

## STRATEGIC FRAMEWORK – FARGO 10 YEAR PLAN

### PREMISE

To succeed 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.

### WHY ARE THE COMMUNITY’S LONG-TERM HOMELESS IN A “HOUSING CRISIS”?

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

### WHAT CAN BE DONE TO ELIMINATE THE HOUSING CRISES THAT AFFECT FARGO’S LONG TERM HOMELESS POPULATION?

#### #1. Increase availability of appropriately enhanced affordable housing

- Identify private sector landlords willing to rent to long term homeless population (sample goal: 60 units in >15 buildings)
  - Provide incentives to landlords willing to rent to this “higher risk” population
  - Mitigate landlord risk by having service provider co-sign tenant leases
  - Develop publicly supported fund that can be used to indemnify landlords and service providers against excessive losses associated with tenants’ compliance with lease terms
  - Establish a system that provides 24-hour crisis assistance for housing providers
- Create new congregate housing to meet tenant demand
  - Low demand housing with long term lease
  - Low demand housing with no lease (safe haven)
  - Housing with services for persons with dual SMI/CD diagnosis (in recovery)
- Change property management practices to enhance ability to access available housing
  - Eliminate “one strike” philosophy
  - Create flexible payment options and/or lease options
  - Work with “Safe Housing” program to create options for excluded tenants to re-enter mainstream housing while staying true to the principles of the Safe Housing program
- Establish the taxable value of rent-restricted properties on the basis of the income-potential of the property (not replacement cost or comparable units)
- Re-write Land Development Code to better accommodate the appropriate location of group living type residential facilities

**#2. Increase tenant income and ability to pay for housing and services**

- Increase availability of tenant-based housing subsidies
  - HOME-funded Tenant-based rental assistance vouchers (City or State) – *bridge to Section 8 or long term?*
  - Shelter + Care vouchers with different service plan criteria
  - Access to Section 8 vouchers for tenants currently excluded?
- Implement targeted employment placement programs
- Increase availability of payee-ship services that focus on maintenance of housing stability
- Help tenants maintain eligibility for mainstream supports (SSI, SSDI, TANF, Food Stamps, Medicaid, Medicare)

**#3. Increase access to the supportive services that contribute to housing stability** (*med management, substance abuse treatment, mental health treatment, medical treatment, employment placement/follow-up*)

- Simplify path to service access
  - Review confidentiality requirements that prohibit providers from coordinating services
  - Expand “group case management” approach currently used to address needs of unsheltered homeless population in downtown area
  - Initiate “Project Homeless Connect” in the FM area in an effort to connect individuals facing homelessness to benefits, medical care, substance abuse and mental health counseling, and a variety of social and other services
  - Hold support group meetings at alternate locations to increase access (AA, NA)
  - Support a drop-in center for people who are housed but not connected to services
- Shift role of case managers working with long term homeless population from “parent” to “partner” (ombudsmen or connector)
- Provide training to system providers to ensure that services are delivered in a culturally appropriate manner (ex. respecting essential tenets of Native American culture)
- Address service needs of individuals entering and exiting the criminal justice system
  - Implement the post-booking diversion program that has been proposed by the Cass County Jail Intervention Coordinating Committee
- Request that the State of North Dakota provide additional financial support to the Department of Human Services for the work that is done by the Regional Human Service Center and County Social Service agency with this population

#### **#4. Increase availability and coordination of prevention services**

- Increase availability of housing subsidies for persons at risk of chronic homelessness (*chronic health condition, mental illness, substance abuse disorder, limited or no social support network, very low or no income, recent discharge from institutional setting*)
- Focus additional resources on eviction prevention
  - Representative payees and other financial management interventions
  - Landlord/tenant mediation services
  - Respite for family caregivers
  - Emergency rent/utility payments
- Commit to pre-discharge planning in state and local correctional institutions, hospitals, foster care, homeless shelters
  - Allow for a 72-hour hold where the hospital can stabilize an individual who is not on medication and then bring in a housing case manager to work with the individual prior to discharge (ability to “hold” would not require that the patient be an imminent danger to themselves or others)
- Coordinate faith community’s efforts to assist individuals and families at risk of becoming homeless

#### **HOW DO WE DEFINE SUCCESS?**

1. Decrease the number of long-term homeless individuals and families living in Fargo
2. Improve the personal well-being of people who were formerly homeless
3. Lower the demand for “system” services by chronic homeless subpopulation

#### **QUESTION**

##### **Who can provide services and/or housing?**

Existing shelter providers

Churches

Housing Authorities

Public sector (city, county, state)

Treatment providers

Correctional providers

Private developers

Medical facilities

Non-profits working with housing/poverty issues