. Because of this, we have many people coming to our community who are in transit to other locations and need assistance. Also, there is a large food processing plant located here that has need of a large number of unskilled laborers. A number of these individuals earn a fair wage, but have difficulty finding or keeping adequate housing.

Jamestown is also the home of the North Dakota State Hospital, which provides services to the mentally ill citizens of the state and persons with chemical addiction problems and sexual behavior problems. The James River Correctional Center, a medium-security prison for male criminal offenders and the Stutsman County Correctional Center are also in Jamestown. All three of these facilities release their residents into the community of Jamestown.

The South Central Homeless Coalition has dedicated itself to serving the homeless. It assists Jamestown and Stutsman County region by providing networking opportunities and helping the homeless service providers in collaborating similar efforts. The Coalition is requesting the assistance of the City of Jamestown by recognizing the South Central Homeless Coalition and adopting the Ten Year Plan to Eliminate Homelessness In Jamestown, North Dakota. The recognition and adoption will qualify the Coalition for State and Federal grants that will allow the Coalition to expand its services.

Analysis of Homelessness in North Dakota Region 6

as reported in the Point in Time survey of January 2006-Conducted by the North Dakota Coalition for Homeless People

Definitions

Region 6 . Region 6 is a nine county subdivision of the State of North Dakota consisting of the following counties: Barnes; Dickey; Foster; Griggs; Lamoure; Logan; McIntosh; Stutsman; and Wells.

Chronic Homeless . Homeless individual who has a disabling condition and who has been homeless continuously for 1 year or 4 or more times in the last 3 years. *Definition adopted from the Department of Housing and Urban Development (HUD)*

Long-Term Homeless - Homeless individual or family where at least one member of the household has a disabling condition and the household has been homeless continuously for 1 year or 4 or more times in the last 3 years. *Definition adopted by ND Interagency Council on Homelessness*

Homeless - A person is considered homeless only when he/she resides in one of the below mentioned places:

1. Places not meant for human habitation - cars, parks, sidewalks, or abandoned buildings (on the street).
2. Emergency shelter.
3. Transitional or supportive housing for homeless persons who originally came from the streets or emergency shelters.
4. Any of the above places and is spending a short time (up to 30 consecutive days) in a hospital or other institution.
5. Is being evicted within a week from a private dwelling unit with no subsequent residence identified and lacks resources and support networks necessary to obtain housing.
6. Is being discharged within a week from an institution, such as a mental health or substance abuse treatment facility or jail/ prison, in which the person has been a resident for more than 30 consecutive days so long as that institution is not required to provide housing and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing.
7. Is fleeing a domestic violence housing situation and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing.

The following do NOT meet the HUD definition of Homeless:

1. Persons paying an excessive amount for housing.
2. Persons living in overcrowded housing.
3. Persons living in substandard housing in need of repair.
4. Persons being released from prison or jail when the institution is not required to provide housing upon release and the individual does not have alternative housing or the resources and support networks needed to obtain housing.
5. Persons living with relatives or friends even if the housing is over-crowded.
6. Persons living in a board and care, adult congregate living facility, or substance abuse treatment center.
7. Persons being discharged from an institution required to provide or arrange housing upon release.
8. Wards of the State; although youth in foster care may receive needed supportive services that supplements, but does not substitute for the State's assistance.

“Suppressed Data” . When the total number of survey respondents for a particular sub-population within a region was less than 10, the data was suppressed to protect confidentiality. Analysis of the total homeless population was provided whenever specifics on the long-term homeless population were not available because of data suppression standards.

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 30% 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.¹

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 City of Jamestown 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. (To illustrate . 43% of emergency shelter space is occupied by long term homeless individuals; 75% of detox users and 19% of jail inmates are homeless. In addition, 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.²)
- 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.

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

² 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).

Definition of “Long Term Homeless”

The following is the definition of long term homeless used by the City of Jamestown, based upon the HUD definition of long term homeless.

- Homeless individual or family
- With a disabling condition
- Continuously homeless for at least 1 year or has experienced 4 or more episodes of homelessness in the last 3 years.

The federal efforts focus on ending chronic homelessness. The distinction between the federal and locally adopted definition is subtle but important. Chronic homelessness excludes families - it deals with individuals only. In Jamestown, we do not believe it is right to exclude a person with a disabling condition and an extended period of homelessness from service just because they are not traveling alone. In addition, the locally adopted definition will not exclude someone from being considered homeless if they are living doubled up with friends/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 is operationalized to include mental illness, substance abuse, developmental disability and chronic medical conditions.

Who is chronically homeless

Following on the principle that says any successful effort to end long term homelessness must close the front door and open the back door, we need to understand not only who is currently chronically homeless but, also who is most likely to become chronically homeless. While predicting housing crisis is not a science, Deborah Dennis of Policy Research Associates has identified six risk factors for chronic homelessness.

- Chronic health condition
- Mental illness
- Substance abuse disorders
- Limited or no social support network
- Very low or no income
- Discharge from jail, prison, hospital, shelter, detox, treatment, foster care³

The Plan adopted by the City of Jamestown will focus on these factors to the greatest extent possible.

³ Preventing Chronic Homelessness . What works?+Deborah Dennis, Policy Research Associates, Inc., presentation at Policy Academy on Chronic Homelessness (Miami, FL, December 10, 2003).

Homelessness in Jamestown

Even though this Plan is focused on steps that can be taken in the City of Jamestown, homelessness is a much larger issue. The borders between communities is irrelevant to people who need assistance. The following summary of homelessness includes both city-specific and county statistics.

Number of Homeless Sheltered/Unsheltered

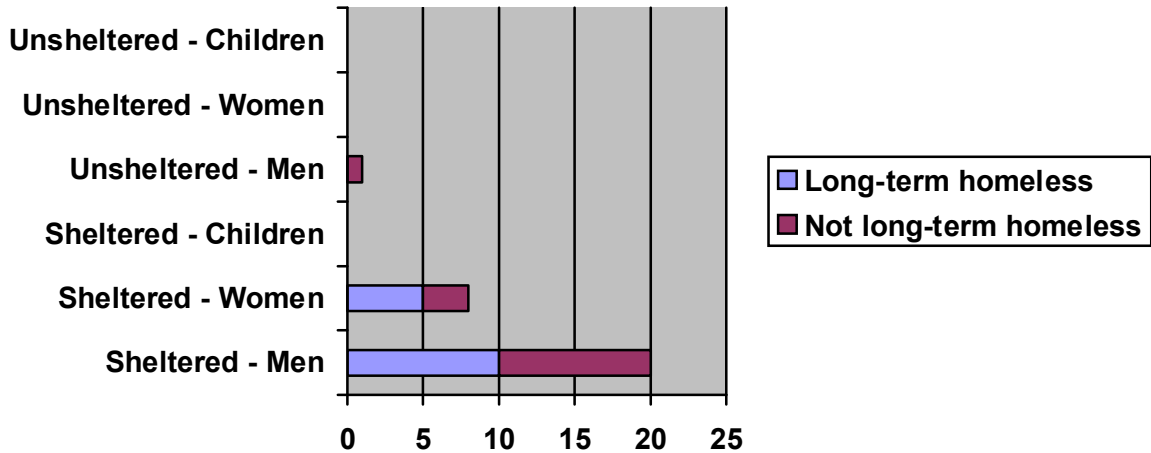
Source: 2006 Point in Time Survey, Question: %Where did you spend last night?+, %What is the age/gender of those in your family?+

	2006		
	Region 6		
	Long-term homeless	Not long-term homeless	Total
Sheltered . Men	10	10	20
Sheltered . Women	5	3	8
Sheltered . Children	0	0	0
Unsheltered . Men	0	1	1
Unsheltered . Woman	0	0	0
Unsheltered - Children	0	0	0
TOTAL	15	14	29
Survey n =	15	15	30

Note: 1 survey respondent did not indicate gender and as such, was not included in the above data table.

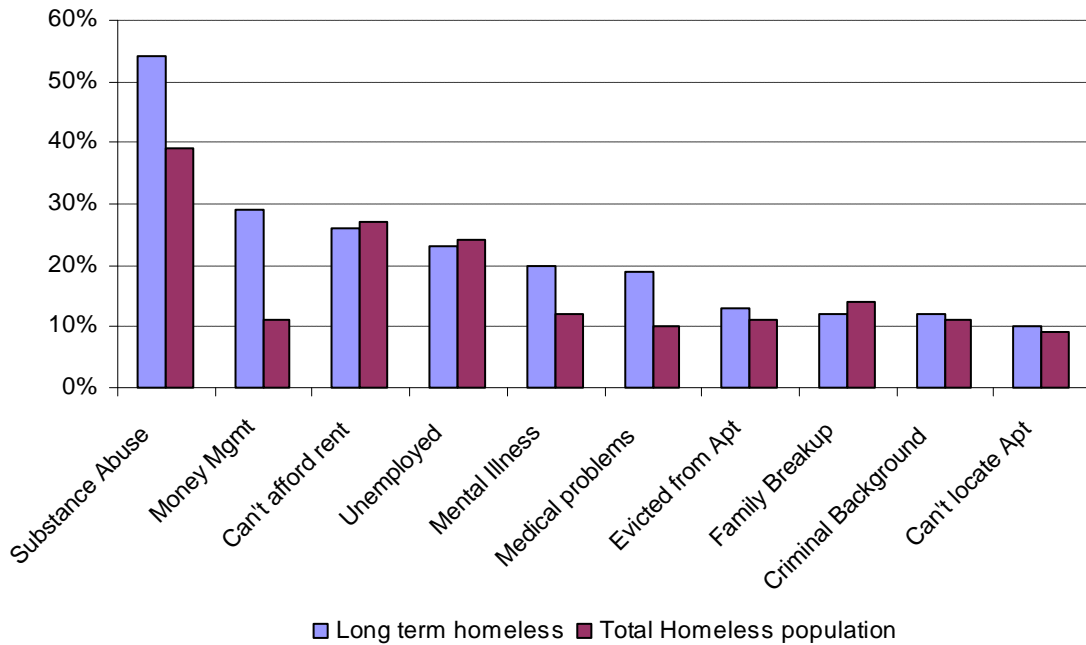
Approximately 30 homeless people live in Region 6 on any given night, all of them adults

Location and gender/age by status as long-term homeless, 2006 ND Point in Time Survey



More than half of long term homeless households identify substance abuse as contributing to their homelessness

Response to "Reason for my Homelessness", ND Point in Time survey
January 2006



The Goal of this Effort

To end long term homelessness in Jamestown, we will need to identify **housing and service supports for 32 households**. This number is based on data gathered in 2006 by the survey that the Coalition conducted and the 2007 North Dakota Point in Time survey, which was conducted by local agencies on January 25, 2007.⁴

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*.⁵ 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. (i.e., addition of 4 new long term homeless individuals for each year of plan implementation). The following table summarizes the demographic and disability characteristics of the population that is the focus of this plan. The data is further broken down to identify specific tenant profiles to help in better identifying the amount and types of resources needed.

Type of Household	Baseline annual estimate		Additions to LTH population after baseline		10 Year Total		% of Total
	People	HH	People	HH	People	HH	
Individual - Adult	35	35	40	75	111	111	90%
Individual - Youth (<age 21)	1	1	10	10	11	1	2%
Families - with child <18	2	2	14	4	2	2	5%
Families - no children	1	1	5	3	1	1	3%
Total	39	39	69	92	125	125	100%
Type of Disability							
Serious Mental Illness(SMI)		33		33		66	62%
Chemical Dependency(CD)		36		36		72	67%
Dual Diagnosis (SMI/CD)		5		5		10	9%
Chronic Medical Condition		3		3		6	5%
Developmental Disability		3		3		6	5%
Did not report a Disability		28		28		56	52%
Other Characteristics							
Status as Veteran		9		6		15	14%
Criminal Background		3		2		5	4%
Poor Rental Hist (eviction)		4		3		7	6%
Bad credit		2		4		14	13%

* "HH" = Households "LTH" – Long term homeless

* Risk factors for "chronic homelessness" - Chronic health condition, mental illness, substance abuse disorders, Limited or no social network, Very low or no income, Discharge from institution

⁴ Region 6/Jamestown point-in-time survey results are available at www.cityoffargo.com/housing.

⁵ *Estimating the Need: Projecting from Point-in-Time to Annual Estimates of the Number of Homeless People in a Community and Using this Information to Plan for Permanent Supportive Housing.* + Martha R. Burt and Carol Wilkins for Corporation for Supportive Housing, CSH Evidence Series (March 2005).

What is Success

Jamestown will successfully end long term homelessness if the program that is developed is attractive to the long term homeless population. This isn't a situation where we can mandate change . people must choose to go down a path different from any that they have taken before.

The City will identify success by three measurements.

1. The **number of long-term homeless** individuals and families living in Jamestown will decline and **essentially be zero**, by 2017.

2007 Baseline: 39 homeless with 6 long term homeless in Jamestown

2012 Goal: 20 homeless with 3 long term homeless in Jamestown

2017 Goal: 0 homeless with 0 long term homeless in Jamestown

2. By 2017 **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, State Hospital, and Detox.
3. **Client-level outcomes.** In addition to statistics on system impacts, the City 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.

How we will achieve our goal

This plan is based on the idea of consumer *demand* . *not* client *need*. Responding to the preferences expressed by each individual, the goal will be to connect a homeless person to permanent housing at the point of first contact, or as soon as possible thereafter.

Housing and support services will be coordinated between the housing provider and the service provider who is working with the tenant . the connection with the tenant will exist as long as is necessary.

The majority of housing required by this plan will be obtained by applying rent subsidies to private sector housing units. A small amount of additional community based housing may be needed as well. The following is a 6-point strategy to eliminate the housing crisis that creates long term homelessness in our community.

1. Increase the availability of permanent supportive housing.

Housing that is both affordable and available to homeless people is in short supply. Connecting people to existing housing units by working together to mitigate perceived landlord risk will open many possibilities.

2. Improve consumers' ability to pay for housing.

The gap between these tenants' ability to pay for housing and the rents commanded in the market is never likely to close completely, which means that rent subsidies must be more available to this population for the long term. In addition, to maintain long term housing stability, it will be necessary to increase the personal income of formerly homeless individuals and families by pursuing employment placement, benefit management and financial planning/education.

3. Develop partnerships that will move people into housing first.

Chronically homeless individuals and families regard housing as an immediate need and the traditional continuum of care as a series of hurdles that they are unable or unwilling to overcome.⁶ Moving people into housing first will immediately end their homelessness, demonstrate a commitment to and respect for consumer choice, and be more likely to lead to better physical and mental health because the assistance is being offered in a way that makes sense to consumers.

4. Make outreach to long term homeless more effective.

For the long term homeless more than for any other group, engaging with the system does not come easily. Respect and responsiveness are likely to generate trust and allow a chronically homeless person to accept the help that will help them end their homelessness.

5. Enhance the coordination and availability of prevention services.

Intervening in the lives of those most at-risk of long term homelessness before their housing crisis pushes them into homelessness is definitely the best, most effective, way to end future homelessness.

6. Collect data and share information about homelessness in the Jamestown area.

Accurate and timely information is necessary for policymakers and the community to understand the issue of homelessness in our area and to measure our progress in ending it.

⁶ Housing First, Consumer Choice, and Harm Reduction for Homeless Individuals with a Dual Diagnosis, *American Journal of Public Health* April 2004, Vol 94 No. 4, 651.

Executive Summary

Homelessness affects approximately 39 people in Jamestown on any given night. 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 and transitional 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 seven people or 18% of the local homeless population, is considered long term homeless.

The community of **Jamestown 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.
- 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.

To end long term homelessness in Jamestown, we will need to identify **housing and service supports for 32 households**. We will 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. One cannot mandate participation and expect it to succeed. This Plan outlines a 6-point strategy to eliminate the housing crises that create long term homelessness in our community.

- 1. Maintain the availability of permanent supportive housing.**
- 2. Improve consumers' ability to pay for housing.**
- 3. Develop partnerships that will move people into housing first.**
- 4. Make outreach to long term homeless more effective.**
- 5. Enhance the coordination and availability of prevention services.**
- 6. Collect data and share information about homelessness in the Jamestown area.**

The City of Jamestown's plan to end long term homelessness is intended to be part of a state wide solution. Not the only solution. Jamestown is in between two large metropolitan areas that need to address homelessness in a coordinated fashion, and it is just one community in the state that must address both rural and urban homelessness issues. With deliberate and active collaboration, this plan can become part of a system of ideas that will truly affect the lives of the long term homeless living in our communities.

There are specific actions identified in this plan as being necessary to ending long term homelessness in our community. The following six items should be some of the first actions transformed into reality under this planning effort.

1. Continue to work with the South Central Human Service Center and its staff and their work with the dual diagnosed. Individuals with a dual diagnosis are traditionally the most difficult to place and to keep orientated to what their responsibilities are.
2. Develop a tenant-based rental assistance program with local HOME funds along with some level of State funding support. Coordinate with Stutsman County Housing Authority and steering committee on program development.
3. Continue using the baseline data gathered to allow for accurate measurement of progress toward the stated goal.
4. Create a landlord/tenant mediation program to fill a gap in the community and lead the way in homelessness prevention efforts.
5. Support the ongoing efforts of organizations and collaborations named in this plan who are already working on projects that will provide assistance to homeless individuals (i.e., Salvation Army, South Central Human Service Center, Stutsman County Social Service, Stutsman County Housing Authority, law enforcement, and local churches).

In adopting this plan, the City of Jamestown is being requested to:

- 1. Pass a resolution to adopt “A PLAN TO ELIMINATE HOMELESSNESS IN JAMESTOWN, NORTH DAKOTA” as recommended by the South Central Homeless Coalition.**
- 2. Send a letter to the North Dakota Homeless Coalition, Inc., 2105 Lee Avenue, Bismarck, ND 58504 with the resolution attached. This would demonstrate to the States that we have completed the “10 Year Plan” with approval from the City. See an example below of a draft that could be sent.***
- 3. Appoint the South Central Homeless Coalition to implement the “10 Year Plan” and monitor its progress.**
- 4. Authorize City staff to notify the South Central Homeless Coalition of any potential funding sources that may assist in the implementation of the “10 Year Plan.”**

***DRAFT**

Possible Letter from Mayor and City Council

Jamestown has succeeded as a community because it has historically built on its strengths.

To succeed in accomplishing our goal of ending long term homelessness, we must do the same thing. Our local providers are knowledgeable and experienced, our people are compassionate and the housing market is strong. Connecting people who need housing with units that already exist, orienting our system of support around housing as a means to achieving personal success and well-being, and making a concerted effort to prevent homelessness from ever taking hold in someone’s life will allow the City of Jamestown to achieve its goal.

Homelessness is not just a “social service” issue – it is a community issue.

Sincerest regards,